Maternal Parenting Style and Depression in Adolescents with Divorced Parents: The Mediating Roles of Cognitive Triad and Emotion Regulation Difficulties

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Abstract

Parental divorce is one of the factors that influences depression in adolescents. It is necessary to examine the mechanisms that cause depression in adolescents from divorced families. Several studies have examined the impact of negative parenting on adolescent depression through cognitive factors and emotional regulation. However, none have investigated both factors simultaneously. This study addressed this research gap by examining the influence of maternal rejection and maternal psychological control on depression in adolescents from divorced family through the cognitive triad and emotional regulation difficulties. Respondents in this study were 227 adolescents, both boys and girls, aged 12-19 years, who had experienced their parents' divorce, and lived with their mothers. Respondents completed the Children's Depression Inventory, Psychological Control Scale-Youth Self Report, Children-Parenting Acceptance-Rejection Questionnaire, Cognitive Triad Inventory-Children, and Difficulties Emotion Regulation Scale. Multivariate path analysis was used to examine the relationships between the study variables. The structural model demonstrated an adequate fit, $\chi^2(df=2)=5.298$, $p=0.071$, CFI=0.994, TLI=0.968, RMSEA=0.084 (90% CI [0.00, 0.18]), and SRMR=0.041. Maternal rejection was found to influence depression primarily indirectly through the cognitive triad ($\beta\_ind=0.215$, 95%CI [0.15, 0.28]), whereas maternal psychological control was indirectly associated with depression via emotion regulation difficulties ($\beta\_ind=0.08$, 95%CI [0.04, 0.12]). The model accounted for 60.5% of the variance in depression. These findings underscore the importance of cognitive-based interventions in the context of maternal rejection and emotion regulation training in the context of maternal psychological control.The findings of this study can help develop intervention programs for adolescents and parents in the context of divorced families and various related parties. This study offers findings that can be implemented in future studies.

Keywords: Depression; cognitive triad; emotional regulation; divorced; rejection; psychological control.

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Introduction

Depression in adolescents was among the top ten causes of years lived with disability (YLDs) were level 3 globally (Kassebaum et al., 2019). Adolescents who experience depression have been reported to experience more psychosocial problems in adulthood (Clayborne et al., 2019) than those who are not depressed (Jonsson et al., 2011).

Depression is a complex transaction between psychological factors in the form of cognitive, emotional, behavioral, and social factors such as parental care and life stress (Hammen, 2018). A negative life event that may impact adolescents is parental divorce (Amato, 2000; Shimkowski et al., 2018; Lamela & Figueiredo, 2017). Meta-analyses have shown a significant relationship between parental divorce and depression in the offspring (Sands et al., 2017; Auersperg et al., 2019). Adolescents who experience parental divorce have higher levels of depression, including a higher risk of depression recurrence and an increased risk of transitioning to bipolar disorder in adulthood (Obeid et al., 2021; Bohman et al., 2017).

Parental divorce causes prolonged marital conflict and stress, which ultimately affect the care of children (van Dijk et al., 2020). Post-divorce parenting has been found to affect children's mental health (Sigal et al., 2013). There are two types of parenting continua: acceptance-rejection parenting (Rohner, 2004), and autonomy versus control parenting (Drake & Ginsburg, 2012). Single mothers are more likely to engage in rejecting behavior and psychological control over their children than mothers who raise their children with their partners (Amato, 1993). Both rejection and psychological control of parents are significantly associated with depression (Fox et al., 2023; Rothenberg et al., 2022; Romm et al., 2020).

This study is building upon existing research that has indirectly examined the influence of maternal rejection and maternal psychological control on adolescent depression by investigating their effects through various mediating variables. In this case, cognitive vulnerability and emotional regulation are the mediating variables used. Soenens et al. (2008) and Ha and Jue (2018) have identified pathways through which parental psychological control impacts adolescents' self-criticism and emotional regulation. Rohner & Khaleque (2010) found that parental rejection is associated with negative self-views, emotional instability, and emotional unresponsiveness in adolescents.

According to PARTheory (Rohner & Khaleque, 2010)**,** maternal rejection contributes to the development of negative self-conceptions, which subsequently extend to pessimistic perceptions of both the world and the future. Children tend to internalize such rejection as evidence of their unworthiness of love, particularly when it originates from the mother—a primary figure expected to serve as the foundation for identity formation and cognitive self-beliefs. Persistent experiences of rejection reinforce these maladaptive schemas, rendering them resistant to modification. Moreover, maternal rejection has been shown to play a significant role in the emergence of emotional dysregulation in children. The greater the difficulties parents experience in regulating their emotions, the more likely they are to engage in negative parenting behaviors (Zimmer-Gembeck et al., 2022)**.** As Morris et al. (2007) has argued, children's capacity for emotion regulation is strongly shaped by parenting practices through modeling processes.

Parental psychological control, like maternal rejection, significantly contributes to the development of negative self-concept and emotion dysregulation in adolescents. Psychological control refers to parental behaviors that manipulate children's emotional experiences and foster dependency, thereby facilitating parental dominance over the child's psychological functioning. Such control disrupts the child's ability to recognize and express emotions in a healthy manner, impeding the development of autonomous emotion regulation (Barber, 1996). Children subjected to persistent emotional manipulation may fail to acquire independent emotional coping strategies. Moreover, psychological control has been shown to undermine self-esteem and personal identity formation (Cao et al., 2025)**.**

Although both maternal rejection and psychological control are associated with adverse outcomes such as negative cognition and emotional dysregulation, it remains unclear which of these parenting styles exerts a stronger influence on each respective domain. Previous studies have examined the influence of negative parenting on adolescent mental health through cognitive factors and emotional regulation, to date, no study has simultaneously examined two parallel pathways (cognitive triad vs. emotion regulation difficulties) among Indonesian adolescents following parental divorce, while differentiating between two forms of negative parenting (maternal rejection vs. psychological control).

