



Relationship Between Parental Overprotection and Overcontrol and Child Internalizing and Externalizing Problems: A Serial Mediation Analysis

Ebeveynin Aşırı Koruma ve Aşırı Kontrolü ile Çocuğun İçselleştirme ve Dışsallaştırma Sorunları Arasındaki İlişki: Bir Seri Aracılık Analizi

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ABSTRACT

Objective: This study aimed to examine the mediating role of emotion regulation and loneliness in the relationship between parental overprotection and overcontrol and children's internalizing and externalizing problems.

Method: The study was conducted with 400 secondary school students (M = 12.08, SD = 1.20) in Denizli. Fifty-eight percent of the participants (n = 232) were girls. In a classroom setting, participants completed the Demographic Information Form, the Strengths and Difficulties Questionnaire, the Revised and Expanded Childhood Trauma Questionnaire – Overprotection and Overcontrol Subscale, the Emotion Regulation Scale for Children, and the UCLA Loneliness Scale-Short Form.

Results: Parental overprotection and overcontrol were significantly associated with all variables. According to the model assessed using the SPSS Macro, parental overprotection and overcontrol were directly related to children's internalizing and externalizing problems (effect = 0.97, SE = .09, p < .001, 95% CI [0.80, 1.15]). Emotion regulation skills and loneliness were found to have significant indirect effects on the relationship between parental overprotection and overcontrol and internalizing and externalizing problems (effect = 0.32, SE = 0.047, 95% CI [0.23, 0.42]; effect = 0.24, SE = 0.05, 95% CI [0.15, 0.36], respectively). Moreover, the sequential mediating pathway involving both emotion regulation skills and loneliness was also significant (effect = 0.11, SE = 0.02, 95% CI [0.07, 0.16]).

Conclusion: The findings revealed that parental overprotection and overcontrol are not only directly related to children's internalizing and externalizing problems but also indirectly related through the mediating roles of emotion regulation skills and loneliness. In this respect, the study provides important contributions to both theoretical and applied literature. These findings highlight the need for intervention programs aimed at reducing children's internalizing and externalizing problems to focus not only on strengthening emotion regulation skills and social relationships but also on reducing parental overprotection and overcontrol behaviors.

Keywords: Parenting, parent-child relationships, emotion regulation, loneliness, mental health problems

ÖZ

Amaç: Bu çalışma, ebeveyn aşırı koruma ve aşırı kontrolünün çocuğun içselleştirme ve dışsallaştırma sorunları ile ilişkisinde çocuğun duygu düzenleme becerilerinin ve yalnızlığının aracı rolünü incelemeyi amaçlamaktadır.

Yöntem: Çalışma Denizli'de ortaokullara devam eden 400 öğrenci (Ort = 12,08, SS = 1,20) ile gerçekleştirilmiştir. Çalışmaya katılan öğrencilerin %58'i (n = 232) kızdır. Katılımcılara sınıf ortamında Demografik Bilgi Formu, Güçler Güçlükler Envanteri, Yeniden Düzenlenmiş ve Genişletilmiş Çocukluk Çağı Ruhsal Travmalar Ölçeği-Aşırı Koruma ve Kontrol Alt Boyutu, Çocuklar için Duygu Düzenleme Ölçeği ve UCLA Yalnızlık Ölçeği-Kısa Formu uygulanmıştır.

Bulgular: Ebeveynin aşırı koruma ve aşırı kontrolü tüm değişkenlerle istatistiksel olarak anlamlı bir şekilde ilişkilidir. SPSS Macro uzantısı kullanılarak yürütülen modele göre, ebeveynin aşırı koruma ve aşırı kontrolünün çocuğun içselleştirme ve dışsallaştırma sorunları ile doğrudan ilişkili olduğu bulunmuştur (etki = 0,97, SH = ,09, p < .001, %95 GA [0,80 – 1,15]). Ebeveynin aşırı koruma ve aşırı kontrolü ile çocuğun içselleştirme ve dışsallaştırma sorunları arasındaki ilişkide duygu düzenleme becerileri ve yalnızlığın anlamlı bir dolaylı etkisi olduğu saptanmıştır (sırasıyla; etki = 0,32, SH = 0,047, %95 GA [0,23, 0,42]; etki = 0,24, SH = 0,05, %95 GA [0,15, 0,36]). Ayrıca, duygu düzenleme becerileri ve yalnızlık değişkenlerinin ardışık olarak birlikte aracılık ettiği yol da anlamlı bulunmuştur (etki = 0,11, SH = 0,02, %95 GA [0,07, 0,16]).

