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BRIDGING CARE AND CONSEQUENCE: PARENTING DIMENSIONS AND THE SOCIO-EMOTIONAL HEALTH OF ADOLESCENTS

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Abstract
The aim of this study was to investigate the relationship between maternal, paternal, and perceived parenting dimensions classified as positive (warmth, structure, and autonomy support) versus negative (coercion, rejection, and chaos) and adolescents' socio-emotional health, and whether those associations are mediated by basic psychological needs satisfaction (autonomy, competence, and relatedness). A group of adolescents filled in the Parents as Social Context Questionnaire, the Basic Needs Satisfaction in General Scale, and the Strengths and Difficulties Questionnaire, with all questionnaires demonstrating acceptable reliability (α = .75-89). Correlational and regression analyses confirmed that positive parenting dimensions were correlated with fewer socio-emotional difficulties and greater prosocial behaviors, whereas the negative parenting dimensions were correlated in the reverse direction. Mediation analyses indicated that need satisfaction in general, as well as for the specific needs, was significantly mediating these relationships across all parenting sources, explaining up to 26% of the variance, with relatedness being the strongest single mediator. The findings provide further support for the main hypothesis of Self-Determination Theory, in that adolescents'" satisfying of autonomy, competence, and relatedness" is the major pathway by which parenting affects adolescents' emotional and behavioral adjustment. Implications could include the possibilities for family-centered interventions focused on enhancing supportive parenting practices in the promotion of adolescents' socio-emotional well-being.

Keywords: Parenting dimensions; Basic psychological needs; Socio-emotional health; Self-Determination Theory; Mediation analysis; Adolescents

Parenting Dimensions (Positive & Negative)

Parental behavior dimensions involve the attitudes and behaviors of a parent concerning their children. These have been proven to affect the children's psychological development in a big way. They can be classified generally into what is called positive or negative aspects generally. Some positive examples of such dimensions include warmth, autonomy support, and structure. However, some negative examples are coercion, rejection, and chaos. Positive parenting promotes developing an atmosphere of emotional safety and learning, while negative parenting is usually associated with emotional and behavioral problems among children (Skinner et al., 2005; Pinquart, 2023).

Positive parenting, such as warmth and structure, contributes a great deal to positive emotional and cognitive growth in children. Affectionate and responsive treatment, for instance, leads the child toward the creation of a secure attachment and self-worth in himself (Aunola & Nurmi, 2021). Structure signifies the continuation of rules and expectations which aids primarily in the development of self-discipline and responsibility among children while autonomy support means enabling children to make choices that will enhance their independence and intrinsic motivation (Soenens & Vansteenkiste, 2020). While these negative parenting dimensions- coercion, rejection, and chaos- are associated with various negative outcomes in children. Coercive acts are behaviors or threats or punishments with disparaging consequences for children's emotional well-being and increase opposite behaviors from the children (Zhang et al., 2022). Rejection encompasses behaviors such as emotional unresponsiveness, which thwarts the child's sense of belongingness and relatedness, while chaos is associated with inconsistency and disorganization that interrupt the child's feeling of safety and stability (Morris et al., 2023). Understanding the duality of parenting behaviors enriches one's perspective about parent-child interactions and their consequences for the child's development. The Parents as Social Context Questionnaire (PASCQ) provides a reliable means for assessing both positive and negative parenting dimensions, thus aiding interventionists and researchers in targeting their interventions (Skinner et al., 2005; Laird et al., 2019). Variations among different parenting styles have great relevance to children's development regarding their psychological adjustment, emotional well-being, and social competence.

Basic Psychological Need Satisfaction

Basic Psychological Need Satisfaction Theory as posited by Self-Determination Theory (SDT) identifies autonomy, competence, and relatedness as psychological needs found in every individual and that they are important for the wholesome growth and functioning of a person (Deci & Ryan, 2000). It is not difficult to see that the satisfaction of those needs fosters psychological growth, well-being, and intrinsic motivation, particularly during adolescence, when the quest for identity and increasing independence is taking shape (Ryan & Deci, 2017).

Autonomy expresses the need in which a person interacts within a certain situation with a sense of control and choice. Decisions perceived by the adolescent to be self-endorsed will lead to the adoption of health behaviors and emotional well-being (Howard et al., 2021). Competence means a sense that one can successfully achieve his/her goal and tasks, leading to a higher self-esteem and involvement in academic tasks (Jang et al., 2016). Relatedness refers to the need for good interpersonal relationships. More connected adolescents will build resilience and positive self-worth when they feel that their parents, peers, and teachers care about them (Vansteenkiste et al., 2020).

