

Parental Psychological Flexibility and its Relationship with Mental Disorders such as Depression and Anxiety in Children and Adolescents: Current Situation and Implications

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Abstract:

This paper systematically reviews the relationship between parental psychological flexibility (PPF) and mental disorders like depression and anxiety in children and adolescents. Globally, the prevalence of mental disorders such as depression and anxiety among children and adolescents has significantly increased. The family environment, especially parenting styles, plays a key role. In this context, PPF has gradually become a focus of academic attention. A number of previous studies have shown that PPF is a core protective factor in preventing mental disorders in children and adolescents. Cross-cultural studies (Eastern and Western) confirm PPF is a critical protective factor for youth mental health, showing a significant negative correlation with depression and anxiety across ages (3-6 and 13-17 years). However, current research has limitations such as uneven sample distribution, overreliance on cross-sectional surveys, and a lack of multi-variable interaction analysis in mechanism exploration. Future research can be optimized accordingly to provide theoretical support for relevant interventions. Overall, as a core component of family-based strategies, PPF targeted interventions designed to enhance parent-child functioning may help reduce the incidence of youth mental disorders.

Keywords: Parental Psychological Flexibility; Children and adolescents; Mental Disorders; Depression; Anxiety Disorder.

1. Introduction

In recent years, the prevalence of mental disorders among adolescents globally has been on the rise, and their mental health issues have become a major concern in the field of world public health. According to reports and statistics from the World Health Organization (WHO) and the Global Burden of Disease (GBD) in recent years, 8% of children and 15% of adolescents worldwide have experienced mental disorders. Mental disorders not only hinder the current physical and mental development of young people's current development, but may also form lasting cross-lifespan impacts, posing profound influences and hidden dangers on individuals' social adaptation and personality shaping in adulthood.

Family is the first environment for children. It plays a crucial role in shaping children personality and thinking patterns, with parental rearing styles being regarded as the core variables affecting children's mental development. Parenting styles accumulate through daily interactions, forming the key elements of children's psychological growth, and ultimately shaping the basic framework for their connection and communication with the world. However, the academic community mostly focuses on the typological classification of rearing styles in existing research, such as "authoritative" and "authoritarian" parenting styles. But they cannot explain the significant heterogeneity in the psychological development of offspring under the same model in terms of emotional regulation, academic adaptation and so on. This practical limitation has promoted the emergence of the concept of "parental psychological flexibility".

Parental psychological flexibility (PPF) was proposed by Burke & Moore based on the concept of psychological flexibility [1]. It emphasizes that when facing rearing challenges, parents not only need to accept negative emotional experiences such as their own anxiety and frustration but also maintain dynamic balance in cognitive restructuring and behavioral adjustment to avoid falling into a rigid cycle of parenting strategies. This theoretical perspective, which combines emotional acceptance and strategic flexibility, better aligns with the diversified and complex rearing ecology of modern families, providing an innovative explanatory path for analyzing the association mechanism between parent-child interaction and mental disorders in adolescents. Some studies have demonstrated a significant correlation between PPF and the mental health of children and adolescents. However, existing experimental survey articles mostly focus on exploring the impact of multiple dimensions on specific mental disorders, with relatively scattered results and a lack of systematic integration of the action paths. Therefore, this study aims to systematically

review the relationship between PPF and mental disorders in children and adolescents. It will analyze the deficiencies of existing studies in sample distribution, research methods and exploration of mechanisms, and puts forward future research directions so as to provide theoretical support and practical enlightenment for the prevention and intervention of adolescent mental illness.

2. Core Conceptual Definitions

2.1 Conceptual Definition of Parental Psychological Flexibility

PPF refers to the ability of parents, within parenting contexts, to consciously and non-judgmentally perceive and accept their own and their children's negative thoughts, emotions, and impulses in the present moment, while still being able to engage in constructive parenting behaviors consistent with their long-term parenting values [1].

