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The Mediating Role of Emotion Regulation and Shame in the Relationship Between Parental Perception and Anxiety in Adulthood

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A B S T R A C T

The present study aimed to investigate the mediating role of emotion regulation and shame in the relationship between parental perception and anxiety in adulthood. This study employed a descriptive-correlational design and path analysis. The statistical population consisted of young adults aged 20 to 30 years in 2023. A sample size of 300 participants was selected using a multistage cluster sampling method. Data were collected using the Beck Anxiety Inventory, Parental Perception Scale, Self-Conscious Affect Questionnaire, and Cognitive Emotion Regulation Questionnaire. Data analysis was conducted through path analysis using AMOS software. The findings indicated that emotion regulation (adaptive and maladaptive) and shame mediate the relationship between parental perception and anxiety in adulthood ($p < .01$). Therefore, it is suggested that programs tailored to improve emotion regulation and address shame be designed and implemented to reduce anxiety.

Keywords: *Emotion regulation, shame, parental perception, anxiety.*

1. Introduction

Anxiety disorders are the second most common psychiatric condition after depression, with an estimated 26,417 years lived with disability globally (Wisuda, 2024; Xu, 2024), and accounting for an average of 4.6 workdays lost per month. These losses result in workplace costs exceeding $4 billion (Harder et al., 2016). Anxiety disorders are associated with increased utilization of healthcare services, reduced quality of life, and impaired functioning. Common anxiety disorders include social anxiety disorder (lifetime prevalence: 13%), generalized anxiety disorder (lifetime prevalence: 6.2%), panic disorder (lifetime prevalence: 5.2%), and agoraphobia (lifetime prevalence: 2.6%), often comorbid with panic disorder (Schiltz et al., 2024; Tanrıverdi, 2024). Lifetime prevalence of anxiety disorders is higher in women compared to men (40% vs. 26%) (Wu, 2024). Anxiety can manifest as an acute stress response syndrome in stressful situations, while chronic anxiety is considered a predictive syndrome, leading to the development of psychosomatic issues (Duan et al., 2023). Anxiety disorders may also coincide with or exacerbate medical conditions such as cardiovascular diseases, gastrointestinal disorders, respiratory diseases, cancer, chronic pain, and migraine headaches (Duan et al., 2023; Xudoyberdiyevich et al., 2022).

From early development to later manifestations, negative parenting characterized by overprotection, aversion, psychological control, and a lack of emotional warmth has been widely identified as a predictor of anxiety in both cross-sectional and longitudinal studies (McLeod et al., 2007; Rakhshani et al., 2022; Van Petegem et al., 2022). Most studies on parenting rely solely on maternal assessments or combined scores from both parents. However, contemporary theoretical models emphasize the unique potential role of fathers, as paternal and maternal behaviors may have distinct and direct impacts on childhood anxiety (Bögels & Phares, 2008; Bögels et al., 2008). Müller et al. (2015) demonstrated that infant anxiety was more closely associated with paternal, rather than maternal, overinvolvement and less playful encouraging behaviors. Considering children's ages, Verhoeven et al. (2012) found that maternal control uniquely predicted childhood anxiety, while paternal control had a distinctive role in adolescents (Verhoeven et al., 2012). Paternal, but not maternal, teasing significantly predicted adult anxiety (Lazarus et al., 2018). Despite inconsistencies regarding the differential impact of specific parenting behaviors, cumulative evidence underscores the importance of examining the roles and perceptions of parents separately in the development of psychological problems. Perceived parental rejection in children results in more persistent negative self-evaluation, potentially leading to future symptoms such as shame and socially unacceptable externalizing behaviors (Marici et al., 2023). Research has also indicated that high parental responsiveness is effective for adaptive emotion regulation (Hajal & Paley, 2020; Haslam et al., 2020). Conversely, high parental control, aligned with authoritarian styles, was detrimental to the emotion regulation of young adults (Haslam et al., 2020; Manzeske & Stright, 2009). Additionally, Rivero et al. (2022) found that perceived negative opinions from family members had adverse effects on body image-related shame (Rivero et al., 2022).