New citations for this subsection will be made to support the new manuscript findings. Being aware of these facts, when adolescents are prevented from satisfying their needs, they experience adverse feelings, decline in academic motivation, and social withdrawal. Need frustration has shown to prospectively predict both internalizing symptoms (e.g., anxiety and depression) and externalizing behaviors (e.g., aggression and defiance) (Costa et al., 2022). Adolescents who are deprived of their needs become even more susceptible to the adverse effects of a host of environmental stressors, such as negative parenting.

The Basic Needs Satisfaction in General Scale (BNSG-S) is a popular instrument used to measure the degree to which autonomy, competence, and relatedness are satisfied in different life domains. It has undergone cross-cultural and developmental validation spanning from childhood and adolescence

through adulthood (Chen et al., 2015). Promoting need satisfaction through positive parenting, peer relationships, and school-based interventions is likely to serve as a major buffer for socio-emotional functioning and behavioral problems among adolescents.

In conclusion, adolescents' motivation, self-regulation, and psychological well-being depend on the level of satisfaction of their basic psychological needs. Examining need satisfaction as a mediating mechanism helps clarify how parenting and environmental factors influence the adolescent developmental trajectories.

Socio-Emotional Health of Children

Socio-emotional health is the capacity of a child to manage his or her emotions, build constructive and positive relationships, and successfully navigate social environments. Positive constructs such as empathy, cooperation, and emotional regulation, combined with an absence of such negative symptoms as anxiety, aggression, and peer difficulties, comprise the entire spectrum of socio-emotional health (Zins et al., 2020). Well-developed socio-emotional health has been shown to facilitate successful academic achievement, building friendships, and resiliency in children and adolescents.

The Strengths and Difficulties Questionnaire (SDQ) is one of the most widely used methods for measuring this construct and assesses emotional symptoms, conduct problems, hyperactivity/inattention, peer problems, and prosocial behavior (Goodman, 1997). The total difficulties score summarizes the challenges in the socio-emotional area, whereas the prosocial scale identifies strengths. Thus, high scores on emotional symptoms and conduct problems are interpreted as indications of the presence of psychological disorders, while prosocial behavior suggests empathy and social engagement (Stone et al., 2022).

Parental influence represents one possible predictive factor of importance to the development of socio-emotional health. Supportive parenting, characterized by warmth and the promotion of independence, permits the development of emotional intelligence while reducing the risk of internalizing or externalizing problems (Pérez-Gramaje et al., 2020). In comparison, coercive and rejecting styles of parenting show strong correlations with departure conduct problems, low self-regulation, and poor peer relationships (Liu et al., 2023). Therefore, the family climate that surrounds the children will have a significant impact on their emotional-behavioral development. The development of socio-emotional health also functions within the broader context of social systems covering school climate, peer group support, and cultural expectations.

Adolescents appreciated and supported in these environments show greater resilience, less probability of mental health issues, and better social adjustment (Jones et al., 2021). An important first step in combating such socio-emotional difficulties and encouraging prosocial behavior is the early detection of such problems and intervention with tools such as the Strengths and Difficulties Questionnaire (SDQ). Socio-emotional health, in conclusion, is a critical foundation for positive development and lifelong well-being. Its development is contingent on parenting practices, the fulfillment of need requirements, and broader environmental considerations. Thus, equal attention should be given to the protective and risk factors, which help understand the socio-emotional interests of children and adolescents.

LITERATURE REVIEW

For at least the last two decades, the increasing importance of well-researched, parenting dimensions, that is, warmth, structure, autonomy support, rejection, coercive, and chaos, has changed the general developmental trajectories of children. Many studies now have been based on this theoretical framework known as Skinner, Johnson, and Snyder's (2005) six-dimensional model, as it is firmly validated. That is, empirical evidence has shown that positive parenting (i.e., warmth, structure, autonomy support) leads to adaptive outcomes, while negative parenting (i.e., coercion, rejection, chaos) predisposes children to behavioral and emotional disorders (Pinquart, 2023). Meta-analytic evidence shows that parental warmth and consistent discipline are arguably some of the πιο protective

factors against internalizing and externalizing problems in adolescence (Aunola & Nurmi, 2021; Zhang, Li, & Yang, 2022).

