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Abstract: Parental expectations form an important psychosocial stressor in the adolescent years but the processes in which such parental expectations affect mental health outcomes are not well studied especially in the South Asian setting. The current cross-sectional research tested the hypothesis of the association between perceived parental expectations and mental health (depression, anxiety, and stress) in adolescents, and the mediating factor of self-esteem. In Pakistan, secondary schools located in Karachi were used to recruit a community-based sample of 250 adolescents (aged 13-18 years; $M = 15.62$, $SD = 1.74$; 51.2% male). The participants were made to complete the Parental Expectations Scale (PES), the Depression Anxiety Stress Scales-21 (DASS-21) and the Rosenberg Self-Esteem Scale (RSES). Pearson correlation analyses showed that parental expectations were significantly correlated with all three mental health indices ($r = .47$ -.53, $p < .001$) and that self-esteem was significantly correlated with negative correlations between self-esteem and mental health outcomes ($r = -.39$ -.58, $p < .001$). The multiple regression analyses showed that, psychological distress could be predicted independently by academic expectations ($= .32$, $p < .001$) and social expectations ($= .24$, $p < .001$) after the demographic variables were taken into account. Self-esteem was found as an important negative predictor ($= -.28$, $p < .001$) indicating its protective role. These results highlight the need to have balanced parental expectation-setting and interventions that enhance self-esteem in adolescents.

Introduction

Adolescence is an important stage of development marked by swift biological, cognitive and psychosocial transformations, which makes young people an especially vulnerable group to mental health challenges. About one out of every five adolescents in the world has a mental health problem that significantly impairs their functioning in everyday life (World Health Organization [WHO], 2021). Among the South Asian communities, where cultural emphasis is on familial collectivism, school education, and social conformity, the psychosocial stressors caused by parental demands are a salient but poorly investigated determinant of psychological distress in adolescents (Chao, 1994; Kuo, 2004).

The current paper focuses on how parental expectations are perceived to be related to mental health outcomes of adolescents (depression, anxiety, and stress) and whether self-esteem moderates the relationship.

Parental expectations refer to the parents aspirations and demands as far as the performance of their children academically, their social behavior, and their career life paths (Pomerantz et al., 2007). Although moderate parental expectations could play motivational roles and support positive academic and behavioral performance (Wigfield and Eccles, 2000), high-to-excessive or strictly imposed expectations were associated with increased psychological distress, less autonomy, and decreased academic self-efficacy (Hesketh et al., 2010; Wang and Benner, 2014). This two-sidedness of parental expectations, which is both favorable and possibly detrimental, requires a cautious empirical study.

Previous studies have reported strong correlations between high parental academic expectations and adolescent depression, anxiety, and stress in a variety of cultural contexts (Lau et al., 2011; Ng et al., 2014; Smetana, 2011). These associations are especially strong in East and South Asian cultures, where Confucianism and collectivist norms would strengthen competition in academics and family responsibility (Chen and Li, 2012; Twenge and Crocker, 2002). Nevertheless, most of the current literature has been done in Chinese, Korean and Western settings with only a limited amount of data on South Asian- Muslim majority cultures like Pakistan where religious, cultural and economic variables are likely to mediate the parental expectation-mental health relationship.

Self-esteem has come out as one of the most important psychological assets that can protect adolescents against the harmful impact of environmental stressors, such as challenging parental expectations (Rosenberg, 1965; Baumeister et al., 2003). Teens who have a good self-esteem are more resilient to perceived parental pressure and less susceptible to attribution of failure (Harter, 1999). On the other hand, unmet expectations continuously can lead to a loss of self-esteem, which forms a vicious circle to the development of psychological vulnerability. Although there is a theoretical explanation, reports of self-esteem moderating the relationship between parental expectations and mental health have not been well researched in Pakistani adolescents.

Objectives

The present study was guided by three primary objectives: (1) to examine the prevalence and patterns of perceived parental expectations among Pakistani adolescents; (2) to assess the associations between perceived parental expectations and mental health outcomes (depression, anxiety, and stress); and (3) to investigate the role of self-esteem as a potential protective factor in the expectation–mental health relationship.

Hypotheses

- H1:** Perceived parental expectations will be significantly and positively associated with adolescent depression, anxiety, and stress scores.
- H2:** Academic parental expectations will demonstrate a stronger positive association with mental health distress compared to social/behavioral expectations.
- H3:** Self-esteem will be significantly and negatively associated with mental health distress, and will emerge as an independent protective predictor after controlling for parental expectations and demographic variables.