Shame is a complex emotion characterized by an individual's perception that their traits and behaviors are being negatively judged, attacked, or rejected by others (Gilbert, 2000; Gilbert & Trower, 2001). It is classified as a self-conscious emotion triggered by evaluating one's ability to meet goals and standards. Individuals with shame-based self-evaluation quickly attribute failures to personal deficiencies, reinforcing their internal feelings of shame through cognitive processing biases (Thompson, 1994; Thomson & Jaque, 2018). Heightened shame has been linked to increased experiences of negative self-evaluation and self-related emotions (Barta & Kiropoulos, 2023). Studies have shown a connection between shame and anxiety (Callow et al., 2021; Kealy et al., 2023; Williamson et al., 2020).

Emotion regulation refers to the internal and external processes used to monitor, evaluate, and modify emotional reactions to achieve goals (Thompson, 1994). Adolescents report more positive emotions when with their parents than when alone and state that their parents help them regulate emotions, suggesting that parental influence on emotion regulation persists during adolescence (Morris, Criss, et al., 2017; Morris, Houltberg, et al., 2017; Morris et al., 2007). Furthermore, studies have shown that maladaptive emotion regulation increases anxiety, while adaptive emotion regulation reduces it (Deckert et al., 2020; Mares et al., 2023; Young et al., 2019).

Given the limited empirical knowledge about the mechanisms linking parenting to adult anxiety and the lack of studies investigating the mediating role of emotion regulation and shame in the relationship between parental perception and adult anxiety, the present study seeks to answer the question: Do emotion regulation and shame

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mediate the relationship between parental perception and anxiety in adulthood?

2. Methods and Materials

2.1. Study Design and Participants

The present study is a descriptive-analytical research using a correlational design and path analysis. The statistical population included young adults aged 20–30 years in 2023. While there is no consensus on the minimum sample size required for factor analysis and structural equation modeling, many researchers suggest at least 200 participants for these methods (Kline, 2011). To ensure adequate sample size, 300 participants were selected from the population using convenience sampling. A public invitation was issued to individuals aged 20–30 years willing to participate in the study. Inclusion criteria were: (1) being within the age range of 20–30 years, (2) absence of vision, hearing, mobility, or intellectual disabilities that could disrupt the study, and (3) willingness to participate. Exclusion criteria included incomplete questionnaires and non-cooperation with the researcher. All ethical considerations, such as confidentiality of information, informed consent, and voluntary participation, were observed.

2.2. Measures

2.2.1. Cognitive Emotion Regulation

The Cognitive Emotion Regulation Questionnaire (CERQ) was developed by Garnefski and Kraaij (2006). It is an 18-item tool assessing cognitive emotion regulation strategies in response to threatening and stressful life events. It is scored on a 5-point Likert scale ranging from 1 (never) to 5 (always) across nine subscales. Each subscale scores between 2 and 10, with higher scores indicating greater use of that cognitive strategy. The psychometric properties of the CERQ have been validated in international studies (Garnefski & Kraaij, 2006). Factor analysis using the principal components method identified nine predicted factors. Test-retest reliability demonstrated relative stability of the cognitive strategies, and the internal consistency of the scales was supported with Cronbach's alpha coefficients ranging from 0.80 to 0.83. In Iran, Basharat and Bozazian (2014) examined the CERQ's psychometric properties within an Iranian sample, reporting test-retest correlations for self-blame (r = 0.70), acceptance (r = 0.81), rumination (r = 0.74), positive refocusing (r = 0.77), planning (r = 0.83), positive reappraisal (r = 0.76), putting into perspective (r = 0.78), catastrophizing (r = 0.72), and other-blame (r = 0.80), all significant at $p < .001$. These correlations indicated satisfactory test-retest reliability. Cronbach's alpha coefficients for each subscale ranged from 0.73 to 0.90 in different rounds of measurement (Omidi et al., 2024). In this study, the questionnaire's reliability was assessed using Cronbach's alpha, yielding a value of 0.77.

