

The Role Of Perceived Maternal Autonomy Support In Predicting Adolescents' Depressive Symptoms: Insights From Self-Determination Theory

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Abstract

This study aimed to investigate the impact of maternal autonomy support on adolescents' depressive symptoms through the framework of Self-Determination Theory. This theory posits that experiencing autonomy support in close relationships enhances the mental well-being of adolescents. Previous research indicates that perceptions of maternal autonomy support correlate with lower levels of depressive symptoms among adolescents. This study specifically examines whether perceived maternal autonomy support serves as a predictor of depressive symptoms in this demographic. We hypothesized that higher levels of perceived maternal autonomy support would significantly lead to lower depressive symptoms. The sample included 508 adolescents (265 boys and 243 girls, ages 15-19) from both public and private schools in Karachi, Pakistan. To measure maternal autonomy support and depressive symptoms, we utilized the Perceptions of Parents Scale (Robbins, 1994) and the Reynolds Adolescents Depression Scale (RADS-2; Reynolds, 2002), respectively. Linear regression analysis was performed to explore the relationship between perceived maternal autonomy support and depressive symptoms. The results indicate that maternal autonomy support is a significant predictor of depressive symptoms in adolescents.

Keywords: Adolescents, Maternal Autonomy Support, Depressive Symptoms, Self- Determination Theory

Introduction

Adolescence is a sensitive stage of development that involves significant psychological, emotional, and social changes. During this phase, individuals begin to establish their identity, seek independence, and navigate complex social dynamics. One crucial factor that influences adolescent mental health is maternal autonomy. According to SDT, maternal autonomy support refers to parenting practices that encourage a child's sense of volition and self-endorsement in their actions. This approach emphasizes the importance of understanding adolescents' perspectives, providing them with choices, and supporting their intrinsic motivation. Adolescents who perceive a higher level of maternal autonomy support are more likely to develop a positive sense of self, enhance their problem-solving abilities, and show greater resilience against mental health challenges (Soenens and Vansteenkiste 2005)

A common issue among adolescents is the presence of depressive symptoms, which include persistent feelings of sadness, worthlessness, and a lack of interest in activities that they once enjoyed. These symptoms often impair academic performance, social relationships, and overall well-being (Weissman et al., 1999). External factors such as peer pressure, academic stress, and family dynamics frequently contribute to the onset of these depressive symptoms. Adolescents experiencing these symptoms may struggle with emotional regulation and low self-esteem, which can lead to more significant mental health challenges. Given the global rise of depression among adolescents, it is crucial to identify factors that can help, such as healthy parenting styles. These strategies can serve as early interventions and preventive measures.

Maternal autonomy support is centered on acknowledging adolescents' feelings, providing them with explanations for behavioral expectations, and offering opportunities for independent decision-making. These practices are particularly important during adolescence, a period when the desire for autonomy increases. Positive maternal support can help foster a secure attachment and a sense of competence, both of which are vital for healthy psychological development. Conversely, if a controlling or authoritarian parenting style is used, it can impede adolescents' ability to develop autonomy, leading to feelings of inadequacy and dependence.

Self-Determination Theory (SDT) emphasizes three fundamental psychological needs: autonomy, competence, and relatedness. It also highlights the environmental factors that support these needs, which include autonomy support, structure, and involvement. One key aspect of autonomy support, particularly from parents, involves understanding children's perspectives, encouraging their choices, demonstrating empathy, appreciating their decisions, fostering open communication, and engaging in shared decision-making (Allen et al., 2019). SDT focuses on two important dimensions of parenting: autonomy support and controlling behavior. Autonomy support encompasses actions that foster a child's sense of independence, such as offering choices between two or more options, listening to them attentively, and providing explanations for specific behaviors. In contrast, controlling behavior tends to push a child to act against their own will, emphasize obedience, limit their freedom to choose, and impose the parent's schedule. These two dimensions of parenting are independent; parents can exhibit one without the other, or they may practice both by setting specific limits to maintain a balanced approach. (Tanaka et al. 2023)

SDT provides a robust framework for understanding the relationship between perceived maternal autonomy support and adolescent depressive symptoms. According to SDT, fulfilling basic psychological needs—such as autonomy, competence, and relatedness—is crucial for mental health and well-being. Autonomy-supportive parenting fosters the satisfaction of these needs, allowing adolescents to develop intrinsic motivation and a sense of personal agency. This, in turn, reduces the likelihood of experiencing depressive symptoms and enhances overall psychological well-being. (Deci and Ryan 2000)

The relationship between parenting styles and adolescent mental health highlights the significant influence of maternal autonomy support on developmental outcomes. Mothers who provide this type of support encourage adaptive coping mechanisms in their children, which helps reduce the likelihood of depressive symptoms. This study aims to explore the predictive relationship between perceived maternal autonomy support and depressive symptoms in adolescents, thereby contributing to the expanding body of literature on parenting and mental health.