Sonuç: Bu çalışmanın bulguları, ebeveynin aşırı koruma ve aşırı kontrolünün çocuğun içselleştirme ve dışsallaştırma sorunlarıyla yalnızca doğrudan ilişkili olmadığını, bu ilişkide duygu düzenleme becerileri ve yalnızlık değişkenlerinin dolaylı etkilerinin de bulunduğunu ortaya koymaktadır. Bu yönüyle çalışma hem kuramsal hem de uygulamalı literatüre önemli katkılar sunmaktadır. Bu bulgular, çocukların içselleştirme ve dışsallaştırma sorunlarını azaltmaya yönelik müdahale programlarında, çocuğun duygu düzenleme becerilerinin ve sosyal ilişkilerinin güçlendirilmesinin yanı sıra ebeveynin aşırı koruma ve aşırı kontrol davranışlarının azaltılmasına da odaklanılması gerektiğine işaret etmektedir.

Anahtar sözcükler: Ebeveynlik, ebeveyn-çocuk ilişkileri, duygu düzenleme, yalnızlık, ruh sağlığı problemleri

Introduction

Parental attitudes may represent one of the most influential forces shaping children's psychosocial development. The long-standing developmental literature has sought to clarify how parental approaches to child-rearing inform developmental trajectories. Cumulative evidence demonstrates that variations in parenting style assume significant implications for children's socioemotional functioning, cognitive growth, and emerging personality (Baumrind 1967, Maccoby and Martin 1983, Steele et al. 2019). Therefore, elucidating how distinct parenting practices contribute to children's multidimensional development could be an original concern for contemporary developmental research.

At the center of research on parenting styles lies Baumrind's (1967, 1971) seminal model, which identifies three primary approaches: authoritarian, permissive, and authoritative. Authoritarian parents seek to shape and control every aspect of their children's behavior according to their own standards, limit autonomy, and rarely engage in shared decision-making. Permissive parents are attentive to their children but seldom enforce boundaries or exercise control when necessary, having minimal demands while granting excessive freedom. In contrast, authoritative parents engage in mutual communication with their children. They allow autonomy in decision-making when disagreements arise, while maintaining consistent discipline. They also provide warmth and responsiveness (Baumrind 1966, 1967, 1971, 1972). Baumrind's model is considered a key framework for understanding parenting styles. More recently, however, research has increasingly focused on a parenting approach that extends beyond these traditional categories: overprotective parenting (Ungar 2009, LeMoyne and Buchanan 2011, Schiffrin et al. 2014, Flamant et al. 2022). While international studies on overprotective parenting have grown in number, there remains a scarcity of research in our country. Given the significance of parenting behaviors for child and adolescent mental health and the need for addressing this domestically prevalent approach (Kızıltepe and Kaçar-Başaran 2025), the present study examines overprotective parenting practices.

The concept of overprotective parenting was first introduced in the 1930s by Levy based on his observations of twenty children receiving treatment at a child clinic (Thomasgard et al. 1995). Overprotective parenting is characterized by an excessive concern for the child's well-being to the extent that parents worry even when the child is safe and intervene in problems the child is capable of resolving independently. Such parents often fail to provide an environment that supports autonomous decision-making, even as the child reaches an age where independent choices are appropriate. They sometimes make decisions on the child's behalf by asserting their right to do so (Kulaksızoğlu 1998, Alisinaoğlu 2003, Ungar 2009, Segrin et al. 2012). Research indicates that this parenting approach is associated with negative outcomes for children. Overprotective parenting is often linked to disruptions in child and adolescent development and a range of psychological difficulties. It was previously shown that children exposed to this parenting style tend to exhibit lower academic achievement along with emotional and behavioral problems (Kim et al. 2013, McWhorter et al. 2022) and that it contributes to increased academic anxiety among students (Li et al. 2025). Prior meta-analyses further suggested that overprotective parenting is associated with increased anxiety, depression, internalizing problems (de Roo et al. 2022, Zhang and Ji 2024), and externalizing behaviors (de Roo et al. 2022). In addition, overprotective parenting was found to be linked to low self-esteem, maladjustment, frustration, and difficulties in identity formation (Padilla Walker and Nelson 2012, Faleschini et al. 2020). A study focusing on adolescents revealed that this parenting style could adversely affect both mental health and self-efficacy in learning (Ganaprakasam et al. 2018). Similarly, participants with overprotective caregivers reported lower self-esteem and self-efficacy and higher stress symptoms (Wolf et al. 2024). Another study found that a significant portion of children raised in overprotective environments struggle to cope with challenges and are more susceptible to low self-esteem, depression, and anxiety (Choirunnisa et al. 2025).

