

Impact of Parenting Styles on Parental Mental Health

¹ Pooja Jaggi, ² Sayantani Ghosh

Corresponding Author, Professor , Mata Sundri College for Women, University of Delhi ¹

Research Student, Mata Sundri College for Women, University of Delhi ²

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ABSTRACT:

This study utilized a convergent embedded mixed-method design to investigate the relationship between parenting styles and parental mental health among 100 parents (N=100) of children aged six or younger. Using the Parenting Style and Dimensions Questionnaire and NIMHANS Screening Tool for Psychological Problems questionnaire, results revealed a significant positive correlation between authoritative parenting and total distress, and authoritarian parenting and depression. However, parenting styles were poor predictors of mental health outcomes; instead, demographic variables like gender were significant predictors. Significant differences were also noted between mothers and fathers regarding their use of authoritative and authoritarian styles. Qualitative findings from five maternal interviews yielded six themes which emphasised on the distress of the mothers, the reason behind it, its impact on self and others, and the repercussions of the reactions like guilt cycle. When the quantitative and qualitative findings were integrated, it culminated in an Emotional Regulation Model. This model posits that structural conditions drive emotional dysregulation, which negatively impacts parenting behaviors. This failure to meet parenting ideals triggers a "guilt-repair cycle," ultimately increasing the risk of mental disorders. The study concludes that parental emotional regulation capacity, rather than parenting style alone, is the primary determinant of psychological well-being.

Keywords: Parenting styles, Parental mental health convergent mixed method design parenting styles and dimensions questions, NIMHANS Screening tool for psychological problem, emotional regulation.

Introduction

Parenthood is considered as a transformative phase involving both biological and psychological remodelling of the brain's emotional and cognitive networks, fostering bonding but also introducing vulnerabilities. According to the Diathesis-Stress Model and Bronfenbrenner's Ecological Model, these mental health challenges—such as anxiety, depression, and PTSD—often arise from a combination of biological predispositions and environmental

stressors, including family structure and a lack of systemic support.

A primary stressor for parents could be adopting a healthy parenting style, which Rub (2013) defined as a method of treating and controlling children based on a parent's demands and responses. Based on the framework by Baumrind and Maccoby, parenting was categorized into four styles based on demandingness (rules) and responsiveness (warmth): Authoritative, Authoritarian, Permissive, and Uninvolved. Khanum et al. (2023) found that the Authoritative

style (high warmth, reasonable control) consistently leads to the best cognitive and social outcomes for the child. Conversely, Authoritarian and Permissive styles are linked to negative outcomes, such as poor emotional regulation and social adjustment issues in children.

While the impact of parenting on children was well-documented, a significant gap exists regarding the bidirectional nature of this relationship—specifically, how a parenting style affects the parent's own mental health. Contemporary research focused more on the child as the primary outcome, overlooking how dysfunctional parenting practices might become sources of stress and guilt for the parent. Furthermore, existing literature suffered from gender bias toward mothers, a lack of longitudinal data in non-Western contexts, and a narrow focus on anxiety and depression rather than severe disorders. This study tried to fill this gap by investigating the relationship between parenting styles and parental mental health and assess the predictive power of parenting styles in determining parental mental health outcomes.

Based on this aim, the objectives of the study are as follows.

1. To assess the predominant parenting styles (authoritative, authoritarian and permissive) and mental health status of parents with younger children using the Parenting Styles and Dimensions Questionnaire-Short version and NIMHANS Screening tool for Psychological problems.
2. To determine the correlation between parenting style dimensions and parental mental health outcomes.
3. To assess whether parenting styles predict mental health outcomes among parents of children younger than or equal to 6 years.
4. To compare the difference in means between mothers and fathers in their Parenting Styles and mental health.
5. To explore parent's lived experiences and perceptions on how parenting approaches

influence their mental health and integrate qualitative findings with quantitative ones for a comprehensive understanding.

In order to further investigate the 2nd, 3rd and 4th objective, the following have been hypothesised:

1. H_{O1} : There is no correlation between parenting styles and parental mental health.

H_{A1} : There is a correlation between parenting styles and parental mental health.

2. H_{O2} : Parenting styles do not significantly predict mental health outcomes among parents of children younger than or equal to 6 years.

H_A : Parenting styles significantly predict mental health outcomes among parents of children younger than or equal to 6 years.

3. H_{O3} : There is no difference in mental health outcomes across different parenting styles groups.

H_{A3} : There is a difference in mental health outcomes across parenting style groups.

