

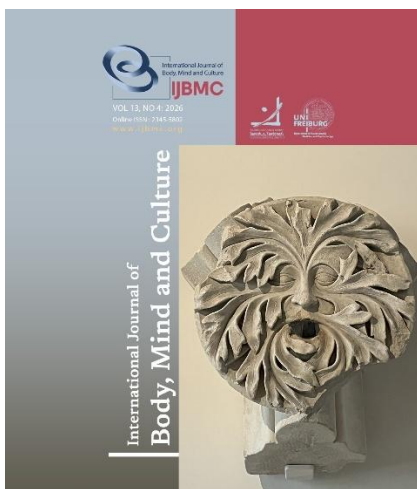
Article type:
Original Research

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Predicting Self-Criticism Based on Parental Psychological Control and Interpersonal Problems among Adolescents

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Article history:

Received 23 Jan 2026
Revised 28 Feb 2026
Accepted 12 March 2026
Published online 01 Apr 2026

How to cite this article:

Mahmodi Emamchay, M., & Aminikhoo, M. (2026). Predicting Self-Criticism Based on Parental Psychological Control and Interpersonal Problems among Adolescents. *International Journal of Body, Mind and Culture*, 13(4), 201-210.



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ABSTRACT

Objective: The present study aimed to predict self-criticism based on parental psychological control and interpersonal problems among adolescents.

Methods and Materials: This quantitative study used a descriptive-correlational and predictive research design. The statistical population consisted of all upper-secondary school students in Tehran during the 2024–2025 academic year, specifically from districts 16, 17, and 19. Based on Klein's sample size recommendation, 350 students were selected through non-random convenience sampling. Data were collected using the Levels of Self-Criticism Scale developed by Thompson and Zuroff (2004), the Parental Psychological Control Scale developed by Soenens, Vansteenkiste, and Luyten (2010), and the Inventory of Interpersonal Problems developed by Barkham, Hardy, and Startup (1996). The Cronbach's alpha coefficients for self-criticism, parental psychological control, and interpersonal problems were .85, .78, and .80, respectively. Data were analyzed using Pearson correlation and regression analysis.

Findings: The findings showed a positive and significant relationship between parental psychological control and self-criticism. A positive and significant relationship was also found between interpersonal problems and self-criticism. Regression analysis indicated that parental psychological control explained 2.9% of the variance in self-criticism, while interpersonal problems explained 17.6% of its variance.

Conclusion: Overall, the findings suggest that adolescents who perceive higher levels of parental psychological control and experience more interpersonal problems are more likely to report higher levels of self-criticism. These results highlight the importance of family and interpersonal factors in understanding self-critical tendencies during adolescence.

Keywords: Self-criticism, parental psychological control, interpersonal problems, adolescents.

Introduction

Adolescence is a critical developmental period characterized by rapid biological, cognitive, emotional, and social changes. During this stage, adolescents gradually develop a more stable sense of identity, seek autonomy from parents, and become increasingly sensitive to peer evaluation and social acceptance. These developmental tasks may increase vulnerability to psychological distress, particularly when adolescents experience negative self-evaluation, family pressure, or interpersonal difficulties. Because self-concept is still developing during adolescence, repeated experiences of criticism, rejection, or relational failure may become internalized and contribute to maladaptive self-appraisals (Mastrotheodoros et al., 2020; Shahar, 2015).

Self-criticism is generally defined as a harsh, punitive, and negative evaluation of the self, often accompanied by feelings of inadequacy, guilt, shame, failure, and dissatisfaction with one's performance. Self-critical individuals tend to evaluate their thoughts, emotions, behaviors, and achievements according to strict personal standards and may respond to perceived failure with self-blame or self-punishment. Thompson & Zuroff (2004) distinguished between two forms of self-criticism: comparative self-criticism, which involves negative evaluation of the self in comparison with others, and internalized self-criticism, which involves negative evaluation of the self in relation to internal standards and personal ideals (Thompson & Zuroff, 2004).

Self-criticism is clinically important because it has been identified as a broad vulnerability factor for psychological distress and psychopathology. High levels of self-criticism have been associated with depression, anxiety, shame, low self-esteem, interpersonal distress, and maladaptive coping patterns. In adolescence, this construct is particularly important because adolescents are highly sensitive to achievement, acceptance, rejection, and social comparison. When adolescents repeatedly interpret personal mistakes or interpersonal failures as signs of inadequacy, self-critical patterns may become stronger and more stable over time (Loew et al., 2020; Shahar, 2015).