2.2.2. Shame

This questionnaire, developed by June Price Tangney in 2000, evaluates individuals' behavioral and emotional responses in emotional situations. It includes 16 scenarios reflecting everyday situations, with 11 assessing positive social scenarios and 5 assessing negative ones. TOSCA-2 is a self-report, paper-and-pencil tool that presents 16 scenarios and asks participants to rate their emotional and behavioral responses and the likelihood of specific reactions. Each scenario includes items measuring shame, guilt, and preoccupation with guilt, as well as personal defenses such as detachment, indifference, and externalization. Responses are rated on a 5-point Likert scale from 1 (not likely) to 5 (very likely). In a study by Ferguson et al. (2001) involving 132 undergraduate students, Cronbach's alpha coefficients for the shame and guilt scales were reported as 0.81 and 0.78, respectively. Tangney et al. (1992) reported adequate construct validity for these scales, further confirmed in a 2003 study. Despite debates, the test has been shown to measure its underlying constructs (Luyten et al., 2002). In the present study, the shame component was used, with a reliability of 0.71 as assessed by Cronbach's alpha.

2.2.3. Parental Perception

The Parental Perception Scale, developed by Grolnick et al. (1997), includes 42 items, with 21 items related to mothers and 21 related to fathers. Responses are scored on a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree). Grolnick et al. (1997) reported Cronbach's alpha coefficients ranging from 0.72 to 0.86 (Grolnick et al., 1997). In Iran, Babakhani et al. (2017) reported inter-factor correlations ranging from 0.49 to 0.93. The reliability of the questionnaire, assessed via Cronbach's alpha, was 0.94 for the total scale and 0.76–0.82 for subscales including maternal involvement, maternal autonomy, maternal warmth, paternal involvement, paternal autonomy, and paternal warmth (Sajid & Shah, 2021). In this study, the reliability of the questionnaire was 0.79 based on Cronbach's alpha.

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2.2.4. *Anxiety*

The Beck Anxiety Inventory (BAI), developed by Beck et al. in 1988, is a 21-item self-report measure assessing the severity of clinical anxiety symptoms in adults. Each item is rated on a 4-point Likert scale from 0 (not at all) to 3 (severely). Scores range from 0 to 63, with cut-off points indicating minimal (0–7), mild (8–15), moderate (16–25), and severe (26–63) anxiety. Internal consistency reliability is high (Cronbach's alpha = 0.93), with test-retest reliability over one week reported as 0.75. Item correlations range from 0.30 to 0.76 (Rakhshani et al., 2022). In this study, the reliability of the BAI was assessed using Cronbach's alpha, resulting in a coefficient of 0.91.

2.3. *Data analysis*

Data were analyzed using SPSS version 26 and AMOS version 24 with Pearson correlation coefficient and path analysis.

3. Findings and Results

To examine and describe the data obtained from the study sample, descriptive statistics, including mean, standard deviation, skewness, and kurtosis, were used. The results are reported in Table 1.

Table 1

Descriptive Statistics of the Research Variables

Variable	Mean	Standard Deviation	Skewness	Kurtosis
Mother's Involvement	15.126	4.311	-0.894	-0.024
Mother's Autonomy Support	21.040	6.914	-0.999	-0.182
Mother's Warmth	14.983	4.577	-1.034	0.021
Father's Involvement	15.093	4.643	-1.065	0.012
Father's Autonomy Support	21.050	7.230	-1.158	-0.130
Father's Warmth	15.203	4.774	-1.168	-0.025
Adaptive Emotion Regulation	109.526	46.526	-0.972	0.327
Maladaptive Emotion Regulation	95.750	38.306	-1.135	-0.050
Anxiety	34.886	17.275	-0.934	-0.267
Shame	49.300	19.120	-1.170	-0.003