Methodology

Design

The study utilised a convergent embedded mixed method design, wherein the quantitative data and qualitative data were collected and analysed separately at the same time. Then the findings were triangulated and integrated and that led to a model of emotional regulation.

Sample

A purposive, convenience non probability sampling was utilised to do both the quantitative and qualitative data collection. A sample of 100 participants, who were parents to at least one child, were within the age range of 20-40 years, had at least one naturally conceived child who was less than 6 years were assessed through standardised questionnaires and 5 mothers were also interviewed for the purpose of qualitative data.

Tools used

Parenting Styles and Dimensions Questionnaire – Short Version (PSDQ)

The PSDQ (Short Version) was a 32-item self-report measure based on Diana Baumrind's framework, constructed by Robinson et. al. (2001), originally assessing authoritative, authoritarian, and permissive styles. However, research by Sood & Nanda (2022) supports a refined 25-item, two-factor model (authoritative and authoritarian) as more effective for the Indian context. This model demonstrates exceptional psychometric strength, with Cronbach's alpha values of 0.97 and 0.96 respectively, and high construct validity (HTMT ratio of 0.73), making it a highly reliable tool for assessing parenting dimensions.

NIMHANS Screening Tool for Psychological Problems

Developed by Sharma and Chaturvedi (2014), this culturally relevant instrument assesses psychiatric distress across seven categories: Anxiety, Depression, OCD, Mania, Psychosis, Substance Abuse, and general symptoms of stress. Using a 5-point Likert scale, a score of 12 or above indicated distress in general populations, while 24 or above signified clinical-level concerns. The tool possessed strong psychometric properties, including a split-half reliability of .84 and high sensitivity (.76–.82), ensuring its validity for psychiatric screening.

Procedure

This study utilized a convergent embedded mixed-methods design, prioritized due to time constraints and participant fatigue. The research commenced with quantitative data collection from a sample of 100 parents (67 mothers, 33 fathers), following a pilot study of 10 participants that informed procedural adjustments. Participants were assessed using the Parenting Styles and Dimensions Questionnaire (Short Version) and the NIMHANS Screening Tool. Concurrently, qualitative data was gathered through semi-structured interviews with 5 mothers to provide contextual depth. Quantitative analysis involved Pearson's correlation and multiple regression and t test to explore the relationships,

predictability, and differences between parenting styles and mental health outcomes. Qualitative insights were derived through an interpretative phenomenological approach, employing open, axial, and selective coding to develop themes. In this embedded design, the quantitative data was given primary weight, while the qualitative findings served to support and contextualize the statistical results.

Analysis

This study employed a mixed method research design to ensure a robust analysis of the data. Quantitative associations were evaluated using inferential statistical techniques, specifically Pearson's Correlation, multiple regression analysis and t test, to determine relationships and difference between key variables. Complementing this, the study utilized a phenomenological approach to explore and describe the lived experiences and see what behaviours are adopted by highly and low distressed mothers.

Results

Table 1

Showing the correlation between mental health issues and parenting styles

Variables	Authoritative Parenting	Authoritarian Parenting	Permissive Parenting
Anxiety	0.06	0.07	0.07
Depression	0.28	0.23*	0.18
Obsessive Compulsive Disorder	0.20	0.19	0.05
Mania	0.16	0.10	0.07
Psychosis	0.07	0.10	0.04
Substance Use	0.02	-0.05	-0.09
General Symptoms	0.18	0.05	0.05
Total Distress Levels	0.22*	0.16	0.09

Note: * $p < 0.05$.

Correlation analysis showed a significant but weak positive relationship between authoritative parenting and total distress ($r = 0.22$, $p < 0.05$), and between authoritarian parenting and depression ($r = 0.23$, $p < 0.05$). Other relationships remained statistically non-significant. Furthermore, regression models indicated that parenting styles are poor predictors of mental health outcomes, accounting for only 5.4% to 7% of the variance in distress and depression. This suggests that over 93% of mental health variations were driven by external factors. Regression analysis indicated that parenting styles did not significantly predict total distress, $F(3,96) = 1.832$, $p > 0.05$, $R^2 = 0.054$, or depression, $F(3,96) = 2.667$, $p = 0.05$, $R^2 = 0.077$.

An independent sample t test was conducted of unequal samples to assess the difference in means in the parenting styles and mental health variables. No significant difference was found between the mothers and fathers in any mental health variable. However, the study found that mothers and fathers have significant differences in authoritative and authoritarian styles (Table 2: $t = 2.242$, $t_{critical} = 1.984$, $p = < 0.05$).

