

Parenting Styles and Adolescents' Depression, Anxiety, and Stress in Chinese Culture: A Test of the Mediating Effect of Perfectionism

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Abstract: Adolescents' mental health has become a global concern, with a significant proportion experiencing common mental health disorders. This study investigates the intricate dynamics of parenting styles, maladaptive perfectionism, and their influence on the mental health of adolescents from middle-class families in China. Through an online survey, this study gathered data from 283 adolescents, exploring their parenting experiences, levels of perfectionism and common mental health problems. The current study was conducted by using scales and the analysis of variance, correlation analysis, and regression analysis. A significant association was found between authoritarian parenting styles and an increase in common mental health disorders. In contrast, authoritative parenting styles were protective, further illustrating the importance of parenting styles in the well-being of adolescents. Socially prescribed perfectionism was a noteworthy mediator, revealing its role in generating mental health problems. The study also explored gender and family structure differences in parenting styles. The study provides valuable insights into the complex interplay of factors that influence adolescent mental health. Moreover, the study contributes to targeted interventions to improve the health of adolescents, especially in different cultural contexts.

Keywords: parenting style, adolescents, China, common mental health disorders, perfectionism

1. Introduction

In recent years, adolescents' mental health has received widespread public attention. Based on the most recent statistics provided by the World Health Organization, it is approximated that on a global scale, one in seven adolescents aged 10-19 years old suffers from mental disorders [1]. Emotional disorders represented by depression (feelings of sorrow, irritation, emptiness, or lack of pleasure or interest in activities) and anxiety (extreme fear and worry) are most common among adolescents. It is estimated that 4.6 percent of adolescents aged 15-19 suffer from anxiety disorders and 2.8 percent from depression.

According to previous theoretical and empirical studies, adolescents' parenting styles and maladaptive perfectionism appear to play a critical role in common mental health disorders

(depression, anxiety, and stress). Parenting approaches influence adolescent growth and their capacity to cope with social complexity and are a significant predictor of adolescent mental health outcomes.

Family education is significant for adolescent development and understanding of society and an important predictor of adolescent mental health. Baumrind first proposed three types of parenting in 1967: authoritarian parenting, permissive parenting, and authoritative parenting [2]. Numerous studies have delved deeply into the correlation between parenting styles (PS) and the development of maladaptive perfectionism in teenagers. Ko et al. discovered a notable and positive association between maladaptive parenting styles (e.g., high levels of psychological control and lack of warmth) and socially-prescribed perfectionism, and perfectionist self-expression styles [3]. Walton et al. build on this foundation by furthering the study and discussion of poor parenting styles and found a positive relation between authoritarian PS and dysfunctional manifestations of perfectionism.

In contrast, emotional stability was found to be adversely associated to perfectionism's maladaptive features [4]. In addition, previous research has found that parenting styles impact adolescents' internalisation of emotional disorders. Dr. Suhina Chatterjee's findings indicated that adolescents whose parenting style was a high level of strict authoritarian parenting experienced more frustration and showed significantly higher levels of frustration than adolescents with permissive parenting [5]. A more comprehensive experiment by Romero-Acosta et al. discovered students with authoritarian parenting were more inclined to experience depression and generalised anxiety symptoms [6]. The study also found gender differences, with boys reporting more anxiety symptoms than girls. However, the nature of common mental health disorders is complex. Other factors, such as individual differences and socio-cultural background, also influence the occurrence of common mental health disorders to some extent and, therefore, need to be considered and discussed further.

Perfectionism is a multidimensional construct and has been categorised by one person's definition of perfectionism into three dimensions, namely, socially prescribed perfectionism (SPP) (derived from the expectations of others or society), self-oriented perfectionism (SOP) (comes from within the individual), and other-oriented perfectionism (OOP) (driven by expectations from external sources) [7]. Self-directed perfectionism is commonly viewed as adaptable, while socially prescribed perfectionism is regarded as problematic. Adaptive perfectionism is seen as a positive and healthy form that is driven by personal standards. In contrast, maladaptive perfectionism is thought to be driven by misplaced concerns and doubts about one's behaviour [8].

