

The Relationship Between Parental Psychological Control and Adolescent Depression: The Mediating Role of Self-Esteem and the Moderating Role of Peer Support

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

The Introduction states that peer support “may be especially important as a protective factor when adolescents experience psychologically controlling parenting,” yet the manuscript does not sufficiently distinguish a buffering moderation hypothesis from a main-effect social support hypothesis. The authors should clarify why peer support is expected specifically to moderate the parental psychological control–depression relationship rather than mediate it or simply predict lower depression independently. The proposed mechanism should specify whether peers compensate for unmet autonomy needs, provide alternative validation, reduce social isolation, or modify adolescents’ appraisal of parental control. This conceptual clarification is necessary because the manuscript later interprets the significant interaction as evidence of a protective buffering process.

The final paragraphs of the Introduction should state formal hypotheses rather than proceeding directly from the conceptual gap to the study aim. The current final sentence—“Accordingly, the aim of the present study was to examine the relationship between parental psychological control and adolescent depressive symptoms, with self-esteem tested as a mediating mechanism and peer support examined as a moderating protective factor”—is clear but does not specify directional predictions. The authors

should explicitly hypothesize that psychological control will positively predict depressive symptoms, negatively predict self-esteem, self-esteem will negatively predict depression and partially mediate the association, and peer support will weaken the positive association between psychological control and depressive symptoms. Prespecified hypotheses would improve transparency and alignment between theory and analysis.

In Data Analysis, the authors state that “The hypothesized explanatory model was examined using regression-based mediation and moderation analysis with the PROCESS macro for SPSS,” but the exact PROCESS model number is not reported. This should be specified, along with the rationale for the chosen conditional process structure. It is currently unclear whether self-esteem mediation and peer-support moderation were tested in separate models or in a single moderated mediation model. The manuscript should precisely identify which path was moderated, whether peer support moderated the direct effect, the a-path, the b-path, or another component, and whether an index of moderated mediation was estimated. Without this information, the analytical model is not fully reproducible.

The initial paragraph of the Findings reports that “The absolute values of skewness and kurtosis for all principal study variables were below 1.00” and that multicollinearity was acceptable, but the assumptions assessment should be strengthened. The authors should report how influential observations were evaluated, including the cutoff used for Mahalanobis distance, Cook’s distance, leverage, and standardized residuals. Because participants were nested within schools and classrooms, independence of observations is also a potentially important assumption that is not addressed. If intraclass correlations were non-negligible, conventional ordinary least squares standard errors may be underestimated, and multilevel or cluster-robust analyses may be warranted.

In Table 1, internal consistency is reported exclusively using Cronbach’s alpha, with values ranging from .86 to .92. Although these values are satisfactory, the authors should consider also reporting McDonald’s omega, particularly for short scales such as the four-item peer support subscale. In addition, the table includes “Possible Range” but not observed minimum and maximum values. Reporting the observed ranges would allow readers to assess floor or ceiling effects more directly, especially for peer support, where the mean of 5.12 on a seven-point scale may suggest clustering toward higher values.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

In Study Design and Participants, the sentence “A total of 426 adolescents aged 13 to 18 years participated in the study” requires substantially more information regarding sample-size determination. The manuscript should report whether an a priori power analysis was performed for the mediation and interaction effects, including the assumed effect size, alpha level, desired power, number of predictors, and resulting minimum sample size. This is especially important because moderation effects are often smaller than main effects and require greater statistical power. Reporting only the achieved sample of 426 does not establish whether the study was adequately powered to detect the hypothesized interaction.

The Study Design and Participants section states that adolescents were recruited “from public secondary schools through a multistage cluster sampling procedure,” but essential sampling details are missing. The authors should specify the Canadian province or provinces, number of school boards approached, number of participating schools, method of school selection, number of classrooms sampled, participation rate, and reasons for nonparticipation or exclusion. Because educational systems and demographic composition differ substantially across Canada, simply describing the sample as “Canadian” is insufficient for evaluating representativeness and external validity. The manuscript should also explain whether clustering within schools or classrooms was accounted for statistically.

The sentence “Eligibility criteria included being between 13 and 18 years of age, current enrollment in a Canadian secondary school, sufficient English proficiency...” needs clarification regarding ethics and consent procedures. The manuscript should identify the approving research ethics board, approval number if available, the consent model used for minors, whether active parental consent was required for all participants under the age of majority, and how assent was obtained. Given that the study assessed depressive symptoms among minors, the authors should also report whether a safeguarding protocol was established

for participants endorsing severe depressive symptoms, suicidal ideation, or a acute distress, even if the selected depression scale did not directly function as a diagnostic tool.

In the Data Collection Tools section, the description of the “Psychological Control Scale–Youth Self-Report developed by Barber in 1996” does not clarify whether participants rated maternal control, paternal control, one nominated parent, or a combined parental construct. This is a major measurement issue because psychological control may differ meaningfully between mothers and fathers, and averaging across parents can obscure parent-specific effects. The authors should specify exactly how instructions were presented, whether separate maternal and paternal forms were administered, and how the final parental psychological control score was calculated. If adolescents evaluated only one parent, the criteria for selecting that parent must be stated.

The measurement paragraph for the Center for Epidemiologic Studies Depression Scale for Children should provide fuller psychometric and scoring information. The sentence “The scale is intended primarily as a dimensional measure of depressive symptoms rather than as an independent diagnostic instrument” is appropriate, but the authors should specify the exact scoring range, treatment of reverse-scored items, handling of missing items, and whether any recommended screening threshold was considered. Because the Findings section reports a mean depressive symptom score of 20.76, readers need sufficient information to interpret the clinical meaning of this level without mistakenly equating it with a formal diagnosis of depression.

The Peer Support Measure paragraph states that “only the four-item Friends subscale was used in the primary analyses.” The authors should justify using this subscale as a direct measure of “peer support,” because perceived support from friends and broader peer support are overlapping but not identical constructs. The manuscript should explain whether the construct is intended to represent close-friend support, friendship quality, peer-group support, or perceived social support from friends. This terminology should then be used consistently throughout the article. In addition, confirmatory evidence for treating the four items as a unidimensional moderator should be reported if available.

Authors uploaded the revised manuscript.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.