The literature also offers theoretical explanations for the effects of overprotective parenting. For example, Schiffrin et al. (2014) drew on Self-Determination Theory to account for the negative impact of overprotective parenting on children's well-being. According to the theory, all humans possess three innate psychological needs: autonomy, relatedness, and competence (Ryan and Deci 2000, Deci and Ryan 2008). Overprotective parenting is thus identified as a significant risk factor for each of these needs. Parents who adopt this style potentially foster low autonomy and undermine children's ability to cope with feelings of inadequacy (Givertz and Segrin 2012, Segrin et al. 2013, 2015, Flamant et al. 2022). Supporting this framework, prior research indicated that perceived overprotective parenting could impede the mentioned needs among university students (Schiffrin et al. 2019). As discussed above, although a substantial body of literature documents the negative effects of overprotective parenting on children and adolescents, research exploring factors that could mediate these effects remains limited.

Parents adopting democratic, warm, and responsive approaches tend to foster more effective emotion regulation skills in their children. In contrast, overprotective parenting is often associated with maladaptive emotion regulation strategies and emotional dysregulation in children (McDowell et al. 2002, Atalay and Özyürek 2021, Zheng 2025). For example, Mathijs et al. (2024) found excessive control by both parents to be linked to difficulties in emotion regulation and the use of suppression strategies in adolescents.

Emotion regulation is a well-documented transdiagnostic factor influencing the onset, maintenance, and treatment of a wide range of psychological disorders (American Psychiatric Association 2000, Gross 2002, Gökdağ et al. 2023). Individuals with poorer emotion regulation skills or relying on less adaptive strategies are more likely to experience various internalizing and externalizing problems, including depression, social anxiety, loneliness, aggression, and distress (O'Day et al. 2019, Cenkseven Önder and Canoğulları 2020, Eres et al. 2021). Most prior studies predominantly focused on internalizing problems, while there is a paucity of research addressing the relations between emotion regulation strategies and externalizing problems (e.g. Garnefski et al. 2005, Kaçar-Başaran and Kızıltepe 2025). In their study examining adolescents' cognitive coping strategies, Garnefski et al. (2001) reported that participants employing less adaptive strategies (e.g. self-blame, rumination, and catastrophizing) exhibited higher levels of depression and anxiety, whereas those using more adaptive strategies showed lower symptoms of these conditions. Similarly, Ehrling et al. (2008) found a significant association between emotion regulation difficulties, frequent use of maladaptive strategies, and elevated vulnerability to depression. Furthermore, Cenkseven Önder and Canoğulları (2020) found emotion regulation to predict aggressive behavior in adolescents.

Overall, the prior findings suggest that both emotion regulation difficulties and overprotective parenting could contribute to internalizing and externalizing problems. Accordingly, emotion regulation is hypothesized to serve a mediating role in the relation between overprotective parenting and children's internalizing and externalizing problems.

Loneliness is known to be particularly prevalent during adolescence compared with other age groups (Perlman and Landolt 1999). One major factor influencing adolescents' experiences of loneliness is their family relationships (Elevli 2019). Çeçen (2008) reported that adolescents perceiving their parents as democratic scored significantly lower on measures of loneliness compared with those who viewed their parents as authoritarian, inconsistent, or overprotective.

Children raised by overprotective, restrictive parents are likely to struggle with cultivating problem-solving skills and navigating social relationships (Rubin et al. 2009). Difficulties in social interactions or problem-solving may, in turn, lead children to withdraw socially (Rubin et al. 2009); this potentially contributes to the development of loneliness. In addition, overprotective parents' controlling and restrictive behaviors may influence peer relationships (e.g. interfering with friendship choices), which could be linked to increased feelings of loneliness. In their study, Choirunnisa et al. (2025) found that overprotective parenting often leads to difficulties in forming peer relationships and social isolation. Research with adults similarly reported associations between overprotectiveness and higher levels of loneliness (Wiseman et al. 2005, Burns et al. 2022). Loneliness itself has critical implications for psychological health. Higher levels of loneliness were previously shown to be associated with depression (Cacioppo et al. 2006), psychosis (Deniro 1994), and an increased risk of suicide (Stravynski and Boyer 2001). Recent research with adolescents reported loneliness to predict both internalizing and externalizing problems, which could, in turn, contribute to heightened suicidal ideation (Wang et al. 2025). Loneliness was also found to be linked to externalizing problems (Kim et al. 2025) and aggression (Yavuzer et al. 2018).

