Parental Control and Adolescent Social Maladaptation Relationships: A Meta-analysis

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Abstract. In recent years, the media has reported a lot of children's maladaptive social problems, such as fighting, aggressive behavior and even suicide behavior. Empirical studies show that these behaviors are largely related to the controlling parenting style of parents. This study uses meta analysis to examined the relationship between parental control and children's social maladaptation. children's social maladaptation is represented by three subtypes: children's internalizing symptoms (CIS), children's externalizing symptoms (CES) and children's bad social adaptability (CBSA). The result shows that parental control has significant correlation with children's social maladaptation. parental control is positively correlated with CIS and CBSA, but negatively correlated with CES. The first three hypothesized moderating variables only moderates the relationship between parental control and CES. And children's age moderates all three relationships.

Keywords: meta analysis; parental control; social maladaptation.

1 Introduction

1.1 Research Background

In recent years, the frequency of children's early problem behaviors reported by the news media has been increasing year by year. Why are children's early problem behaviors so frequent? A large portion of these early childhood problem behaviors will exhibit social maladjustment as the child grows up. Is this related to parenting styles? Baumling's theory emphasizes the importance of family parenting styles on the socialization process of adolescents. Parents play an important role in the development of their children. The way they raise their children significantly affects their lives and determines, among other things, their ability to socialize. [1]

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Bronfenbrenner's ecosystem theory proposes that biological and environmental factors interact to influence human development, The environment of children in the process of development is divided into microsystem (the immediate environment in which the individual is actually exposed, including role relationships and activities, mesosystem (the relationship between children and microsystem), exosystem (the social background that children do not directly participate in but have an impact on them), macrosystem (the larger cultural and subcultural environment in which the development takes place), and chronosystem in time.[2](Bronfenbrenner, U., & Morris, P. A. ,2007)The family is a microsystem, and the parenting style of parents plays an important role in the development of children's behavior. The parenting can be roughly divided into four types: authoritarian parenting, permissive parenting, authoritative parenting and uninvolved parenting.

A literature discussing the determinants of parenting ， suggesting that parenting is shaped by parent and child characteristics and community environment. [3] Parents who believe their community is dangerous often exhibit a more authoritarian attitude than authoritative parenting and are likely to exercise control over their children.

A study of senior high school students in Kumasi Metropolis found that the learning behaviour of adolescents was strongly influenced by their parenting style. [4] In this regard, we suspect that the learning problem behavior (such as skipping class, sleeping in class, dropping out, etc.) is closely related to parenting style.

The family as a social system, currently some families are the traditional nuclear family (a family consisting of a father, mother and the first born baby), and some families are complex families with multiple children. Therefore, parenting style and parenting pressure of parents during the growth of children, parental attitudes and behavior [5], the relationship between children and siblings, extended family (such as grandparents, uncles, aunts, nieces, nephews, etc.), the communication between children and peers, children's school environment, adolescent life satisfaction (LS) [6], cultural background [7], and family economic conditions are closely related, and these factors may affect children's behavior.

1.2 Literature Review

Social adaptation can be roughly divided into well-adaptive behavior and social maladaptation. Well-adaptive behavior refers to the behavior that teenagers must learn in the process of growing up and forming social norms, and it is also necessary to meet social needs. Adolescent social maladaptation, also known as problem behavior, refers to the behavior of an individual that does not conform to social norms. We divide it into three subtypes: children's internalizing symptoms (CIS), children's externalizing and symptoms (CES), children's bad social adaptability (CBSA).CIS mainly includes anxiety, depression and other psychological problems; CES mainly includes assault, truancy, dropping out, disciplinary behavior, etc; CBSA primarily encompasses self-harm tendencies and interpersonal alienation among others.