As shown in Table 1, the mean and standard deviation for the variables related to parental perception, emotional regulation, anxiety, and shame are presented. The mean and standard deviation for mother's involvement were 15.126 and 4.311, respectively. The mean and standard deviation for mother's autonomy support were 21.040 and 6.914, respectively. The mean and standard deviation for mother's warmth were 14.983 and 4.577, respectively. The mean and standard deviation for father's involvement were 15.093 and 4.643, respectively. The mean and standard deviation for father's autonomy support were 21.050 and 7.230, respectively. The mean and standard deviation for father's warmth were 15.203 and 4.774, respectively. The mean and standard deviation for adaptive emotion regulation were 109.526 and 46.526, respectively. The mean and standard deviation for maladaptive emotion regulation were 95.750 and 38.306, respectively. The mean and standard deviation for anxiety were 34.886 and 17.275, respectively. The mean and standard deviation for shame were 49.300 and 19.120, respectively.

Table 2

Correlation Matrix of the Research Variables

Variable	1	2	3	4	5	6	7	8	9	10
1. Mother's Involvement	1	-	-	-	-	-	-	-	-	-
2. Mother's Autonomy Support	0.462*	1	-	-	-	-	-	-	-	-
3. Mother's Warmth	0.445*	0.424*	1	-	-	-	-	-	-	-
4. Father's Involvement	0.425*	0.496*	0.547*	1	-	-	-	-	-	-
5. Father's Autonomy Support	0.453*	0.475*	0.466*	0.423*	1	-	-	-	-	-
6. Father's Warmth	0.437*	0.416*	0.377*	0.364*	0.502*	1	-	-	-	-
7. Adaptive Emotion Regulation	0.525*	0.429*	0.406*	0.412*	0.447*	0.481*	1	-	-	-
8. Maladaptive Emotion Regulation	-0.473*	-0.408*	-0.386*	-0.388*	-0.419*	-0.379*	-0.579*	1	-	-
9. Anxiety	-0.527*	-0.439*	-0.427*	-0.447*	-0.458*	-0.439*	-0.674*	-0.711*	1	-
10. Shame	-0.516*	-0.352*	-0.351*	-0.377*	-0.376*	-0.365*	-0.480*	-0.537*	-0.662*	1

*p<0.01

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According to the results in Table 2, there is a significant positive correlation between mother's involvement and mother's autonomy support ($r = 0.462$, $p < 0.01$), mother's involvement and mother's warmth ($r = 0.445$, $p < 0.01$), mother's involvement and father's involvement ($r = 0.425$, $p < 0.01$), and several other significant correlations among the variables. Notably, negative correlations were found between mother's involvement and anxiety ($r = -0.527$, $p < 0.01$), and between mother's involvement and shame ($r = -0.516$, $p < 0.01$). The pattern of relationships reveals both direct and inverse associations between the variables.

Figure 1 shows the structural model of the research variables, illustrating the mediating role of emotion regulation (both adaptive and maladaptive) and shame in the relationship between parental perception and anxiety in adulthood.

Table 3

Estimates of the Direct Effects of the Research Variables

Path	t-value	Unstandardized Coefficients	Standardized Coefficients	Dependent Variable	Independent Variable
Parental Perception → Shame	-8.892*	-3.935	-0.616	Shame	←
Parental Perception → Adaptive Emotion Regulation	10.143*	11.224	0.722	Adaptive Emotion Regulation	←
Parental Perception → Maladaptive Emotion Regulation	-9.581*	-8.736	-0.682	Maladaptive Emotion Regulation	←
Parental Perception → Anxiety	-6.159*	0.242	0.273	Anxiety	←
Shame → Anxiety	-4.386*	-0.084	-0.229	Anxiety	←
Adaptive Emotion Regulation → Anxiety	6.211*	0.134	0.303	Anxiety	←
Maladaptive Emotion Regulation → Anxiety	-2.791*	-1.181	-0.208	Anxiety	←

The direct effects in the model are significant ($p < 0.01$). The findings in Table 3 show that parental perception has a significant negative effect on shame ($t = -8.892$, $p < 0.01$), with a 61% impact. Similarly, the effect of parental perception on adaptive emotion regulation is also significant ($t = 10.143$, $p < 0.01$), with a 72% impact, while the effect on maladaptive emotion regulation is significant as well ($t = -9.581$, $p < 0.01$), accounting for a 68% impact.