The evidence reviewed above implies that overprotective parenting could be a significant factor contributing to children's internalizing and externalizing problems (Grolnick et al. 2000, Bayer et al. 2006, Demirkaya and Abalı 2011). However, the potential mediating roles of children's emotion regulation and perceived loneliness in the link between overprotective parenting and internalizing/externalizing problems have not been sufficiently examined. Although the present study employs a cross-sectional design, we adopt a developmental perspective in modeling, considering the sequence of tasks across different developmental stages. It is well-known that emotion regulation skills are consistently associated with perceived loneliness (e.g. Korkmaz et al. 2025) and that, from a developmental point of view, self-control and emotion regulation skills emerge before forming and maintaining peer relationships (Masten and Coatsworth 1998). Difficulties in these skills can increase vulnerability to psychopathology (Cicchetti and Rogosch 2002). The present study then examines whether emotion regulation influences perceived loneliness and, in turn, plays a sequential mediating role in the association between overprotective parenting and children's internalizing and externalizing problems. In this regard, we aim to contribute to a better understanding of overprotective parenting in our country and to the

broader literature. Specifically, we explore the relation between overprotective parenting and children's internalizing and externalizing problems and the potential mediating roles of emotion regulation and perceived loneliness. Accordingly, we propose the following hypotheses:

1. Overprotective parenting is expected to be directly associated with internalizing and externalizing problems.
2. Emotion regulation difficulties are expected to mediate the relation between overprotective parenting and internalizing and externalizing problems.
3. Perceived loneliness is expected to mediate the relation between overprotective parenting and internalizing and externalizing problems.
4. Emotion regulation difficulties and perceived loneliness are expected to sequentially mediate the link between overprotective parenting and internalizing and externalizing problems.

Method

Sample

Based on the recommendations of Schoemann et al. (2017) regarding the determination of sample size in mediation models, an analysis conducted with a 95% confidence interval, a 5% Type I error rate, and 80% power indicated that approximately 210 participants would be sufficient. A stratified sampling method was used to form the sample, and schools located in neighborhoods with different socioeconomic levels in Denizli were identified. In determining the socioeconomic level of the neighborhoods, expert opinions were obtained from school principals, guidance counselors, and teachers working in the schools. This sampling method was preferred to increase the generalizability of the sample and to reflect the overall secondary school student population in Denizli. The sample of the present study consisted of 400 students aged 9–15 years ($M = 12.08$, $SD = 1.20$) attending middle schools affiliated with the Denizli Provincial Directorate of National Education. Of the participating students, 232 were girls (58%) and 168 were boys (42%). A total of 124 students (31%) were in the 5th grade, 106 (26.5%) in the 6th grade, 95 (23.8%) in the 7th grade, and 74 (18.5%) in the 8th grade. Students reported that 82.5% ($n = 330$) of their parents lived together. Regarding mothers' educational levels, 20.7% ($n = 81$) had primary school or below, 16.4% ($n = 64$) had completed middle school, 36.9% ($n = 144$) had completed high school, and 25.1% ($n = 98$) had a university degree or higher. For fathers, 17.5% ($n = 67$) had primary school or below, 20.5% ($n = 78$) had completed middle school, 32.3% ($n = 123$) had completed high school, and 28.9% ($n = 110$) had a university degree or higher. The mean age of mothers was 39.84 ($SD = 4.90$), and the mean age of fathers was 43.49 ($SD = 5.02$). Inclusion criteria for the study required obtaining consent from both the student and the parent. Exclusion criteria included being an inclusive education student ($n = 9$) and providing incomplete or inconsistent responses on the scales during the study (e.g. giving the same response to all items) ($n = 16$). In addition, students whose parents had provided consent but who were absent from school during the data collection process ($n = 20$) could not be included in the study.

