

PARENTAL REJECTION AND ADOLESCENT INTERNALIZING AND EXTERNALIZING PROBLEMS: THE MEDIATING ROLE OF NEGATIVE SELF-EVALUATION

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Abstract

Parental rejection is associated with adolescents’ emotional and behavioral difficulties, yet the mechanisms underlying these associations remain insufficiently understood. This study examined whether negative self-evaluation mediates the associations between perceived parental rejection and adolescents’ internalizing and externalizing problems. A clinical sample of 265 adolescents ($M_{age} = 14.81$; range = 11–19 years) completed measures assessing maternal and paternal rejection, negative self-evaluation, and internalizing/externalizing problems. Structural equation modeling indicated that negative self-evaluation partially mediated the associations between parental rejection and adolescents’ difficulties when maternal and paternal rejection were examined separately. When both parents were included simultaneously, only paternal rejection remained significantly associated with negative self-evaluation and showed significant indirect effects on adolescents’ internalizing and externalizing problems. Findings emphasize the clinical relevance of maladaptive self-evaluation and

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parent-child relational processes in adolescent adjustment, alongside the potentially distinct role of paternal rejection.

Keywords: maternal/paternal rejection, negative self-evaluation, internalizing/externalizing problems, adolescents.

INTRODUCTION

Adolescent mental health problems constitute a significant global public health challenge, affecting approximately one in seven young people worldwide (World Health Organization, 2025). Left unaddressed, these difficulties can compromise academic achievement, social functioning, and quality of life (Benton *et al.*, 2021; Shinde *et al.*, 2025; Willner *et al.*, 2016), while increasing the risk of psychopathology in adulthood (Hofstra *et al.*, 2002; Kessler *et al.*, 2007). In child psychopathology, mental health difficulties are commonly conceptualized along two broad dimensions of psychopathology: internalizing (*e.g.*, anxiety, depression, social withdrawal) and externalizing (*e.g.*, aggression, impulsivity) patterns (Achenbach, 1995). As adolescents' primary microsystem, an adverse family environment, particularly perceived parental rejection (Rohner *et al.*, 2005), has been implicated in both emotional and behavioral difficulties in youth (Rapee, 1997, 2012; Rohner, 2021; Symeou & Georgiou, 2017; Yap & Jorm, 2015).

Interpersonal Acceptance-Rejection Theory (IPARTheory) conceptualizes psychological development through perceived parental acceptance and rejection across the lifespan (Rohner, 1960, 2021). The theory posits a fundamental need for warmth and acceptance from attachment figures, with experiences ranging from warmth and affection to hostility, neglect, indifference, and more ambiguous forms of rejection (Rohner, 2004). A meta-analysis of 43 correlational studies showed that parental rejection was consistently linked to poorer psychological adjustment and behavioral functioning in both children and adults worldwide (Khaleque & Rohner, 2002). Furthermore, longitudinal evidence suggests that parental rejection and fluctuations in parental acceptance-rejection over time predict later psychological difficulties (Folker *et al.*, 2024; Putnick *et al.*, 2015; Rothenberg *et al.*, 2020).

Perceived parental rejection has been linked to diminished self-worth (Sethi, 2024), which may contribute to maladaptive personality traits and elevated risks of internalizing as well as externalizing difficulties (Li *et al.*, 2026). Meta-analytic evidence shows that parental acceptance and rejection are central to children's self-evaluation (Khaleque, 2015, 2017; Khaleque & Rohner, 2012), although this literature has primarily examined self-esteem as a global indicator of self-worth. The present study extends this work by focusing on negative self-evaluation, a self-appraisal construct rooted in the rational emotive behavior therapy (REBT) framework of self-acceptance (Ellis, 1957) and conceptualized by Michael Bernard (2013) as the tendency to make global self-judgments and derive personal worth from others' evaluations and academic performance (Bernard, 2013). Consistent

with IPARTheory (Rohner, 2021), parental rejection may shape maladaptive self-appraisals by influencing how children internalize significant others' evaluations. Moreover, REBT posits that basing one's self-worth on others' evaluations reflects a predisposition toward irrational beliefs, which develops through children's learning experiences (Ellis, 1962). Within this framework, repeated parental rejection, low warmth, and criticism may reinforce negative self-evaluative beliefs (Grama *et al.*, 2025; Mendo-Lázaro *et al.*, 2019), which in turn may increase vulnerability to both internalizing and externalizing difficulties.

