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Impact of Parental Overprotection on Adolescent Depression

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Abstract. As parental overprotection increases in contemporary families, its impact on adolescent development has aroused extensive scholarly concern. Currently, there are many studies on the influence of parental overprotection on adolescents' depression, but there is a lack of comprehensive research on parental overprotection. This study analyzed the mechanism of its influence by integrating 12 relevant studies from the Google Scholar and China National Knowledge Infrastructure. The research found that parental overprotection is positively correlated with adolescents' depression. For adolescents themselves, parental overprotection leads to a lack of autonomy and affects the core brain regions involved in emotional processing. For families, parental overprotection disrupts family emotional connections and parent- adolescent trust. Influenced by social concepts, male adolescents are more likely to be depressed under the parental overprotection, and maternal overprotection has a greater impact on the adolescent depression. Therefore, measures can be implemented from the family, school, and social aspects to prevent teenage depression.

Keywords: Overprotection, Parental Overprotection, Adolescent Depression

1. Introduction

Depression among adolescents has intensified worldwide, emerging as a prominent public health concern. Adolescence is a crucial period for psychological and physiological development. Depression can cause harm to the health, academic development, and social skills of adolescents [1]. Therefore, it is necessary to explore the factors influencing adolescent depression (AD). As minors, adolescents live with their families for a long time, and the influences they are exposed to mostly comes from their parents. The family is the micro-environment for the development of adolescents, so family factors have a significant impact on AD [2]. Parenting style has a direct impact on AD [3]. Parental overprotection (PO) is one of parenting styles, which refers to parents interfering in their children's lives excessively under the guise of care, providing unnecessary explanations and preventing adolescents from engaging independently. This review will mainly analyze the impact of PO on AD and provide effective intervention suggestions to reduce the risk of AD.

1.1. Current situation and hazards of adolescent depression

Depression is characterized by persistent depressed mood and anhedonia, it is characterized by poor concentration, excessive guilt, low self-worth, and disrupted physical conditions [4]. Nowadays, adolescent depression is prevalent, with the global prevalence rate of adolescent depression reaching

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37% from 2011 to 2020 [5]. Adolescence is a critical and sensitive period for both psychology and physiology. Environmental factors can easily cause emotional distress in adolescents. Such emotional troubles can damage the ability to regulate emotions, hinder the shaping of personality, even have long-term effects.

1.2. Definition of parental overprotection

Although there are differences in the definition of parental overprotection, its core connotation is highly consistent. The first concept, "parental overprotection", is defined as the restrictions set by parents for their adolescents and the high degree of interference by parents in their adolescents independently activities [6]. Overprotection exceeds the psychological needs of adolescents for autonomy development, also hinders their independence and autonomy, which may exacerbate adolescents' emotional difficulties [7]. The second concept, "overparenting", referring to the maladaptive parenting pattern in which parents excessively intervene in adolescents' daily lives, offer redundant assistance and impose excessive risk-avoidance guidance [8]. The third one is called "helicopter parenting", a concept first proposed in 1969, to describe parents who persistently hover over their children, ready to protect adolescents from disappointment and adversity [7]. Those parents overly intervene in adolescents' activities and decisions, preventing adolescents from developing independent thinking and decision-making abilities. Though these three names are different, the core all reflects parents' excessive involvement and control, leading to the lack of autonomy in adolescents.

1.3. Research significance

Previous studies have explored the family factors contributing to adolescent depression, and many studies have demonstrated that parental overprotection is detrimental to the growth of adolescents. However, the literature still lacks comprehensive discussion on the overall impact and underlying mechanism of parental overprotection on adolescent depression. Adolescence is a period characterized by increasing independence. PO deprives adolescents of the opportunity to develop their own abilities, resulting in the frustration of basic psychological needs such as autonomy, competence, and sense of belonging, and having a negative impact on emotional regulation [7]. Therefore, it is extremely necessary to fully understand the influence of PO on adolescent depression. This review will integrate various studies, analyze the impact of PO on adolescents' emotions, and propose intervention strategies based on empirical research, providing scientific basis for the prevention and intervention of adolescent depression.