Procedure

Prior to the data collection process, ethical approval was obtained from the Ethics Committee for Scientific Research and Publication of the Faculty of Social Sciences and Humanities at Pamukkale University (dated 20.11.2024, approval number 68282350/2024/20). In addition, since the study aimed to reach its sample through middle schools affiliated with the Ministry of National Education in Denizli, the necessary permissions were obtained from the Denizli Provincial Directorate of National Education. All phases of the study were conducted in accordance with the ethical standards outlined in the Declaration of Helsinki. Data were collected in classroom settings using the survey method. Meetings were held with the principals and guidance counselors of the selected schools, information about the study was provided, and appointments were scheduled for class hours during which students would be available. In the classes deemed appropriate by school authorities, children were informed about the study, and consent forms (child consent form) were sent to their parents, who were asked to return the forms to the school in sealed envelopes within approximately one week. For children whose parents provided written consent, the purpose of the study was explained again, they were informed that participation was voluntary and that they could withdraw from the study at any time, and verbal assent was obtained from them. Depending on the number of participants in each school, the scales were administered in one or two sessions in the conference hall, and completing the survey took approximately 30–40 minutes.

Measures

Demographic Information Form

This form, completed by adolescents, was developed by the researchers to collect information such as age, gender, grade level, number of siblings, family structure, and grade point average. The form also includes questions regarding parents' educational level and employment status.

The Revised and Expanded Childhood Trauma Questionnaire

The Childhood Trauma Questionnaire developed by Bernstein et al. (1994) was adapted into Turkish by Şar et al. (2012). In the revision and expansion of the Childhood Trauma Questionnaire (CTQ-28) conducted by Şar et al. (2020), an overprotection-overcontrol (OP-OC) subscale was integrated into the measure. The Revised and Expanded Childhood Trauma Questionnaire consists of 33 items and 6 subscales (emotional abuse, emotional neglect, physical abuse, physical neglect, sexual abuse, and overprotection-overcontrol). Each subscale includes five items rated on a five-point Likert scale. Additionally, three items are included to assess denial/minimization. In the current study, only the overprotection-overcontrol subscale (OP-OC) was used. In Şar et al.'s (2020) study, the Cronbach's alpha for the CTQ-33 was .87 and the Guttman split-half coefficient was .69. The Cronbach's alpha for the overprotection-overcontrol subscale in the present study was .66.

Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ), developed by Goodman (1997), measures emotional and behavioral problems in children and adolescents. The Turkish adaptation was conducted by Güvenir et al. (2008). The scale includes parent and teacher forms for ages 4-16, as well as a self-report form for adolescents, which was used in the present study to assess adolescents' emotional and behavioral difficulties. The SDQ consists of 25 items and five subscales (Hyperactivity/Inattention, Conduct Problems, Emotional Symptoms, Peer Problems, and Prosocial Behavior). Subscale scores can be calculated separately, and a total difficulties score can be obtained by summing the first four subscales. In this study, the total difficulties score was used. In the Turkish adaptation, reliability coefficients for the subscales and total difficulties score were: Emotional Symptoms .70; Conduct Problems .50; Hyperactivity/Inattention .70; Peer Problems .22; Prosocial Behavior .54; and Total Difficulties .73 (Güvenir et al. 2008). In the present study, Cronbach's alpha was .69.

Emotion Regulation Questionnaire for Children – Child Form

The Emotion Regulation Questionnaire for Children was developed by Rydell et al. (2007) to assess children's emotion regulation skills. The Turkish adaptation was conducted by Tatlı Harmancı and Güngör Aytar (2023). The scale consists of 29 items and four subscales (anger, fear, exuberance/excitement, sadness), rated on a four-point Likert scale. In the adaptation study, McDonald's hierarchical omega for the subscales were: anger .75; fear .68; enthusiasm-excitement .65; and sadness .73. Test-retest reliability coefficients were .74 for anger, .63 for enthusiasm-excitement, .85 for fear, .71 for sadness, and .79 for the total scale (Harmancı and Aytar 2023). In the present study, Cronbach's alpha was .85.