The relationship between Parental autonomy support and adolescents' psychological outcomes has been studied in detail. Autonomy-supportive parenting correlates with higher academic achievement, emotional well-being, and intrinsic motivation among adults (Grolnick and Ryan 1989). The autonomy support concept focuses on a parenting approach that nurtures the ability of adolescents to act independently while feeling connected to their parents simultaneously. This balance of independence and relatedness is sensitive to cultivating psychological resilience.

Those adults whose mothers are autonomy-supportive are less prone to exhibit internalizing problems like depression and anxiety. Furthermore, they emphasize that autonomy-supportive individuals foster a sense of emotional security and competence, which protect them from mental health challenges (Soenens and Vansteenkiste 2005). Similarly, autonomy-supportive parenting promotes intrinsic motivation and self-regulation that eventually reduce the risk of depressive symptoms. (Deci and Ryan 2000)

A longitudinal study found that adolescents who have experienced a good perceived maternal autonomy support during early adolescence have fewer depressive symptoms in late adolescence (Luminet et al. 2006). Contrary to this, the absence of autonomy support or the presence of controlling parenting leads to massive psychological issues (Barber 1996). Controlling parenting opts for certain practices like too much monitoring or unrealistic expectations, which affect the adolescent's need for independence and self-determination., eventually leading to emotional distress. Individuals with a higher level of openness are more likely to benefit from autonomy support. At the same time, individuals with low levels of emotional stability might require a higher level of support to overcome the probability of depressive symptoms (Vansteenkiste et al. 2004). External factors significantly complicate the relationship between maternal autonomy support and adolescent mental health. These factors include peer conflicts, academic pressures, and exposure to complex life events, all of which can weaken the protective effects of autonomy support. Conversely, when parents exhibit a high level of autonomy toward their children, it can empower adolescents to navigate past stressors more effectively. Research has shown that autonomy-supportive parenting can moderate the link between external stressors and internalizing

problems, thereby decreasing the likelihood of depressive symptoms even in challenging circumstances (Joussemet et al., 2008).

While there is a substantial amount of literature on autonomy support and its impact on mental health, gaps still exist in our understanding of the specific mechanisms involved. Future research could explore the relationship between maternal autonomy support and other parenting dimensions, such as warmth and structure, to better understand how these factors collectively influence adolescent development. Furthermore, longitudinal studies that monitor changes in perceived autonomy support and depressive symptoms over time could provide valuable insights into these complex relationships.

In conclusion, existing literature underscores the crucial role of perceived maternal autonomy support in promoting adolescents' psychological well-being and reducing depressive symptoms. By creating a supportive environment that meets basic psychological needs, autonomy-supportive parenting can act as a protective factor for mental health during adolescence. This study aims to build on this foundation by examining the predictive relationship between perceived maternal autonomy support and depressive symptoms, thereby contributing to a comprehensive understanding of adolescent mental health through the lens of self-determination theory.

Study design & methodology

Study Design

This research will employ a correlational cross-sectional design to examine the relationship between perceived maternal autonomy support and adolescents' depressive symptoms, guided by Self-Determination Theory.

Sample

A prospective sample of 508 adolescent's students was drawn from both public and private schools in Karachi, Pakistan. Among them, 265 (52%) were male and 243 (48%) were female. The participants were aged between 15 and 19 years. The lowest educational level among the participants was 9th grade, while the highest level reached was the third year of undergraduate studies.

Inclusion and Exclusion Criteria

Participants in this study were required to be adolescents aged 12 to 19 years, currently living with their biological mother, and enrolled in school or college. Only those who provided informed consent (or parental consent and participant assent for minors) were included.

Adolescents who did not live with their biological mother, were outside the age range, were not enrolled in school or college, or had physical or mental disabilities affecting participation were excluded. Additionally, participants who did not provide consent were also excluded.

Measures

Demographic Form: The Demographic Form was created specifically for this study to gather relevant personal and family information from the participants. Its primary objective was to assess eligibility for participation by applying the inclusion and exclusion criteria.