2. Method

This review retrieves studies on parental overprotection and depression from different databases, selects effective measurement results, and analyzes studies with prominent results among different methods to explore the underlying mechanisms.

2.1. Study selection

This review screened quantitative studies that explore the relationship between PO and adolescent depression to ensure comparability of the results. The studies mainly come from Google Scholar and China National Knowledge Infrastructure, including relevant studies published from February 2020 to February 2026, limited to English and Chinese research. The databases were searched using the

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following keywords: parenting style, parental overprotection, overparenting, helicopter parenting, parental control, adolescents, high school students, depression, anxiety, emotion, psychology, and family factors. This review defines parental overprotection as a parenting pattern in which parents overly dominate their adolescents' lives and make preemptive choices to shield them from life setbacks. Due to the different names of this parenting style, studies about parental overprotection, overparenting and helicopter parenting were all included. This paper focuses on the depression outcome, while anxiety and depression are bidirectionally predictive, and anxiety is an important precursor and maintaining factor for depression [9]. Therefore, the screening studies will include effective measurement of either depression or/and anxiety. The age range of 10-19 years is considered as adolescence, so this review focuses on participants aged between adolescence and early adulthood [10]. Studies with participants younger than 10 years will be excluded. This review aims to verify that parental overprotection is a predictor of adolescent depression.

3. Results

After a comprehensive review of studies on the relationship between PO and AD, a total of 12 articles met the screening criteria. The main research methods employed were three: cross-sectional studies (8 articles), longitudinal studies (3 articles), and meta-analysis (1 article). The following will summarize the research results under different methods.

3.1. Cross-sectional studies

Eight studies adopted cross-sectional designs for measurement (see Table 1), and consistent positive correlations were identified between parental overprotection and adolescent depression [11-18].

Table 1. Overview of cross-sectional studies

References	Participants	Measu rements	Results
Wang et al. (2023)	2345 Chinese adolescents Age 10~18, M=14.11±2.42	Parental Style Questionnaire (Overprotection Dimension) Parent-Child Conflict Questionnaire -Depression Self-Rating Scale	PO is directly and significantly associated with adolescent depression. (β=0.08,SE=0.03, p=0.01; β=0.12, SE=0.03, p<0.001)
Carranza et al. (2024)	7720 Bazil adolescents Age 14~17, Divided into depressed / high-risk / low-risk groups	Parental Bonding Instrument Children's Depression Rating Scale – Revised questionnaire (CDRS-R)	PO from mother and father are both positively correlated with depression. (R^2=0.21, p<0.001)
Sadoughi (2024)	391 Iranian adolescents Female: 192 (M = 15.60 years old), Male: 199 (M = 15.41 years old)	Trait Anxiety Inventory (TAI-5) The Helicopter Parenting Scale Difficulties in Emotion Regulation Scale (DERS)	Helicopter parenting is positively correlated with anxiety. (β=0.367)
Zhou et al. (2024)	124 adolescent patients with depression Male: 25, Female: 99 Age: 11.0 - 19.0 (Mean = 15.1 ± 1.8) years old	Children's Depression Inventory (CDI) Scale of Systematic Family Dynamics (SSFD)	Stronger parents' control, more severe depression of adolescents.

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Table 1. (continued)

Bacikova-Sleskova et al.(2025)	691 Slovakian adolescents 51% are girls, Average age: 15.4 years old	Feeling Overcontrolled by Parents Scale Kutcher Adolescent Depression Scale (KADS) Basic Psychological Need Satisfaction and Frustration Scale (BPNS)	Overparenting positively predicts internalizing problems (depression, anxiety) in adolescents, and the frustration of adolescents' needs serves as the mediating variable.
Tang et al. (2025)	3180 high-risk adolescents with depression Average age: 14.28 ± 1.63 years old	Short Egna Minnen av Barndom Uppfostran Childhood Trauma Questionnaire-Short Form (CTQ-SF) Adolescent Learning Burnout Scale Patient Health Questionnaire Depression Scale-9 item (PHQ-9)	PO positively correlated with depression ($r = 0.518$, $p < 0.01$)
Bai et al. (2025)	1015 Chinese high school students Average age: 16.20 ± 0.78 years old	Parental Rearing Style Questionnaire Center Epidemiological Studies of Depression	PO significant direct impact on depression ($\beta = 0.53$, $p < 0.001$)
Peng et al. (2025)	2973 Chinese university students Age range: 18 - 25 years old, M = 19.2 ± 1.4 years old	Helicopter Parenting Scale Patient HealthQuestionnaire-9 (PHQ-9)	Higher helicopter parenting level and stronger consistency among parents, higher the degree of adolescent depression