This study aims to examine the role of cognitive vulnerability and emotional regulation in mediating the impact of negative parenting on depression in adolescents from divorced families. However, parental divorce is a type of chronic and episodic stressful experience that can interfere with the development of children's adaptive cognitive styles, leading to the emergence of children's cognitive vulnerability to depression (Hamilton et al., 2016) and can give rise to negative emotions in children, which ultimately cause emotional and behavioral problems (Lee, 2001). By investigating the relationship between these factors in the context of parental divorce, this study addresses concerns regarding the generalizability of previous findings across countries and settings, as raised by (van de Vijver and Leung, 1997). This adds strength to this study and contributes to a better understanding of how various factors interact to influence mental health, especially depression in adolescents in Indonesia.

In this study, the model developed is a cognitive triad and emotional regulation that function as parallel mediators shaped by maternal rejection and psychological control. It is expected that answering these research questions will determine the function of the strongest mediator that connects parenting and depression in adolescents who experience parental divorce, and will enable us to compare the direct and indirect influence of maternal care on adolescent depression. The results of this research may be used as a priority reference for developing interventions focusing on positive parenting education or the mediator function**.**

Hypotheses:
H1: Maternal rejection positively predicts depression, through a decrease in cognitive triad and an increase in emotion regulation difficulties in adolescents experiencing parental divorce.

H2: Maternal psychological control positively predicts depression, through a decrease in cognitive triad and an increase in emotion regulation difficulties in adolescents experiencing parental divorce.

Method

Research Design
This study is a correlational cross-sectional study with path analysis.

Respondents
Data for this study were collected in March 2023. The participants consisted of 227 adolescents aged 12–19 years (M = 16.19, SD = 1.8), with 81% identifying as female. They were recruited from various regions in Indonesia and shared several characteristics: all lived with their mothers and had experienced parental divorce—either with a finalized court decision or while their parents were still in the process of legal separation. The exclusion criteria included adolescents who alternated living between their mother's and father's homes, as well as those enrolled in inclusive education classes (special classes provided for students with specific conditions). Participants were selected using a purposive sampling technique. The number of research

respondents is determined based on the number of parameters in the model. According to Kline (2014), an adequate sample size for SEM or Path analysis is 10 times the number of parameters considered in a model, although 20 times the number of parameters is preferable. The depression model in this study (Figure 1) has 12 parameters, so according to Kline (2014), the minimum number of respondents should be between 120 and 240 adolescents.

Procedure

Data were collected through two channels: schools and digital community. In schools, the researcher collaborated with school authorities to distribute parental consent links. Afterward, the questionnaire was shared with all students in the class without exception, while still respecting each individual's right to decline participation. Only students who had obtained parental consent and voluntarily agreed to participate were asked to complete the questionnaire through the provided link. For data collection through digital communities, the researcher sought assistance from these communities to periodically share the questionnaire link via the Instagram Story feature on their social media accounts. The online questionnaire consisted of two consent stages: the first was parental consent (assent), and the second was the respondent's own consent. Only respondents who had fulfilled both consent requirements were allowed to proceed with completing the questionnaire. Data is collected online using the G-form. The research obtained Ethical Clearance approvement from the Surabaya University Research Ethics Committee 119A/KE/X/2022. Obtaining responses from schools and digital communities can be seen in Table 1.

Table 1

The number of respondents from schools and digital community

Respondents	Schools	Digital Community
Completed questionnaire	1393	225
Did not meet research criteria	1308	83
Meet research criteria	85	142
Total respondents in this study	227	

Measurements

Children Depression Inventory (CDI)

The CDI used in this research has been adapted for children and adolescents aged 7-19 years in Indonesia (Widhiarso & Retnowati, 2011) with reliability values of Cronbach's α=.746 (n=2.987). The CDI is a 27-item self-reported measure of depressive symptoms, with higher scores indicating more severe depression symptoms. Each item has three answer choices, each of which has a score of 0, 1, 2. A score of 0 indicates minimal symptoms, and a score of 2 indicates major symptoms. The author has also carried out confirmatory factor analysis (CFA) with the results of Root Mean Square Error of Approximation (RMSEA)=0.054, CFI=0.94, and composite reliability (CR) per subscales were 0.889. The reliability of CDI has been tested in this sample, with Cronbach's α of 0.819.

Children Parental Acceptance Rejection Questionnaire (Child-PARQ)(Rohner & Ali, 2016)

The Child-PARQ used in this research has been adapted in Indonesia (Bongso, 2020) with reliability values of Cronbach's α=0.941. The Child-PARQ is a 24-item scale divided into four dimensions: warmth/affection (8 items), hostility/aggression (6 items), indifference/neglect (6 items), and undifferentiated rejection (4 items). The scoring method begins by reversing the score of each item on the warmth/affection scale and item 13 on the indifference/neglect dimension and is continued by adding the total. The author has also carried out confirmatory factor analysis

(CFA) with the results of Root Mean Square Error of Approximation (RMSEA)=0.064, CFI=0.98, and composite reliability (CR)=0.78-0.89. The reliability of Child-PARQ has been tested in this sample, with Cronbach's α of 0.938, while for four subscales of warmth/affection, hostility/aggression, indifference/neglect, and undifferentiated rejection, Cronbach's α were 0.884, 0.851, 0.741and 0.847.