As per a recent comprehensive review of scientific literature, maladaptive perfectionism, particularly socially prescribed perfectionism (SPP), consistently exhibits a robust association with various detrimental mental health consequences, such as depression and anxiety [9]. Hu et al. surveyed 169 pre-clinical medical students. Their research revealed that students with maladaptive perfectionism tend to experience more anxiety and depression [10]. Stress generation model assumes that socially prescribed perfectionism leads people to internalise parental and socially demanded expectations of success and associated negative evaluations, leading to self-directed perfectionism, which generates stress and social disengagement [11]. However, although perfectionism usually co-occurs with common mental health disorders, more research and understanding are needed regarding the direction of the relationship between these variables. Furthermore, the Social Expectancy Model emphasises childhood and adolescence as critical periods for developing this personality trait, and parents play an essential role [12]. In a study conducted by Walton et al., an investigation into the connection between parenting approaches and children's perfectionism was carried out, revealing that authoritarian and neglectful PSs were shown to affect maladaptive manifestations of perfectionism [4]. In contrast, there was an inverse correlation between emotional stability and maladaptive aspects of perfectionism [4]. Overall, A deficiency in parental affection and the presence of strict and severe criticism may lead to a tendency towards maladaptive perfectionism, which can lead to common mental health disorders.

In conclusion, although existing research have shown a connection between PSs, perfectionism, and prevalent psychological well-being concerns, the complexity of common mental health disorders needs to be explored in greater depth, given individual differences and socio-cultural contexts. This research gap requires a more comprehensive study on the relation between parental styles, prevalent mental health conditions, and how perfectionism functions as a mediator within this dynamic, especially in the distinct cultural context of Chinese adolescents. This research endeavor aims to enhance our insights into the determinants that impact the mental well-being of adolescent. This study lays the foundation for targeted interventions that have the potential to improve adolescent mental health, especially in the Chinese cultural context.

This study aims to investigate the intricate interplay among PSs, perfectionism, and common mental health disorders among Chinese adolescents. The present study used an online questionnaire to collect data on parenting styles, dimensions of perfectionism, and common mental health problems from a sample of 283 adolescents aged 12-18 years from middle-class families in China. The study explores how these factors are interconnected and interact, ultimately affecting adolescents' mental health.

The current study made the following hypotheses: 1) Authoritarian parenting styles characterised by low warmth and high control would be positively associated with mental health disorder among Chinese adolescents. In contrast, this paper predicted that authoritative parenting styles characterised by high warmth and control would negatively affect these mental health problems. 2) Adolescents from one-child families would score higher on socially prescribed perfectionism (SPP) than those with siblings. The absence of siblings is expected to exacerbate the development of socially prescribed perfectionist tendencies due to overprotective parenting styles. 3) Boys are expected to experience more authoritarian parenting styles than girls, given societal expectations and gender roles. 4) Perfectionism is a mediator in the connection between PSs, depression, anxiety, and stress to some degree, i.e., parenting styles indirectly affect psychological disorders. The adoption of authoritarian parenting approaches may contribute to the emergence of SPP, consequently heightening the likelihood of experiencing depression, anxiety, and stress.

2. Method

2.1. Participants

A study involving 283 adolescents, aged 12 to 18, from middle-class Chinese families (122 males, 161 females) was conducted. (M age =17.07, SD =2.72) (15.03% of participants were from one-child families).

2.2. Measurement

The study was conducted online with a questionnaire. Each participant signed an informed consent form. Demographic information about participants' age, gender, number of children in the family, and social status class was collected. Information about the participants' levels of perfectionism, parenting styles, and common mental health problems was obtained based on the following questionnaires:

2.2.1. Child and Adolescent Perfectionism Scale (CAPS)

The CAPS consists of 22 items designed to assess adolescents' motivation towards perfectionism. It comprises 12 items related to self-oriented perfectionism (SOP) and 10 items focused on socially prescribed perfectionism (SPP). SOP is related to ratings of desire for perfection in the self, whereas the SPP is related to parental ratings of perfection in the self [13]. The scale uses a 5-point Likert

scale to rate the items, with higher scores associated with more significant perfectionism. The CAPS has demonstrated adequate reliability and internal consistency in predicting perfectionism. The alpha coefficient is 0.85 for the SOP and 0.81 for the SPP [13].

2.2.2. Parental Authority Questionnaire (PAQ)

The PAQ is questionnaire consisting of 30 items intended to gauge parental authority or disciplinary practices, as perceived by adolescents. The questionnaire is divided into three subscales: permissive, authoritarian, and authoritative, with scores ranging from 10 to 50 for each subscale. Elevated scores correspond to increased levels of each type of parental authority. Additionally, the PAQ's Cronbach alpha values (which range from 0.75 to 0.87) and retest reliability coefficients are reasonable [14].