3.2. Longitudinal studies

3 studies used longitudinal studies for measurement (see Table 2). Two studies showed that parental psychological control (PPC) was significantly correlated with adolescent depression [19, 20]. One study showed that mother's PPC had no significant association with adolescent depression, while father's PPC had a negative predictive effect on adolescent depression [21]. The differences in these findings may be attributable to variations in cultural background, measurement instruments, and participant selection.

Table 2. Overview of longitudinal studies

References	Participants	Measurements	Results
Cai et al. (2020)	100 adolescents and their mothers Average age of teenagers: 11.65 Average age of mothers: 41.56	Parent Behavior Inventory(psychological control subscale) Children's Depression Inventory Social Anxiety Scale for Adolescents Loneliness and Social Dissatisfaction Scale	Higher PPC can predict more severe depression and loneliness.

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Table 2. (continued)

Rogers et al. (2020)	500 families (adolescents + parents) 10-year longitudinal study Adolescents' First Assessment Age: 11.83	Psychological Control—Youth Self Report scale (PC-YSR) Center for Epidemiologic Studies—Depression scale (CESD) Epidemiological Studies—Depression for Children scale (CES-DC) Spence Child Anxiety Inventory	Depression (r = 0.16 to 0.49) and anxiety were significantly correlated (r = 0.13 to 0.48) with PPC
Basili et al. (2021)	376 Italian, American and Colombian families Average age of adolescents in the three assessments: 13.70, 14.95, 15.99	Psychological Control and Autonomy Granting Scale Youth Self-Report (YSR)	No significant direct correlation between mother's PPC and AD. Father's PPC significantly negatively predicts AD.

3.3. Meta-analysis

1 article used meta-analysis for measurement (see Table 3), and the results showed that PO significant impact adolescent depression [22].

Table 3. Overview of meta-analysis

References	Participants	Measurements	Results
Zhang & Ji, 2024	52 studies were included (from 2011 to July 2022) Total sample size: 20,357 adolescents Average age: 12.63 ~ 25.56	Metafor,Meta Package (Rversion 4.0.3)	Overparenting is significantly positively correlated with childhood depression (r = 0.15, p < 0.001).

3.4. Influence mechanism

Among the 12 studies, the results of 11 studies confirmed a positive correlation between PO and AD (91.7%); only 1 study showed no or a negative correlation (8.3%) [21]. Therefore, current research results indicate that parental overprotection is an important contributing factor to adolescent depression. One study [21] showed that paternal psychological control had no significant negative impact on adolescent depression. These findings should be interpreted cautiously, as such results have not been validated by additional relevant studies.

Only one research indicated that parental overprotection directly affected the depressive symptoms of adolescents. Parental psychological control could directly predict the depression and loneliness of adolescents [19]. Remaining studies all showed indirect effects. Based on the results, the influence of parental overprotection on adolescent depression has three main components: adolescents themselves, family, and society (prediction by investigators).

5 studies have supported that parental overprotection has an impact on the depression at adolescents themselves. Under the long-term influence of parental overprotection, adolescents tend to develop maladaptive beliefs that they are incapable of independently coping with challenges [13], which may reinforce negative self-perceptions in adolescents [13, 15]. In addition, the lack of autonomy in adolescents will frustrate their psychological needs such as autonomy, competence, and sense of belonging, which makes them more emotional regulation difficulties [13], and increases the

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risk of depression. There is a significant correlation between parenting styles and the functional connectivity patterns of the amygdala. And the amygdala as the core brain region for emotional processing and stress response, the change in the connection characteristics will directly affect the stability of emotional regulation and emotional responses, thereby indirectly contributing to the development of depression [12].