Table 4

Estimates of the Indirect Effects of the Research Variables

Indirect Path	Indirect Path Coefficient	Standard Error	Lower Bound Confidence Interval	Upper Bound Confidence Interval	Significance Level
Parental Perception → Adaptive Emotion Regulation → Anxiety	-0.329*	0.088	0.161	0.506	$p < 0.01$
Parental Perception → Maladaptive Emotion Regulation → Anxiety	-0.938*	0.226	-1.383	-0.486	$p < 0.01$
Parental Perception → Shame → Anxiety	-1.172*	0.258	-1.696	-0.693	$p < 0.01$

The results in Table 4 show that all three indirect paths are statistically significant ($p < 0.01$), indicating that both emotion regulation (adaptive and maladaptive) and shame mediate the relationship between parental perception and anxiety.

Table 5

Estimated Indirect Effect Coefficients of Research Variables

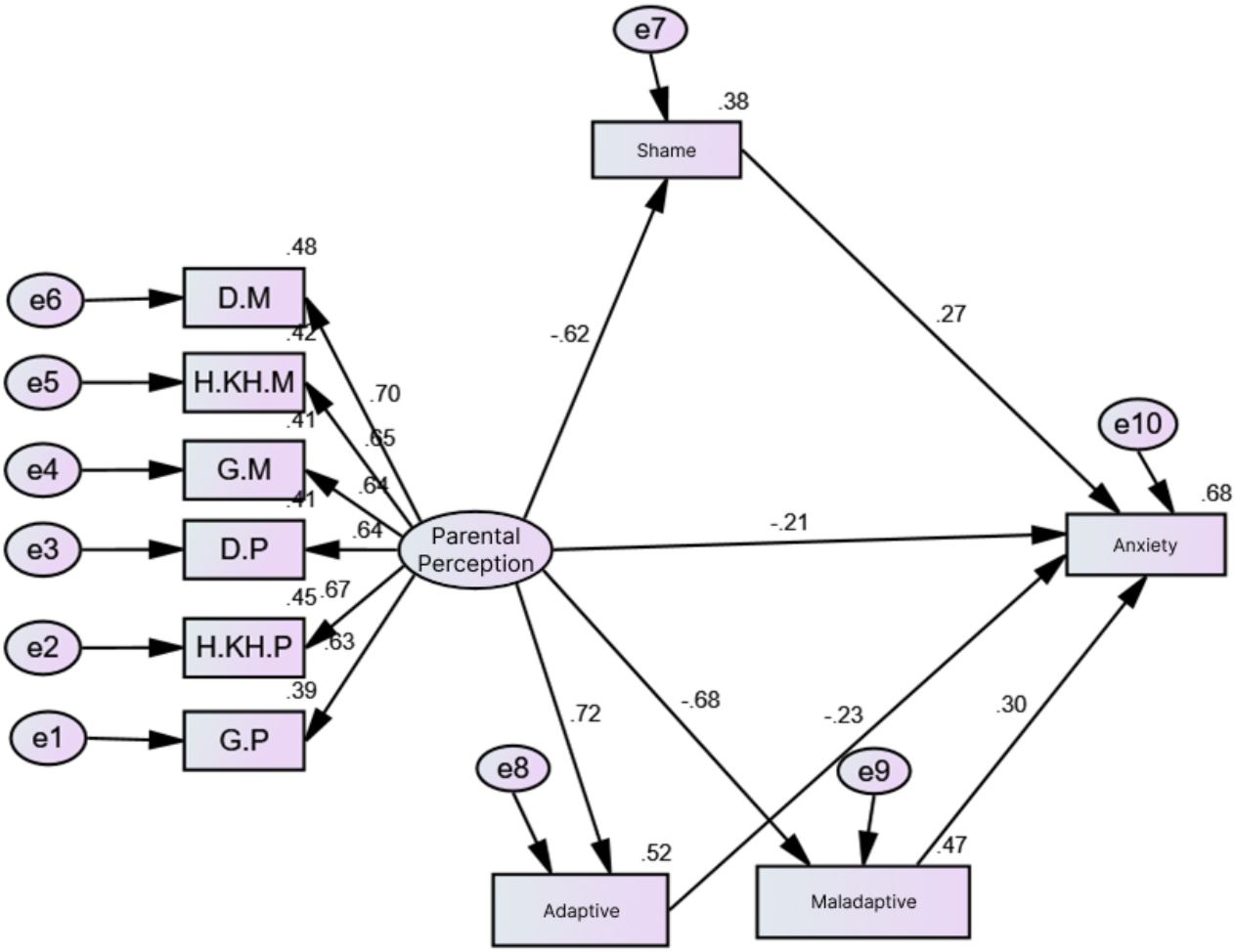
Fit Indices	CMIN/DF	CFI	NFI	GFI	RMSEA
Research Model	2.338	0.967	0.945	0.948	0.067
Acceptable Level	1-5	> 0.90	> 0.90	> 0.90	< 0.08