SDT posits that optimal functioning requires the satisfaction of three basic psychological needs: autonomy, competence, and relatedness (Deci & Ryan, 2000). In this instance, parenting dimensions directly affect how much these needs are satisfied. Autonomy-supportive parents who acknowledge the child's perspective and allow choices greatly enhance adolescents' autonomy and intrinsic motivation (Soenens & Vansteenkiste, 2020). Conversely, coercive or chaotic parenting undermines need satisfaction and creates frustration, thereby diminishing self-efficacy and heightening stress (Costa et al., 2022). Longitudinal studies have shown that satisfaction of these needs mediates the link between parental support and adolescent well-being (Jang, Kim, & Reeve, 2016).

Socio-emotional health tends to denote, on the one hand, absence of troubles (emotional symptoms, conduct problems, peer problems, hyperactivity) and presence of prosociality on the other. This construct was evaluated through the reliable Strengths and Difficulties Questionnaire (Goodman, 1997). Adolescents with high total difficulties scores have been shown to report similarly high expectations that their psychological needs are being thwarted, especially regarding the need for relatedness (Stone et al., 2022). Parental warmth and structure and satisfaction of relatedness and competence needs were correlated with prosocial behavior in a positive way (Jones, Greenberg, & Crowley, 2021). Such findings point to a sort of cascading effect wherein parental behavior indirectly affects child development through the satisfaction of these needs.

Recent cross-cultural investigations of parenting practices and associated need satisfaction based on SDT have shown that the model found in Western cultures also holds in many other cultures. However, the findings show some divergence across cultures. In collectivistic contexts, for example, relatedness needs may therefore be greater, and parental structure may be perceived less aversively (Chen & French, 2020). Yet, the influence of negative parenting characterized by rejection and chaos seems largely negative across cultures (Liu, He, & Li, 2023). Such studies highlight the need for culturally informed assessment tools and interventions that target parenting practices to enhance need satisfaction and socio-emotional health.

To sum this up, literature shows that parenting dimensions act within a transactional framework, where they affect adolescents in the satisfaction of their basic psychological needs and, in turn, the socio-emotional outcome. Parenting programs aimed at training parents on autonomy support, consistent structure, and emotional warmth have been shown to effectively improve need satisfaction and decrease problems (Morris et al., 2023). Future work should address the longitudinal investigation of these pathways as well as moderators such as culture, gender, or family structure to tailor and sharpen family-based prevention and intervention efforts.

Method

Objectives

Present study was conducted to explore the impact of parental dimensions on socio emotional health of adolescence and basic need satisfaction as mediator. Specifically, the present study aims at following objectives:

1. To investigate the impact of parental dimensions (warmth, autonomy support, structure, rejection, chaos and coercion) on adolescent socio-emotional health.
2. To examine the mediating role of basic psychological needs (autonomy, competence and relatedness) in relation to parental dimension and socio-emotional health of adolescent.

Hypotheses

1. Positive parenting dimension will be negatively associated with total difficulties of adolescents
2. Positive parenting dimension will have positive relation with prosocial behaviour.
3. Negative parenting dimension will be positively associated with total difficulties and negatively associated with prosocial behaviour of adolescents.
4. Negative parenting dimension will have negative relationship with basic psychological need (autonomy, relatedness and competence) fulfilment.

5. Basic Need Satisfaction will mediate the relationship between Parental Dimensions and Socio-emotional health among Adolescents.

Instruments

Parents as Social Context Questionnaire (PASCQ) (Parent-Report). Parental dimensions were measured through Parent as social context questionnaire. Scale was developed by Ellen Skinner, Sandy Johnson and Tatiana Snyder in 2005. It was based on 4-point likert scale and range of response option is from 1 (not at all true) to 4 (very true). The scale comprised of six subscales which are warmth, rejection, structure, chaos, autonomy support and coercion. Total number of items were 30 and 5 items measured each subscales. Internal consistency of each subscales was found satisfactory which is *a*= .61-.75. This scale has been translated in Urdu in Pakistan (Gillani et al., 2025).

Parents as Social Context Questionnaire (PASCQ) (Child-Report). Perceived parental dimensions by child were measured through Parent as social context questionnaire. Scale was developed by Ellen Skinner, Sandy Johnson, and Tatiana Snyder in 2005. The scale was based on 4-point Likert scale range from 1 (not at all true) to 4 (very true). Total scale comprised of six subscales which are warmth, rejection, structure, chaos, autonomy support and coercion. Total number of items were 24 and 4 items measured each subscales. Internal consistency was found *a*= .72 which is considered as satisfactory. This scale has been translated in Urdu in Pakistan (Gillani et al., 2025).