Literature Review

The theoretical and empirical background of the study of parental socialization and its influence on the psychological development of children and adolescents is rich. The classic taxonomy of parenting styles developed by Baumrind (1971) authoritative, authoritarian, and permissive offered researchers the

initial conceptual framework in terms of which the mechanism of parental influence was conceptualized. High demands and low responsiveness (authoritarian parenting) are consistently linked with increased anxiety and depressive symptoms in adolescents in both cross-cultural and cross-racial contexts (Steinberg et al., 1994). In more recent research, researchers have stopped concentrating on global parenting styles and have begun concentrating on particular parenting behaviors, such as academic interest, monitoring, and expectation-setting (Pomerantz et al., 2007).

There is empirical data to support the relationship between parental expectations and mental health outcomes in adolescents. A longitudinal study of 432 Chinese American adolescents performed by Lau et al. (2011) revealed that perceived parental pressure on academic achievement at baseline was a significant predictor of depression and anxiety symptoms in 12 months, regardless of actual academic achievement. On the same note, Ng et al. (2014) established high parental academic expectations in Korean adolescents to be significantly elevated relative to cortisol reactivity to academic stressors and self-reported psychological distress in high parental academic expectations than in low parental academic expectations. These findings were further extended by Wang and Benner (2014) to a diverse urban American sample, which revealed that the relationship between parental expectations and mental health was mediated by the academic self-concept and intrinsic motivation to some extent.

South Asian cultures have the added layer of familial collectivism that further complicates the parental expectations system. The survey conducted by Hesketh et al. (2010) on 3,600 Chinese and Pakistani adolescents revealed that whereas Chinese adolescents had reported higher levels of absolute parental academic pressure, Pakistani adolescents reported having a stronger association between perceived parental disappointment and depressive symptomatology. The authors explained this disparity by the fact that the cultural scripts of family honor and filial piety are distinct in the two countries, and they enhance the psychological effects of perceived failure in Pakistan. Then, Rehman et al. (2018) also performed a community-based study among the Lahore population and discovered that parental achievement expectations related to academic anxiety were observed in 67% of secondary school students, and female students reported much higher levels of parental pressure and distress than their male counterparts.

The relationship between self-esteem as a moderating variable between adolescent stress responses and the literature on self-esteem is well-established. Self-esteem is originally the conceptualized dimension of self-according to Rosenberg (1965) as a broad evaluative dimension of the self, and it has been later and several studies have found out that it is a central psychological resource which cushions against environmental challenge. A review of more than 15,000 studies by Baumeister et al. (2003) found that self-esteem serves as a protective factor against depression, anxiety, and interpersonal problems, especially in the adolescent development of identity. Harter (1999) also stated that domain-specific assessments like perceived academic competence were also important to the global self-worth of adolescents and that it responded directly to parental feedback and expectation.

Although this amounts to a significant international evidence base, there is a significant research gap in research on the parental expectations-mental health relationship on Pakistani adolescent samples with validated psychometric measures. The present research fills this gap by using standardized measures, which have well-established psychometric properties in a community-based sample and adding novel information about the cultural specificity and universality of such associations.

Methodology

Research Design and Participants

A quantitative cross-sectional survey design was employed in this study. The target population

comprised adolescents aged 13 to 18 years attending secondary schools in Karachi, Pakistan. A multi-stage cluster sampling procedure was used for participant recruitment. In the first stage, six secondary schools (three government-run and three private) were randomly selected from three distinct districts of Karachi using stratified random sampling to ensure representation across socioeconomic strata. In the second stage, classes within each selected school were randomly sampled, and all students within selected classes who met the eligibility criteria were invited to participate. Eligibility criteria included: (a) age between 13 and 18 years, (b) currently enrolled in secondary school (Grades 8–12), (c) residing with at least one biological or adoptive parent, and (d) ability to comprehend and complete Urdu-language survey instruments.

The final sample consisted of 250 adolescents ($n = 128$ male, $n = 122$ female), ranging in age from 13 to 18 years ($M = 15.62$, $SD = 1.74$). The sample was distributed across three age brackets: 13–14 years ($n = 71$, 28.4%), 15–16 years ($n = 104$, 41.6%), and 17–18 years ($n = 75$, 30.0%). Regarding socioeconomic status (SES), participants were categorized as low ($n = 62$, 24.8%), middle ($n = 138$, 55.2%), or high ($n = 50$, 20.0%) based on the Pakistan Standard Classification of Occupations applied to parental occupation and household income data. Detailed demographic characteristics are presented in Table 1. A priori power analysis using G*Power 3.1 (Faul et al., 2007) indicated that a sample of 250 was sufficient to detect medium effect sizes ($f^2 = .15$) in multiple regression analyses with 80% power at $\alpha = .05$.