Empirical studies have found that there is a bidirectional relationship between parental psychological control and adolescent social maladjustment. [8] Steinberg divided

parental control into behavioral control and psychological control according to the locus of control, that is, whether the focus of control is external behavior or psychology. The former means that parents restrict and adjust their children's behavior so that their children's behavior develops in a direction more in line with social norms. The latter refers to the use of parent-child attachment relationship by parents, and the children's emotions, thoughts and cognitive ways are subject to the parents' wishes and ideas.[9](Steinberg, et.al,1990)The extent to which parents exert control is contingent upon a combination of factors: (a) the nature of control (behavioral control or psychological control); (b) the mode of control (internally controlling or externally controlling); (c) the level of control (moderate or high levels of control); (d) the child's temperament (perception of parental authority).

Parental psychological control is a common social phenomenon, which has an important impact on teenagers' social adaptation. Parental psychological control typically involves the withdrawal of love, and children can only experience parental love and acceptance when they meet their expectations and demands [10] (Mullinax, 2023). Psychological control includes parental intervention and manipulation of a child's feelings, emotions, and thinking [11] (Hwang, 2024). Behavioral control includes parental supervision, organization, and guidance of children's behavior and daily activities. [11] (Hwang, 2024) High levels of behavioral and psychological control are often associated with poorer developmental outcomes, such as anxiety and depression, poor academic achievement, bonding with bad peers, antisocial behavior during adolescence.[12][13] and even the possibility of being a victim of bullying [14]. (Galambos, Barker, & Almeida, 2003; Shaffer, & Kipp, 2016)

Adolescent depressive symptoms are considered a potential mediator between parental control, parental warmth, self-esteem, and depressive symptoms. A longitudinal study on parental control and parental warmth perception among Asian American (AA) adolescents found that AA adolescents did not exhibit homogeneity in parental control and parental warmth perception, and there were gender differences in parental parenting styles and psychological health perception. [15]

A longitudinal study on the patterns of parental support, parental behavioral control, and parental psychological control in families with adolescents in Ogden, Utah found that the differences in patterns of change depend on the specific dimensions of parental upbringing discussed, the overall stability of non-physically supportive behavior, the overall decline in physical emotions, the overall decline in behavioral control (especially explicit rules), and the fluctuation patterns of psychological control. [16]

The degree of parental control has been found to be associated with cultural variations, parent’s gender [17] (Padilla-Walker, 2021), the economic circumstances of families, the presence of siblings within the family unit, the school environment in which a child is situated, as well as their level of peer intimacy.

Some studies have pointed out that the potential impact of cultural differences on parental stress and parenting styles. For instance, a study conducted with Kenyan participants revealed an inverse relationship between caregiver's parenting pressure and children's problem behavior levels [18] (Oburu, 2005), which contrasts with findings from a study involving middle-class white subjects. Cultural disparities between Oriental culture and Western culture may influence the mediating effect of parenting styles

[19] (Deater-Deckard, 2005). A study on the relationship between interpersonal problems and internet addiction among Chinese college students shows that the correlation between positive parenting styles and interpersonal problems is weaker among females, while the correlation between interpersonal problems and internet addiction is strong among females.[20]

Therefore, this study aims to explore the relationship between parental psychological control and adolescent social maladjustment by means of meta-analysis.

Table 1. Search strategy to identify studies for inclusion

Searches:
1.(“parental control” OR “parental behavioral control” OR “parental psychological control”) AND (“children” or “adolescents”) AND (“Interpersonal relationships OR “environmental adaptation” OR “independent ability” OR “Psychological defense mechanism ”OR “social pressure” OR “Code of conduct ”OR“ value ”OR “social maladjustment” OR “emotional problem” OR “emotional disturbance” OR “behavioral problem” OR“ drug abuse” OR “ substance abuse” OR “alcoholism” OR “anxiety” OR “depression” OR “social isolation” OR “truancy ”)
2. (“parental control” OR “parental behavioral control” OR “parental psychological control”) AND (“adolescents”) AND (“Interpersonal relationships OR “environmental adaptation” OR “independent ability” OR “Psychological defense mechanism ”OR “social pressure” OR “Code of conduct ”OR“ value ”OR “social maladjustment” OR “emotional problem” OR “emotional disturbance” OR “behavioral problem” OR “drug abuse” OR“ substance abuse” OR “alcoholism” OR “anxiety” OR “depression” OR “social isolation” OR “truancy ”)