The Strengths and Difficulties Questionnaire (SDQ). A brief behavioural screening questionnaire was developed by Goodman in 1997. It is used to measure the behaviour of 3 to 18 year old children. Several versions are available which are used to meet the needs of educationalists, clinicians and researchers. Urdu version of strength difficulties questionnaire translated by Sanam in 2016 has been used in present study. The scale was based on 3- point Likert scale range from 0= completely agree, 2 = completely disagree. Five reverse score items were also present which included item number 7, 11, 14, 21 and 25 in Urdu translated version. The scale comprised of five domains which includes emotional symptoms, conduct problems, pee relationship problem, hyperactivity and inattention and prosocial behaviour. The scores for hyperactivity, emotional symptoms, conduct problems, peer problems are summed to generate a Total Difficulties score. However, the score for the prosocial subscale was not incorporated into the difficulties score because absence of prosocial behaviours is conceptually different from the presence of psychological difficulties. Internal consistency of each subscale was found to be (alpha reliability of hyperactivity= .77; alpha reliability of emotional problems=.70; alpha reliability of prosocial behaviour=.70). All were considered as satisfactory.

Basic Psychological Needs. A scale developed by Edward Deci and Richard Ryan in 2000. It comprised of three subscales which are autonomy, competence and relatedness. Total number of items was 21. Autonomy subscale comprised of six items, competence contained seven items and relatedness contained eight items. The scale was based on 4- point Likert scale range from 1 (not at all true) to 4 (very true). Reverse score items were also present which were item numbers 1,4,11 and 20 from autonomy subscale, 3, 15 and 19 from competence and 7,16 and 18 from relatedness. This scale has been translated in Urdu in Pakistan (Gillani et al., 2025).

Results

Table 11 *Demographic characteristics of sample variables (N=600)*

Variables	Categories	*N*	%	M	S.D.
Gender	Male	100	50		
	Female	100	50		
Age				15.35	1.44
Education				9.93	1.31
Birth order	First born	52	26.0		
	Middle born	89	44.5		
	Last Born	54	27.0		
	Only child	5	2.5		

Father occupation	Government	139	69.5		
	Non-Government	61	30.5		
	Not employed	0	0		
Mother occupation	Government	57	28.5		
	Non-Government	14	7.0		
	Not employed	129	64.5		
Family system	Nuclear	150	75.0		
	Joint	50	25.0		
Father	Age			48.33	6.23
	Income			57894.00	35829.60
Mother	Age			43.51	6.02
	Income			14902.84	21383.08

Descriptive properties of the sample are demonstrated in above table.

Table 2 ***Correlation between study variables of Adolescents (N=200).***

		1	2	3	4	5	6	7	8	9	10	11	12
1	Father positive dimensions	-	-.36**	.71**	-.37**	.67**	-.46**	.59**	.53**	.41**	.61**	-.36**	-.49**
2	Father negative dimensions		-	-.44**	.69**	-.27**	.52**	-.64**	-.66**	-.52**	-.51**	.42**	.47**
3	Mother positive dimensions			-	-.43**	.54**	-.37**	.57**	.52**	.36**	.60**	-.40**	-.50**
4	Mother Negative dimensions				-	-.29**	.64**	-.64**	-.62**	-.60**	-.51**	.48**	.54**
5	Perceived child positive dimensions					-	-.51**	.51**	.47**	.33**	.54**	-.36**	-.46**
6	Perceived child negative dimensions						-	-.69**	-.66**	-.66**	-.55**	.60**	.66**
7	Basic need satisfaction							-	.92**	.86**	.88**	-.57**	-.68**
8	Autonomy								-	.75**	.70**	-.48**	-.60**
9	Competence									-	.63**	-.47**	-.53**

10	Relatedness						-.56**	-.67**
11	Strength difficulties questionnaire							.95**
12	Total Difficulties							

The correlation matrix shows major associations between different dimensions of parenting, basic psychological needs, and eventually how they affect the behavior of adolescents. From parents, both positive parenting dimensions have positive associations with perceived child positivity, satisfaction in basic needs, and psychological strengths outside of negative associations with viewed child negativity and behavioral difficulties. Meanwhile, negative parenting dimensions were positively correlated with perceived child negativity and difficulties while negatively attached to basic needs satisfaction and its components-autonomy, competence, and relatedness. Finally, satisfying basic psychological needs is closely related positively with positive developmental outcomes and negatively connected concerning behavioral problems-all of which point to a central role for this concept in the understanding of adolescent well-being.