2.2.3. Depression Anxiety Stress Scale -21(DASS-21)

A shorter version of the Depression Anxiety Stress Scale-42 is called DASS-21, designed to assess three prevalent emotional states: depression, anxiety, and stress through self-report measures. [15]. Seven items make up each subscale, which uses a 4-point Likert scale to rate the degree of negative mood symptoms. Higher scores on the scale indicate more severe negative symptoms. The depression scale evaluates feelings of hopelessness, a diminished sense of life's value, loss of interest or engagement. The anxiety scale measures autonomic arousal, situational anxiety, and the personal experience of anxiety. The stress scale assesses challenges in relaxation, nervous arousal and susceptibility to agitation or excitement. The DASS-21 has demonstrated impressive test-retest reliability (ranging from 0.71 to 0.81) and strong internal consistency [16,17].

2.3. Data Analysis

IBM SPSS Statistics (Version 27.0) was used for data analysis. The t-test was employed to assess the significance of the mean variances among the variables, with the significance threshold established at 0.05, and Cohen's d was employed to determine how large these differences were. Correlation analyses were conducted to assess the normal distribution of the data based on Pearson's r. MANOVA was utilized to appraise the parenting style variables (i.e., authoritarian, permissive, and authoritative) and their contribution to explaining common depression, anxiety, and stress. PROCESS was also employed to assess the contribution of adolescent perfectionist aspects (SOP, SPP) to common mental health disorders.

3. Result

3.1. Descriptive Analysis

Table 1: Descriptive statistics of perfectionism, parenting styles and depression, anxiety, stress, and social status.

	Mean	Std. Deviation
Depression	4.56	3.997
Anxiety	4.76	3.771
Stress	5.77	3.968
SOP	38.93	6.793
SPP	30.81	6.318
Permissive parenting	30.05	5.343
Authoritarian parenting	27.76	6.693
Authoritative parenting	33.10	7.178
Social status	5.28	1.596

Table 1 gives descriptive data of perfectionism, parenting styles and depression ($M=4.56$, $SD=3.997$), anxiety ($M=4.76$, $SD=3.771$), stress ($M=5.77$, $SD=3.968$) and social status ($M=5.28$, $SD=1.596$) of 283 adolescents who participated in the study.

3.2. Analysis of Variances

3.2.1. Analysis of Variance by Family Structure

Table 2: Calculation of independent samples t-test was carried out with the independent variable of family structure and the dependent variables of parenting style, perfectionism, and common mental health disorders.

	One-child family	Mean	Std. Deviation	t	p
Permissive parenting	Yes	31.240	6.853	1.566	0.118
	No	29.840	5.022		
Authoritarian parenting	Yes	29.760	7.298	2.110	0.036*
	No	27.410	6.536		
Authoritative parenting	Yes	34.880	7.362	1.750	0.081
	No	32.790	7.116		
SOP	Yes	40.690	7.377	1.824	0.069
	No	38.630	6.655		
SPP	Yes	33.400	5.730	2.927	0.004*
	No	30.350	6.318		
Depression	Yes	6.430	4.467	3.345	0.001*
	No	4.230	3.827		
Anxiety	Yes	6.260	4.049	2.826	0.005*
	No	4.500	3.666		
Stress	Yes	7.600	3.877	3.279	0.001*
	No	5.460	3.905		

As depicted in Table 2, notable distinctions were observed in authoritarian parenting, socially prescribed perfectionism, depression, anxiety, and stress, with p-values less than 0.05, indicating that one-child participants had higher scores.

3.2.2. Analysis of Variance by Gender

Table 3: Calculation of independent samples t-test (independent variable: gender; dependent variables: parenting style, perfectionism, and common mental health disorders).

	Gender	Mean	Std. Deviation	t	p
Permissive parenting	Male	30.890	5.841	2.331	0.020
	Female	29.410	4.853		
Authoritarian parenting	Male	28.850	7.038	2.403	0.017
	Female	26.940	6.317		
Authoritative parenting	Male	33.720	7.510	1.271	0.205
	Female	32.630	6.903		
Self-oriented perfectionism	Male	38.520	7.788	-0.880	0.380
	Female	39.240	5.937		
Socially prescribed perfectionism	Male	30.890	7.299	0.184	0.854

Table 3: (continued).