One of the important family-related factors that may contribute to adolescent self-criticism is parental psychological control. Parental psychological control refers to intrusive and manipulative parental behaviors

that interfere with the adolescent's psychological and emotional autonomy. Such behaviors include guilt induction, love withdrawal, conditional approval, invalidation of feelings, and manipulation of the parent-child relationship. Unlike behavioral control, which involves rule-setting and monitoring, psychological control targets the adolescent's inner world, including emotions, thoughts, identity, and self-worth (Barber & Harmon, 2002; Soenens & Vansteenkiste, 2010).

From a theoretical perspective, parental psychological control can increase self-criticism by undermining adolescents' basic psychological needs for autonomy, competence, and relatedness. When parents communicate that affection, approval, or acceptance depends on achievement, obedience, or emotional compliance, adolescents may internalize the belief that their worth is conditional. This process may gradually shape a critical inner voice, particularly when adolescents feel unable to meet parental expectations. Soenens & Vansteenkiste (2010) distinguished between dependency-oriented and achievement-oriented psychological control and showed that these forms of control are differentially related to adolescent dependency, self-criticism, and depressive symptoms (Soenens & Vansteenkiste, 2010).

Achievement-oriented psychological control may be especially relevant to internalized self-criticism because it emphasizes parental expectations about performance, success, and failure. Adolescents who experience this form of control may learn to judge themselves according to unrealistic standards and may feel guilty or worthless when they do not meet these standards. Dependency-oriented psychological control, on the other hand, may restrict autonomy and increase emotional dependence on parental approval, thereby making adolescents more vulnerable to negative self-evaluation. Therefore, both forms of parental psychological control may contribute to the development of self-critical tendencies through different but related psychological pathways (Soenens & Vansteenkiste, 2010; Soenens et al., 2010).

In addition to family factors, interpersonal problems may play a central role in adolescent self-criticism. Interpersonal problems refer to recurring difficulties in forming, maintaining, and managing relationships with others. These difficulties may involve problems in assertiveness, sociability, openness, intimacy, responsibility, dependency, aggression, and emotional

closeness. [Barkham et al., \(1996\)](#) developed the short version of the Inventory of Interpersonal Problems to assess common relational difficulties and interpersonal distress in clinical and non-clinical populations ([Barkham et al., 1996](#)).

Interpersonal problems may contribute to self-criticism because adolescents often evaluate themselves through the quality of their relationships with peers, parents, and significant others. Repeated experiences of conflict, rejection, loneliness, dependency, or difficulty expressing needs may lead adolescents to interpret relational difficulties as evidence of personal inadequacy. For example, an adolescent who struggles with assertiveness or social participation may blame themselves for interpersonal failures and develop a persistent pattern of negative self-judgment. In this way, interpersonal problems may strengthen both internalized self-criticism and comparative self-criticism ([Barkham et al., 1996](#); [Shahar, 2015](#)).

The relationship between interpersonal problems and self-criticism may also be reciprocal. Self-critical adolescents may enter relationships with heightened sensitivity to rejection, criticism, and disapproval. They may interpret neutral social cues negatively, avoid emotional openness, or respond defensively to interpersonal stress. These patterns can increase relational tension and reduce relationship satisfaction, which in turn may reinforce self-critical beliefs. [Shahar \(2015\)](#) described self-criticism as a cyclical process in which self-critical individuals may contribute to the interpersonal conditions that maintain their distress, while distress further strengthens self-critical tendencies ([Shahar, 2015](#)).

Empirical findings also support the connection between self-criticism and interpersonal functioning. Research has shown that self-criticism is associated with interpersonal distress, emotional suppression, and difficulties in expressing positive emotions. Such difficulties may limit adolescents' ability to establish secure, supportive, and satisfying relationships. In turn, poor interpersonal functioning may intensify feelings of shame, inferiority, and self-blame. Therefore, interpersonal problems are not merely consequences of self-criticism but may also function as predictors or maintaining factors of self-critical patterns ([Dinger et al., 2015](#); [Luoma & Chwyl, 2022](#)).