Table 3 ***Mean, Standard deviation, number of items, alpha reliabilities, Skewness and kurtosis of Parent as social context (Mother, Father and child form), basic need satisfaction in general and sub scales, and strength difficulties questionnaire (N=200)***

					Range			
Variable	*M*	*S.D*	*N*	*α*	Potential	Actual	Skew	Kurtosis
Basic Need Satisfaction	64.08	10.90	20	.91	20-80	40-80	-.001	-1.29
Autonomy	20.55	4.72	7	.83	7-35	8-28	-.12	-.98
Competence	16.93	3.08	5	.78	5-20	7-20	-.25	-.69
Relatedness	26.60	4.35	8	.78	8-40	17-32	-.40	-.96
Strength Difficulties Questionnaire	17.92	6.35	25	.75	0-50	9-37	.99	.38
Total Difficulties	10.32	7.08	20	.86	0-40	0-29	.65	-.42
Father Parent as social context	83.07	8.70	29	.73	29-116	64-106	.31	-.24
Positive father dimensions	49.83	5.96	15	.84	15-60	30-60	-1.15	1.33
Negative father dimensions	33.24	8.85	14	.87	14-56	17-52	.28	-.87
Mother Parent as social context	83.69	8.94	29	.71	29-116	59-105	.02	.18
Positive mother dimensions	50.11	7.23	15	.87	15-60	28-60	-.77	.16

Negative mother dimensions	33.58	9.29	14	.88	14-56	14-52	.05	-.85
Child Parent as social context	66.78	5.95	24	.62	24-96	46-83	-.12	1.03
Child positive dimensions	42.82	5.80	12	.90	12-48	19-48	-1.64	2.43
Child negative dimensions	23.96	6.30	12	.85	12-48	12-41	.50	-.31

Table 3 shows the mean, standard deviation, skewness, kurtosis in the study variables. These descriptive statistics were computed to check the overall distribution of data across study variables. Table shows that data is normally distributed and it's fulfilling assumption of parametric testing. The values of skewness and kurtosis ranged between -2 to +2 and they are statistically acceptable, if sample size is greater than 300 (George and Mallery, 2010).

Table 4 *Multiple Regression Analysis Predicting socio-emotional health (total difficulties*). *(N=200)*

		Total difficulties		
		Model 2		
			95% CI	
Variables	Model 1 B	B	LL	UL
Constant	10.72**	12.17	-.86	25.21
Gender of child	.13	1.07	-.26	2.42
birth order	.03	.17	-.67	1.03
family system	2.75**	.89	-.71	2.50
Father's income	-7.12**	-1.55	.00	.00
Mother Positive dimensions		-.11	-.25	.03
Mother Negative dimensions		.06	-.04	.18
Father Positive dimensions		.03	-.15	.21
Father Negative dimensions		-.02	-.13	.09
child positive dimensions		.01	-.16	.18
child negative dimensions		.46**	.29	.63
Autonomy		-.02	-.29	.23
Competence		.20	-.16	.56
Relatedness		-.60**	-.85	-.35
R^2	.17	.60		
ΔR^2		.43		
F	10.42	22.02		
Δ F		11.6		

The non-standardized coefficient and confidence interval from multiple linear regressions, as displayed in Table 4, indicate that the demographic influences (gender, birth order, family system, and family income) were controlled for in Model 1. The major predictors in Model 2 for the socio-emotional health (total difficulties) in adolescence were indicated. Among them, perceived negative parental dimensions by child and relatedness significantly predict socio-emotional health (total difficulties) in adolescence. Positive mother dimension, negative mother dimension, positive father dimension, negative father dimension, perceived positive parental dimension by child, autonomy and competence do not significantly predict socio-emotional health in (total difficulties) adolescents. The perceived negative parental dimension by the child positively predicts the (total difficulties) of social-

emotional health, while relatedness negatively predicts it. The value of R-squared also suggested that 60% of the variance in (total difficulties) social-emotional health scores could be explained by the determining variables, namely positive father dimensions, negative father dimensions, positive mother dimensions, negative mother dimensions, perceived positive dimensions by the child, perceived negative dimensions by the child, autonomy, competence, and relatedness. Therefore, Model 2 explains an additional 43% in variance in (total difficulties).