Although both parents play significant roles in child development (Lee & Yoo, 2018), evidence points to both overlapping (Kuppens & Ceulemans, 2019) and distinct associations with youth outcomes (Braza *et al.*, 2015; Tavassolie *et al.*, 2016). However, parenting research frequently relies on predominantly maternal samples, limiting insight into the specific and combined roles of mothers and fathers (Van Der Bruggen *et al.*, 2008; Yap & Jorm, 2015). Therefore, both parents should be examined to better capture their unique and shared contributions to child adjustment (Sultana & Khaleque, 2016).

Despite strong evidence linking parental rejection to adolescent maladjustment, important gaps remain in literature. Existing research has focused mainly on global self-esteem rather than negative self-evaluation, and few studies have simultaneously examined the distinct roles of maternal and paternal rejection in relation to both internalizing and externalizing problems. As a result, the mechanisms underlying these associations remain insufficiently understood.

OBJECTIVES AND HYPOTHESES

This study examines the associations between parental rejection, internalizing and externalizing problems, and negative self-evaluation, with a particular focus on the mediating role of negative self-evaluation. It was hypothesized that negative self-evaluation would mediate the relationship between paternal rejection and both internalizing and externalizing problems (Hypotheses 1 and 2), and between maternal rejection and both internalizing and externalizing problems (Hypotheses 3 and 4). Furthermore, when both parents were considered simultaneously, it was hypothesized that the indirect effect of paternal rejection through negative self-evaluation would remain significant, whereas the indirect effect of maternal rejection would be attenuated and non-significant (Hypothesis 5).

METHODS

PARTICIPANTS

Children and adolescents receiving care at the Pediatric Psychiatry and Addiction Clinic in Cluj-Napoca were invited to participate in the study. Inclusion criteria comprised age between 11 and 18 years (or 19 years old if still enrolled in school), a primary diagnosis of internalizing and/or externalizing disorders, and

informed consent. Individuals with pervasive developmental disorders, acute psychotic disorders, or schizophrenia were excluded. Data collection took place between November 2022 and May 2024.

The final sample consisted of 265 participants (67.92% females, $M_{age}=14.82$, $SD_{age} = 1.78$; range = 11-19 years; 32.67% males, $M_{age}=14.85$, $SD_{age} = 1.76$; range = 11–18 years). Most participants were enrolled in mainstream education (91.70%) and originated from urban areas (60.75%). The ethnic composition was predominantly romanian (66.41%), followed by hungarian (6.79%) and romani (6.03%) backgrounds. The majority of participants lived in biological families (86.79%), while smaller proportions were in foster care (3.80%), residential care (3.39%) or adopted (0.80%). Regarding academic performance, 69.06% of participants were reported to have low achievement, while 23.40% showed good performance. Approximately one-third of the sample (31.70%) reported exposure to some form of abuse (emotional, physical, or sexual). Children were diagnosed with a psychiatric disorder by a psychiatrist based on the manual of the International Statistical Classification of Diseases and Related Health Problems – 10th Revision (World Health Organization, 2004). The most frequent psychiatric diagnoses were moderate depressive episode (21.90%) and severe depressive episode (16.60%), followed by attention-deficit/hyperactivity disorder (2.60%).

