

Relationship between Parenting Style and Children's Obsessive-compulsive Disorder

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Abstract

Generally, parenting styles are variables that affect behaviors of obsessive-compulsive disorder (OCD). To do so, the present study aimed to examine the relationship between parenting styles with obsessive-compulsive disorder in the students in high schools of Mashhad, Iran. As such, a quantitative methodology in form of a correlational design was employed in this research, which comprised two main variables including parenting styles and Iranian teenagers' OCD. To address the research objective, 180 teenagers who were students at some schools in Mashhad, Iran, and their parents, completed the study questionnaires which included Baumrind parenting styles Scale (1971) and the Maudsley Obsessive-Compulsive Inventory (2011). The analysis of the data obtained from implementing the questionnaires was performed through SPSS25 software in two sections: descriptive and inferential (Pearson Correlation Coefficient and regression analysis, i.e. ANOVA). The results showed that there was a significant relationship between OCD and the three parenting styles. Also, the relationship between the authoritarian parenting style and the symptoms of OCD ($r = -0.79$) was significant in a negative way and with 99% certainty ($p < 0.01$). On the other hand, there was a positive correlation between authoritarian parenting style and OCD ($r = 0.60$). Finally, there was a positive correlation between permissive parenting style and OCD ($r = 0.55$). It can be then concluded that parenting styles can strongly predict OCD and determine 0.64 of the OCD.

Keywords: parenting styles, obsessive-compulsive disorder, authoritative, authoritarian, and permissive

1. Introduction

Obsessive-Compulsive Disorder is a heterogeneous psychological disorder characterized by the return of impulses, violent thoughts, images that cause and stress, anxiety and repetitive behaviors. Repetitive behaviors in obsessive-compulsive disorder are performed in order to reduce stress. Compulsive obsession can include injury, damage, sexual experiences, family structure and relationships, and other things. OCD is typified by recurrent, bothersome, unwelcome, and upsetting thoughts, visions, or desires (called obsessions), which are counteracted by recurrent, ritualistic, and time-consuming overt or covert activities (called compulsions). Frequent obsessions include ideas that are aggressive, sexual, or religious; symmetry (e.g., arranging objects in a specific way); and worries of contamination or harm to oneself or others or aggressive thoughts. Counting, ordering, praying, reassurance-giving, and excessive washing are examples of common compulsive activities (Paul et al., 2016; Navarro, 2023; Rodgers et al., 2015; Veale & Roberts, 2014). About 75% of OCD patients also have a secondary mental illness, such as depression or anxiety. This indicates a high comorbidity rate among OCD patients (Navarro, 2023). Over the past few decades, research has dramatically expanded our knowledge of the phenomenology and treatment of obsessive-compulsive disorder. Today, there are many mechanisms and factors in the cause of obsessive-compulsive disorder, and these mechanisms and factors cause this disorder to last throughout life. Genetic, developmental, psychological, neurological, and medical variables can all contribute to the development of OC symptomatology; nevertheless, the exact cause of OCD is still unknown (Rahimi et al., 2015; Veale & Roberts, 2014). Parenting styles, for example, have an impact on OC symptomatology by fostering the development and maintenance of maladaptive belief schemas in children and adults, even though cultural factors do not account for a significant portion of the variance in the etiology of OCD (Navarro, 2023).

Some of the factors related to parents that affect children's development include warmth and acceptance and control of children's behavior. A high level of warmth and acceptance is one of the characteristics of parents who

are interested in the child and responsible. A high level of behavioral control is one of the characteristics of authoritarian parents. Parenting style may actually be a potential risk factor for the development of OCD, according to a number of research studies (e.g., Krebs et al., 2019). Researchers have discovered that a person's personality is influenced by their parents' actions. Instances of a healthier personality style include showing affection and emotional warmth, as well as refraining from over-protection, control, and criticism. Conversely, a variety of psychopathologies, including anxiety, depression, oppositional behaviors, schizophrenia, substance misuse, and eating disorders, have been linked to parental rejection and control (Alonso et al., 2004).

Understanding the relationship between various parenting styles and the severity of OCD symptoms may help improve treatment effectiveness, increase remission rates, or aid in the development of new treatment interventions, as parenting styles have been shown to impact a child's biopsychosocial development, especially in a developing country like Iran where there is little understanding of the phenomenon.