2 Methods

2.1 Data Sources and Study Selection

A systematic search of the literature was conducted according to the PRISMA statement [21] Relevant studies were initially identified via searches of online databases (Web of Science, Scopus, ProQuest Dissertations & Theses Global, Google Scholar) and other sources. The searches were conducted using a search string shown in Table 2, and only relevant literature from the last ten years has been selected. Primary studies were included in the present study if they: (a) examined parental control; (b) investigated youths' social maladjustment behaviors; (c)were written in English or Chinese; (d) reported correlation coefficients between parental control and youths’ social maladjustment behaviors; (e) reported effect sizes that could be converted to correlation coefficients; (f) involved a general population sample. A total of 18 relevant studies were included in the final meta-analysis (see Table 2)The sample was chosen because it corresponds to the following criteria: 1) The literature must be an empirical paper that has already been published.2) Literature must explore the correlation between parental control or its subtypes (parental psychological control/parental behavioral control) and youths' social maladjustment.3) The literature must provide complete calculated effect

value data, such as sample size, mean, standard deviation, p-value, or indicate the Pearson correlation coefficient r between parental control and subtypes and adolescent social adaptation disorders, or t-values, F-values, etc. that can be converted into correlation coefficients.4) The literature must cover two variables, namely parental control and any one of its subtypes, and adolescent maladaptation. 5) The literature does not include research samples for specific disabled students. 6) The data used in the literature comes from different databases. A flow chart of the search procedure is shown in Fig. 1.

Table 2. Studies included in the meta-analysis and sample characteristic

Study	Instruments used in the study	Children's age	Country's social-economical development	Source of article	Parents' gender
Kelly McShane, 2009 [22]	New Friends Vignettes (NFV)	3.53	Developed (Canada)	J	F M
Xu Yichun, 2023 [23]	Social Adjustment Questionnaire for Middle School Students (Zhou Hui,2008)	13—14	Developing (China)	D	F&M
Zhang Ye, 2022 [24]	Social Adjustment Questionnaire for Middle School Students (Zhou Hui,2008)	15—18	Developing (China)	J	F&M
Zhang Shan, 2021 [25]	Social Adjustment Questionnaire for Middle School Students (Zhou Hui,2009)	12—20	Developing (China)	J	F&M
Pierre Baron, 1989 [26]	Children's Reports of Parental Behavior Inventory (CRPBI; Schaefer, 1965)	13—18	Developed (America)	J	F M
Benito Leon-del-Barco, 2019 [27]	Strengths and Difficulties Questionnaire (SDQ) Scale for the Evaluation of the Educational Style of Adolescents' Parents, Children's Version (EES-C)	12.23	Developed (Spain)	J	F&M
Charissa S.L. Cheah, 2019 [28]	Chinese version of the Childhood Depression Inventory (CDI; Kovacs, 1992).	10.23	Developing (China)	J	F&M
Xiaoxia Yu, 2021 [8]	Psychological Control Scale-Youth Self Report (Barber, 1996) Depression and anxiety related items (Barber et al., 2005) Five-item aggression scale	11.29	Developing (China)	J	F M