Despite the theoretical importance of family and interpersonal factors, few studies have examined parental psychological control and interpersonal problems simultaneously as predictors of adolescent self-criticism. Investigating these variables together is important because adolescents' self-evaluations are shaped both within the family system and through broader interpersonal experiences. Parental psychological control may provide the early relational context in which conditional self-worth develops, whereas interpersonal problems may maintain or intensify self-critical beliefs through repeated social difficulties. Therefore, examining these two predictors together can provide a more comprehensive understanding of self-criticism during adolescence ([Barber & Harmon, 2002](#); [Soenens & Vansteenkiste, 2010](#); [Thompson & Zuroff, 2004](#)).

Accordingly, the present study aimed to predict self-criticism based on parental psychological control and interpersonal problems among upper-secondary school students. Based on previous theoretical and empirical evidence, it was hypothesized that parental psychological control and interpersonal problems would positively and significantly predict self-criticism. By clarifying these relationships, the study may contribute to prevention and intervention programs focused on reducing self-critical tendencies and improving adolescent mental health, family relationships, and interpersonal functioning ([Shahar, 2015](#); [Soenens & Vansteenkiste, 2010](#)).

Methods and Materials

Study Design

The present study was conducted using a quantitative, descriptive-correlational design with a predictive purpose. In terms of objective, it can be classified as a basic research study, because it aimed to examine the relationships among self-criticism, parental psychological control, and interpersonal problems and to determine the predictive role of parental psychological control and interpersonal problems in adolescents' self-criticism. Since no experimental manipulation was applied and the variables were measured as they naturally occurred, the study followed a correlational-predictive design. Pearson correlation analysis was used to examine the relationships among

the variables, and regression analysis was used to determine the extent to which parental psychological control and interpersonal problems predicted self-criticism.

Participants and Sampling Procedure

The statistical population consisted of all upper-secondary school students in Tehran during the 2024–2025 academic year, specifically students studying in educational districts 16, 17, and 19. According to the information obtained from the Department of Education, the total number of students in these districts was 27,358. The sample size was determined based on Klein's recommendation for predictive and correlational studies. Although the minimum appropriate sample size was estimated to be 335 participants, the final sample was increased to 350 students in order to compensate for possible attrition and to improve the generalizability of the findings. The participants were selected through non-random convenience sampling from Seyed Jamaledin Asadabadi and Boshra schools in May 2025.

The final sample included 350 upper-secondary school students. In terms of grade level, 154 students were in the tenth grade, 85 were in the eleventh grade, and 111 were in the twelfth grade. Regarding academic major, 139 students were studying experimental sciences, 185 were studying humanities, and 26 were studying mathematics. In terms of birth order, most participants were the first child in the family. Regarding school type, 217 students studied in public schools, 132 in model public schools, and one student in a gifted school. Most participants lived with both parents, and the majority reported their family's financial status as average. These demographic characteristics show that the sample included students from different educational, family, and socioeconomic backgrounds.

Instruments

Data were collected using three standardized self-report questionnaires. The first instrument was the Levels of Self-Criticism Scale developed by [Thompson & Zuroff \(2004\)](#). This scale was designed to assess self-critical tendencies and consists of 22 items. It measures two dimensions of self-criticism: internalized self-criticism and comparative self-criticism. Internalized self-criticism refers to negative evaluation of the self in relation to personal and internal standards, whereas comparative self-criticism refers to negative evaluation of the self in comparison with others. Items are scored on

a seven-point Likert scale ranging from 1, meaning "never," to 7, meaning "always." Items 6, 8, 11, 12, 16, 20, and 21 are reverse-scored. The total score ranges from 22 to 154, with higher scores indicating higher levels of self-criticism. The internalized self-criticism subscale includes 10 items, and the comparative self-criticism subscale includes 12 items. [Thompson & Zuroff \(2004\)](#) reported acceptable reliability for the scale, with Cronbach's alpha coefficients of .84 for internalized self-criticism and .78 for comparative self-criticism. In the present study, Cronbach's alpha was .84 for internalized self-criticism, .71 for comparative self-criticism, and .85 for the total scale.