This concept is rooted in the broader theory of Psychological Flexibility (PF) and represents an extension of Acceptance and Commitment Therapy (ACT) applied within family systems [2,3]. The complete theory of psychological flexibility comprises six core dimensions, forming a "hexaflex model": Acceptance (A), Cognitive Defusion (CD), Being Present (BP), Self-as-Context (SC), Values (V), and Committed Action (CA).

Although the theory encompasses six dimensions, in empirical research, PPF is often measured using the Parental Psychological Flexibility Questionnaire (PPFQ) developed by Burke and Moore [1]. This questionnaire primarily assesses the three most crucial core components: Acceptance (an open attitude towards internal negative experiences), Cognitive Defusion (maintaining distance from negative thoughts rather than being controlled by them), and Committed Action (taking actions aligned with values). The academic community generally considers these three dimensions to effectively represent the core characteristics of PPF [4].

2.2 Conceptual Elaboration of Mental Illness in Children and Adolescents

Mental illness in children and adolescents refers to a category of mental and behavioral disorders occurring from childhood through adolescence (typically under 18 years old), characterized by significant deviations from normal developmental trajectories in cognition, emotion, behavior, or social functioning. According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, such disorders emphasize "functional impairment commensurate with developmental stage"

-meaning symptoms significantly affect children's and adolescents' academic performance, hinder social interactions, among other areas, and are not directly caused by external factors such as physical illness or substance use [5]. The International Classification of Diseases, Tenth Revision classifies mental illnesses in children and adolescents from a broader perspective, focusing on the developmental characteristics of symptoms, considering the psychological developmental characteristics of individuals at different ages, and emphasizing deviations in behavior and psychological functioning appropriate for their age [6]. Both systems indicate that mental illnesses in children and adolescents are not "personality issues" or "adolescent rebellion", but rather clinical conditions influenced by the combined effects of genetics, neurodevelopment, family environment, school adaptation, and other factors. This article focuses on the close relationship between common psychological disorders like anxiety and depression in adolescents and children and the family parenting environment. Parental psychological flexibility serves as a key link between the two. Existing research shows that if parents can flexibly respond to their children's emotional fluctuations, such as through methods like listening and emotional empathy, and adjust their parenting styles according to the child's needs, it can effectively alleviate the child's psychological stress.

3. Research Status on Parental Psychological Flexibility and Mental Illness in Adolescents and Children

Current research generally confirms that PPF is a key factor influencing the mental health of adolescents and children. Its role has been validated across different cultural backgrounds and age groups.

3.1 Research Status in Eastern and Western Countries

Research in China shows a significant negative correlation between PPF and depression and anxiety in adolescents. A study involving 278 parents of primary and secondary school students found that PPF not only directly negatively predicted parental depression itself ($\beta = -0.416$, $p < 0.001$) but also indirectly influenced depression through the chain mediating effect of perceived social support and hope [7]. Another study measuring 1060 parents of kindergarten children in Northeast China found that PPF significantly negatively predicted children's internalizing problems, while its direct effect on externalizing problems was not significant; the effect was fully mediated by parent-child conflict, indicating that the quality of

parent-child interaction is a key influencing pathway. Parent-child conflict plays a mediating role between PPF and children's behavioral problems [8]. The research team led by Associate Professor Zhou Jianhua conducted four tracking surveys of 4731 Chinese adolescents and found that the trajectory of parental supportive parenting was closely related to changes in internalizing problems like anxiety and depression in adolescents: adolescents in the consistently high-support group had the lowest levels of internalizing problems. This finding suggests that parenting quality has a long-term impact on internalizing problems.

Research in Western countries has reached similar conclusions. The study developing the PPFQ by Burke & Moore showed that in US samples, parents' acceptance and cognitive defusion abilities were positively correlated with children's emotion regulation ability ($r = 0.32$, $p < 0.01$) and negatively correlated with anxiety symptoms ($r = -0.41$, $p < 0.01$). European research on parents of secondary school students found that PPF reduced the risk of anxiety and depression in adolescents by decreasing negative parenting behaviors (such as psychological control) [9].