	taken from Weinberger et al. (1979) Six-item measure adapted from Elliott et al. (1985)				
Yanhui Wang, 2019 [29]	Parental Control Questionnaire (Chinese version) (Wang et al., 2007)	13.67	Developing (China)	J	F&M
Adam A. Rogers,2018 [30]	Data were drawn from the Adolescent/Adult Family Development Project (AFDP, Chassin et al. 1992)	11—27	Developed (America)	J	F&M
So-Young Park,2021 [31]	Data were drawn from the National Longitudinal Study of Adolescent to Adult Health (Add Health)	15.99	Developed (Korea)	J	F&M
Eric Stice,1993 [32]	Adapted version of the Network of Relationships Inventory (Furman & Buhrmester, 1985) Child Behavior Checklist (Achenbach & Edelbrock, 1983)	12.7	Developed (Spain)	J	F&M
Sabina Kapetanovic,2017 [33]	Modified from The Swedish Council for Information on Alcohol and Other Drugs (Gripe, 2015) Brief version (12 items) of an original 24-item scale on delinquent behavior from the Swedish Crime Survey (Ring, 2013)	13	Developed (Sweden)	J	F&M
Katerina Lukavská, 2020 [34]	Parental Acceptance Rejection Questionnaire (PARQ) (Rohner, Khaleque & Cournoyer, 2005) Parental Control Scale (PCS) (Rohner & Khaleque, 2003)	11.9	Developed (Czech Republic)	J	M F
Jun Sung Hong, 2017	School Violence Perpetration Questionnaire	10.94	Developed (Korea)	J	F&M

[35]	School Violence Victimization Questionnaire University of Southern California Parental Control Scale				
Lisa-Marie Emerson, 2019 [36]	(USC-POS, Borelli and Margolin, 2013, Unpublished) Spence Children's Anxiety Scale, Parents Version (SCAS-P; Spence, 1998)	9.83	Developed (UK)	J	F&M
Benjamin M. Keizer, 2012 [37]	Child Behavior Checklist-Anxiety scale (CBCL-A; Kendall, Puliafico, Barmish, Choudhury, Henin, & Treadwell, 2007) Family Decision-Making Scale (FDM; Epstein & McPartland's 1977)	12 15	Developed (America)	D	F&M
Wu Wei, 2022 [38]	Strengths and Difficulties Questionnaire (SDQ) Parental control questionare (Shek, 2005)	9.51	Developing (China)	J	F M

Note: J=journal D=dissertation F=father's control M=mother's control

2.2 Coding of Studies

The data presented in the literature was coded based on the following criteria: (a) primary author and year of publication; (b) size of the sample; (c) type of instrument (d) age [children (range of mean age: 4.1 to10.4 years) vs. adolescents (range of mean age: 11.06 to 16.4 years); (e) economic level (Developing countries or developed countries); (f) culture (Western vs. Eastern); (g) source of the literature; (h) parents' gender (fathers vs. mothers) youths ' gender (boys or girls); (i) type of parental control; (j) type of social adjustment.

Each study was coded using a detailed coding system for recording sample, design and measurement, publication characteristics and effect sizes. Sample characteristics coded were parent gender (mothers/fathers/both parents), child gender (boys/girls/boys and girls), countries, country's social-economic level (Developed country/Developing countries, based on the classification standards of the World Bank) and mean age of the children. Measurement characteristics includes: instruments (scales and questionnaire used in the study), type of parental control (Psychological control/ Behavioral control/ Psychological and Behavioral control), sample size, type of social maladaptation (Internalizing symptoms/Externalizing symptoms/Bad social adaptability). In terms of the type of social maladaptation we categorized "anxiety, depressed symptoms, emotional problems" into internalizing symptoms; "Smoking, drinking, alcohol use, substance

use, bullying, aggression, problematic internet use, problematic behavior, delinquent behavior" into externalizing symptoms; and "social withdrawn, interpersonal relationship problems" into bad social adaptive behaviour.

Effect sizes were coded in a more detailed method: if a literature reports correlation coefficients between parental control and negative social adaptation and their subtypes, then enter the corresponding effect values separately; if different samples or groups are reported with correlation coefficients, then all effect values should be coded accordingly; if a longitudinal study provides multiple effect values at multiple time points, then each effect value must be entered after considering the weight of its corresponding sample size.