Psychological Control Scale-Youth Self Report (PCS-YSR) (Barber, 1996)
The PCS-YSR is an 18-item measure of maternal psychological control. The higher the score, the stronger the mother's psychological control over her child. The PCS-YSR has an internal consistency of Cronbach's α=0.79 for boys and α=0.75 for girls (Luebbe et al., 2014). Each item has a range of response options (1: not like my mother, 2: sometimes like my mother, and 3: very like my mother). Examples of items are "My mother often interrupts me" and "My mother blames me for problems that occur with family members." The scoring method is to add up the scores for all the items. A higher score indicates a stronger psychological control the mother has over her child. The author has adapted this measurement to Indonesian teenagers aged 12-18 years from divorced parents, obtaining a Content Validity Index Scale (S-CVI) value=0.93–1.00. The author has also carried out confirmatory factor analysis (CFA) with the results of Root Mean Square Error of Approximation (RMSEA)=0.072, CFI=0.95, and composite reliability (CR)=0.834. The reliability of PCS-YSR has been tested in this sample, with Cronbach's α of 0.862.

Cognitive Triad Inventory for Children (CTI-C) (Kaslow et al., 1992)
The CTI-C is a 36-item self-reported measure of the cognitive triad. The CTI-C has three subscales: views of self, world, and future. Items were divided into positive cognitions, such as "I like myself," and negative cognitions, such as "I am a failure." The scoring method reverses the scores of negative items (negative cognitions), and the overall scores are summed (Kaslow et al., 1992). The lower the total score, the more negative the cognitive triad; conversely, the higher the total score, the more positive the cognitive triad. The CTI-C has an internal consistency of Cronbach's α=0.69-0.85 (Kaslow et al., 1992). The author has adapted this measurement to Indonesian teenagers aged 12-18 years from divorced parents, obtaining a Content Validity Index Scale (S-CVI) value=0.96-1.00. The author has also carried out confirmatory factor analysis (CFA) with the results of RMSEA=0.053, CFI=0.97, and composite reliability (CR)=0.836-0.880. The reliability of CTI-C has been tested in this sample, with Cronbach's α of 0.922, while for three subscales of the views of self, world, and future, Cronbach's α were 0.841, 0.820, and 0.824.

Difficulties Emotion Regulation Scale (Victor & Klonsky, 2016)
This study employed the five-factor version of the Difficulties in Emotion Regulation Scale (DERS), which includes the following dimensions: lack of emotional clarity (Clarity), difficulties engaging in goal-directed behavior (Goal), impulse control difficulties (Impulse Control), nonacceptance of emotional responses (Nonacceptance), and limited access to emotion regulation strategies (Strategies). The instrument consists of 15 items rated on a five-point Likert scale ranging from 1 ("almost never") to 5 ("almost always"), with intermediate options representing "sometimes" (2), "half the time" (3), and "almost all of the time" (4). Lower total scores indicate fewer emotion regulation difficulties, whereas higher scores reflect higher emotion regulation difficulties. The author has also carried out confirmatory factor analysis (CFA) with the results of Root Mean Square Error of Approximation (RMSEA)=0.065, CFI=0.97, and composite reliability (CR)=0.710-0.911. The reliability of DERS has been tested in this sample, with Cronbach's α of 0.910, while for five subscales of clarity, goal, impulse control, nonacceptance, and strategies, Cronbach's α were 0.862, 0.817, 0.905, 0.672, and 0.737.

Data Analysis

The model was analyzed using R Studio software. This study used multivariate path analysis with Robust Maximum Likelihood estimation to test the conceptual model using R Studio. The Robust Maximum Likelihood method was employed due to the results of the normality test indicating that the sample did not meet the assumption of normality. The final model was established through an iterative process of model fit adjustment. To examine the presence of mediation effects, a bootstrap approach was employed with 5,000 resampling iterations. This procedure yielded 95% confidence intervals for each estimated effect. Mediation effects were considered statistically significant when the corresponding p-values were below the 0.05 threshold.

Results

Respondents

The research participants were female (81%) and male (19%), with ages ranging from 12 to 19 years (M=16.19, SD=1.8). Most respondents were between 16 and 17 years old (40%), enrolled in 12th grade (35%), and currently living solely with their biological mother (80%). Participants originated from various regions across Indonesia, including Sumatra, Java, Kalimantan, Sulawesi, Bali, and Nusa Tenggara, with the highest proportion coming from the island of Java (50.2%), specifically from the city of Surabaya. More detailed participant characteristics are presented in Table 2.