As shown in the results of Table 5, all fit indices are at an acceptable level. Therefore, the operational model of the research demonstrates a good and meaningful structure. The Comparative Fit Index (CFI), Goodness of Fit Index (GFI), and Normed Fit Index (NFI) should all be greater than 0.90, which in this model were found to be 0.95, 0.89, and 0.96, respectively. The Root Mean Square Error of Approximation (RMSEA) is a measure of the difference per degree of freedom, and the lower the value (less than 0.08), the better the fit of the model. In this research model, the RMSEA value was 0.067, indicating a good model fit.

As shown in Table 5, the obtained goodness-of-fit indices meet the acceptable thresholds, indicating that the data fit the proposed structural model well.

Figure 1

Standardized Coefficients of the Structural Model: The Mediating Role of Emotion Regulation and Shame in the Relationship between Parental Perception and Anxiety in Adulthood



4. Discussion and Conclusion

The present study aimed to investigate the mediating role of emotion regulation and shame in the relationship between parental perception and anxiety in adulthood. The results revealed that both adaptive and maladaptive emotion regulation, as well as shame, play a mediating role in the relationship between parental perception and anxiety in adulthood. To date, no research has addressed the mediating role of emotion regulation and shame in this relationship, thus making comparisons with previous studies impossible. However, consistent with the current study, several studies (Haslam et al., 2020; Lutwak & Ferrari, 1997; Manzeske & Stright, 2009; Marici et al., 2023; Rivero et al., 2022; Sajid

& Shah, 2021; Veneziani et al., 2023) have shown that parenting and parental perception influence emotion regulation and shame. Additionally, studies (Callow et al., 2021; Deckert et al., 2020; Kealy et al., 2023; Mares et al., 2023; Williamson et al., 2020; Young et al., 2019) also have demonstrated that emotion regulation and shame are associated with anxiety, which aligns with the present research.