Depression	Female	30.750	5.483	0.146	0.884
	Male	4.600	3.937		
Anxiety	Female	4.530	4.054	-1.150	0.251
	Male	4.470	3.512		
Stress	Female	4.990	3.951	-0.133	0.894
	Male	5.740	3.790		
	Female	5.800	4.109		

As shown in Table 3, the significance of permissive and authoritarian parenting is less than 0.05, indicating a significant difference in which boys scored higher.

3.3. Correlation Analysis

Table 4: Pearson's r correlations between parenting styles, perfectionism, common mental health disorders and social status.

	Correlation							
	Depression	Anxiety	Stress	SOP	SPP	Permissive parenting	Authoritarian parenting	Authoritative parenting
Depression	1							
Anxiety	0.796**	1						
Stress	0.827**	0.833**	1					
SOP	0.145*	0.191**	0.282**	1				
SPP	0.199**	0.232**	0.295**	0.709**	1			
Permissive parenting	-0.126*	-0.055	-0.088	0.211**	0.213**	1		
Authoritarian parenting	0.256**	0.265**	0.247**	0.211**	0.401**	0.222**	1	
Authoritative parenting	-0.297**	-0.209**	-0.232**	0.207**	0.083	0.594**	-0.113	1
Social status	0.109	0.089	0.146*	0.099	0.042	0.012	-0.039	0.040

** p< 0.01, * p< 0.05

As shown in Table 4, depression is significantly positively correlated with authoritarian parenting, SPP, and SOP; and significantly negatively associated with permissive and authoritative parenting.

As shown in Table 4, anxiety is significantly positively correlated to authoritarian parenting, SPP, and SOP; and significantly negatively correlated to authoritative parenting.

As shown in Table 4, stress is significantly positively correlated to authoritarian parenting, SOP, SPP, and social status; and significantly negatively correlated to authoritative parenting.

As shown in Table 4, permissive parenting is positively correlated with socially prescribed perfectionism and self-oriented perfectionism. Authoritarian parenting is positively correlated with self-oriented perfectionism and socially prescribed perfectionism; authoritative parenting is positively correlated with self-oriented perfectionism.

3.4. Regression Analysis

Hierarchical regression was used to assess the ability of authoritarian PSs, authoritative PSs, and permissive PSs, as well as the ability of the perfectionism types of SOP and SPP to predict common mental health disorders variables.

Table 5: Hierarchical regression predicting depression from parenting style and perfectionism type.

Regression model coefficient summary				
	Self-oriented perfectionism	Socially prescribed perfectionism	Depression	Depression
	M1	M2	M3	M4
mediating variable				
Authoritarian parenting	0.231***	0.371***	0.139***	0.106**
Authoritative parenting	0.201**	0.072	-0.142***	-0.16***
Permissive parenting	0.044	0.092	-0.02	-0.027
SOP				0.073
SPP				0.045
R-squared	0.099	0.181	0.139	0.168
F	10.242	20.508	15.019	11.151
P	0.000	0.000	0.000	0.000

p<0.05, * p<0.01, ** p<0.001, ***

Overall, the mediating variable does not significantly affect the dependent variable, so there is no mediation effect test.

When the independent variable, authoritarian parenting, and the mediating variable, self-oriented perfectionism, were both included in the model, the absolute value of the regression coefficients decreased, and the magnitude of the effect showed a downward pattern compared to the model that exclusively featured the independent variable, authoritarian parenting, alongside the dependent variable, stress.

Table 6: Hierarchical regression predicting anxiety from parenting style and perfectionism type.

Regression model coefficient summary				
	Self-oriented perfectionism	Socially prescribed perfectionism	Anxiety	Anxiety
	M1	M2	M3	M4
Authoritarian parenting	0.231***	0.371***	0.138**	0.103**
Authoritative parenting	0.201**	0.072	-0.095*	-0.114**

Table 6: (continued).

mediating variable	Permissive parenting	0.044	0.092	-0.001	-0.009
	SOP				0.081
	SPP				0.046
	R-squared	0.099	0.181	0.103	0.140
	F	10.242	20.508	10.663	9.017
	P	0.000	0.000	0.000	0.000

p<0.05,* p<0.01,** p<0.001,***

Overall, the mediating variable does not significantly affect the dependent variable, so there is no mediation effect test.

Table 7: Hierarchical regression predicting stress from parenting style and perfectionism type.