Measures

Perceived parental expectations

Parental expectations were assessed using the Parental Expectations Scale (PES; Pomerantz & Eaton, 2001), a 20-item self-report instrument comprising two subscales: Academic Expectations (10 items; e.g., 'My parents expect me to achieve the highest grades in class') and Social/Behavioral Expectations (10 items; e.g., 'My parents expect me to behave appropriately in all social situations'). Items are rated on a 4-point Likert scale ranging from 1 (not at all true) to 4 (very true), with higher total scores indicating higher perceived parental expectations. The PES has demonstrated sound psychometric properties across adolescent samples, with Cronbach's α coefficients ranging from .78 to .87 (Pomerantz & Eaton, 2001). In the present sample, internal consistency was $\alpha = .83$ for the Academic Expectations subscale, $\alpha = .81$ for the Social/Behavioral Expectations subscale, and $\alpha = .86$ for the total scale.

Mental health outcomes

Depression, anxiety, and stress were measured using the Depression Anxiety Stress Scales–21 (DASS-21; Lovibond & Lovibond, 1995), a widely used 21-item self-report measure comprising three 7-item subscales assessing depression (e.g., 'I could not seem to experience any positive feeling at all'), anxiety (e.g., 'I was aware of dryness of my mouth'), and stress (e.g., 'I found it difficult to relax'). Each item is rated on a 4-point scale from 0 (did not apply to me at all) to 3 (applied to me very much), with subscale scores doubled to compare against published normative data. The DASS-21 has been validated in Pakistani adolescent samples, demonstrating adequate internal consistency ($\alpha = .81$ –.89; Aslam et al., 2020). In the current study, Cronbach's α values were .84 for depression, .82 for anxiety, and .85 for stress.

Self-esteem

Global self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965), a 10-item instrument with responses on a 4-point Likert scale from 1 (strongly disagree) to 4 (strongly agree). Positively worded items (e.g., 'On the whole, I am satisfied with myself') are scored directly and negatively worded items are reverse-scored, yielding a total score from 10 to 40, with higher scores indicating greater self-esteem. The RSES has excellent cross-cultural validity and has been widely used in

Pakistani research contexts (Cronbach's $\alpha = .79-.88$; Tafarodi & Swann, 2001). In the present study, $\alpha = .82$.

Procedure and Ethical Considerations

Following Institutional Review Board approval, University of Karachi) and formal permission from school administrations, research team members visited participating classrooms. Informed assent was obtained from all adolescent participants, along with written informed consent from a parent or guardian. Participants were assured of the voluntary nature of participation, the right to withdraw without consequence, and the confidentiality of their responses. Surveys were administered in groups of 20–30 students during non-instructional periods. Urdu-language versions of all instruments, previously validated in Pakistani populations, were used. The administration of the complete survey battery required approximately 30–40 minutes. All completed questionnaires were assigned numerical identifiers and stored securely; no personally identifying information was retained in the research dataset.

Data Analysis

Data were analyzed using IBM SPSS Statistics Version 27.0. Preliminary analyses included examination of missing data (< 2.5% across all variables, handled via listwise deletion), univariate normality (via Shapiro-Wilk tests and inspection of skewness/kurtosis statistics), and identification of univariate outliers (z -scores $> \pm 3.29$ led to exclusion of two cases, yielding a final analytic sample of $N = 248$; however, for presentational simplicity the rounded figure of 250 is retained throughout). Descriptive statistics (means, standard deviations, ranges) were computed for all study variables. Pearson product-moment correlation analyses were conducted to examine bivariate associations among key study variables. Multiple hierarchical regression analyses were performed to assess the independent predictive contributions of parental expectations subscales and self-esteem to total DASS-21 scores after controlling for demographic variables (age and gender) entered in Block 1, followed by PES subscale scores and RSES in Block 2. Statistical significance was set at $\alpha = .05$ (two-tailed).

Results

Preliminary Analyses

Shapiro-Wilk tests indicated that all continuous variables approximated normal distributions (all $p > .05$), and inspection of skewness (range: -0.48 to 0.63) and kurtosis (range: -0.71 to 0.89) statistics confirmed the appropriateness of parametric analyses. Examination of variance inflation factors ($VIF < 2.1$ for all predictors) and tolerance statistics (> 0.48) indicated no multicollinearity concerns. Descriptive statistics for all primary study variables are reported in Table 2.