INSTRUMENTS

Parental rejection

The Child Parental Acceptance-Rejection Questionnaire – Short Form (Child-PARQ, short form; Rohner & Khaleque, 2005) was used to assess children's and adolescents' perceptions of parental acceptance and rejection. To capture perceptions of each parent independently, the PARQ provides separate but structurally identical forms for mothers and fathers, each consisting of 24 items distributed across four dimensions: warmth/affection (8 items; *e.g.*, “My mother/ father makes me feel wanted and needed”), hostility/aggression (6 items; *e.g.*, “My mother/father goes out of his way to hurt my feelings”), indifference/neglect (6 items; *e.g.*, “My mother/father pays no attention to me”), and undifferentiated rejection (4 items; *e.g.*, “My mother/father does not really love me”). Items are rated on a 4-point Likert scale ranging from 1 (*almost never true*) to 4 (*almost always true*). The total maternal and paternal rejection scores were computed after reverse-coding the responses to the items measuring warmth/affection sub-dimension, with total scores ranging from 24 to 96. Higher scores indicate greater perceived parental rejection. The PARQ has demonstrated strong reliability (mean $\alpha = .89$) and robust cross-cultural validity (Khaleque & Rohner, 2002), and its psychometric properties have also been supported in the romanian population, confirming its validity and measurement equivalence across demographic and clinical groups (Grama *et al.*, 2024). The Cronbach's α for the PARQ-mother and PARQ-father scales in the present sample was high ($\alpha = .92$ and $\alpha = .95$, respectively), indicating excellent internal consistency.

Internalizing and externalizing problems

The Strengths and Difficulties Questionnaire (SDQ; Goodman *et al.*, 2003) was used to assess emotional and behavioral difficulties. In the present study, the self-report version for children was administered. The questionnaire consists of 25 items grouped into five subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior, with each subscale represented by five items. Responses are rated on a 3-point Likert scale ranging from 0 (*not true*) to 2 (*certainly true*). Subscales can be combined to derive internalizing and externalizing scores or summed to yield a total difficulties score (Armitage *et al.*, 2023). For the purposes of this study, an internalizing difficulties score was calculated by combining the emotional symptoms and peer relationship problems subscales, whereas an externalizing difficulties score was derived by summing the conduct problems and hyperactivity subscales. Both composite scores range from 0 to 20, with higher scores reflecting greater emotional or behavioral difficulties. In our study, the internalizing and externalizing subscales each demonstrated acceptable internal consistency, with Cronbach's alpha coefficients of 0.73.

Negative self-evaluation

Negative self-evaluation was assessed using the Child and Adolescent Survey of Self-Acceptance (CASSA; Bernard, 2012), a 16-item self-report questionnaire designed to measure two dimensions of self-acceptance: positive self-regard and negative self-evaluation. In the present study, only the negative self-evaluation subscale was administered. This dimension reflects the tendency to make global negative judgments about oneself and to base personal worth on others' opinions or academic performance (*e.g.*, "People would like me more if I wasn't such a loser"). The subscale consists of eight items rated on a 5-point Likert scale ranging from strongly disagree to strongly agree. Scores are calculated by summing the items, resulting in a total score ranging from 8 to 40, with higher scores indicating higher levels of negative self-evaluation. Previous research has supported the predictive validity of the measure in relation to emotional and psychological outcomes (Bernard, 2013). In the current study, the negative self-evaluation subscale demonstrated very good internal consistency, with a Cronbach's alpha coefficient of 0.86.

PROCEDURE

The study was conducted with the approval of the Ethics Committee of Babeş-Bolyai University, and participation was voluntary. Participants were informed about the study aims and confidentiality of their responses. After both parental consent and adolescents' assent were obtained, questionnaires were administered individually in paper-and-pencil format within the clinical setting,

under the supervision of a trained researcher available to provide clarification if needed. In addition to the primary measures, demographic, clinical, and family-related information was collected.

DATA ANALYSIS PLAN

The model was estimated using R *via* the RStudio interface (Posit team, 2023). First, the normality assumption was examined through skewness and kurtosis indices for univariate normality, and Mardia's skewness and Mardia's kurtosis for multivariate normality. Univariate normality is supported when skewness and kurtosis values fall within the range of -2 to 2 (Hahs-Vaughn, 2016). For multivariate normality, non-significant values for Mardia's skewness and kurtosis indicate compliance with this assumption (Mardia & Foster, 1983). Descriptive statistics, including means, standard deviations, and bivariate correlations among study variables, were also computed and reported.

Hypotheses were tested using structural equation modeling (SEM) with the Maximum Likelihood (ML) estimator (Beauducel & Herzberg, 2006). Missing data were handled *via* Full Information Maximum Likelihood (FIML) (Enders & Bandalos, 2001), which uses all available data without requiring listwise deletion. Statistical significance was evaluated using an alpha level of .05. In addition, all path coefficients were estimated using 5,000 bootstrap resamples, and bias-corrected percentile bootstrap confidence intervals were inspected; coefficients whose 95% confidence intervals did not include zero were considered statistically significant (Tibbe & Montoya, 2022). Fit indices were not reported as all models were saturated, having zero degrees of freedom, which renders conventional fit indices uninterpretable (Kline, 2023).