3.2 Research Status across Different Age Stages

Research on the early childhood stage (3-6 years) indicates that maternal PPF can significantly negatively predict the anxiety level of young children ($\beta = -0.23$, $p < 0.05$) and influences young children's social adaptation ability through the mediating role of the parent-child relationship. Studies found that mothers with high PPF used punitive discipline less frequently, thereby reducing internalizing problems in young children [10].

Research on the adolescence stage (13-17 years) shows that the predictive effect of PPF on depression and anxiety persists. A survey of 205 parents of adolescents found that parents' psychological flexibility in the parenting role-specifically, the ability to accept negative thoughts, emotions, and impulses triggered by parenting stress-indirectly reduced adolescents' internalizing problems (including depression and anxiety) and externalizing problems by promoting adaptive parenting practices. Specifically, parents with high psychological flexibility were more capable of maintaining non-judgmental awareness and adopting parenting behaviors consistent with family values (such as positive communication and emotional support rather than harsh discipline) when facing challenging situations like parent-child conflict, thereby reducing emotional and behavioral problems in adolescents. This mechanism is particularly crucial during adolescence; therefore, enhancing parental psychological flexibility can serve as an import-

ant approach for preventing and intervening in adolescent depression and anxiety [11].

It is noteworthy that the expression and function of PPF may vary depending on the cultural background. In collectivist cultures, the association between parent-child conflict and children's behavioral problems is closer. This might be because, in cultures emphasizing interdependence, the quality of the parent-child relationship is more critical for the formation of the child's self-concept. However, research in Western individualistic cultures also shows similar patterns, suggesting that PPF may have cross-cultural universality, reflected in its mitigating effect on adolescent anxiety and depression across different cultures. Parents in different cultures need to cope with negative experiences during parenting and balance rules and flexibility, although the specific manifestations might differ. This field requires more cross-cultural comparative research to explore culture-specific and universal mechanisms.

4. Analysis of the Mechanism Linking Parental Psychological Flexibility in Raising Children and Adolescent Mental Illness

As society evolves, growing attention has been paid to children's mental health. Leeming et al. noted that combining positive parental skill training-such as emotion management and effective communication-with ACT therapy yields broad positive outcomes for parents, children, families, and beyond. Thus, PPF in raising children plays a key role in the context of family education.

4.1 Improving parenting practices

PPF in raising children can predict constructive parenting behaviors. This leads to the conclusion that such flexibility is closely tied to parenting styles: the higher the PPF, the fewer inappropriate interventions, overprotection, and excessive monitoring parents engage in. The PPF can reduce negative impact for most children, like psychological control or punishment. It can also enhance some positive behaviors. By contrast, low PPF correlates significantly with negative parenting behaviors, with no notable differences across cultures or regions. The reason lies in that improved psychological flexibility helps reduce parents' negative emotions, enhances cognitive defusion, and makes their thinking more adaptable-ultimately encouraging them to stick to science-backed, effective parenting methods. Finally, it can help improve children's mental health [4].

4.2 Relieving parental stress

Parenting stress refers to the worry, tension, and anxiety parents feel while raising children. Tian Liangchen et al. developed a self-designed Educational Cognition Questionnaire to explore parents' educational beliefs; the results showed that parents' stress and anxiety stem from conflicting views on education [12]. Zong Lijuan et al. found a negative correlation between psychological flexibility in raising children and parenting stress [13]. Additionally, this flexibility can negatively predict mothers' sense of competence in parenting: lower PPF means poorer stress management skills and lower competence for mothers, which in turn impacts children's development. Moreover, higher PPF helps ease parents' negative emotions like depression and anxiety. PPF also reduce parental depression or stress may be potentially achieved by improving parenting behaviors. In relevant studies, participants reported reduced depression, anxiety, pain, and stress may. While there are differences between mothers' and fathers' parenting stress, few studies have verified these differences so far. Future research could further explore how psychological flexibility in raising children affects such gender-based differences in parenting stress.