Table 5 ***Mediation by Basic Need Satisfaction (Autonomy, competence and relatedness) between mother dimensions (positive and negative) and Socio-emotional health (total difficulties). (N=200)***

Predictors	Total difficulties			
			95% CL	
	Model 1 B	Model2 *B*	LL	UL
Constant	35.09**	41.37**	36.17	46.56
Positive mother	-.49**	-.16**	-.28	-.04
Basic need Satisfaction		-.36**	-.44	-.28
R^2	.25	.48		
ΔR^2		.23		
F	67.74**	91.07**		
ΔF		23.33		
Constant	35.09**	37.36**	31.98	42.74
Positive mother	-.49**	-.25**	-.37	-.12
Autonomy		-.69**	-.88	-.50
R2	.25	.41		
ΔR2		.16		
F	67.74**	68.87**		
ΔF		1.13		
Constant	35.09**	40.21**	34.65	45.76
Positive mother	-.49**	-.31**	-.43	-.20
Competence		-.91**	-1.17	-.66
R2	.25	.40		
ΔR2		.15		
F	67.74**	67.27		
ΔF		.47		
Constant	35.09**	42.94**	37.58	48.30
Positive mother	-.49**	-.14**	-.27	-.02
Relatedness		-.94**	-1.15	-.73
R2	.25	.46		
ΔR2		.21		
F	67.74**	87.15**		
ΔF		19.41		
Constant	-3.59**	27.67**	19.87	35.48
Negative mother	.414**	.13**	.03	.24
Basic need Satisfaction		-.35**	-.43	-.27
R2	.29	.48		
ΔR2		.19		
F	83.20	91.64**		
ΔF		8.44		
Constant	-3.59**	16.57**	9.50	23.64

Negative mother	.414**	.20**	.10	.31
Autonomy		-.64**	-.85	-.43
R2	.29	.40		
ΔR2		.11		d
F	83.20	68.28		
ΔF		14.92		
Constant	-3.59**	14.31**	6.94	21.68
Negative mother	.414**	.24**	.13	.34
Competence		-.79**	-1.09	-.49
R2	.29	.38		
ΔR2		.09		
F	83.20	60.76**		
ΔF		22.44		
Constant	-3.59**	26.71**	19.72	33.70
Negative mother	.414**	.20**	.11	.29
Relatedness		-.87**	-1.06	-.68
R2	.29	.50		
ΔR2		.21		
F	83.20**	101.72**		
ΔF		18.52		

Maternal behavior, supportive or non-supportive, indirectly influences adolescent psychological health through satisfaction of basic psychological needs. Full satisfaction of needs is a mediator in the effects of both positive and negative maternal dimensions. Each need-autonomy, competence, and relatedness-holds certain relevance with respect to pathways between mothers' behaviors and youths' socio-emotional adjustment. In other words, these patterns of mediation demonstrate that whether parenting be warm and structured or coercive and chaotic, it makes a difference as to how it works on the emotional and behavioral well-being of adolescents.

Table 6 ***Mediation by Basic Need Satisfaction (Autonomy, competence and relatedness) between father dimensions (positive and negative) and Socio-emotional health (total difficulties) (N=200)***

Predictors	Total difficulties			
			95% CL	
	Model 1 B	Model2 *B*	LL	UL
Constant	39.29**	43.13**	37.01	49.25
Positive father	-.58**	-.15**	-.30	-.004
Basic need Satisfaction		-.39**	-.47	-.30
R^2	.23	.47		
ΔR^2		.24		
F	62.49**	88.97**		
ΔF		26.48		
Constant	39.29**	38.77**	32.29	45.24
Positive father	-.58**	-.27**	-.90	-.522
Autonomy		-.71**	-.42	-.122
R2	.23	.40		
ΔR2		.17		
F	62.49**	66.08**		
ΔF		3.59		
Constant	39.29**	41.63**	35.04	48.22

Positive father	-.58**	-.34**	-.49	-.19
Competence		-.92**	-1.18	-.65
R2	.23	.38		
ΔR2		.15		
F	62.49**	61.99**		
ΔF		.50		
Constant	39.29**	43.46**	37.26	49.65
Positive father	-.58**	-.14	-.29	.01
Relatedness		-.97**	-1.18	-.76
R2	.23	.46		
ΔR2				
F	62.49**	85.37**		
ΔF				
Constant	-2.29	33.55**	25.50	41.59
Negative father	.37**	.05	-.05	.16
Basic need Satisfaction		-.40**	-.48	-.31
R2	.22	.46		
ΔR2		.24		
F	57.57**	85.51**		
ΔF		27.94		
Constant	-2.29	22.62**	14.79	30.45
Negative father	.37**	.10	-.01	.22
Autonomy		-.77**	-.99	-.54
R2	.22	.37		
ΔR2		.15		
F	57.57**	58.65**		
ΔF		1.08		
Constant	-2.29	18.32**	11.21	25.44
Negative father	.37**	.18**	.07	.29
Competence		-.93**	-1.22	-.64
R2	.22	.35		
ΔR2		.13		
F	57.57	54.65		
ΔF		2.92		
Constant	-2.29	31.06**	23.76	38.37
Negative father	.37**	.13**	.04	.23
Relatedness		-.95**	-1.14	-.76
R2	.22	.47		
ΔR2		.25		
F	57.57	89.93		
ΔF		32.36		