The second instrument was the Parental Psychological Control Scale developed by [Soenens et al., \(2010\)](#). This scale assesses adolescents' perception of parental psychological control and includes 16 items. It measures two forms of psychological control: dependency-oriented psychological control and achievement-oriented psychological control. Dependency-oriented psychological control refers to parental behaviors that pressure the adolescent to remain emotionally and psychologically dependent on parents, whereas achievement-oriented psychological control refers to parental pressure related to performance, success, and achievement standards. The items are scored on a five-point Likert scale ranging from 1, meaning "strongly disagree," to 5, meaning "strongly agree." Each subscale contains eight items, and the total score ranges from 16 to 80. Higher scores indicate a higher perceived level of parental psychological control. [Soenens & Vansteenkiste \(2010\)](#) reported Cronbach's alpha coefficients of .87 for dependency-oriented psychological control and .93 for achievement-oriented psychological control. In the present study, Cronbach's alpha was .70 for dependency-oriented psychological control, .73 for achievement-oriented psychological control, and .78 for the total scale.

The third instrument was the Inventory of Interpersonal Problems developed by [Barkham et al., \(1996\)](#). This instrument is a self-report measure designed to assess common difficulties that individuals experience in interpersonal relationships. The version used in the present study included 29 items and six subscales: assertiveness and sociability, openness, consideration of others, aggression, supportiveness and participation, and dependency. The items are scored on

a five-point Likert scale ranging from 0, meaning “not at all,” to 4, meaning “extremely.” The total score range is 0 to 116, with higher scores indicating more severe interpersonal problems. Barkham et al., (1996) reported acceptable psychometric properties for the Inventory of Interpersonal Problems. In the present study, Cronbach’s alpha was .80 for the total scale, and the reliability coefficients for the subscales ranged from .70 to .75, indicating acceptable internal consistency.

Data Collection Procedure

The questionnaires were administered to the participating students after the required coordination with school officials. Before data collection, the purpose of the study was explained to the participants, and informed consent was obtained. The students were assured that participation was voluntary, their responses would remain confidential, and the data would be analyzed anonymously. The questionnaires were completed by the adolescents themselves, and parents did not participate in completing the measures. This procedure was consistent with the nature of the instruments, because all three scales were designed to assess adolescents’ self-reported perceptions of their own self-criticism, perceived parental psychological control, and interpersonal problems.

Findings and Results

The descriptive statistics for the study variables are presented in Table 1. The mean score of total self-criticism was 80.91, indicating a moderate level of self-criticism among the participants. The mean scores of parental psychological control and interpersonal problems were 37.72 and 46.16, respectively. Skewness

Ethical Considerations

Ethical considerations were observed throughout the research process. Participants received informed consent forms before the study began, and no physical harm, psychological harm, or financial burden was imposed on them. The confidentiality of participants’ information was carefully maintained, and the collected data were coded before being submitted for statistical analysis. Participation in the study was voluntary, and students were free to withdraw from the study at any stage.

Data Analysis

Data were analyzed using descriptive and inferential statistical methods. In the descriptive section, frequency, percentage, mean, standard deviation, variance, skewness, and kurtosis were used to summarize demographic characteristics and research variables. The Kolmogorov–Smirnov test was used to examine the normality of the data distribution. In the inferential section, Pearson correlation analysis was used to examine the relationships between parental psychological control, interpersonal problems, and self-criticism. Regression analysis was then used to determine the predictive power of parental psychological control and interpersonal problems for self-criticism. The analyses were conducted at the conventional significance level of .05.

and kurtosis values for all variables were within the acceptable range of -2 to +2, suggesting that the distributions did not substantially deviate from normality. The Kolmogorov–Smirnov test also showed that most variables had acceptable normal distribution; therefore, parametric analyses were used.

Table 1

Descriptive Statistics for the Study Variables

Variable	n	M	SD	Variance	Skewness	Kurtosis
Internalized self-criticism	350	35.26	11.95	142.85	.005	-.661
Comparative self-criticism	350	45.65	8.73	76.38	-.442	1.563
Total self-criticism	350	80.91	18.19	331.13	-.281	.448
Dependency-oriented psychological control	350	18.88	7.49	56.24	.569	-.190
Achievement-oriented psychological control	350	18.84	8.49	72.11	.484	-.653
Total parental psychological control	350	37.72	15.00	226.44	.479	-.403
Assertiveness and sociability	350	9.98	6.29	39.65	.438	-.393
Openness	350	6.92	2.92	8.57	.063	.069
Consideration of others	349	7.57	3.76	14.17	.052	-.470
Aggression	350	7.22	4.29	18.46	.219	-.699

Supportiveness and participation	350	9.72	5.48	30.10	.257	-.249
Dependency	350	4.71	3.05	9.30	.314	-.446
Total interpersonal problems	349	46.16	16.11	259.61	-.124	.115

Pearson correlation coefficients were calculated to examine the relationships between parental psychological control, interpersonal problems, and self-criticism. As shown in Table 2, parental psychological control was positively and significantly correlated with total self-criticism, $r = .171$, $p = .001$. Among the dimensions of self-criticism, parental psychological control showed the strongest association with internalized self-criticism, $r = .210$, $p < .001$, whereas its relationship with comparative self-criticism was not statistically significant, $r = .069$, $p = .198$.