RESULTS

DESCRIPTIVE STATISTICS

The proportion of missing data ranged from 3.77% for externalizing problems to 20.75% for mother rejection (see Table 1). Univariate normality assumptions were satisfied, with skewness and kurtosis values falling within the acceptable range of -2 to 2 (see Table 1).

Table 1

Descriptive statistics

Variable	Mean	SD	Skewness	Kurtosis	Missing Percent
Father rejection	48.34	18.92	0.60	-0.66	20.00
Mother rejection	42.64	15.10	0.81	0.01	20.75
Negative self-evaluation	22.81	7.97	0.11	-0.78	6.04
Externalizing problems	9.65	4.02	-0.16	-0.35	3.77
Internalizing problems	9.74	4.07	-0.05	-0.65	4.15

Multivariate normality, however, was only partially supported: while Mardia's Kurtosis was non-significant (Mardia Kurtosis = 0.682, $p = .495$), Mardia's Skewness reached statistical significance (Mardia Skewness = 71.982, $p < .001$). In this context, it has been noted that ML estimation in conjunction with bias-corrected bootstrapping is robust when data depart from normality assumptions (Nevitt & Hancock, 2001). All variables were significantly intercorrelated (see Table 2), with coefficients ranging from $r = 0.17$ (maternal rejection – negative self-evaluation) to $r = 0.56$ (internalizing problems - externalizing problems).

Table 2

Pearson correlation coefficients between the main variables of the study

Variable	1	2	3	4
1. Father rejection	1			
2. Mother rejection	.40*	1		
3. Negative self-evaluation	.27*	.17*	1	
4. Externalizing problems	.32*	.33*	.35*	1
5. Internalizing problems	.32*	.24*	.56*	.35*

Note. * $p < .05$.

INFERENTIAL STATISTICS

Father rejection significantly predicted negative self-evaluation ($\beta = 0.26$, $p < .001$), which in turn significantly predicted both internalizing ($\beta = 0.53$, $p < .001$) and externalizing problems ($\beta = 0.27$, $p < .001$) (see Figure 1). Direct paths from father rejection to internalizing ($\beta = 0.18$, $p = .003$) and externalizing problems ($\beta = 0.24$, $p < .001$) were also significant (see Table 3). Both indirect paths *via* negative self-evaluation were statistically significant, as confirmed by bias-corrected bootstrap confidence intervals: internalizing problems (95% CI [0.014, 0.049]) and externalizing problems (95% CI [0.006, 0.028]) (see Table 4).

Table 3

Indirect effect of paternal rejection on internalizing and externalizing problems *via* negative self-evaluation

Effect	Beta	SE	p	CI Lower	CI Upper
Father rejection → Negative self-evaluation	0.26	0.07	< .001*	0.12	0.40
Negative self-evaluation → Externalizing problems	0.27	0.07	< .001*	0.14	0.39
Father rejection → Externalizing problems	0.24	0.07	< .001*	0.12	0.37
Negative self-evaluation → Internalizing problems	0.53	0.05	< .001*	0.44	0.62
Father rejection → Internalizing problems	0.18	0.06	.004*	0.06	0.30
Indirect effect to externalizing problems (a*b1)	0.07	0.03	.005*	0.02	0.12
Indirect effect to internalizing problems (a*b2)	0.14	0.04	.001*	0.06	0.22

Note. β = standardized regression coefficient; SE = standard error of the coefficient; p = significance level; CI = 95% confidence interval; * $p < .01$.

Mother rejection significantly predicted negative self-evaluation ($\beta = 0.17$, $p = .013$), which in turn significantly predicted both internalizing ($\beta = 0.54$, $p < .001$) and externalizing problems ($\beta = 0.30$, $p < .001$) (see Figure 1). Direct paths from mother rejection to internalizing ($\beta = 0.14$, $p = .035$) and externalizing problems ($\beta = 0.28$, $p < .001$) were also significant (see Table 5). Both indirect paths *via* negative self-evaluation were statistically significant, as confirmed by bias-corrected bootstrap confidence intervals: internalizing problems (95% CI [0.005, 0.047]) and externalizing problems (95% CI [0.003, 0.030]) (see Table 6).