Perception of Parent Scales

The Perceptions of Parents Scale: The College-Student Scale (Robbins, 1994) is designed to evaluate adolescents' and young adults' perceptions of their parents' autonomy support, involvement, and warmth. This scale consists of 42 items, with 21 focused on fathers and 21 on mothers. In the present study, only the Maternal Autonomy Support subscale, which includes 21 items related to how participants perceive their mother's support for autonomy, was used. Respondents rate each item on a 7-point Likert scale, ranging from "Not at All True" (1) to "Very True" (7). The score for the Maternal Autonomy Support subscale is calculated by summing the responses for all relevant items, with higher scores indicating a stronger perception of maternal support for autonomy. Robbins (1994) reported a Cronbach's alpha of .90 for the Maternal Autonomy Support subscale.

Reynolds Adolescents Depression Scale

The Reynolds Adolescent Depression Scale, Second Edition (RADS-2), is a tool designed to assess depressive symptoms in adolescents. The scale consists of 30 items that evaluate four key dimensions of depression: Dysphoric Mood, Anhedonia/Negative Affect, Negative Self-Evaluation, and Somatic Complaints. It is a standardized self-report measure intended for individuals aged 11 to 20. Each item is rated on a 4-point Likert scale, ranging from "Rarely" to "Most of the Time." RADS-2 was chosen for this study due to its strong psychometric properties, including high internal consistency and its proven validity across diverse populations. The scale was administered in a structured format to ensure consistency in data collection and to minimize potential biases. Quantitative measures of depressive symptoms were obtained from the scale scores and analyzed to address the research objectives.

Procedure

The research began by obtaining permission from relevant authorities in public and private schools in Karachi, Pakistan. After approval, the research team contacted school administrations to recruit adolescent participants, ensuring diversity across gender, grade, and family structure. Before data collection, participants were informed about the study's objectives, ethical considerations, and their right to withdraw. Informed consent forms were distributed and collected, with parental consent obtained for those under 18. A demographic form was then completed to ensure eligibility. Participants first completed the Perceptions of Parents Scale: The College-Student Scale (Robbins, 1994), which measured maternal autonomy support, involvement, and warmth. After a 5-minute break, they completed the Reynolds Adolescent Depression Scale, Second Edition (RADS-2), assessing depressive symptoms. The surveys were administered in a quiet setting, and guidance was provided to minimize biases. The total process took 40-45 minutes, with ethical considerations maintained throughout. Afterward, participants were informed of available mental health resources.

Results

This section presents a detailed statistical analysis of the research data. The data were analyzed using the Statistical Package for Social Sciences (SPSS, version 26.0), with a significance level set at .05. Linear Regression Analysis and Descriptive Statistics were utilized to analyze the data, employing standard statistical methods.

Demographic characteristics of the sample

The descriptive statistics for the age of the Adolescents' boys and girls (i.e., Total Sample) are presented in Table 1. Demographic information of the participants for their gender, birth order, grades, mother's education, mother's occupation, family structure, and monthly family income is illustrated in Table 2.

Table 1 Descriptive Statistics for Age of the Adolescents with Perception of Maternal Parenting Practices (A-PMPP)

Variable	Male-A-PMPP (N=265)		Female-A-PMPP (N=243)		A-PMPP (N=508)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age	16.99	1.341	17.38	1.457	17.18	1.410

The descriptive statistics offer valuable insights into the ages of adolescents, categorized by gender, in relation to their perceptions of maternal parenting practices (A-PMPP). Among males (N=265), the mean age is 16.99 years, with a standard deviation (SD) of 1.341. This suggests that the average age of males is slightly under 17 years, exhibiting moderate variability around the mean. Conversely, for females (N=243), the mean age is 17.38 years, accompanied by an SD of

1.457. This indicates that females, on average, are slightly older than their male counterparts, with a somewhat greater variability in age. When considering the combined group of both genders (N=508), the overall mean age is 17.18 years, with an SD of 1.410. This reflects the average age and variability for all adolescents participating in the study. The findings indicate that, on average, females are older than males in this sample, while the age distributions for both genders display a comparable degree of variability. Hypothesis was that "Perceived maternal Autonomy Support will be a significant predictor of Well-being in adolescents

Table 2 Summary of Linear Regression Analysis with Adolescents Perception of Maternal Autonomy Support Depression among Adolescents.