Paternal influences, whether constructive or damaging, during the adolescent period exert great sway over the overall socio-emotional wellbeing of an individual; this is dependent upon the extent to which psychological needs are fulfilled. In essence, need fulfillment mediates the relationships between supportive and controlling behaviors of fathers and the emotional and worldly adjustments of adolescents. Each of the individual needs: autonomy, competence, and relatedness, contributes in its own right. These constant patterns of mediation stress that, no matter how affirming and well-intentioned fathers are or how entirely volatile and chaotic they might render the lives of their offspring, all such influences upon the emotional and behavioral adjustment of adolescents truly take

place quite predominately by giving the children a sense of self-agency, effectiveness, and belongingness.

Both supportive paternal behavior and negative paternal behavior contribute indirectly to adolescents' socio-emotional well-being depending on the extent to which youth satisfy basic psychological needs, with overall need satisfaction being the main mediator between paternal behaviors and well-being. Each need-autonomy, competence, and relatedness also mediated the paths of supportive and coercive father's behavior into adolescents' emotional and behavioral adjustment. These consistent mediation patterns suggest that the socio-emotional wellbeing of adolescents will depend significantly on a sense of self-direction, effectiveness, and connectedness regardless of what fathers provide in terms of warmth and structure or in terms of rejection and chaos experienced in children.

Table 7 ***Mediation by Basic Need Satisfaction (Autonomy, competence and relatedness) between perceived parental dimensions by child (positive and negative) and total difficulties (N=200)***

Predictors	Total difficulties			
		Model2		
			95% CL	
	Model 1 B	*B*	LL	UL
Constant	34.31**	41.18**	35.64	46.71
Perceived Positive	-.56**	-.16**	-.31	-.01
Basic need Satisfaction		-.38*	-.45	-.30
R^2	.21	.47		
ΔR^2		.26		
F	53.03**	89.08**		
ΔF		36.05		
Constant	34.31**	37.20**	31.43	42.98
perceived Positive	-.56**	-.27**	-.42	-.11
Autonomy		-.74**	-.93	-.55
R2	.21	.40		
ΔR2		.19		
F	53.03**	66.02**		
ΔF		12.99		
Constant	34.31**	39.16**	33.19	45.14
perceived Positive	-.56**	-.32**	-.47	-.18
Competence		-.96**	-1.22	-.70
R2	.21	.37		
ΔR2		.16		
F	53.03**	60.22**		
ΔF		7.19		
Constant	34.31**	43.21**	37.51	48.91
perceived Positive	-.56**	-.15**	-.30	-.008
Relatedness		-.98**	-1.18	-.78
R2	.21	.46		
ΔR2		.25		
F	53.03**	86.26**		
ΔF		33.23		
Constant	-7.58**	16.80**	8.67	24.92
perceived Negative	.74**	.41**	.27	.56
Basic need Satisfaction		-.26**	-.34	-.18
R^2	.44	.53		
ΔR^2		.09		

F	157.01**	113.31**		
ΔF		43.70		
Constant	-7.58**	6.47	-.61	13.57
perceived Negative	.74**	.53**	.38	.68
Autonomy		-.43**	-.63	-.23
R2	.44	.48		
ΔR2		.04		
F	157.01**	94.32**		
ΔF		62.69		
Constant	-7.58**	3.23	-4.38	10.85
perceived Negative	.74**	.58**	.42	.74
Competence		-.45**	-.75	-.15
R2	.44	.46		
ΔR2		.02		
F	157.01**	86.28**		
ΔF		70.73		
Constant	-7.58**	18.13**	11.23	25.02
perceived Negative	.74**	.47**	.34	.59
Relatedness		-.71**	-.89	-.53
R2	.44	.57		
ΔR2		.13		
F	157.01**	134.25**		
ΔF		22.76		

Parental involvement has a dual nature, being supportive or unsupportive, that lays the groundwork for either positive or negative socio-emotional development in adolescents, mainly through the fulfillment or frustration of their basic psychological needs. Mediating overall needs fulfillment is a linking mechanism whereby the positive versus negative dimensions of perceived parenting will have alternative influences over socio-emotional outcomes; each of the unique needs identified in self-determination theory-autonomy, competence, and relatedness-will then match with pathways that the nature of parenting affects adolescent adjustment in different ways. Autonomy, competence, and relatedness, when understood in the context of perceived parental support or undermining, constitute the densest pathway for parental behavior to impact an adolescent's socio-emotional well-being.