Table 4

Indirect effect of paternal rejection on internalizing and externalizing problems *via* negative self-evaluation

Predictor	Criterion	b	CI Lower	CI Upper
Father rejection	Negative self-evaluation	0.112	0.054	0.170
Negative self-evaluation	Externalizing problems	0.133	0.065	0.196
Father rejection	Externalizing problems	0.052	0.022	0.081
Negative self-evaluation	Internalizing problems	0.268	0.211	0.324
Father rejection	Internalizing problems	0.039	0.013	0.066
Indirect effect to externalizing problems (a*b1)		0.015	0.006	0.028
Indirect effect to internalizing problems (a*b2)		0.030	0.014	0.049

Note: b = unstandardized regression coefficient; All coefficients were estimated using 5,000 bootstrap samples.

Table 5

Indirect effect of maternal rejection on internalizing and externalizing problems *via* negative self-evaluation

Effect	Beta	SE	p	CI Lower	CI Upper
Mother rejection → Negative self-evaluation	0.17	0.07	.011*	0.04	0.30
Negative self-evaluation → Externalizing problems	0.30	0.06	< .001***	0.18	0.42
Mother rejection → Externalizing problems	0.28	0.06	< .001***	0.17	0.39
Negative self-evaluation → Internalizing problems	0.54	0.05	< .001***	0.45	0.63
Mother rejection → Internalizing problems	0.14	0.07	.033*	0.01	0.27
Indirect effect to externalizing problems (a*b1)	0.05	0.02	.031*	0.01	0.10
Indirect effect to internalizing problems (a*b2)	0.09	0.04	.011*	0.02	0.17

Note. β = standardized regression coefficient; SE = standard error of the coefficient; p = significance level; CI = 95% confidence interval; * $p < .01$.

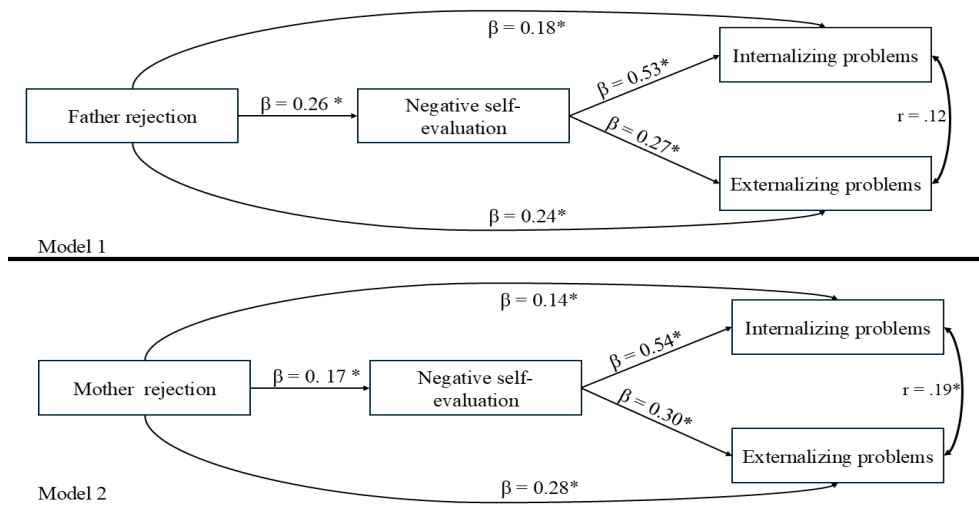


Figure 1. Structural model of the associations between father rejection/mother rejection, negative self-evaluation, and adolescents' internalizing and externalizing problems

Table 6

Indirect effect of maternal rejection on internalizing and externalizing problems *via* negative self-evaluation

Predictor	Criterion	beta	CI Lower	CI Upper
Mother rejection	Negative self-evaluation	0.091	0.020	0.167
Negative self-evaluation	Externalizing problems	0.153	0.092	0.215
Mother rejection	Externalizing problems	0.075	0.043	0.107
Negative self-evaluation	Internalizing problems	0.277	0.221	0.331
Mother rejection	Internalizing problems	0.038	0.003	0.073
Indirect effect to externalizing problems (a*b1)		0.014	0.003	0.030
Indirect effect to internalizing problems (a*b2)		0.025	0.005	0.047

Note. b = unstandardized regression coefficient; All coefficients were estimated using 5,000 bootstrap samples.