Table 2

Pearson Correlations among Predictors and Self-Criticism

Predictor variable	Internalized self-criticism	Comparative self-criticism	Total self-criticism
Dependency-oriented psychological control	.173**	.079	.152**
Achievement-oriented psychological control	.219**	.052	.169**
Total parental psychological control	.210**	.069	.171**
Assertiveness and sociability	.232**	.140**	.220**
Openness	.303**	.208**	.299**
Consideration of others	.233**	.297**	.295**
Aggression	.391**	.206**	.356**
Supportiveness and participation	.182**	.033	.135*
Dependency	.392**	.226**	.366**
Total interpersonal problems	.441**	.272**	.420**

Note. $p < .05$. $p < .01$.

Simple regression analyses were conducted to examine whether parental psychological control and interpersonal problems predicted self-criticism. The first regression model showed that parental psychological control significantly predicted self-criticism, $R = .171$, $R^2 = .029$, adjusted $R^2 = .026$, $F(1, 348) = 10.48$, $p = .001$. This model explained 2.9% of the variance in self-criticism. The regression coefficient indicated that parental psychological control was a positive predictor of self-criticism, $B = .207$, $SE = .064$, $\beta = .171$, $t = 3.23$, $p = .001$.

Table 3

Regression Analyses Predicting Self-Criticism from Parental Psychological Control and Interpersonal Problems

Predictor	B	SE B	β	t	p	R	R^2	Adjusted R^2	F
Parental psychological control	.207	.064	.171	3.23	.001	.171	.029	.026	10.48
Interpersonal problems	.475	.055	.420	8.62	<.001	.420	.176	.174	74.31

Note. Dependent variable: total self-criticism.

Interpersonal problems were also positively and significantly correlated with total self-criticism, $r = .420$, $p < .001$. Interpersonal problems had a stronger correlation with internalized self-criticism, $r = .441$, $p < .001$, than with comparative self-criticism, $r = .272$, $p < .001$. These results indicate that higher levels of interpersonal problems were associated with higher levels of self-criticism, especially internalized self-criticism.

The second regression model showed that interpersonal problems significantly predicted self-criticism, $R = .420$, $R^2 = .176$, adjusted $R^2 = .174$, $F(1, 347) = 74.31$, $p < .001$. This model explained 17.6% of the variance in self-criticism. The regression coefficient showed that interpersonal problems were a positive predictor of self-criticism, $B = .475$, $SE = .055$, $\beta = .420$, $t = 8.62$, $p < .001$. Accordingly, interpersonal problems had a stronger predictive role in self-criticism than parental psychological control.

Overall, the findings supported the research hypothesis. Both parental psychological control and interpersonal problems were positively and significantly associated with self-criticism and were able to predict self-criticism among adolescents. However, interpersonal problems accounted for a larger

Discussion and Conclusion

The present study aimed to predict self-criticism based on parental psychological control and interpersonal problems among adolescents. The findings showed that both parental psychological control and interpersonal problems were positively and significantly associated with self-criticism. In addition, regression analysis indicated that parental psychological control significantly predicted self-criticism, although it explained a relatively small proportion of its variance. Interpersonal problems also significantly predicted self-criticism and accounted for a larger proportion of variance than parental psychological control. These findings support the assumption that adolescents' self-critical tendencies are shaped by both family-related experiences and broader interpersonal difficulties.

The first finding indicated a positive and significant relationship between parental psychological control and self-criticism. This result means that adolescents who perceived higher levels of psychological control from their parents reported higher levels of self-criticism. This finding is consistent with theoretical models suggesting that psychologically controlling parenting undermines adolescents' autonomy, competence, and sense of self-worth. Psychological control includes intrusive behaviors such as guilt induction, love withdrawal, invalidation of feelings, and conditional approval, all of which may lead adolescents to evaluate themselves through the lens of parental expectations and criticism (Barber & Harmon, 2002; Soenens & Vansteenkiste, 2010).