Table 2

Characteristics of respondents (n=227)

Characteristics	***n* (%)**
Gender	
Male	44 (19)
Female	183 (81)
Age (Mean = 16.9; SD = 1.8)	
12 – 13	27 (12)
14 – 15	45 (20)
16 – 17	91 (40)
18 – 19	64 (28)
Education	
Junior high school	79 (34.8)
Senior high school	148 (65.2)
Mother Employment	
Work	162 (71)
Does not work	65 (29)
Residence	
Biological mother	182 (80)
Biological mother and stepfather	29 (13)
Biological mother and maternal family	16 (7)
Age at Parental Divorce	
1 – 5	64 (28.2)
6 – 9	52 (22.9)
10 – 13	51 (22.5)
14 – 17	42 (18.5)
18 - 19	2 (0.9)
No data	16 (7.0)
Duration of parental divorce	
0 - 1	17 (7)
2 - 5	68 (30)
6 - 10	60 (26)

Characteristics	*n* (%)
11 - 15	54 (24)
≥ 16	11 (5)
No data	17 (7)
Parents' Marital Status Post-Divorce	
Legal divorced (Father and mother, each remarried)	82 (36.1)
Legal divorced (Father remarried, mother not remarried)	61 (26.9)
Legal divorced (neither father nor mother remarried)	37 (16.3)
Father and Mother separated from their house but were not officially divorced	25 (11)
Legal divorced (Mother remarried, father not remarried)	16 (7)
Legal divorced (Father died after divorce and mother did not remarry)	2 (0.8)
Not yet officially divorced but father has remarried and mother is not married	1 (0.4)
Legal divorced (Father is no longer married and mother is just about to get married)	1 (0.4)
Legal divorced (Father had an unregistered marriage before divorce, Mother did not remarry)	1 (0.4)
Legal divorced (Mother is not remarried and father does not know her status)	1 (0.4)

Assumption Testing

The results indicated a Chi-square value for skewness and kurtosis of 30.643 with a significance level of $p = 0.000$. Given that $p < 0.05$, it was concluded that the data did not follow a multivariate normal distribution. All predictor variables demonstrated a linear relationship with the outcome variable, as reflected by the significance values ($p < 0.05$) (see Table 4).

Table 4

The results of the linearity test

Variable	F	p-value
CTI – CDI	244,628	0,000
DERS – CDI	95,032	0,000
PARQ – CDI	82,058	0,000
PCS – CDI	72,239	0,000
PARQ – CTI	51,009	0,000
PCS – CTI	37,927	0,000
PARQ – DERS	28,973	0,000
PARQ - DERS	39,239	0,000

Table 5

Multicollinearity Test

Model	Collinearity Statistics	
	Tolerance	VIF
PARQ	0,422	2,368
PCS	0,427	2,341
CTI	0,705	1,419
DERS	0,738	1,354

Since the data did not meet the assumption of multivariate normality (χ^2_s-k = 30.64, $p < .001$), we employed Robust Maximum Likelihood (MLR). Mediation effects were estimated using bootstrap resampling with 5,000 iterations and 95% bias-corrected confidence intervals.

Missing data handling

Data collection was conducted using a Google Form specifically designed to ensure that all respondents completed every item across all scales without exception. Consequently, the dataset contained no missing values in this study.

Model analysis

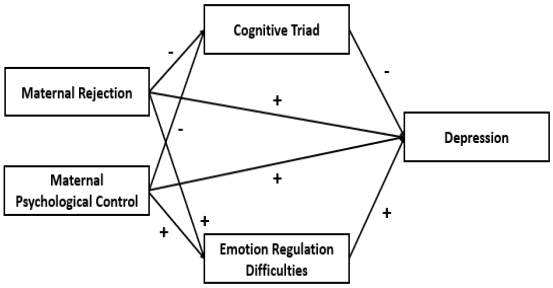

Fig. 1. The hypothetical model of path analysis of depression

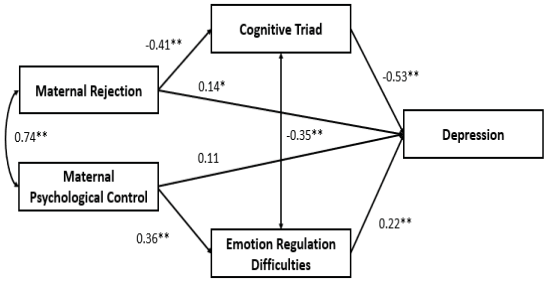

Fig. 2. The final path analysis of depression

The initial model was specified based on theoretical assumptions and included all hypothesized paths. However, several paths were found to be statistically non-significant and were subsequently trimmed to improve model parsimony. Specifically, these paths included (1) maternal rejection to difficulties in emotion regulation and (2) maternal psychological control to the cognitive triad. The removal of these paths was informed by theoretical considerations and prior empirical findings, which suggest that maternal rejection exerts a stronger influence on cognitive aspects than on emotional aspects, whereas maternal psychological control is more strongly associated with emotional rather than cognitive outcomes. The path from maternal psychological control to depression was retained, as previous studies have consistently demonstrated its significant role in the development of depressive symptoms in children. The final trimmed model yielded improved several fit indices. Regarding the path model analysis, the final model demonstrated an acceptable fit with $\chi^2(2) = 5.298$, $p = 0.071$; *CFI = 0.994; TLI = 0.968; AGFI = 0.932; RMSEA = 0.084, 90% CI [0.000, 0.176]; SRMR = 0.041* (Table 6). Nevertheless, caution is warranted concerning the RMSEA, given the relatively wide confidence interval. The reliability of RMSEA decreases when applied to models with limited degrees of freedom, under which conditions the confidence interval tends to become excessively broad, requiring careful interpretation (Kenny et al., 2015). Therefore, it is recommended that model evaluation also rely on alternative fit indices, including SRMR, CFI/TLI, and the χ^2 test. In the present study, these indices—SRMR, CFI/TLI, and the χ^2 test—consistently indicated a satisfactory model fit.