2. The Research Objective and Hypothesis

The goal of this study is to examine the relationship between the three distinct parenting philosophies identified by Baumrind (authoritative, authoritarian, and permissive) and the severity of OCD symptoms among high schoolers in Iran. This is in keeping with the body of research that indicates a relationship exists between various parenting styles and an individual's cognitive, psychological, social, emotional, and behavioral development. Besides, there is inconsistency in the previous findings related to Iran and this research is an endeavor to explore the relationship between parenting styles of Iranian parents and the OCD symptoms among their children. Knowing how various parenting styles and the severity of OCD symptoms relate to one another will help us better understand OCD and potentially lead to the development of novel therapeutic approaches that could improve treatment outcomes. Bearing this in mind, the following hypothesis was formulated in this study:

H₀: There is no significant relationship between parenting styles and OCD symptoms among teenagers in Iran.

H₁: There is a significant relationship between parenting styles and OCD symptoms among teenagers in Iran.

3. Theoretical Framework: Parenting Styles and OCD

Theorists have been interested in how parenting style relates to obsessive-compulsive symptoms. Over the past years, there has been a general agreement that a significant hereditary component contributes to obsessive-compulsive disorder (OCD). As a result, theories on how parenting styles affect OCD have changed from focusing on how pathogenic parenting caused the disorder to develop to how these factors may cause, worsen, or influence OCD's clinical manifestation. According to research, the following behaviors of parents may help children develop distorted (or maladaptive beliefs which are frequently displayed by individuals who have been diagnosed with OCD; these include responsibility, threat estimation, perfectionism, tolerance for ambiguity. OCD may arise as a result of maladaptive beliefs of internal and external stimuli, shaped by early-life experiences (Paul, Simon, Endrass, & Kathmann, 2016; Tamir, 2016). Unhealthy internal working models may be the cause of such maladaptive beliefs. Cognitive and affective schemas are examples of internal working models that affect an individual's expectations, feelings, defensive mechanisms, and relational behavior in addition to how they see other people, themselves, and the environment around them (Doron et al., 2012; Nanu & Nijloveanu, 2015).

Research on the connection between parenting styles and the onset of OCD has shown that, generally speaking, individuals diagnosed with OCD report having grown up with parents who were less warm and caring and more demanding, critical, controlling, perfectionist, rejecting, and likely to use guilt induction—qualities that are typically linked to an authoritarian parenting style (Haciomeroglu & Karanci, 2014; Krebs et al., 2019; Rosa-Alcázar et al., 2019).

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) separates obsessive-compulsive disorders from other disorders by listing compulsive behaviors and obsessive-compulsive thoughts as two parallel components that together constitute obsessive-compulsive disorder. It is acknowledged that OCD symptoms can be permanent and repeated, and that they are common in the general population. The majority of the general public reports engaging in obsessive activities which are not essentially unlike the compulsive behaviors exhibited by psychiatric patients. This implies that degree rather than kind is the primary distinction between those with OCD and the general population. Therefore, normal people could also suffer from certain compulsive symptoms (Hu, Liang, Liu, et al., 2023).

Because obsessive-compulsive symptoms typically appear in the early stages of adulthood, researchers have concentrated on parenting styles, one of the most significant external influences linked to an individual's development during adolescence (Hu, Liang, Liu, et al., 2023). There are diverse studies on the relationship

between parenting style and OCD in many countries around the world. For example, Rosa-Alcázar et al. (2019) looked into the relationship between teenage OC symptomatology and parenting styles, finding that paternal control, manipulation, guilt induction, and warmth were positively connected with OC symptomatology in teenagers, parental warmth was adversely correlated with it. A parent's parenting style is a collection of the attitudes, feelings, and actions they have toward raising their children over the course of raising them. This architecture is not likely to alter significantly depending on the circumstances (Hu, Liang, Liu, et al., 2023).

Although many findings imply that there is a link between parenting approaches (especially authoritarian parenting) and the onset of OCD, it is shown that other variables such as genetics or pre-existing mental health issues may moderate this association. This means when a substantial stressor triggers OCD, an individual may already be genetically susceptible to developing OCD. In other words, there may not be a direct correlation between an authoritarian parenting style and OCD; rather, it may serve as a trigger for the disorder (Krebs et al., 2019; Rosa-Alcázar et al., 2019; Wilcox et al., 2008).