This finding can be explained by the internalization of parental criticism. When adolescents repeatedly experience parental messages that imply "you are valuable only if you meet my expectations," they may gradually develop a harsh internal voice. This internalized voice can become the basis of self-criticism, especially when adolescents fail to meet perceived standards of achievement, obedience, or emotional compliance. Soenens et al., (2010) emphasized that

proportion of variance in self-criticism than parental psychological control. These results suggest that adolescents who perceive greater parental psychological control and experience more interpersonal difficulties tend to report higher levels of self-criticism.

achievement-oriented psychological control may be particularly related to self-critical tendencies because it pressures adolescents to evaluate themselves according to performance-based standards. Therefore, the positive relationship between parental psychological control and self-criticism in the present study is theoretically meaningful (Soenens & Vansteenkiste, 2010).

The results also showed that parental psychological control was more strongly related to internalized self-criticism than to comparative self-criticism. This pattern suggests that parental psychological control may primarily contribute to the development of an inner critical standard rather than merely increasing social comparison. In other words, adolescents who experience psychological control may not only compare themselves negatively with others but may also judge themselves harshly according to internalized parental expectations. This interpretation is consistent with Thompson & Zuroff (2004) distinction between internalized and comparative self-criticism, in which internalized self-criticism reflects negative self-evaluation against personal and internal standards.

The second major finding indicated that interpersonal problems had a positive and significant relationship with self-criticism. Adolescents who reported more interpersonal difficulties also reported higher levels of self-criticism. This finding is consistent with interpersonal theories of self-criticism, which propose that self-critical individuals often experience difficulties in forming, maintaining, and regulating relationships. Interpersonal problems such as low assertiveness, dependency, aggression, lack of openness, and difficulty participating in relationships may intensify negative self-evaluation because adolescents may interpret relational failures as evidence of personal inadequacy (Barkham et al., 1996; Shahar, 2015).

The stronger predictive role of interpersonal problems compared with parental psychological control

suggests that adolescents' current relational experiences may play a particularly important role in maintaining self-critical tendencies. Adolescence is a period in which peer relationships, social acceptance, and belonging become central to identity development. When adolescents face repeated interpersonal difficulties, they may blame themselves for conflicts, rejection, loneliness, or communication failures. Over time, these experiences may strengthen beliefs such as "I am not good enough," "I always fail in relationships," or "others are better than me." Such beliefs are central to self-critical thinking (Shahar, 2015; Thompson & Zuroff, 2004).

This finding is also consistent with evidence showing that self-criticism is linked to interpersonal distress and maladaptive relational patterns. Dinger et al., (2015) found that dependency and self-criticism were associated with interpersonal problems in individuals with major depressive disorder. Although the present study was conducted among adolescents rather than clinical adults, the results support the broader view that self-criticism and interpersonal difficulties are closely connected. Self-critical adolescents may enter relationships with heightened sensitivity to rejection and criticism, which may lead to avoidance, defensiveness, dependency, or aggression. These behaviors may then create further interpersonal problems and reinforce self-critical beliefs (Dinger et al., 2015).

The findings also showed that interpersonal problems were more strongly related to internalized self-criticism than to comparative self-criticism. This suggests that adolescents who experience interpersonal difficulties may be more likely to turn relational distress inward and interpret it as a sign of personal defectiveness. For example, difficulties in openness, assertiveness, or dependency may lead adolescents to feel weak, inadequate, or unworthy. This pattern is consistent with Shahar (2015) model, which describes self-criticism as a process that can both arise from and contribute to problematic interpersonal experiences.

The results of the regression analyses showed that parental psychological control explained 2.9% of the variance in self-criticism, whereas interpersonal problems explained 17.6% of the variance. Although the predictive effect of parental psychological control was statistically significant, its effect size was smaller than that of interpersonal problems. This may suggest that

while parental psychological control contributes to self-critical tendencies, adolescents' broader interpersonal functioning may have a stronger immediate association with self-criticism. It is also possible that the effect of parental psychological control on self-criticism is partly indirect and operates through variables such as self-esteem, autonomy frustration, emotion regulation, attachment insecurity, or interpersonal difficulties (Barber & Harmon, 2002; Soenens & Vansteenkiste, 2010).