Figure 2 demonstrates that maternal rejection exhibited a significant direct effect on cognitive triad *(β=-0.409, p=0.000)* and exerted both a significant direct effect *(β=0.142, p=0.041)* and a significant indirect effect on depression *(β=0.215, p=0.000)*, with the indirect effect being more substantial than the direct effect. This finding suggests that the cognitive triad serves as a partial mediator in the relationship between maternal rejection and depression.

Maternal psychological control exhibited a significant indirect effect on emotion regulation difficulties *(β=0.361, p=0.000)*, but not on depression. This indicates that emotion regulation difficulties function as a full mediator linking maternal psychological control to depression.

Both the cognitive triad and emotion regulation difficulties had significant direct effects on depression *(β=-0.526, p=0.000* for cognitive triad, *β=0.220, p=0.000* for emotion regulation difficulties). Furthermore, these two constructs were found to be correlated in relation to depression *(r=-0.351)*. This implies that, in addition to their respective direct influences, the cognitive triad and emotion regulation difficulties interact in contributing to depressive symptoms.

The coefficient of determination (R^2) in the structural equation indicates the proportion of variance in the endogenous variable that is simultaneously explained by the exogenous variables and other endogenous variables. A higher R^2 value reflects a greater explanatory power of these variables on the endogenous construct. The structural equation for depression yielded an R^2 value of 0.605, suggesting that 60.5% of the variance in depression can be explained by cognitive triad, emotion regulation difficulties, and maternal rejection, while the remaining 39.5% is attributed to other unmeasured variables. The structural equation for the cognitive triad showed an R^2 of 0.167, indicating that only 16.7% of its variance is explained by maternal rejection, with the remaining 83.3% accounted for by other factors. Meanwhile, the structural equation for emotion regulation difficulties revealed an R^2 of 0.13, meaning that only 13% of its variance is explained by maternal psychological control, whereas 87% is explained by other variables beyond it (Table 7).

Findings of the Pearson correlation (Table 5) indicated for maternal rejection was related to maternal psychological control (*r*=0.743, p<.01), the cognitive triad (r=-0.43, p<0.01), emotion regulation difficulties (*r*=0.338, *p*=0.01), and depression (*r*=0.517, *p*<0.01). Maternal psychological control was related to the cognitive triad (*r*=-0.38, *p*<0.01), emotion regulation difficulties (*r*=0.385, *p*=0.01), and depression (*r*=0.493, *p*<.01). Cognitive triad was related to emotion regulation difficulties (*r*=-0.457, <.01) and depression (*r*=-0.722, *p*<0.01). Difficulties in emotion regulation were related to depression (*r*=0.545, *p*<0.01).

Table 5
Means, standard deviations, and correlations among the study variables

	1	2	3	4	5	Mean	SD
1. Maternal rejection	-					*2,50*	*0,99*
2. Maternal psychological control	0,743**	-				*2,56*	*0,73*
3. Cognitive triad	-0,430**	-0,380**	-			*2,73*	*0,48*
4. Emotion regulation difficulties	0,338**	0,385**	-0,457**	-		*4,37*	*1,36*
5. Depression	0,517**	0,493**	-0,722**	0,545**	-	*3,16*	*0,58*

** p < .01

Table 6
Goodness of fit indices for the model

Index	RMSEA (90% CI)	SRMR	CFI	TLI	GFI	AGFI	χ^2(df)
	0.084 [0.000, 0.176]	0.041	0.994	0.968	0.991	0.932	5.298, p = 0.071

RMSEA: *Root Mean Square Error of Approximation;* SRMR: *Standardized Root Mean Square Residual;* CFI: *Comparative Fit Index*
TLI: *Tucker-Lewis Index*; GFI: *Goodness of Fit Index*; AGFI: *Adjusted Goodness of Fit Index*

Table 7
Path estimates and R^2

Path	R^2
Maternal Rejection → Cognitive Triad	0.167
Maternal Psychological Control → Emotion Regulation Difficulties	0.130
Cognitive Triad → Depression Emotion Regulation Difficulties → Depression Maternal Rejection → Depression Maternal Psychological Control → Depression	0.605

Table 8
Standardized direct, indirect, and total effect (n=227)

Pathway	Estimate/β	SE	z	p	Bootstrapped C.I
PARQ → CTI	-0.409	0.058	-7.082	0.000	[-0.522, -0.296]
CTI → CDI	-0.526	0.042	-12.393	0.000	[-0.609, -0.433]
PARQ → CDI (Direct)	0.142	0.070	2.025	0.041	[0.005, 0.280]
PARQ → CTI → CDI (Indirect)	0.215	0.035	6.142	0.000	[0.146, 0.284]
PARQ → CDI (Total)	0.357	0.078	4.576	0.000	[0.204, 0.510]
PCS → DERS	0.361	0.055	6.596	0.000	[0.254, 0.468]
DERS → CDI	0.220	0.046	4.739	0.000	[0.129, 0.311]
PCS → CDI (Direct)	0.109	0.069	1.585	0.116	[-0.026, 0.245]
PCS → DERS → CDI (Indirect)	0.079	0.021	3.873	0.000	[0.039, 0.120]
PCS → CDI (Total)	0.189	0.072	2.611	0.009	[0.047, 0.329]
CTI ↔ DERS	-0.351	0.055	-6.348	0.000	[-0.459, -0.242]
PARQ ↔ PCS	0.743	0.030	24.774	0.000	[0.648, 0.802]

PARQ: Parental Acceptance Rejection Questionnaire; PCS: Psychological Control Scale; CTI: Cognitive Triad Inventory; DERS: Difficulties Emotion Regulation Scale; CDI: Children Depression Inventory

Final model: *$\chi^2(2)=5.298$, $p=0.071$, CFI=0.994, TLI=0.968, RMSEA=0.084, 90% CI [0.000, 0.176], SRMR=0.041*. The indirect effect *Rejection → Triad → Depression* was significant, *β=0.215, 95% CI [0.131, 0.318]*. Meanwhile, the indirect effect *Control → DERS → Depression* was *β = 0.080, 95% CI [0.033, 0.155]* (Tabel 8).