To explain these findings, it can be argued that the mediating role of shame in the relationship between parental perception and anxiety suggests that the environment in which children and adolescents grow is linked to their self-perception in relation to others (Marici et al., 2023). From a theoretical perspective, ineffective parenting provides limited interaction and positive thinking, severely weakening the basic need for social acceptance (Bennett et al., 2010; Feiring, 2005; Morris, Criss, et al., 2017; Morris, Houltberg, et al., 2017; Morris et al., 2007; Muris & Meesters, 2014). As a result, the child may form the belief that they fail to meet others' expectations, leading to feelings of inferiority and insignificance, which contribute to the development of shame (Feiring, 2005; Muris & Meesters, 2014). Neglectful parents, characterized by low attention and intimacy, contribute to the growth of negative global beliefs about oneself (Bennett et al., 2010). Furthermore, it seems that dysfunctional parents can evoke helplessness, triggering global feelings of shame (Mintz et al., 2017). Finally, shame can be induced by parents who exhibit excessive control, making the child feel weak and powerless (Mills et al., 2010). On the other hand, shame can lead to anxiety in adulthood. To explain this finding, it can be stated that shame generates a sense of inefficacy, as when it is activated, it reduces joy, interest, or excitement. It then replaces positive emotions with negative, self-conscious feelings (McAfee, 2018). Individuals who experience shame develop a self-monitoring and self-critical style as a defensive strategy designed to hide flaws and prevent shame activation. Therefore, according to the psychological-evolutionary approach to psychopathology (Gilbert, 2000; Gilbert & Trower, 2001; Trower & Gilbert, 1989), self-criticism functions in anxiety to minimize damage. However, shame causes individuals to maintain negative self-views and keep their self-worth low, preventing the restructuring of shame-centered schemas, and compels individuals to constantly be vigilant about hiding their (perceptual) deficiencies (Shahar et al., 2015), which can lead to feelings of inadequacy. This, in turn, contributes to the creation and intensification of tension in various situations and, consequently, anxiety.

Regarding the mediating role of emotion regulation in the relationship between parental perception and anxiety in adulthood, it can be stated that as Morris et al. (2007) proposed a triadic model, which indicates that parents influence their children's emotion regulation through three mechanisms: observing parental emotion regulation, emotion-related parenting practices, and the family emotional climate (Morris et al., 2007). This finding is consistent with the prior results (Haslam et al., 2020; Morris, Criss, et al., 2017; Morris, Houltberg, et al., 2017; Morris et al., 2007). A secure parent-child relationship helps children feel supported and emotionally secure (e.g., being free to express their emotions), which is a prerequisite for effective emotion regulation (Morris, Houltberg, et al., 2017). In fact, children who perceive warmth and intimacy in their relationships with parents, due to improved communication with their parents, tend to express emotions more effectively (Houltberg et al., 2012), express their emotions in socially acceptable ways (Houltberg et al., 2016), and regulate their emotions adaptively, similar to adults. On the other hand, adaptive emotion regulation reduces anxiety, which is consistent with prior findings (Deckert et al., 2020; Mares et al., 2023; Young et al., 2019). It can be said that emotion regulation helps individuals manage their stress more effectively when facing challenges and tensions. Therefore, it is natural that due to better stress management and handling stressful situations, anxiety will be reduced. Specifically, with adaptive emotion regulation, individuals use positive and efficient emotion regulation strategies to manage their negative emotions, enabling them to handle anxiety-provoking situations more easily and adjust effectively. Consequently, through adaptive emotion regulation, individuals experience less anxiety.

The limitations of the current study include the fact that the research was conducted in Tehran, which limits the generalization of the findings to other populations in different cities and cultures. Therefore, it is recommended that similar studies be conducted among individuals in different cities. Additionally, its cross-sectional design prevents conclusions regarding the direction or causality of effects, such as whether parental perception influences anxiety, or anxiety influences parental perception, or whether they have a bidirectional effect. While this limitation is somewhat validated by the fact that a substantial number of studies show that changes in parenting lead to favorable longitudinal outcomes for children (Collins et al.,

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2000; Sumargi et al., 2014), it remains unclear whether the role of emotion regulation and shame mediates this relationship over time. Thus, longitudinal research is recommended. Furthermore, the use of self-report measures may introduce social desirability bias, which could affect the results. It is therefore recommended to use other assessment methods, such as interviews and observations, alongside questionnaires.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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