Regression model coefficient summary

		Self-oriented perfectionism	Socially prescribed perfectionism	Stress	Stress
		M1	M2	M3	M4
		Authoritarian parenting	0.231***	0.371***	0.137***
Authoritative parenting	0.201**	0.072	-0.105*	-0.138***	
Permissive parenting	0.044	0.092	-0.02	-0.032	
Mediating variable	SOP				0.144**
	SPP				0.06
	R-squared	0.099	0.181	0.103	0.193
	F	10.242	20.508	10.726	13.267
	P	0.000	0.000	0.000	0.000

p<0.05,* p<0.01,** p<0.001,***

As depicted in Table 7, within model 1, the significance of the independent variables, namely authoritarian parenting and authoritative parenting, falls below 0.05, and the regression coefficient exceeds 0. This signifies a noteworthy positive impact on self-oriented perfectionism.

In model 2, the significance of the authoritarian PS registers below 0.05, and the regression coefficient is above 0, signifying a substantial positive influence on the dependent variable, socially prescribed perfectionism.

In model 3, the significance of authoritarian parenting, is below 0.05, with a regression coefficient greater than 0, indicating a significant positive influence on the dependent variable, stress.

Additionally, authoritative parenting has a considerable negative impact on stress since its significance is below 0.05 and the regression coefficient is less than 0.

In model 4, the SOP and SPP were incorporated as mediator variables. The mediator variable, self-oriented perfectionism, displayed statistical significance with a p-value of less than 0.05. The regression coefficient is positive, signifying a notable and positive impact on stress.

In general, the independent variables of authoritarian parenting and authoritative parenting exert a notable influence on both the mediating factor, SOP, and the dependent variable, stress. Additionally, the mediating variable, SOP significantly influence stress, suggesting the potential for further examination of its mediating effects.

When the model included authoritarian parenting and self-oriented perfectionism, the absolute values of the regression coefficients decreased, indicating a reduction in the effect's strength compared to the model that only considered authoritarian parenting, in relation to stress.

Based on the results, it becomes apparent authoritarian parenting, exerts a significant impact on self-oriented perfectionism and stress. In contrast, self-oriented perfectionism significantly affects stress. Moreover, the inclusion of self-direction resulted in a reduction in the impact of authoritarian parenting on stress, demonstrating a notable mediating effect. The absolute value of the coefficient of authoritative parenting did not decrease significantly, so there is no mediating effect.

4. Discussion

This study aims to analyse the impact of the perceived intergenerational transmission of PSs and the presence of child perfectionism to the level of common mental health disorders. Our first prediction was that authoritarian PS, and authoritative PS, would be affect mental health disorder. The study's results supported this hypothesis, with authoritarian PS being positively associated with scores on depression, anxiety, and stress; and authoritative PS being negatively associated with scores on depression, anxiety, and stress. This result is generally consistent with past research [18].

Unexpectedly, permissive PS was negatively associated with scores of depression, which is in line with other discoveries [18,19]. This finding may be because permissive parenting also possesses the same protective effect against risky behaviours as authoritative parenting [20]. Moreover, studies have found that children raised in permissive parenting educational environments have higher self-esteem and social well-being [21]. However, there is still much controversy about the relationship between permissive parenting and depression, anxiety, and stress. Hence, additional research is warranted for forthcoming investigations. Additionally, the current study discovered a significant positive correlation between social status and stress, consistent with Steen et al.'s finding adolescents' subjective social status may be a key factor in determining how stressed they feel. [22].

Based on the second hypothesis, the present study found that individuals who were only children tended to obtain higher scores in socially prescribed perfectionism compared to those from families with siblings, providing evidence of the differences in participants' one-child families. This discovery aligns with the earlier observation made by Ko et al., which suggested that the presence of strict and overly protective parenting styles can contribute to the emergence of socially prescribed perfectionism among adolescents [3].

Unexpectedly, participants from one-child families scored higher on perceived authoritarian parenting styles, which is consistent with stereotypes but not with Khadaroo & MacCallum's view that authoritarian parenting styles are less prevalent in one-child families [23]. This may be due to the cultural background of Khadaroo & MacCallum's participants being in the UK. In contrast, the current study was in a highly collectivistic China, emphasising children's obedience to their parents and parental supervision and restriction of children's behaviour. Furthermore, the results of this study are likely since the current experiment did not include the upbringing and personality traits of the participants' parents in the analysis. Valentino et al. found that parents who received an authoritarian

upbringing as children were more likely to receive intergenerational transfers and raise their children with similar educational patterns and attitudes [24]. Past research has shown that authoritative parents tend to score lower on easy-going personalities [25]. Thus, parental personality traits are also a latent factor.