4. Literature Review

Ezad Khast and Golshani (2020) examined the relationship between parenting styles, perfectionism, and quality of life in women with OCD and healthy women. The results demonstrated a substantial difference in perfectionism and life satisfaction between the two groups. But there was no discernible difference between the two groups' parenting philosophies. The findings of this study highlight the significance of quality of life and perfectionism in the diagnosis and development of an effective treatment plan for obsessive-compulsive disorder.

Amirzahedi and Asgharnejhad Farid (2019) investigated the connection between OCD university students' schemas and parenting approaches. The findings indicated a connection between students' obsessive-compulsive disorder and their early maladaptive schemas. Furthermore, there was a strong positive correlation between OCD and child-rearing practices (authoritarian, permissive, neglectful).

Through the mediating role of obsessive beliefs, Mashhadi et al. (2022) sought to predict the severity of Obsessive-Compulsive Syndrome based on perceived parenting style in Mashhad, Iran. The results demonstrated a strong relationship between the intensity of OCS and the Early Maladaptive Schemas (EMSs) of emotional deprivation, abandonment/instability, defectiveness/shame, and unwavering standards and obsessive beliefs. Furthermore, concerning the aforementioned EMSs and the severity of OCS, the mediating impact of obsessive beliefs was noteworthy.

Kiani, Einy, Vala, and Rashid (2018) investigated the association between the parent-child relationship structure and the parental report of their children's OCD symptoms and thought fusion. The teenagers with OCD were the subjects of this study. The findings revealed no significant association between the parent-child relationship structure and the thought fusion of the OCD-addicted teens, however there was a significant relationship between the parental report regarding their children's OCD symptoms and the parent-child relationship structure. Additionally, the capacity of parents to anticipate their children's abnormalities was highlighted in relation to the nature of the parent-child interaction.

Iranian children and adolescents' OCD prevalence and determinants were examined by Mohammadi et al. in 2021. In children and adolescents, OCD was more common in boys (3.1%) than in girls (3.8%). OCD may also be predicted by factors such as parents' psychiatric hospitalization history, gender, age, and place of residence. There was comorbidity between OCD and mood, behavioral, elimination, and alcohol and tobacco use problems. It was determined that environmental variables and other illnesses may contribute to the development of OCD.

The association between a parent's lifestyle and prevalent psychiatric problems in children and adolescents was investigated by Shakarami et al. (2019). The findings demonstrated a strong correlation between parents' mental health and separation anxiety disorder (SAD). Furthermore, a strong correlation was observed between OCD and good physical health, the prevention of illness, spiritual well-being, and abstaining from alcohol, narcotics, and opiates. There was a strong correlation found between social health, athletics and fitness, attention deficit hyperactivity disorder (ADHD), and social phobia with spiritual health. As a result, a major factor influencing children's mental health is the lifestyle of their parents.

The mediation function of perfectionism in the link between perceived parenting styles and OCD was studied by Jamei and Zarbakhsh (2021). The findings showed that perfectionism in students acted as a mediator between OCD and the structural model of perceived parenting styles. Additionally, the relationship between democratic parenting styles and perfectionism was mediated by both positive and negative perfectionism; the relationship between OCD and authoritarian parenting was mediated by negative perfectionism; the relationship between

authoritative parenting styles and perfectionism was mediated by positive perfectionism. To sum up, parental approaches contributed to the development of perfectionism personality traits in a way that had an impact on OCD through patterns and consequences.

Parent-child interaction styles that are important in the development of OCD were reviewed by Goli et al. (2019). Following the selection of the final papers for evaluation, they classified parental flexibility, parental support, parental care, control, and chilly interactions as five groups of factors influential in the development of OCD. Parent-child interaction styles are found to be a significant factor in the development of OCD and to be a useful predictor of the disorder's onset.