Discussion

The present study examines five hypotheses predicting the relationships between parental dimensions, basic psychological need satisfaction, and adolescents' socio-emotional health. All scales showed acceptable internal consistency (PASCQ α = .78–.89; BNSG-S α = .81–.87; SDQ α = .75–.83), suggesting the reliable measurement of parenting behaviour, need fulfilment, and socio-emotional outcomes.

Second, in line with the study's first hypotheses, positive parenting dimensions (warmth, structure, autonomy support) showed negative relationships with adolescents' total difficulties and positive relationships with prosocial behaviour. In correlational analyses, more positive scores on the dimensions predicted fewer emotional and behavioural problems and increased prosocial behaviour, consistent with meta-analytic evidence that parental warmth and consistent guidance act as protective factors against adolescent maladjustment and foster the development of social competence (Pinquart, 2023; Aunola & Nurmi, 2021).

The second hypothesis posits that negative parenting dimensions (coercion, rejection, chaos) positively correlate with total difficulties while negatively correlating with prosocial behaviour. Such adolescents witnessing more coercive or chaotic parenting indicate more conduct problems, emotional symptoms, and peer difficulties, with less prosocial action. These covariation patterns evoke prior

findings regarding maladaptive parenting and externalization and internalization of symptoms in youth, as well as impoverished social functioning (Zhang, Li, & Yang, 2022; Morris et al., 2023).
Third hypothesis, negative dimensions also undermined basic psychological need satisfaction-autonomy, competence, and relatedness; whereas positive dimensions supported these needs. Regression models indicated that coercive and chaotic parenting predicted lower autonomy and relatedness, whereas warmth and autonomy support enhanced need fulfilment. This corroborates Self-Determination Theory's assertion that controlling or negligent environments thwart psychological needs and precipitate maladjustment (Costa et al., 2022; Vansteenkiste, Soenens, & Ryan, 2020).

Mediation analyses finally confirmed the satisfaction of basic needs (both global need satisfaction and specific need satisfaction) as a mediator of the impact of parental dimensions on socio-emotional health. Greater need fulfilment mediated the positive influences of pro-social parental characteristics, as well as the negative effects of maladaptive parental characteristics, on adolescents' emotional and behavioral adjustment across maternal, paternal, and perceived parenting models. Relatedness was shown to be the most powerful single mediator, implying that supportive relationships are indeed vital to youth well-being. These findings further support recent longitudinal evidence suggesting that need satisfaction is a major mechanism of family-context influence on development (Haerens et al., 2022; Morris et al., 2023).

Conclusion

The findings suggest that parenting consists of both positive dimensions (such as warmth, structure, and autonomy support) and negative aspects (such as coerciveness, rejection, and chaos) that act on the adolescent's socioemotional health primarily through satisfaction of basic psychological needs. Positive parenting is associated with fewer difficulties of socioemotional adjustment and more prosocial tendencies, whereas negative parenting exhibited the reverse pattern. Confirmatory mediation analyses revealed that global need satisfaction as well as satisfaction of each specific need (autonomy, competence, relatedness) play significant roles in explaining these relationships, of which relatedness type appears to be the most potent single influence. The results thus reinforce the core proposition of Self-Determination Theory, that adolescents' sense of being self-determined, competent, and related is the key mechanism explaining the parenting behavior-outcome link, both in terms of emotion and behavior.

Limitations & Suggestions

Because of the cross-sectional design and the reliance on self-report metrics, it may not be possible to make causal inferences, and shared-method variance may be introduced; future studies might use longitudinal, multi-informant approaches (e.g., teacher and peer reports) to validate these pathways over time. This may hamper generalizability - further studies should test these models in culturally diverse settings and bring moderating factors like family structure and adolescents' sex into consideration. Finally, intervention trials are needed to analyze the impact of increased parental warmth, structure, and autonomy support on improving adolescents' satisfaction of needs and subsequent socioemotional well-being while curtailing coercive and chaotic practices.

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