Table 9
Goodness of fit indices for the model (male and female)

Gender	RMSEA (90% CI)	SRMR	CFI	TLI	GFI	AGFI	χ^2(df)
Male (n=44)	0.120 [0.000, 0.317]	0.057	0.989	0.947	0.975	0.816	3.612, p = 0.164
Female (n=183)	0.056 [0.000, 0.166]	0.034	0.997	0.984	0.993	0.949	3.125. p = 0.210

Given the unequal sample sizes in this study, the researchers opted not to conduct a multigroup analysis between male and female adolescents. Instead, the structural model was evaluated separately for each group. The male subgroup, consisting of only 44 respondents, yielded a model

with poor fit—specifically, an RMSEA value exceeding *1.00*—despite other fit indices indicating acceptable levels (Table 9). Due to this substantial misfit, measurement invariance testing could not be validly pursued, and cross-group comparisons were deemed methodologically inappropriate.

Discussion

This study examined a model investigating the influence of maternal rejection and maternal psychological control on adolescent depression, mediated by the cognitive triad and emotion regulation difficulties, among adolescents experiencing parental divorce. Two distinct pathways were identified in the model: (1) Maternal rejection influences depression through the cognitive triad, whereby negative automatic thoughts concerning the self, the world, and the future mediate the relationship. (2) Maternal psychological control affects depression through emotion regulation difficulties, indicating that maternal psychological control undermines adolescents' ability to manage emotions effectively, thereby increasing vulnerability to depressive symptoms.

Maternal Rejection Influences Depression Through the Cognitive Triad

The resulting model shows that maternal rejection directly influences depression through the cognitive triad but not through elmotional regulation difficulties (Figure 2). Maternal rejection can lower self-esteem and increase feelings of helplessness (Ramírez-Uclés et al., 2018), which can form the basis of negative self-schema in children. Adolescents consider themselves a nuisance in their parents' lives, believing that no one else would want to accept them and that they deserve to be treated negatively, leading to low self-esteem.

In Indonesia, many divorce cases are rooted in economic hardship, which often places women in the role of head of household. In such circumstances, mothers frequently have to struggle on their own to meet financial needs, leaving very limited time to spend with their children. Amid these economic pressures, they also face social stigma associated with being divorced women, along with interference from extended family members—a common feature in local culture—that can even trigger marital conflict. This accumulation of stress can impair a mother's ability to carry out her parenting role effectively. Under emotional strain, some mothers may begin to neglect their children's psychological needs, perceive them as burdens, or even exhibit harmful behavior. Such conditions may lead to negative parenting patterns, including forms of parental rejection.

Ripoll-Núñez & Carrillo (2016) stated that adolescents' perceived maternal rejection may lead to the development of negative and maladaptive mental representations of the self, the future, and the world, especially when hostility and criticism are sustained over time. Under such conditions, adolescents tend to internalize blame when encountering negative events. The beliefs adolescents form about themselves are shaped by their perceptions of the world and their future.

When adolescents perceive their environment or the world around them as hostile, neglectful, or rejecting of their existence, these negative perceptions are likely to influence the development of similarly negative beliefs. Moreover, the absence of perceived positive opportunities in the present further impact adolescents' expectations for the future (Emam et al., 2021). This negative view of the self, the future, and the world is referred to as the negative cognitive triad (Kaslow et al., 1992). The three cognitive schemas within the triad operate simultaneously to interpret, evaluate, and respond to life events (Beck & Bredemeier, 2016). Negative thoughts about the self, the world, and one's surroundings elicit negative emotions (Beck, as cited in Abramson et al.,

2002), which, when prolonged and intense, may increase the risk of depressive. According to Beck's causal chain theory Abramson et al. (2002), a child's negative self-schema interacts with negative life events (in this case, parents' divorce) to form cognitive distortions that continue to become negative cognitive triads, which then develop into depressive symptoms (Goodman et al., 2020; Burkhouse et al., 2012; Schwartz et al., 2012).

Maternal rejection did not have a significant effect on emotional difficulties because it is suspected that the impact of maternal rejection on children's emotional regulation is not permanent throughout their lifespan. Manzeske and Stright (2009) stated that, as one gets older, maternal rejection no longer significantly affects emotional regulation, especially when a person enters adulthood. In other words, as we get older, the impact of maternal rejection on emotional regulation gradually decreases and becomes more influenced by factors in the surrounding environment outside of family factors. Another ideation is that the mother's neglect of the child's existence, such as lack of care, attention, and time for the child, allows adolescents to learn how to regulate their emotions through the surrounding environment. According to Brenning et al. (2012), adolescents who feel more freedom and independence are encouraged to seek social experiences and practice emotion regulation skills.