3 studies have supported that parental overprotection has an impact on family, leading to depression in adolescents [11, 14, 18]. Parental overprotection impairs parent-child emotional bonding, mutual trust and family relational satisfaction. The lack of emotional perception is a factor contributing to adolescent depression [18]. During adolescence, adolescents' independence increases, and parental overprotection can cause disputes and conflicts in the family, which directly give rise to parent-child conflicts [11]. A harmonious family atmosphere is one of the factors reducing the impact of depression [14]. Therefore, parental overprotection can indirectly lead to depression in adolescents.

2 studies have found that the impact of parental overprotection on adolescent depression shows gender differences. Both studies speculate that this is related to social perceptions [16, 22]. Parental overprotection has a more significant impact on male adolescents' depression because society expects men to be more independent and resilient. When male adolescents feel they cannot meet the social expectations, their anxiety and stress will increase [16]. Additionally, parental overprotection from mothers has a bigger impact on adolescents' depression than from fathers. This may be related to the role division between parents. Mothers usually participate more in their adolescents' care, and when adolescents were asked to recall parental overprotective practices, they tended to remember maternal behaviors more readily; or they are more likely to amplify the influence of the mother's behavior [22].

4. Discussion

This article aims to explore the impact of PO on AD. Due to the different definitions of "PO" and PPC is also a form of excessive protection, the studies included mainly focused on parenting style, parental overprotection, overparenting, helicopter parenting, and parental psychological control. The different definitions of these concepts may lead to variations in the research results.

Based on the influence mechanism, to prevent the negative impact of PO on AD, efforts can be made from three aspects: parents, schools, and society. First, parents need to distinguish between "moderate protection" and "excessive protection". During adolescence, parents should listen more to the thoughts of adolescents, build trust between parents and adolescents, and encourage them to participate in decision-making, focusing on cultivating teenagers' autonomy and independence. Second, schools need to improve the psychological counseling system and incorporate adolescents' mental health into the curriculum, such as introducing cognitive behavioral intervention and providing relevant psychological courses or counseling. Third, in society, public education and policy support can be used to promote scientific parenting concepts and establish positive family education values. For example, parents should engage constructively in adolescents' development and reduce excessive pressure on male adolescents to conform to ideals of independence and resilience. At the same time, it can provide practical opportunities for adolescents to enhance their social adaptability.

This article still has some limitations. Among the 12 studies, most employed cross-sectional designs, while only three adopted longitudinal approaches. Cross-sectional study can only investigate the association between the two at that specific time point but cannot determine the direction of the effect. In the selection of research participants, some studies only surveyed

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adolescents with depression/depression risk, but people with high anxiety levels tend to use the extreme values of the scale, which may lead to biased results [23]. And some studies only surveyed adolescents and their mothers, which makes it impossible to examine the complete family unit. Secondly, the most commonly used measurement in the studies was for adolescents and parents to self-report, but self-reporting is easy to bias, and any results should be interpreted carefully. In addition, this study only had one member do the screening and only screened two databases, so there may be missing other studies related to the topic. In conclusion, most current studies only support the association between PO and AD, but the association between them still needs to be studied. Future research can optimize it by adopting longitudinal research, expanding the sample size, and using multi-source assessment.

5. Conclusion

This study integrates studies on the impact of PO on AD. The study found that there is a significant correlation between PO and AD. After analyzing the influencing mechanisms in three aspects: adolescents themselves, family, and society, it was concluded that prevention of adolescent depression should be implemented from parents, schools, and society. This review summarizes existing research limitations and offers recommendations for future investigation. Existing studies suffer from cross-sectional designs, biased sampling, single self-report measures and restricted literature screening. Future research should use longitudinal methods, diversified samples and multi-source assessments for more reliable findings.

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