Table 2

Showing the mean difference between mothers and fathers in their Parenting Styles

Parenting Style	t statistic	t-critical	P-value
Authoritative Parenting	2.424	1.984	0.017
Authoritarian Parenting	2.25	1.984	0.027

The qualitative IPA of five mothers revealed six themes: the stressed mother identity, parenting under emotional load, maternal guilt cycle, transmission of parenting scripts, the child as a relational anchor, and intervention readiness. Mothers experienced somatic distress and "emotional load," leading to reactive, avoidant, or controlled parenting behaviors. While mothers aspired to be authoritative, structural stressors triggered a guilt cycle where reparative actions provided only temporary relief. Ultimately, the study highlighted a bidirectional link where emotional dysregulation drives distress and

behavioral patterns, suggesting that interventions must prioritize parental regulation over style alone.

Discussion

The primary objective of this study was to examine the intricate relationship between parenting styles and parental mental health, specifically assessing the predictive power of these styles on psychological problems. To achieve this, a convergent embedded mixed-method design was employed, integrating standardized quantitative tools: the Parenting Styles and Dimensions Questionnaire (PSDQ) and the NIMHANS Screening Tool, with semi-structured qualitative interviews. This dual approach allowed for a synthesis of statistical breadth and phenomenological depth, identifying patterns of parental distress through both descriptive and inferential analysis.

A key quantitative finding was that mothers reported higher distress levels than fathers, with both groups scoring above the clinical cutoff. This discrepancy can be attributed to the "dual role burden" of balancing professional lives with primary caregiving, alongside cultural pressures to achieve a "perfect mother" construct. Qualitative data substantiated this through the theme of "Parenting under emotional load," revealing that high stress often leads to reactive or avoidant parenting behaviors. Furthermore, authoritative parenting, while considered the gold standard for child development, showed a weak but positive correlation with total parental distress ($r=0.22$, $p<0.05$). This suggested an emotional cost to maintaining the high demandingness and responsiveness required by the style, often resulting in a "maternal guilt cycle".

The study also found a significant positive correlation between authoritarian parenting and depression ($r=0.23$, $p<0.05$). Emotional suppression and rigid rule enforcement appeared to escalate this cycle of distress. Despite these correlations, parenting styles accounted for only 5.4% to 7% of the variance in mental health outcomes, while demographic factors like gender and employment predicted up to 11.3%. This supported Bronfenbrenner's Ecological Theory,

suggesting that parental mental health is a single thread in a larger systemic web influenced by work pressure and social support.

Ultimately, the integration of findings led to the formulation of an Emotional Regulation Model. This model posits that structural conditions deplete emotional resources, leading to dysregulation and somatic markers. When parents fail to meet their own "ideal self" expectations, it triggered their cognitive dissonances and reparative behaviors that reinforce the cycle of guilt. This finding can be supported by Hadjicharalambous & Demetriou's (2021) study, wherein it was found that parental stress negatively predicted positive parenting and increased negative practices such as rejection and coercion. A parent who is already depleted emotionally, they are less capable of sustained warmth and more likely to resort to rigid rule enforcement and harsh responses. This is consistent with the cognitive model of depression (Beck, 1967), where depressive cognitions reduce behavioural flexibility and increase irritability. Thus, according to Neece et al (2016), this can be considered a mutually escalating cycle of stress and behavioural issues. Thus, the study concluded that a parent's emotional regulation capacity, particularly under stress, is a more significant determinant of mental health than parenting style alone.

Implications

This research advocated shifting from parenting training to interventions targeting

emotional regulation. Since structural stressors like dual-role overload drive distress, parental mental health can be seen as a systemic issue rather than a philosophical failure. Clinically, using Self-Discrepancy Theory can normalize parenting "lapses" and reduce guilt. Policy-wise, workplace flexibility is essential to alleviate the chronic emotional load.

Limitations

The study's generalizability is limited by a non-probability sample of 100 highly educated, urban parents from the Delhi-NCR and West Bengal regions. Methodological constraints included a narrow age scope (20–40 years), gender disparity in data, the cross-sectional design, and potential social desirability bias inherent in self-report measures.

Suggestions

Future research should utilize longitudinal designs to track the "guilt-repair cycle" and incorporate broader systemic variables like workplace flexibility and spousal support. Expanding demographics to include paternal perspectives will enable gender-based comparative analyses. Finally, intervention studies should compare traditional training against regulation-focused approaches like mindfulness to empirically prioritize emotional capacity over parenting philosophy.

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