Maternal Psychological Control Influences Depression Through the Emotional Regulation Difficulties
The resulting model showed that maternal psychological control influences depression only through emotional regulation difficulties and not through the cognitive triad (Figure 2). Psychological control refers to negative parenting that manipulates children's psychological and emotional experiences to obtain children's obedience to their parents (Barber, 1996; Soenens and Vansteenkiste, 2010). Maternal psychological control is a significant predictor of adolescents' negative emotion dysregulation (Luebbe et al., 2014). Parental psychological control can create an adverse family emotional climate that can give rise to feelings of insecurity, difficulty recognizing and expressing negative emotions, and difficulty finding appropriate strategies to regulate emotions in adolescents (Morris et al., 2007).

Mothers who engage in psychologically controlling parenting tend to act as if they are fully aware of their children's thoughts and feelings and attempt to regulate how their children think and feel in accordance with their own expectations. As a result, children are not given the opportunity to recognize their own emotional experiences or to act according to their own thoughts and judgments. The emotional burden adolescents face during the transition from childhood to adolescence—compounded by the stress of parental divorce—becomes invalidated. Consequently, the child may struggle to accurately identify their emotional state and lack the strategies needed to manage those emotions effectively.

Psychological control is also characterized by rapid shifts in maternal emotional expression. A sudden switch from caring behaviors to hostile actions places adolescents in a state of uncertainty, making it difficult for them to predict their mother's behavior and thereby weakening their anticipatory coping skills. On the other hand, such abrupt emotional changes may serve as behavioral models for the child. As noted by (Morris et al., 2007), a child's emotion regulation capacity is closely influenced by the mother's own emotion regulation abilities.

Another manifestation of maternal psychological control includes emotional threats, such as suggesting that maternal love will be withdrawn if the child fails to meet her expectations. This form of conditional affection results in coerced compliance and often elicits intense negative

emotions such as anger, sadness, and disappointment. Simultaneously, the child may feel fearful of losing their mother's love. These conflicting emotional experiences may lead to chronic internal conflict. In the present study, all respondents lived solely with their mothers, with 80% residing without any other family members. Consequently, the mother becomes the adolescent's only source of emotional support. Regardless of the circumstances, adolescents still have a profound need for parental love and affection—particularly from the mother—making the threat of maternal love withdrawal a significant source of psychological distress and emotional instability (Barber, 1996).

Mothers who employ psychological control may also blame their children for causing emotional harm to the family (Barber, 1996). Consistent use of guilt induction, such as suggesting that the child is responsible for the family's difficulties, reinforces self-blame. This may lead the child to internalize blame for the parental divorce and other perceived failures, thereby intensifying the experience of negative emotions.

The various consequences of maternal psychological control can lead to emotion regulation difficulties in adolescents. According to Gratz & Roemer (2008), adolescents are considered to have emotion regulation difficulties when they are unable to identify or understand their negative emotions, fail to accept these emotions, struggle to manage them, are unable to engage in goal-directed behavior while emotionally distressed, and respond impulsively to negative emotions. The negative emotions resulting from maternal psychological control may intensify and persist over time, ultimately increasing the risk of depression in adolescents (Poon et al., 2016; van Kleef et al., 2022; Herres et al., 2021). These emotional difficulties are not solely the result of psychological control but are also exacerbated by the long-term stress associated with parental divorce

Parental psychological control suppresses children's emotion regulation strategies and expressions, ultimately resulting in depression (Ha and Jue, 2018). Difficulty in regulating emotions risks the development of depressive symptoms (Gonçalves et al., 2019; Lydon-Staley et al., 2019; Trent et al., 2019; Hamilton et al., 2016; Sendzik et al., 2017). Maternal psychological control did not have a significant effect on adolescents' cognitive triad, presumably because strict maternal psychological control may cause adolescents to increasingly control themselves to fulfil their mothers' wishes and avoid worse consequences. Such parenting can indeed cause adolescents to have a poor self-concept (Barber, 1996)**,** but can also shape adolescents as individuals with high self-control. According to Bai et al., (2020) maternal psychological control can directly and positively affect adolescent self-control. High self-control is related to self-mastery, which contributes to the formation of a positive cognitive triad among adolescents (Li et al., 2023).

The structural equation for depression yielded an R^2 value of 0.605, suggesting that 60.5% of the variance in depression can be explained by cognitive triad, emotion regulation difficulties, and maternal rejection. The cognitive triad—comprising negative perceptions of the self, the environment, and the future—is a core element of Beck's cognitive model of depression. These three domains mutually reinforce one another, fostering a persistent pessimistic mindset that heightens vulnerability to depressive symptoms. In the context of parental divorce, which often involves conflict and emotionally painful experiences, the triad tends to activate biased interpretations and intensify feelings of helplessness and hopelessness. Emotion regulation difficulties also play a critical role in the development of depression. Adolescents exposed to emotionally stressful family environments may experience heightened negative affect, which, if

not managed adaptively, can lead to depressive symptoms. Maternal rejection further contributes to the emergence of depression in adolescents from divorced families, particularly when the sole remaining caregiver fails to provide emotional support and instead exhibits rejecting behaviors.

Comparison of Two Mediating Pathways to Depression

The findings demonstrate that the cognitive pathway exerts a substantially stronger influence on depression *(β = –0.53)* compared to the emotional pathway *(β = 0.22)*, indicating that negative thought processes play a more prominent role in shaping depressive symptoms than emotional responses. In line with Beck's Causal Chain theory, depressive symptoms are driven by automatic thoughts characterized by negative views of the self, the world, and the future—commonly referred to as the negative cognitive triad. This triad emerges as a consequence of cognitive distortions stemming from maladaptive schemas or dysfunctional attitudes that are activated by adverse life events (Abramson et al. (2002). Beck posited that the negative cognitive triad constitutes a core feature of all forms of depression, implying that diverse symptom domains—including somatic disturbances (e.g., sleep and appetite problems), motivational deficits (e.g., social withdrawal), and affective manifestations (e.g., intense sadness)—are responses to the cognitive triad. Once an individual develops a negative cognitive triad, depressive symptoms are likely to emerge and persist.