2.3 Data Processing

Next, the data across studies were analyzed, with the goal of estimating the population effect sizes for the relation between parental control and children's social maladaptation, as well as to explore the moderating effects of latent variables. Prior to this, homogeneity test, and publication bias test need to be conducted to examine the validity of the selected literature.

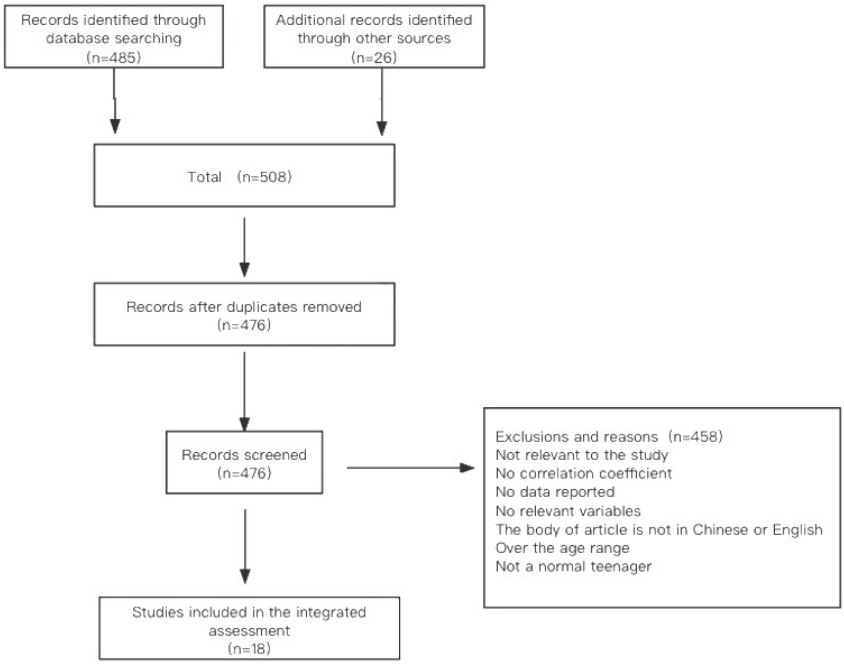

Fig. 1. flow chart of literature screening

3 Result

3.1 Publication Bias Test

The possibility of publication bias was examined through funnel plot and Egger regression test. The funnel plot revealed that the majority of effect sizes were concentrated in the upper-middle section of the funnel and evenly dispersed across both sides, demonstrating a symmetrical distribution pattern, which indicates low possibility of publication bias. Then a Egger regression test was done to further confirm the result. Normally if P>0.05 in Egger's test then there's low likelihood of publication bias. And According to the Table 3, the P value of all variables were beyond 0.05. Since no publication bias was found using 2 different tests, the main effect sizes of the meta-analysis are considered valid.

Table 3. results of the publication bias test

	K	N	d	95%CI		t-value	P-value
				L-limit	U-limit		
Internalizing symptoms	24	14794	1.343	-4.225	6.911	0.500	0.622
Externalizing symptoms	31	25518	-2.906	-1.137	4.325	0.822	0.418
Bad social adaptability	13	14794	4.144	-8.758	17.047	0.707	0.494

3.2 Heterogeneity Tests

This study used the Q test method to test the heterogeneity of the data. According to the criteria set by Higgins et al., I2 < 25% indicates strong homogeneity in the study, I2 around 50% suggests moderate heterogeneity, and I2 > 75% indicates strong heterogeneity in the study. As it's shown in Table 4, all the I2 values of the selected effects exceeded 75% (p <0.01), suggesting a significant heterogeneity across studies. Therefore, the following analysis is performed analysis using a random-effects model.