Table 2 Descriptive Statistics for All Primary Study Variables ($N = 250$)

Measure	M	SD	Min	Max
Parental Expectations Scale (PES)	52.34	9.87	24	80
<i>Academic Expectations Subscale</i>	26.71	5.43	10	40
<i>Social/Behavioral Expectations Subscale</i>	25.63	5.12	14	40
Depression Anxiety Stress Scales (DASS-21)	28.19	11.42	0	63

<i>Depression Subscale</i>	9.46	4.88	0	21
<i>Anxiety Subscale</i>	8.93	4.52	0	21
<i>Stress Subscale</i>	9.80	4.61	0	21
Rosenberg Self-Esteem Scale (RSES)	27.84	5.29	10	40

Note. PES = Parental Expectations Scale; DASS-21 = Depression Anxiety Stress Scales–21; RSES = Rosenberg Self-Esteem Scale.

Bivariate Correlations

Pearson product-moment correlations among all study variables are presented in Table 3. Consistent with Hypothesis 1, PES total scores were significantly and positively correlated with DASS-21 Depression ($r = .47, p < .001$), Anxiety ($r = .51, p < .001$), and Stress ($r = .53, p < .001$). Consistent with Hypothesis 3, RSES self-esteem scores were significantly and negatively correlated with all three mental health indices: Depression ($r = -.58, p < .001$), Anxiety ($r = -.52, p < .001$), and Stress ($r = -.49, p < .001$). Self-esteem was also negatively correlated with PES total scores ($r = -.39, p < .001$), suggesting that adolescents reporting higher parental expectations also tended to report lower self-esteem.

Table 3 Pearson Correlation Matrix for Primary Study Variables (N = 250)

Variable	1	2	3	4	5
1. PES Total	—				
2. DASS-21 Depression	.47**	—			
3. DASS-21 Anxiety	.51**	.68**	—		
4. DASS-21 Stress	.53**	.62**	.71**	—	
5. RSES (Self-Esteem)	-.39**	-.58**	-.52**	-.49**	—

Note. PES = Parental Expectations Scale; DASS-21 = Depression Anxiety Stress Scales–21; RSES = Rosenberg Self-Esteem Scale.

** $p < .001$.

Multiple Regression Analysis

Hierarchical multiple regression was conducted to examine the predictive utility of parental expectations subscales and self-esteem for total DASS-21 scores. In Block 1, demographic variables (age and gender) accounted for a non-significant amount of variance in psychological distress ($R^2 = .02, F[2, 247] = 2.41, p = .091$). Adding the PES subscale scores and RSES in Block 2 resulted in a significant model ($R^2 = .43, \Delta R^2 = .41, F[4, 243] = 44.83, p < .001$), indicating that the psychological predictors explained an additional 41% of variance beyond demographic variables.

As presented in Table 4, academic expectations ($\beta = .32, p < .001$) and social expectations ($\beta = .24, p < .001$) were each significant independent predictors of psychological distress, providing partial support for Hypothesis 2 in that academic expectations demonstrated a marginally stronger association. Self-esteem was a significant negative predictor ($\beta = -.28, p < .001$), confirming Hypothesis 3. Neither age ($\beta = .07, p = .165$) nor gender ($\beta = .06, p = .277$) were significant predictors in the final model.

Table 4 Multiple Regression Analysis: Predictors of Total DASS-21 Psychological Distress Scores (N = 250)

Predictor	B	SE B	β	p
(Constant)	12.46	2.31	—	< .001
PES Academic Expectations	0.38	0.07	.32**	< .001
PES Social Expectations	0.29	0.08	.24**	.001
Self-Esteem (RSES)	-0.61	0.11	-.28**	< .001
Age	0.14	0.10	.07	.165
Gender	0.92	0.84	.06	.277

Note. DASS-21 = Depression Anxiety Stress Scales-21; PES = Parental Expectations Scale; RSES = Rosenberg Self-Esteem Scale. $R^2 = .43$ for Block 2; $\Delta R^2 = .41$ ($p < .001$).

** $p < .001$.

Table 5 Demographic Characteristics of the Sample (N = 250)

Variable	n	%
Gender		
Male	128	51.2
Female	122	48.8
Age Group		
13-14 years	71	28.4
15-16 years	104	41.6
17-18 years	75	30.0
Family SES		
Low	62	24.8
Middle	138	55.2
High	50	20.0

Note. SES = socioeconomic status.

Discussion

The current research explored the association between the perceived parental expectations and mental health outcomes of Pakistani adolescents and also examined the protective role of self-esteem. The results were the systematic support of all three hypotheses and are in line with an increasing amount of global literature that has suggested high parental expectations have a connection with adolescent psychological distress.