Finally, in the combined model including both maternal and paternal rejection as simultaneous predictors, only paternal rejection emerged as a significant predictor of negative self-evaluation ($\beta = 0.22$, $p = .005$), whereas maternal rejection did not ($\beta = 0.09$, $p = .224$). Negative self-evaluation significantly predicted both internalizing ($\beta = 0.53$, $p < .001$) and externalizing problems ($\beta = 0.26$, $p < .001$) (see Figure 2). Direct paths from father rejection to internalizing ($\beta = 0.16$, $p = .029$) and externalizing problems ($\beta = 0.22$, $p = .009$) remained significant (see Table 7), whereas the direct path from mother rejection to internalizing problems was non-significant ($\beta = 0.07$, $p = .369$), and its direct path to externalizing problems was significant ($\beta = 0.22$, $p = .001$) (see Table 7). The indirect paths *via* negative self-evaluation were significant for paternal rejection – internalizing problems (95% CI [0.008, 0.047]) and externalizing problems (95% CI [0.004, 0.027]) – but not for maternal rejection (Table 8).

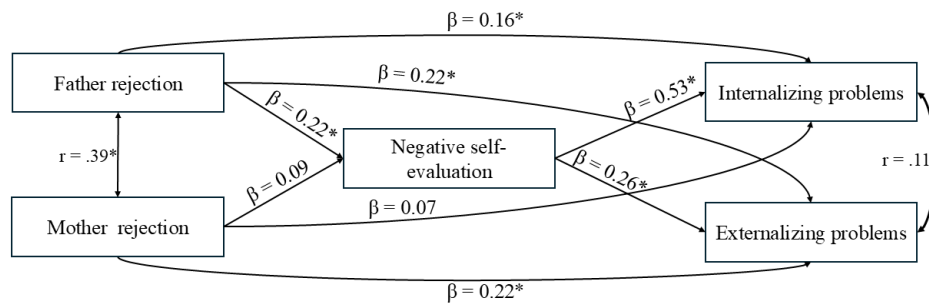


Figure 2. Structural model of the associations between paternal and maternal rejection (combined model), negative self-evaluation, and adolescents' internalizing and externalizing problems

Table 7

Indirect effect of maternal and paternal rejection on internalizing and externalizing problems *via* negative self-evaluation

Effect	Beta	SE	<i>p</i>	CI Lower	CI Upper
Mother rejection → Negative self-evaluation	0.09	0.08	.253	-0.06	0.24
Father rejection → Negative self-evaluation	0.22	0.08	.007**	0.06	0.39
Negative self-evaluation → Externalizing problems	0.26	0.07	< .001***	0.12	0.40
Mother rejection → Externalizing problems	0.22	0.07	.001**	0.09	0.34
Father rejection → Externalizing problems	0.22	0.08	.008**	0.06	0.38
Negative self-evaluation → Internalizing problems	0.53	0.05	< .001***	0.42	0.63
Mother rejection → Internalizing problems	0.07	0.09	.387	-0.09	0.24
Father rejection → Internalizing problems	0.16	0.08	.033*	0.01	0.31
Mother indirect effect to externalizing problems	0.02	0.02	.288	-0.02	0.07
Mother indirect effect to internalizing problems	0.05	0.04	.249	-0.03	0.13
Father indirect effect to externalizing problems	0.06	0.03	.020*	0.01	0.11
Father indirect effect to internalizing problems	0.12	0.05	.010*	0.03	0.21

Note. β = standardized regression coefficient; SE = standard error of the coefficient; *p* = significance level; CI = 95% confidence interval; * $p < .01$.