Table 4. results of the heterogeneity test

	K	N	Heterogeneity Q test				Tau-squared	
			Q	df(Q)	P-value	T2	Tau	Tau2
Internalizing symptoms	24	14794	667.459	23	0.000	96.554	0.22	0.05
Externalizing symptoms	31	25518	679.780	30	0.000	95.587	0.16	0.03
Bad social adaptability	13	14794	374.549	12	0.000	96.796	0.17	0.03

3.3 Estimation of Main Effect Size

The random-effects model was used to test the relationship between parental control and children's social maladaptation. Social maladaptation was represented by three subgroups namely internalizing symptoms, externalizing symptoms and bad social adaptability. Table 5 shows that the relationship between parental control and internalizing symptoms (r=0.25, P<0.001), externalizing symptoms (r=-0.067, P<0.026) and bad social adaptability were significant.

Table 5. Estimation of Main Effect Size

	K	N	r	95%CI		Z-value	P-value
				L-limit	U-limit		
Internalizing symptoms	24	14794	0.250	0.164	0.332	5.557	0.000
Externalizing symptoms	31	25518	-0.067	-0.126	-0.008	-2.231	0.026
Bad social adaptability	13	14794	0.226	0.135	0.313	4.811	0.000

3.4 Estimation of Moderating Effects

3.4.1. Moderator Analyses

As the set of effect sizes was heterogeneous, moderator analyses were performed to account for the variation in effect sizes across different studies. Four potential moderating variables were selected in this study: country's socioeconomic development level, the source of control, the type of control, and the children's age. The results of the moderator analyses are presented in Table 6.

These data shows that three of the originally hypothesized moderating variables, namely country's socioeconomic development level, parents' gender, the type of control only moderates the relationship between parental control and CES (P<0.01). In developed countries, parental control is negatively correlated with CES (r=-0.13, P<0.01), while in developing countries, it is positively correlated (r=0.119, P=0.031<0.05). In terms of "the source of control", Father's control (P=0.153>0.05) and CES has no significant correlation; but mother's control shows significant positive correlation with CES (r=0.066, P<0.05); both parents' control shows significant negative correlation with CES (r=-0.139, P<0.01). As for "the type of control", psychological parental control shows no significant correlation with CES (P=0.11>0.05); behavioral parental control is positively correlated with CES and correlation is significant (r=0.078, P<0.01); the combination of both is negatively correlated with CES and correlation is also significant (r=-0.139, P<0.01).

Table 6. the moderating effects of country's socioeconomic development level, parent's gender and type of control

		Heterogeneity Q test					95%CI			
		QB	df	p	K	r	L-limit	U-limit	Z-value	P-value
Internal-izing symp-toms	D1	0.004	1	0.951	15	0.252	0.090	0.401	3.014	0.003
	D2				9	0.246	0.183	0.308	7.374	0.000
	F	0.177	2	0.915	8	0.237	0.081	0.381	2.959	0.003
	M				8	0.235	0.093	0.368	3.211	0.001
	F&M				8	0.276	0.114	0.424	3.289	0.001
	P	3.069	2	0.216	6	0.444	-0.036	0.758	1.821	0.069
	B				4	0.286	0.221	0.348	8.346	0.000
	P&B				14	0.178	0.054	0.296	2.808	0.005
	Age	12.53	1	0.000	24	0.02	0.007	0.025	3.54	0.000
Exter-nalizing symp-toms	D1	15.332	1	0.000	23	-0.130	-0.191	-0.069	-4.133	0.000
	D2				8	0.119	0.011	0.225	2.152	0.031
	F	25.915	2	0.000	7	0.068	-0.025	0.159	1.430	0.153
	M				7	0.066	0.008	0.123	2.243	0.025
	F&M				17	-0.18	-0.259	-0.100	-4.341	0.000
	P	37.725	2	0.000	6	0.125	-0.028	0.272	1.599	0.110
	B				3	0.078	0.045	0.111	4.666	0.000