According to the third prediction, the study's results found that boys scored higher on authoritarian and permissive parenting, thus demonstrating gender differences in parenting styles. This finding is consistent with previous research. As a result of societal stereotypes of masculinity and differing expectations of gender roles, boys are expected to take on the social responsibility of being breadwinners and independent. As a result, parents are more demanding of boys, leading to the prevalence of authoritarian parenting.

According to the regression analysis, it was shown that there was a noteworthy mediating impact of self-directed perfectionism on the relationship between authoritarian PS and stress. This shows that parenting styles can directly lead to common mental health disorders and indirectly affect common mental health disorders by directly influencing the formation of perfectionism in individuals. Regarding this mediating role, it helps to rethink the formation of common mental health problems in pairs and adolescents from the perspective of parenting styles. When parents improve their parenting styles with their children, it will reduce the emergence of maladaptive perfectionism in their offspring and thus reduce the formation of common mental health disorders. Surprisingly, the mediating effect on the dependent variables of depression and anxiety was not significant when self-directed perfectionism was used as a mediating variable. However, the current findings suggest that parenting styles are responsible for the mechanisms that influence anxiety and depression, and that perfectionism is only one of the possible mediating effects.

However, the current experiment may have some noteworthy limitations that justify the need for additional research. As this study was cross-sectional, a causal relationship between parenting styles and perfectionism in psychopathology could not be determined. The underlying mechanisms and whether perfectionism plays a role in them are unclear. Therefore, a longitudinal study is necessary. In addition, the current study's sole reliance on participants' self-reports may have led to bias. Thus, a multi-method, multi-informant strategy should thus be used in future studies to minimise any potential bias brought on by self-report assessments. The current study used the DASS-21 developed based on the assumption that the difference between depression, anxiety, and stress experienced by non-clinical individuals. Therefore, future research could replicate the current study and examine clinical samples to further understand the role that parenting style and perfectionism in psychopathology.

5. Conclusion

The results of this paper provide valuable perspectives on the relationship between PSs, perfectionism, and common psychological disorders in adolescents. The current study found authoritarian parenting styles characterised by low warmth and high control to be consistently a risk factor for depression, anxiety, and stress. This reaffirms the general rule that adolescents raised in authoritarian families are more likely to develop common mental health disorders. Conversely, authoritative parenting styles, characterised by high levels of warmth and control, are a protective factor and are negatively associated with these same mental health problems. This is consistent with the widely accepted view that authoritative parenting styles promote emotional resilience and mental health in adolescents.

The study also revealed gender differences in parenting styles, with boys being more affected by permissive and authoritarian parenting styles. This is consistent with social expectations and emphasises the pattern of gender stereotypes influencing parenting styles, placing different demands on boys regarding social roles and responsibilities. Another general pattern worth noting is the influence of family structure on perfectionism. Findings suggest that only children tend to exhibit

higher levels of SPP, emphasising that the absence of siblings may exacerbate the development of perfectionist tendencies. This finding supports the view that one-child families are often characterised by overprotective parenting styles that contribute to the emergence of socially prescribed perfectionism.

For mediating roles, the current study identified a significant link between self-orientated perfectionism in authoritarian parenting styles and stress, thus reinforcing the general pattern of parenting styles directly or indirectly influencing common mental health disorders. This suggests that interventions targeting parenting styles may significantly mitigate maladaptive perfectionism, thereby reducing the prevalence of common mental health disorders in adolescents. However, it is essential to recognise that the mediating effects of depression and anxiety were insignificant, suggesting that more complex factors are at play. This emphasises a general rule that mental health disorders are multifaceted and may involve multiple pathways beyond perfectionism.

This study represents the inaugural attempt to detect the correlation between three distinct parenting styles and depression, anxiety, and stress within the context of Chinese culture, while also considering adolescent perfectionism as a mediating factor. The current study contributes to understanding factors contributing to common mental health disorders in adolescents. It highlights the necessity for focused interventions to address the potential effects of parenting styles and adverse perfectionism on adolescent mental health. This research underscores the significance of cultivating authoritative parenting approaches and tackling detrimental perfectionist tendencies to enhance the mental health outcomes of adolescents. It lays the groundwork for the development of more effective strategies aimed at bolstering mental health and resilience in this vulnerable demographic.

as the limitation of this paper include the cross-sectional design, reliance on self-report measures, and the need for further research to facilitate an in-depth study of the topic. Future studies could consider longitudinal designs and include clinical samples to deepen our understanding of the complex interplay between adolescent parenting styles, perfectionism, and mental health outcomes.

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