UCLA Loneliness Scale – Short Form (For Adolescents)

The UCLA Loneliness Scale, developed by Russell et al. (1980), measures individuals' levels of loneliness. The short form of the scale was created by Hays and DiMatteo (1987). The scale is unidimensional and consists of 8 items. The Turkish adaptation was conducted by Yıldız and Duy (2014), and due to insufficient factor loading, the third item was removed, resulting in a 7-item version. Item 5 is reverse-scored, and the scale is rated on a four-point Likert scale. The Cronbach's alpha coefficient of the adapted scale was .74, and the test-retest reliability was .84 (Yıldız and Duy 2014). In the present study, Cronbach's alpha was .81.

Statistical Analysis

Analyses were conducted using SPSS (version 25). First, the distribution of missing data was examined. Missing data rates across the scales were 1% for the overprotection-overcontrol subscale, 1% for the UCLA Loneliness Scale, 4% for the Emotion Regulation Questionnaire for Children, and 3% for the Strengths and Difficulties Questionnaire. Little's MCAR test was conducted to determine whether missing data were randomly distributed, and the results indicated that data were missing completely at random, $\chi^2(17) = 8.87$, $p = .944$. The mean substitution method was used to handle missing data. Skewness and kurtosis values were examined to assess normality and were found to fall within the ± 2 range. Pearson correlation analysis was conducted to examine relationships among parental overprotection-overcontrol, total difficulties, emotion regulation skills, and

loneliness. To examine the role of emotion regulation and loneliness in the relationship between parental overprotection–overcontrol and total difficulties, the Hayes PROCESS Macro (Model 6) was used. Bootstrapping with 5000 resamples was applied to test indirect effects in the model.

Results

The results of the correlation analysis conducted to examine the relationships among parental overprotection–overcontrol, total difficulties, emotion regulation skills, and loneliness are presented in Table 1. As shown in Table 1, the relationships among the variables were in the expected directions and statistically significant (r 's = $-.43$ to $.60$, $p < .01$). Parental overprotection–overcontrol was negatively associated with adolescents' emotion regulation skills ($r = -.43$, $p < .01$), while it was positively associated with loneliness ($r = .45$, $p < .01$) and total difficulties ($r = .48$, $p < .01$).

	M (SD)	1	2	3	4
1. Parental overprotection-overcontrol	4.40 (3.37)	-			
2. Emotion regulation skills	81.15 (13.51)	-.43**	-		
3. Loneliness	12.57 (4.87)	.45**	-.48**	-	
4. Total difficulties	33.21 (6.92)	.48**	-.59**	.60**	-

** $p < .01$, M (SD) = Mean (Standard Deviation)

Model Testing

A serial mediation analysis was conducted using Hayes' SPSS Macro (Model 6; 5,000 bootstrap samples) to examine the sequential mediating roles of emotion regulation skills and loneliness in the relationship between parental overprotection–overcontrol and total difficulties. The standardized coefficients of the serial mediation model are presented in Figure 1.

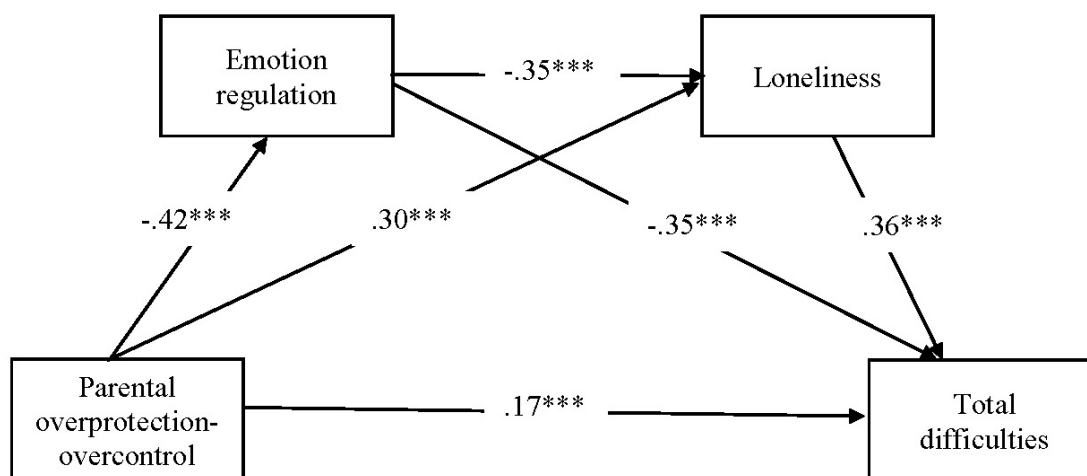


Figure 1. The effect of parental overprotection–overcontrol on total difficulties through emotion regulation and loneliness