	P&B				22	-0.139	-0.200	-0.077	-4.362	0.000
	Age	14.92	1	0.000	31	-0.133	-0.199	-0.065	-3.86	0.000
Bad social adaptability	D1	1.669	1	0.196	2	0.138	0.019	0.254	2.276	0.023
	D2				11	0.242	0.136	0.342	4.403	0.000
	F	0.026	2	0.987	4	0.235	0.192	0.277	1.452	0.000
	M				4	0.234	0.192	0.276	1.565	0.000
	F&M				5	0.218	0.012	0.406	2.069	0.039
	P	1.769	1	0.183	9	0.270	0.196	0.341	6.970	0.000
	B				4	0.127	-0.078	0.321	1.218	0.223
	Age	22.95	1	0.000	13	0.02	0.012	0.029	4.79	0.000

D1: developed countries; D2: developing countries; F: father; M: mother; F&M: father and mother; P: psychological control; B: behavioral control; P&B: psychological and behavioral control

3.4.2. Meta Regression Test

Because age is a continuous variable, so meta-regression analysis was conducted to examine the moderating effect of children's age. The results are shown in Table 6. Age show significant moderating effect for all three subgroups ($P<0.01$), which means that children's age is an important moderator variable between parental control and children's social maladaptation. Based on the data, it can be observed that as children grow older, the relationship between parental control and CIS ($r=0.02$, $P<0.01$) and CBSA ($r=0.01$, $P<0.01$) strengthens, while the relationship between parental control and CES ($r=-0.133$, $P<0.01$) weakens.

4 Conclusion

The primary goal of this meta-analytic review was to investigate the links between parental control and children's social maladaptation. (represented by three subtypes: CIS, CES, CBSA). And parental control and all three subtypes of children's social maladaptation proved to be significantly associated. Parental control and CIS are positively correlated. Which means, as the level of parental control increases, children tend to exhibit

more internalizing symptoms, experiencing higher levels of anxiety, depression, and other emotional problems. The result is consistent with some of the previous findings [39] [40] (King et al., 2022; Choe et al., 2021), but other researches suggest that parents should exert certain amount of control on their children in an appropriate age, otherwise they may be vulnerable to developing anxiety [41] (Barlow, 2002). Through the meta regression test (Table 6), it is evident that children's age plays a significant moderating role in the relationship between parental control and CIS ($P<0.001$, $r=0.02$). The correlation between the two factors strengthens as children age grow. Hence, the positive correlation observed in this study is likely attributed to the average age of the selected sample being 13.44. When children enter adolescence, the negative impact of parents' control on their internalization outweighs its positive effect.

There is a negative correlation between parental control and CES, indicating that the greater amount of control parents have over their children, the less likely their children are to exhibit problematic behaviors such as drinking, smoking, drug use, bullying, problematic internet use, and so forth. And this is moderated by various factors: country's social-economic development parent's gender, type of control and children's age. Previous research has reported both negative relations between parental control and CES [42] (Cudo et al., 2022) and positive relations [43] (Brook et al., 1983), and haven't yet reached a consensus. However, it is an indisputable fact that the negative correlation will deteriorate when parental control reaches high levels. Both excessive parental control and insufficient parental control were linked to externalizing symptoms in adolescents. [44] (Eric Stice, 1993).

Parental control and CBSA are also positively correlated, suggesting that the higher level of control exerted by parents, the poorer their children's social adaptability tends to be. The relationship between parental control and CBSA is seldom explored in the west, but several Chinese scholars came to the same conclusion, suggesting that parents' psychological control can significantly and positively predicts CBSA [23] (Xu Yichun, 2023).

5 Limitations and Future research

Several limitations of the current study should be acknowledged for a comprehensive understanding. Firstly, The study only included studies published in English or Chinese, which may limit the generalizability of the findings to other languages and cultures. Secondly, The study did not include a comprehensive search of all relevant databases and had selected only 18 articles , which may have resulted in the exclusion of relevant studies. Future research can expand the search scope and sample size. Thirdly, this study only analyzed four potential moderating variables. Others variables such as culture, children's gender, parents' economical status and educational levels, which may also influence the relationship between parental control and youths' social maladjustment behaviors were not included in the analysis.

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