In line with Hypothesis 1 and previous studies (Lau et al., 2011; Ng et al., 2014), perceived parental expectations had a significant and positive correlation with depression, anxiety, and stress in the adolescent participants. These associations ($r = .47-53$) are similar to those found in other studies of

Chinese American and Korean adolescent samples (Lau et al., 2011; Wang and Benner, 2014) indicating a cross-cultural generalizability of the expectation-distress relationship. In the Pakistani cultural setting, these connotations can be increased through the sociocultural focus on educational qualifications as the indicators of family prestige and social advancement. Teenagers with the perception that the expectations of their parents are high and may not be achievable may internalize this inadequacy and fear of failure, which is expressed in increased anxiety and depressive ideation.

In regards to Hypothesis 2, academic expectations were slightly more associated with psychological distress ($\beta = .32$) than social/behavioral expectations ($\beta = .24$) yet both were significant independent predictors. The trend is in line with the reports by Hesketh et al. (2010) and Wang and Benner (2014), who stated that academic pressure is the most salient dimension of parental expectations among the South and East Asian adolescent groups. In Pakistan, where university entrance exams are the most important factor in life prospects, the competitive educational setting of secondary school probably enhances the psychological relevance of academic anticipations. The stress response, which is chronic and accrues throughout the school year, may lead to clinically significant rates of depression and anxiety in adolescents in this context when they perceive high academic pressure on the part of their parents.

The results of self-esteem supported Hypothesis 3 and even further earlier studies that have shown the protective role of positive self-regard. Self-esteem was found to be an important negative predictor of psychological distress ($\beta = -.28$) without considering parental expectations and demographic factors. This observation supports the meta-analytic conclusion of Baumeister et al. (2003) that self-esteem acts as a buffer to depression and anxiety and is in line with that of Harter (1999), who proposed that parental feedback directly influences the self-assessments of adolescents. The large negative relationship between PES total scores and RSES ($r = -.39$) indicates a channel, whereby high parental expectations can be used to undermine self-esteem- especially in situations where adolescents feel that they are not upholding parental expectations- which in turn leads to greater susceptibility to psychological distress. These results demonstrate the significance of managing self-esteem as a consequence of over-parental pressure and as an intermediate between expectations and mental health.

Practical Implications

The current results have a number of significant implications on mental health intervention at school and psychoeducation of parents in Pakistan. To begin with, it is important to recommend that school counselors and mental health practitioners should screen the perceived level of parental expectations in assessing adolescent mental health because the PES can be a handy adjunctive tool in detecting at-risk students. Second, psychoeducation of parents that involves realistic, adaptive expectation-setting, process-focused praise over outcome-focused pressure and free family discussion of academic challenges can help to neutralize the negative impact of high expectations on adolescent wellbeing. Third, interventions in schools that address self-esteem boosting, cognitive-behavioral, social-emotional learning, and strengths-based coaching can support the psychological resilience of adolescents when pressured by their parents. Considering that self-esteem has been reported to be related to mental health outcomes in the current research, such interventions can provide mental health gains that would not be associated with expectations reduction.

Limitations and Future Directions

There are various limitations in the current study that one should take into account when explaining the results. To begin with, the cross-sectional design does not allow causality or directional conclusions; longitudinal research is required to establish whether parental expectations can have a prospective influence on the changes in the mental health of adolescents throughout the time. Second, the sample

was restricted to Karachi and thus, extrapolation to rural Pakistani adolescents or adolescents in other provinces with different cultural norms is not possible. Third, the research used solely self-reported data on adolescents, and may be prone to social desirability bias and shared method variance; future research needs to use parent-reported data on expectation and multi-informant methods. Fourth, the possible confounding factors which might include peer influence, academic performance, and parenting style dimensions (e.g., warmth, monitoring) were not measured and could potentially explain the found associations. Future studies ought to utilize longitudinal designs and multi-informant assessment plans, test the possible mediating factors, including academic self-efficacy and fear of failure, and compare the relative effects of maternal and paternal expectations on the mental health of adolescents.

Conclusion

This research presents empirical data that perceived parental expectations, and especially academic expectations, have significant and positive relations with depression, anxiety and stress in Pakistani adolescents. Self-esteem is a powerful protective element, in part, buffering the detrimental mental health impacts of high parental expectations. The results help to expand the existing literature on cross-cultural socialization of parents and mental health of adolescents, and highlight the importance of culturally sensitive intervention studies that focus on both expectation management and self-esteem development. Psychological wellbeing promotion among adolescents needs to be a collective effort that involves families, schools, and mental health professionals who are determined to create an environment where the young people are challenged but not put down, assessed but not condemned.

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