From a developmental perspective, these findings are important because adolescence is a period in which family influence and peer influence interact. Parents continue to shape adolescents' emotional and psychological development, but peer relationships and interpersonal experiences become increasingly important. Therefore, self-criticism may be understood as the result of both earlier family experiences and ongoing social interactions. Psychologically controlling parenting may create the foundation for conditional self-worth, while interpersonal problems may activate, maintain, or intensify self-critical beliefs in everyday life (Mastrotheodoros et al., 2020; Shahar, 2015).

The findings of the present study have important clinical and educational implications. Since both parental psychological control and interpersonal problems were associated with self-criticism, interventions aimed at reducing adolescent self-criticism should not focus only on the individual adolescent. Parent-focused interventions may help reduce guilt induction, conditional approval, and intrusive control, while adolescent-focused interventions may strengthen self-compassion, assertiveness, emotional expression, and interpersonal problem-solving skills. Cognitive-behavioral and compassion-focused approaches may also help adolescents identify and modify harsh self-critical thoughts and replace them with more balanced and supportive self-evaluations (Gilbert, 2009; Shahar, 2015).

In school settings, the results suggest that counselors and psychologists should pay attention to students who report interpersonal problems, social withdrawal, excessive dependency, aggression, or difficulty expressing needs. These interpersonal difficulties may signal a higher risk for self-critical thinking. Preventive programs that teach communication skills, assertiveness, emotion regulation, and healthy peer interaction may reduce self-critical tendencies by

improving adolescents' relational experiences. In addition, parent education programs can help families understand the harmful effects of psychological control and encourage more autonomy-supportive parenting practices (Soenens & Vansteenkiste, 2010).

Conclusion

The present study concluded that parental psychological control and interpersonal problems are significant predictors of self-criticism among adolescents. The findings showed that adolescents who perceive higher levels of psychological control from their parents and experience more interpersonal difficulties are more likely to report higher levels of self-criticism. Among the two predictors, interpersonal problems had a stronger predictive role, indicating that adolescents' relational functioning may be especially important in understanding self-critical tendencies.

Overall, the results support the view that self-criticism is not merely an individual cognitive style but is closely related to relational and family contexts. Psychological control may contribute to self-criticism by undermining autonomy and promoting conditional self-worth, whereas interpersonal problems may maintain self-criticism through repeated experiences of conflict, rejection, dependency, or social failure. Therefore, prevention and intervention programs should address both the family environment and adolescents' interpersonal skills in order to reduce self-critical patterns and promote psychological well-being (Barber & Harmon, (2002); Barkham et al., (1996); Soenens & Vansteenkiste, (2010).

Limitations

Despite its contributions, the present study had several limitations. First, the study used a correlational-predictive design, so causal conclusions cannot be drawn. Although parental psychological control and interpersonal problems predicted self-criticism, it is also possible that self-critical adolescents perceive relationships more negatively or contribute to interpersonal difficulties. Second, the data were collected through self-report questionnaires, which may be affected by response bias or social desirability. Third, the sample was limited to upper-secondary school students in selected districts of Tehran, which may limit the generalizability of the findings to adolescents from other cities, age groups, or cultural contexts.

Suggestions for Future Research

Future studies are recommended to use longitudinal designs to examine the causal pathways among parental psychological control, interpersonal problems, and self-criticism. It would also be useful to examine mediating variables such as self-esteem, attachment style, emotion regulation, autonomy frustration, and self-compassion. In addition, future research could compare boys and girls or examine whether grade level, family structure, socioeconomic status, or parental education moderates these relationships. Using multi-informant data from adolescents, parents, and teachers may also provide a more comprehensive understanding of the relational factors associated with self-criticism (Soenens & Vansteenkiste, 2010; Thompson & Zuroff, 2004).

Practical Implications

The findings suggest that school counselors, clinical psychologists, and family therapists should consider both parenting style and interpersonal functioning when working with self-critical adolescents. Parent training programs should emphasize autonomy-supportive communication and reduce psychologically controlling behaviors such as guilt induction and conditional approval. At the same time, adolescent-focused interventions should target interpersonal skills, assertiveness, emotional openness, and self-compassion. Addressing these areas may help reduce self-criticism and prevent related psychological difficulties such as depression, anxiety, shame, and interpersonal distress (Gilbert, 2009; Shahar, 2015).

Acknowledgments

The authors express their gratitude and appreciation to all participants.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contribute to this study.

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