4.3 Optimize the parent-children relationship

Psychological flexibility in raising children also influences children's physical and mental functioning, peer interactions, and internalizing/externalizing behavioral problems. When parents exert high psychological control over their children, the latter tend to show aggressive behaviors in social interactions, which hinders their ability to build healthy peer relationships. This negative effect often arises because parents fail to fully respect their children's thoughts and wishes, weakening the children's sense of autonomy and independence.

Multiple studies have confirmed that parental psychological flexibility in raising children is closely linked to the emergence of children's internalizing and externalizing behavioral problems, and that it can negatively predict such problems. Reducing parent-child conflicts can enhance the quality of parent-child relationship. Zhang Bingkun et al. found that lower maternal PPF correlates with higher anxiety levels in preschoolers. Low-income mothers often use low-PPF strategies (e.g., suppressing their children's emotions), which only worsen the children's stress and behavioral issues [14]. Moreover, PPF also shows a significant negative correlation with adolescents' risky behaviors, such as trying substances or dangerous driving.

Therefore, PPF in raising children not only directly predicts children's behavioral problems but also affects them

indirectly through parent-child relationships [4].

5. Research Limitations and Future Prospects

5.1 Limitations of Current Research

Current studies on PPF and adolescent mental illnesses still have limitations across multiple dimensions. In terms of sample representativeness, geographical bias is notable: for example, Liu et al. confined their survey to specific cities in China, without covering groups with different economic and cultural backgrounds, which restricts the generalizability of the findings [15]. Regarding research methods, over-reliance on cross-sectional research paradigms has become a key constraint. As seen in Wang et al.'s study, data were only collected at a single time point; this static design fails to capture dynamic causal relationships between variables, making it hard to illustrate the longitudinal impact of parental psychological flexibility on the development of adolescent mental illnesses over time [16]. When it comes to exploring underlying mechanisms, existing studies generally lack theoretical depth. Most are limited to univariate or bivariate analysis frameworks, with no systematic investigation into the interactions of multiple variables. Consequently, the complex mechanism linking PPF and adolescent mental illnesses remains a "black box", preventing comprehensive and in-depth theoretical explanations.

5.2 Future Prospects

Future research can proceed in the following directions: First, broaden sample diversity by including adolescents and their parents from different regions, cultural backgrounds, and family economic conditions, thereby enhancing the universality of research results. Second, strengthen empirical research by conducting longitudinal follow-up studies—such as long-term tracking of the same group of adolescents and their parents—and implementing intervention experiments (e.g., providing PPF training and observing changes in adolescents' mental health), so as to verify causal relationships and explore effective intervention approaches. Third, advance cross-cultural research by comparing parenting models across different cultural contexts (e.g., comparing the impact of PPF on adolescent mental illnesses between Eastern collectivist cultures and Western individualist cultures), in order to uncover the deep-seated mechanisms through which cultural differences influence mental health outcomes.

6. Conclusion

This study's systematic review found that PPF is a key protective factor for mental disorders in children and adolescents. Its positive effect is universal across different cultures and age groups. Both domestic and international studies confirm that PPF is significantly negatively correlated with depression and anxiety. The action mechanisms include: first, reducing negative approaches such as punishment and psychological control, and increasing positive communication at the parenting behavior level. Second, improving parent-child relationships and reducing conflicts to alleviate internalizing problems at the family interaction level. Last, at the stress regulation level, reducing parental rearing pressure, enhancing the sense of competence, and optimizing parenting quality.

Furthermore, research has confirmed that the protective effect of PPF has significant long-term stability, remaining stable from early childhood to adolescence and being applicable across cultures. This gives an important insight for mental health interventions. PPF can be used as the core entry point for family interventions. Through specialized training and promoting scientific parenting guidance based on ACT, a family mental health protection network can be constructed to reduce the incidence of mental disorders in children and adolescents.

Authors Contribution

All the authors contributed equally and their names were listed in alphabetical order.

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