N = 400, *** $p < .001$. The values shown in the figure are standardized regression coefficients

According to the results, parental overprotection–overcontrol was negatively associated with emotion regulation skills ($\beta = -.42$, $p < .001$) and positively associated with loneliness ($\beta = .30$, $p < .001$) and total difficulties ($\beta = .17$, $p < .001$). Emotion regulation skills were negatively associated with loneliness ($\beta = -.35$, $p < .001$) and total difficulties ($\beta = -.35$, $p < .001$). Loneliness was positively associated with total difficulties ($\beta = .36$, $p < .001$). The model explained 48% of the variance in total difficulties.

Table 2 presents the indirect and total effects for the hypothesized model. The total effect of parental overprotection–overcontrol on total difficulties was significant (effect = 0.97, SE = .09, $p < .001$, 95% CI [0.80–1.15]). A significant indirect effect through emotion regulation skills was observed (effect = 0.30, SE = .05, 95% CI [0.22–0.40]). Similarly, a significant indirect effect through loneliness was found (effect = 0.22, SE = .05, 95% CI [0.14–0.33]). Additionally, the serial pathway through both emotion regulation skills and loneliness was also significant (effect = 0.11, SE = .02, 95% CI [0.07–0.16]).

Table 2. Direct, indirect, and total effects of the hypothesized model

	B	SE	95% CI	
			Lower	Upper
Direct effect				
Parental overprotection-overcontrol → emotion regulation skills	-1.67	.18	-2.02	-1.32
Parental overprotection-overcontrol → loneliness	.43	.07	.31	.57
Parental overprotection-overcontrol → total difficulties	.35	.08	.18	.51
Emotion regulation skills → loneliness	-.13	.02	-.16	-.10
Emotion regulation skills → total difficulties	-.18	.02	-.22	-.14
Loneliness → total difficulties	.50	.06	.38	.62
Indirect effect				
Parental overprotection-overcontrol → emotion regulation skills → total difficulties	.30	.05	.22	.40
Parental overprotection-overcontrol → loneliness → total difficulties	.22	.05	.14	.33
Parental overprotection-overcontrol → emotion regulation skills → loneliness → total difficulties	.11	.02	.07	.16
Total effect (Parental overprotection-overcontrol → total difficulties)	.97	.09	.80	1.15

N = 400; B = Unstandardized Coefficient, CI = Confidence Interval, SE = Standard Error

All indirect paths are significant, as the 95% confidence interval values do not include zero.

Discussion

This study examines the association between parental overprotection–overcontrol and adolescents’ overall difficulties, as well as the individual and sequential mediating roles of emotion regulation and perceived loneliness in this relation. The findings indicated a direct link between parental overprotection–overcontrol and adolescents’ overall difficulties. This result aligns with a substantial body of research demonstrating that overprotective or overly controlling parenting is associated with adolescents’ emotional and behavioral problems (e.g. de Roo et al. 2022, Mathijs et al. 2024). Self-Determination Theory (Ryan and Deci 2000) offers a meaningful framework for interpreting this association. Overly controlling and overprotective parenting is often cited to restrict adolescents’ fundamental psychological needs, including autonomy. According to the theory, hindering these basic needs poses a significant risk to psychological well-being (Flamant et al. 2022). Supporting this view, Schiffrin et al. (2019) found that autonomy and competence mediated the link between parental overprotection–overcontrol and well-being among young adults. Thus, our findings are consistent with the existing literature and provide further evidence for the detrimental role of overprotective parenting in adolescent adjustment.

Our findings also showed that emotion regulation difficulties mediated the association between parental overprotection–overcontrol and adolescents’ overall difficulties. This pattern overlaps with the previous evidence showing that emotion regulation serves as a key mechanism linking overprotective or overly controlling parenting to a range of mental health problems (e.g. internet addiction and eating disorder; Love et al. 2022, Iqbal et al. 2023). Overcontrolling and overprotective parents tend to approach situations involving their children with heightened caution and anxiety, which often leads them to attempt excessively to manage their children’s behaviors or environment. Although typically unintended, these attempts can hinder their children’s self-regulatory skills (Perry et al. 2018). Through the lens of Self-Determination Theory, adolescents whose needs for autonomy, relatedness, and competence are not adequately supported are more likely to experience difficulties in emotion regulation. These difficulties, in turn, increase their vulnerability to psychological problems (Vansteenkiste and Ryan 2013).