Cognitive Triad and Emotion Regulation: Interconnected Pathways to Depression

Cognition and emotion interact dynamically, jointly contributing to the development of depressive symptoms (Joormann & Gotlib, 2010; Villalobos et al., 2021; Gao et al., 2022). Emotion dysregulation is strongly associated with cognitive deficits, particularly impairments in cognitive control and the presence of cognitive biases. These mechanisms interact to exacerbate and perpetuate depressive symptomatology. Cognitive biases—such as negative attention bias, interpretation bias, and self-referential bias—systematically distort the perception and appraisal of emotional stimuli, thereby reinforcing maladaptive cognitive patterns. Consequently, individuals may exhibit an excessive focus on failures and criticism, develop distorted interpretations of social cues and events, and encounter difficulties in envisioning positive future outcomes. As the negative cognitive triad becomes more entrenched, the capacity for effective emotion regulation diminishes. Persistent negative appraisals of the self, the environment, and the future intensify negative affective states and emotional reactivity, obstructing adaptive regulatory processes and further promoting maladaptive strategies such as emotional suppression. Conversely, individuals with poor emotion regulation often experience heightened feelings of shame, guilt, and helplessness. These emotional states reinforce maladaptive beliefs such as perceiving oneself as a failure. Furthermore, difficulties emotion regulation can lead to the negative interpretation of neutral situations, fostering the belief that the world is inherently unjust. Prolonged emotional distress also impairs one's ability to envision positive outcomes or anticipate meaningful change.

Limitation

This study is subject to several limitations. First, the cross-sectional design restricts the ability to infer causal relationships between variables, as the associations observed may not reflect temporal or directional effects. Second, the use of self-reported measures may introduce social desirability bias, potentially affecting the accuracy of the responses. Third, the sample exhibited a gender imbalance, with 81% of participants identifying as female, which limits the generalizability of the findings to male populations. Forth, a portion of the data was collected through online purposive sampling, which may have introduced selection bias and reduced the representativeness of the sample relative to the broader population. Fifth, the internal consistency of the DERS

Nonacceptance subscale was relatively low (Cronbach's α = 0.672). This limitation should be acknowledged as a potential measurement constraint, and findings involving this subscale need to be interpreted with caution. Lastly, this study did not conduct a formal test for common-method bias (CMB), which should be acknowledged as a limitation. The absence of such an assessment may limit the ability to fully rule out potential bias arising from the use of self-report measures.

Conclusion

The present study's depression model indicates that both the cognitive triad and emotion regulation function as protective factors among adolescents from divorced families, with the cognitive triad exerting a comparatively stronger influence in mitigating depressive symptoms. Findings further reveal that the negative cognitive triad is shaped by maternal rejection, whereas difficulties in emotion regulation are primarily influenced by maternal psychological control. These results underscore the importance of designing targeted interventions that focus on (1) cognitive restructuring, (2) enhancement of adaptive emotion regulation strategies, and (3) the promotion of positive maternal parenting behaviors. One evidence-based intervention that aligns with these objectives is Cognitive Behavioral Therapy (CBT), which aims to identify, evaluate, and modify maladaptive thoughts through techniques such as cognitive restructuring, behavioral experiments, and thought records. Through this process, adolescents are guided to develop more adaptive cognitive patterns and improve their emotional regulation capacities. Additionally, emotion regulation training may be incorporated to equip adolescents with effective strategies for managing negative affect. To address parenting practices, parent training programs can be implemented to foster positive maternal behaviors and raise awareness about the detrimental effects of sustained negative parenting patterns.

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Ethical Statement
This research was conducted in accordance with the principles of psychological research ethics, including confidentiality, voluntary consent, and no physical or psychological risk to participants.

Informed Consent Statement
All participants provided *informed* consent prior to participating in this research. Participation was voluntary, and participants had the right to withdraw at any time without negative consequences.

Conflict of Interest
The author declares that there is no potential conflict *of interest* related to the research, writing, or publication of this article.

Data Availability
Data supporting the findings in this study are available from the first author upon reasonable request. Data are not publicly available to protect participant confidentiality in accordance with research ethics guidelines.

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Journal title	**JOURNAL OF EDUCATIONAL, HEALTH, COMMUNITY PSYCHOLOGY**
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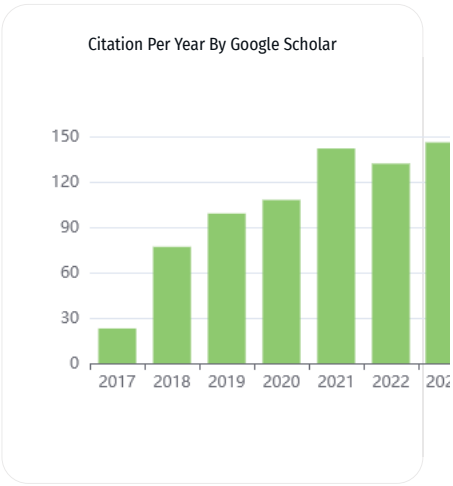

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