Table 8

Indirect effect of maternal and paternal rejection on internalizing and externalizing problems *via* negative self-evaluation

Predictor	Criterion	b	CI Lower	CI Upper
Mother rejection	Negative self-evaluation	0.048	-0.028	0.135
Father rejection	Negative self-evaluation	0.097	0.029	0.168
Negative self-evaluation	Externalizing problems	0.131	0.060	0.201
Mother rejection	Externalizing problems	0.059	0.026	0.097
Father rejection	Externalizing problems	0.047	0.011	0.081
Negative self-evaluation	Internalizing problems	0.263	0.202	0.321
Mother rejection	Internalizing problems	0.020	-0.024	0.062
Father rejection	Internalizing problems	0.035	0.005	0.069
Mother indirect effect to externalizing problems		0.006	-0.003	0.023
Mother indirect effect to internalizing problems		0.013	-0.007	0.036
Father indirect effect to externalizing problems		0.013	0.004	0.027
Father indirect effect to internalizing problems		0.025	0.008	0.047

Note. *b* – unstandardized regression coefficient; All coefficients were estimated using 5,000 bootstrap samples.

DISCUSSION

The present study examined the associations between parental rejection, negative self-evaluation, and adolescents' internalizing and externalizing problems, with a particular focus on the mediating role of negative self-evaluation.

Negative self-evaluation significantly partially mediated the associations between both paternal and maternal rejection and adolescents' internalizing and externalizing problems when each parent was examined separately. These findings suggest that perceived parental rejection (*e.g.*, "My mother/father says many unkind things to me") may be linked to more negative self-beliefs (*e.g.*, "Saying something stupid in front of others shows I am an idiot"), which are, in turn, associated with higher levels of emotional and behavioral difficulties (*e.g.*, internalizing or externalizing problems). According to IPARTheory, perceived parental rejection is associated with maladaptive self-perceptions, including lower self-esteem (Rohner *et al.*, 2005) and negative self-evaluation. Consistent with symbolic interaction theory (Mead, 1934), individuals tend to perceive themselves through the evaluations they attribute to attachment figures. Accordingly, children who perceive higher levels of parental rejection may be more likely to report feelings of unworthiness and incompetence (Rohner, 2021). IPARTheory further proposes that rejection undermines emotion regulation and fosters negative mental representations of the self, others, and the social world (Rohner, 2021), potentially influencing how individuals interpret and respond to future experiences. Similarly, cognitive models of psychopathology (Beck, 1967; Clark & Beck, 2010) propose that early adverse experiences, such as parental rejection, may contribute to dysfunctional self-schemas, comprising negative self-evaluation and biased information processing, including threatening (Dapprich *et al.*, 2023) and negative (Rohrbeck *et al.*, 2023; Stuijzand *et al.*, 2018) interpretations, in adolescents with internalizing problems. Extending this cognitive perspective to externalizing difficulties, social information processing theory proposes that adolescents tend to interpret ambiguous interpersonal situations as hostile (Martinelli *et al.*, 2018; Verhoef *et al.*, 2019), which may contribute to aggressive and disruptive behaviors (Crick & Dodge, 1994; Lochman & Dodge, 1998). Negative self-evaluation may also be relevant to externalizing difficulties, as hostility is associated not only with biased perceptions of others but also with negative self-beliefs and low self-esteem (Buss & Perry, 1992; Gyll & Madon, 2004).

At the same time, the persistence of significant direct effects in our study suggests that the association between parental rejection and adolescents' adjustment difficulties may also operate through mechanisms beyond negative self-evaluation, including attachment insecurity (Casselman & McKenzie, 2015) and maladaptive interpersonal schemas (van Wijk-Herbrink *et al.*, 2018).