Predictors	<i>R</i>	<i>R</i> ²	<i>Adj R</i> ²
A-PMAS	.317	.101	.099

Table 3 Analysis of Variance for Linear Regression with Adolescents' Perception of Maternal Autonomy Support and Depression

Predictors	Model	<i>SS</i>	<i>df</i>	<i>Ms</i>	<i>F</i>	<i>Sig.</i>
A-PMAS	Regression	9771.129	1	9771.129	56.701	.000
	Residual	87196.972	506	172.326		
	Total	96968.100	507			

Note: A-PMAS= Adolescents Perception of Maternal Autonomy Support

The Analysis of Variance (ANOVA) for the linear regression model assessing the relationship between adolescents' perception of maternal autonomy support (A-PMAS) and depression reveals statistically significant results. The ***F* value of 56.701** (*df* = 1, 506) is highly significant (***p* = .000**), indicating that the model explains a significant portion of the variance in depression among adolescents. The **regression sum of squares (*SS*)** is **9771.129**, demonstrating the variability explained by A-PMAS, while the **residual *SS* of 87196.972** represents unexplained variability. These findings confirm that A-PMAS significantly predicts depression in adolescents, though other factors also contribute, such as peer pressure, academic stress, and family dynamics.

Table 5 Coefficients for Linear Regression with Adolescents Perception of Maternal Autonomy Support and depression

Predictors	Model	Unstandardized Coefficient		Standardized Coefficient	<i>t</i>	<i>Sig.</i>
		<i>B</i>	<i>SE</i>	<i>B</i>		
A-MAS	Constant	91.290	3.039		30.037	.000
	Depression	-.500	.066	-.317	-7.530	.000

Note: Adolescents Perception of Maternal Autonomy Support;

Discussion

This study highlights the important role of perceived maternal autonomy support in reducing depressive symptoms among adolescents. These findings are consistent with the Self-Determination Theory (Deci & Ryan, 2000), which suggests that autonomy support in key relationships enhances psychological well-being by fulfilling basic needs for autonomy, competence, and relatedness. Our results are in line with previous research that emphasizes the protective effect of perceived maternal autonomy support against depressive symptoms. For example, Soenens et al. (2007) found that adolescents who felt they received greater autonomy support from their parents reported fewer depressive symptoms and higher self-esteem. Similarly, Van der Giessen et al. (2014) observed that maternal autonomy support was associated with improved emotional regulation and reduced distress in adolescents. These studies reinforce the significant negative relationship identified in our research between maternal autonomy support and adolescent depression.

Our findings are consistent with those of Grolnick et al. (1991), who underscored the vital role of parental autonomy support in enhancing adolescents' motivation and emotional resilience. Such support enables adolescents to explore their personal goals and values, thereby decreasing the likelihood of developing depressive tendencies. Furthermore, Silk et al. (2003) demonstrated that supportive parenting practices, including autonomy-supportive behaviors, equip adolescents to cope more effectively with stressful life events, offering an additional layer of protection against depressive symptoms. Niemiec et al. (2009) provide further context, highlighting that parental autonomy support contributes to sustained well-being by strengthening intrinsic motivation and fostering secure attachment. This aspect is especially crucial during adolescence, a developmental phase characterized by identity exploration and increased emotional sensitivity.

Notably, the findings suggest that maternal autonomy support serves as a protective buffer against stressors that may otherwise lead to depression in adolescents. Many adolescents face various stressors, such as academic pressure, identity challenges, and peer relationships. In these situations, autonomy-supportive parenting can provide emotional security and promote effective coping mechanisms. This idea is supported by Deci and Ryan (2000), who argue that autonomy-supportive parenting enhances resilience by strengthening an individual's internal locus of control.

Additionally, cultural context plays a vital role in shaping the perception of maternal autonomy support. In Pakistan, which has a collectivist culture, autonomy support may be viewed differently than in individualistic societies. Although the impact of autonomy support can vary across cultures, its underlying psychological benefits remain consistent (Chirkov et al., 2003).

The findings of this study underscore the crucial role of perceived maternal autonomy support in predicting lower depressive symptoms among adolescents. A mother can greatly enhance her children's well-being during this pivotal developmental phase by fostering an environment that encourages autonomy. These results not only deepen our understanding of parental influences on adolescent mental health but also emphasize the importance of cultivating conditions where autonomy-supportive parenting practices can flourish. Future research should investigate the relationship between maternal autonomy and various contextual and individual factors to provide a comprehensive perspective on adolescent well-being.

Conclusion

These findings have practical implications for mental health practitioners. Interventions aimed at reducing depressive symptoms among adolescents could benefit from a focus on enhancing parenting practices, particularly by encouraging autonomy support. School-based programs and parenting workshops that emphasize the importance of fostering autonomy while maintaining warmth and involvement could serve as effective prevention strategies against adolescent depression. The demographic characteristics in this study offer essential insights. The balanced representation of both genders and diverse socioeconomic backgrounds enhances the generalizability of the results. However, the predominance of nuclear family structures highlights the need for further research in varied family contexts better to understand maternal autonomy support among different family systems. For instance, exploring how maternal autonomy support functions within joint family systems in the Pakistani context could provide a deeper understanding of its dynamics in collectivist cultures.

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