5. Methodology

5.1 Method

Since this research aimed at examining the relationship between parenting styles and teenagers' OCD among selected Iranian high-schoolers, the research design is descriptive in which data is collected via questionnaires. Besides, this study is correlational by nature as the relationships between the study variables were explored without controlling or manipulating any of them (Bloomfield & Fisher, 2019). Therefore, a quantitative methodology in form of a correlational design was employed in this research, which comprised two main variables including parenting styles and Iranian teenagers' OCD.

5.2 Research Instruments

5.2.1 The Maudsley Obsessive-Compulsive Inventory (MOCI)

The Maudsley Obsessive Compulsive Inventory (MOCI) (2011) was used in this study, which is one of the most used tests in clinical psychology for assessing the obsessive and compulsive symptoms in psychiatric patients and as a screening tool in nonclinical population. This questionnaire has 30 true-false options and includes four subscales. Each item gets a score of 0 or 1, and therefore the total score of the person will be between 0 and 30. The higher the score, the more obsessive he or she is.

5.2.2 Baumarind Parenting Styles Scale (1971)

The initial form of this questionnaire has 30 items, which was designed and made by Baumarind in 1971. This questionnaire measures parents' parenting styles in three factors: permissive, authoritative, and authoritarian in a 5-point Likert scale (completely agree (1), somewhat agree (2), somewhat disagree (3), disagree (4), completely disagree (5)). A separate score is obtained by adding the scores of the items related to each style and dividing it by the number of questions. The retest reliability of this questionnaire has been reported as 0.69 for the permissive component, 0.77 for authoritarian and 0.73 for authoritarian (Ashrafi, Qanawati, Makondi, Mousavi and Mohammadi Majd, 2014). In the present study, Cronbach's alpha was 0.73 for the permissive component, 0.79 for authoritative, and 0.75 for authoritarian.

5.3 The Study Sample and Data Collection Procedure

The population of this study included all students who studied in the academic year 2023-2024 in some selected high schools (cycle 2) in District 6 of Mashhad, Iran. To reach a sample, in this study, the instructions of Krejcie and Morgan (1970) was followed for sampling. According to official records, a number of 340 students had been registered in these schools, and taking into account Krejcie and Morgan's (1970) table, a number of 181 could be the true representative of the population. After sending the questionnaires of the study in form of Google Doc link via email, and social media platforms of the schools as well as the ones distributed in person, a total number of 180 questionnaires were valid for the purpose of analysis as some were submitted incomplete and discarded accordingly. Therefore, 180 teenagers, and their parents, completed the study questionnaires. The execution time had no limitations. According to the current research plan, in order to analyze the data, the descriptive and inferential statistics methods were used to test the study hypotheses.

6. Results and Findings

As it is shown in Table 1, 65% of the participants were females versus 35% males. Majority of the respondents were married with a rate of 82.8% while only a small portion reported that they were either a single parent or divorced, i.e. 17.2%. as for age, while totally 24.4% of the participants were between 20 and 34 years old, 75.5% of them were 35 years old and more. Regarding education, majority of the respondents held a bachelor (44.4%), while 13.9% had a master and a small portion of 2.2% had PhD. Those who had a high school diploma and an associate degree with rates of 20.6 and 18.9, respectively. In other words, most of the participants in this study had done their post-secondary studies (roughly 80%).

Table 1. Demographic Information of the respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Gender	Male	63	35.0	35.0	35.0
	Female	117	65.0	65.0	100.0
Marital Status	Married	149	82.8	82.8	82.8
	Single parent-Divorced	31	17.2	17.2	100.0
Age	20-24	9	5.0	5.0	5.0
	25-29	22	12.2	12.2	17.2
	30-34	13	7.2	7.2	24.4
	35-39	74	41.1	41.1	65.6
	40 and above	62	34.4	34.4	100.0
Education	High school diploma	37	20.6	20.6	20.6
	Associate degree	34	18.9	18.9	39.4
	Bachelor	80	44.4	44.4	83.9
	Master	25	13.9	13.9	97.8
	PhD	4	2.2	2.2	100.0
Total		180	100.0	100.0	

*N=180

In order to test the hypothesis of the research, correlation coefficient and regression were used and the results are presented in tables 2 and 3. The correlation coefficients of parenting style with the symptoms of OCD indicate the existence of significant relationships between OCD and the three parenting styles. The results show that the relationship between the authoritarian parenting style and the symptoms of OCD ($r = -0.79$) is significant in a negative way and with 99 percent certainty ($p < /01$). On the other hand, it is observed that there is a positive correlation between authoritarian parenting style and OCD ($r = 0/60$), ($p < /01$). Finally, it is seen that there is a positive correlation between permissive parenting style and OCD ($r = 0/55$), ($p < /01$).