When maternal and paternal rejection were examined jointly, only paternal rejection remained a significant predictor of negative self-evaluation, despite maternal rejection emerging as a significant predictor when modelled separately. This pattern suggests that the unique variance in negative self-evaluation attributable to maternal rejection may be largely shared with paternal rejection, and that once this shared variance is accounted for, maternal rejection no longer contributes independently. In contrast, paternal rejection appears to account for unique variance in negative self-evaluation beyond what is explained by maternal rejection, indicating that the experience of being rejected by one's father may carry a distinct psychological weight in shaping children's self-perceptions. This finding is consistent with evidence that paternal and maternal rejection, although overlapping, are not interchangeable in shaping children's self-representations (Verschuere & Marcoen, 1999) and may differentially influence child development (Finley *et al.*, 2008; Jeynes, 2016; Malmberg & Flouri, 2011). Previous research has documented differences in parental warmth across mothers and fathers, with findings suggesting that fathers are often perceived as less accepting and more rejecting than mothers (Dwairy, 2010; Miranda *et al.*, 2016). At the same time, emerging evidence indicates that paternal warmth may play an equally important, and in some cases even stronger, role than maternal warmth in promoting children's psychological adjustment (Khaleque & Ali, 2017; Rothenberg *et al.*, 2020). Moreover, several studies point to a specific paternal role in children's competence and self-esteem, with paternal relatedness, warmth, and autonomy support showing stronger associations than maternal behaviors (Allen *et al.*, 1994; Mattanah, 2001; Wagner & Phillips, 1992).

The present findings may also have important clinical implications. Consistent with both IPARTheory (Rohner, 2021) and cognitive-behavioral models (Beck, 2011; Ellis, 1957), parental rejection and negative self-evaluation may represent important targets for psychological interventions. Addressing maladaptive self-beliefs and adolescents' perceptions of rejection within the parent-child relationship could contribute to reducing internalizing and externalizing difficulties and improving psychological adjustment (Riise *et al.*, 2021; Scaini *et al.*, 2016). Given parents' central role in child development, parenting interventions are widely recognized as effective strategies for preventing and treating childhood emotional (Costantini *et al.*, 2023) and behavioral problems (Epstein *et al.*, 2015; Maciel *et al.*, 2025), with evidence suggesting greater benefits when delivered early in development (Wachs *et al.*, 2014). Specifically, helping parents reduce rejecting behaviors and adopt more supportive and emotionally responsive interactions may foster positive self-views during childhood and adolescence (Van der Giessen *et al.*, 2019). According to REBT, targeting absolutistic beliefs in adolescents may reduce related irrational cognitions and self-depreciation (Ellis, 1957). Accordingly, school-based psychoeducation and counseling interventions

promoting rational beliefs and self-acceptance may help alleviate mental health difficulties linked to negative self-evaluation in youth (Bernard & Terjesen, 2020).

LIMITATIONS AND FUTURE DIRECTIONS

Several limitations should be considered. First, the reliance on self-report measures may have introduced reporting bias (Rosenman *et al.*, 2011), as adolescents may have under- or overreported parental rejection and psychological difficulties. In addition, unmeasured factors such as socioeconomic status, stressful life events, or broader parenting practices may have influenced the observed associations. Second, the cross-sectional design limits conclusions regarding the directionality and developmental sequencing of the observed associations (Figueiredo *et al.*, 2025), underscoring the need for longitudinal research. Third, our sample was not homogeneous with respect to gender, with 7 out of 10 adolescents being girls. Given the relatively small sample size, we did not test the invariance of these relationships across gender. In light of cross-gender interactions reported in previous studies (Li & Meier, 2017), in which paternal rejection contributes more strongly to daughters' adjustment, it is possible that our results may partially reflect this effect. In addition, relatively high levels of missing data for parental rejection variables may have affected the precision and robustness of the findings. Finally, the links between parental rejection, negative self-evaluation, and internalizing/externalizing problems are likely shaped by additional mechanisms not examined in the present study (*e.g.*, attachment, temperament, emotion regulation).

Future research should further explore the distinct roles of maternal and paternal rejection in adolescent adjustment and investigate potential mechanisms underlying these associations. Longitudinal and multi-informant designs, including parent reports, may provide a more comprehensive understanding of these processes and inform targeted prevention and intervention efforts.

CONCLUSIONS

The present study highlights the importance of perceived parental rejection in adolescents' emotional and behavioral adjustment and suggests that negative self-evaluation may be relevant to these associations. Higher levels of maternal and paternal rejection were associated with greater internalizing and externalizing difficulties, partly through more negative self-perceptions. When both parents were considered simultaneously, paternal rejection showed a stronger unique association with negative self-evaluation and retained significant indirect associations with adolescents' difficulties. Overall, these findings underscore the importance of considering both family relational processes and maladaptive self-evaluative beliefs in understanding adolescent psychopathology.

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