Our model showed that parental overprotection–overcontrol exerted an indirect effect on adolescents’ overall difficulties through loneliness. Given the limited evidence on loneliness as a mediator in this context, the present study contributes to the literature by demonstrating its mediating role in the link between overprotective–overcontrolling parenting and adolescents’ problems. Overprotective and overcontrolling parenting can undermine adolescents’ peer relationships by restricting opportunities to form autonomous and healthy social connections (Arslan and Kiral 2022). Adolescents exposed to high levels of parental control often lack the social skills needed to initiate and sustain peer relationships and tend to exhibit lower self-esteem and weaker problem-solving abilities (Rousseau and Scharf 2015, Segrin et al. 2015, Michalove and Bacikova-Sleskova 2025). Difficulties in these social competencies are expected to heighten vulnerability to loneliness, which is well-established as a significant risk factor for both internalizing and externalizing problems among adolescents (Mann et al. 2022, Wang et al. 2025).

In this study, we concluded that parental overprotection and overcontrol can impair children’s emotion regulation abilities, which may subsequently increase feelings of loneliness and, in turn, elevate overall

difficulties. In line with prior findings (Ghiggia et al. 2023, Korkmaz et al. 2025), our results indicated a significant association between emotion regulation and loneliness. Ghiggia et al. (2023) documented the mediating role of loneliness in the link between emotional competence and psychological stress. They argued that individuals with poor emotional competence struggle to perceive and process social cues, which leads them to withdraw from social interactions and have greater difficulty forming and maintaining meaningful relationships. Liu et al. (2023) emphasized that reducing maladaptive emotion regulation strategies is essential for sustaining positive social relationships. Similarly, Kearns and Creaven (2017) sought to clarify the link between emotion regulation and loneliness. They reported that individuals relying on ineffective regulation strategies are more likely to experience negative affect and perceive a discrepancy between their desired and actual social relationships, whereas those adopting more adaptive regulation strategies are less likely to perceive such a mismatch. The resulting sense of loneliness is widely recognized in the literature as a salient risk factor for various forms of psychopathology (Erzen and Çikrikci 2018, Wang et al. 2025).

Our findings should be interpreted in light of a few limitations. First, longitudinal studies are needed to establish potential causal pathways among the variables, as we employ a cross-sectional design in this study. Second, we collected the study data through self-report measures completed by children; however, social desirability may have led participants to provide responses that do not fully reflect their actual experiences. Future research would, therefore, benefit from incorporating multiple informants (e.g. parents, teachers, or peers) or from complementing self-report measures with behavioral assessments. Third, the sample consisted of middle school students from Denizli province, which limits our findings to a specific age group and geographic region. Future studies should revisit these associations across different developmental periods and more diverse regions. Another limitation concerns the Cronbach's alpha values of about .60 for two of the scales. This may be attributable to the heterogeneity of the items (e.g. the SDQ includes both internalizing and externalizing problems) and the relatively homogeneous sample of middle school students. Nonetheless, reliability coefficients around .60 are considered acceptable in social science research (Hair et al. 2010). Finally, we did not evaluate participants' mental health status through a structured clinical interview. Thus, the potential influence of undiagnosed psychopathology on the variables should be considered while interpreting the results.

Despite these limitations, our findings offer several noteworthy contributions. As the literature hosts relatively few studies on parental overprotection and overcontrol, this research provides important theoretical insights. Furthermore, to the best of our knowledge, it is the first study to examine the mediating roles of emotion regulation and loneliness in the relation between parental overprotection and adolescents' internalizing and externalizing problems. The use of a stratified sampling method to collect data from schools located in neighborhoods with different socioeconomic levels also enhances the generalizability of the findings.

Conclusion

This study demonstrated that emotion regulation and perceived loneliness play key mediating roles in the link between overprotective parenting and adolescents' internalizing and externalizing problems. Still, these relations should be examined using longitudinal designs. Our findings also point to the need for further research, including the exploration of additional mediating and moderating variables. Moreover, uncovering these mediating mechanisms could help design effective intervention programs. Prevention and intervention efforts could focus on strengthening children's emotion regulation skills and social connections. Finally, professionals addressing internalizing and externalizing problems are encouraged to consider both individual characteristics and family factors.

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