Table 2. Correlation coefficients of obsessive-compulsive symptoms with parenting styles

	Authoritative	Permissive	Authoritarian
OCD	-0/792**	0/556**	0/601**

** The level of significance is $P < 0.01$

Based on the results of the Analysis of Variance (ANOVA), it can be concluded that parenting styles can strongly predict OCD at the significance level of $p < 0.01$. Overall, parenting styles explain and determine .64 of the OCD. The beta coefficient of Authoritative, authoritarian, and permissive are -0.696, 0.148, and -0.039. among the three parenting styles, only authoritative parenting style has a significant and strong prediction with 99% certainty, as presented in Table 3.

Table 3. Regression analysis of OCD symptoms according to parenting styles

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	R square	Adjusted R square
	B	Std. Error	Beta				
Authoritative	- 0.615	0.053	- 0.696	- 11.644	0.000		
Authoritarian	0.152	0.091	0.148	1.674	0.096	0.640	0.634
Permissive	- 0.028	0.077	- 0.039	- 0.364	0.716		

7. Conclusion

The present study was conducted in order to investigate the relationship between parenting styles and obsessive-compulsive disorder (OCD) of teenagers who studied in high schools in Mashhad, Iran. The results of the research indicated that the parenting styles are correlated with OCD symptoms in adolescents. It is evident that parenting styles could result in a variety of positive and negative consequences for teenagers, affecting their overall mental health. Of the negative consequences of ineffective parenting styles is high prevalence of OCD among teenagers. The present study shows that among the three types of parental parenting styles, children whose parents are authoritative have the lowest amount of COD while those whose parents have permissive and authoritarian parenting styles had a high level of obsessive-compulsive symptoms.

In conclusion, the study's findings imply that parenting practices have an impact on the intensity of OC symptoms. Specifically, and in line with recent research, authoritative and permissive parenting styles resulted in more severe OC symptoms than an authoritative parenting approach. The findings of this study point to the need for mental health professionals to treat OCD patients, particularly children, using a systemic approach (such as family-based cognitive behavioral therapy) due to the correlation between OC symptomatology and parenting style, particularly authoritarian parenting. The impact of gender and ethnicity on the severity of OC symptoms, as well as the relationship between authoritative and permissive parental behaviors, require more investigation.

8. Implications

These results have significant implications. First off, the study's findings add to the body of literature that suggests there is a correlation between parenting styles and OCD, specifically the link between an authoritarian parenting style and OC symptomatology (Krebs et al., 2019; Rosa-Alcázar et al., 2019). These findings help to clarify the potential etiological elements that could be responsible for the onset and prevalence of OCD. Although studies indicate that genes may play a role in the development of OCD, other external factors account for at least half of the variance (e.g., unpleasant events in childhood, parenting style; Bandelow et al., 2016; Bandelow et al., 2017). In light of this, therapy decisions for OCD sufferers should be made after considering these findings. Depending on the patient's age, health, and the intensity of their OC symptoms, the recommended course of treatment for improving OC symptomatology is usually a combination of medication and individual therapy (e.g., CBT). Nonetheless, considering the generally acknowledged impact of parenting style on the emergence and probable sustenance of OCD symptomatology, treatment strategies ought to concentrate on more comprehensive methods of treating OCD, such as family-based cognitive behavioral therapy.

9. Limitations and Recommendations

There were certain limitations faced with in this study. Initially, the Baumarind parenting styles Scale was used to assess parenting styles, and participant cognitive processes may have had an impact on the outcomes. Future research could employ techniques like observation and coding to strengthen the validity of the results. Besides, although though this study used the Maudsley Obsessive-Compulsive Inventory for diagnosing OCD, no clinical sample was included, and more research is necessary to determine whether the findings apply to clinical populations. Finally, causality could not be determined because of this study's methodology. In order to investigate the long-term consequences of parenting styles on OCD, future research should utilize a longitudinal methodology.

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