

## Parental Attitudes and Adolescents' Psychopathology

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### Abstract

The present study was aimed at studying parental attitudes and its impact on adolescents' abnormal behaviour. The attitudes of parents have been perceived by adolescents with psychological disorder (study group) and their normal siblings (control group). The Family Relationship Inventory (FRI) was administered on 40 adolescents with psychological disorder and their 40 normal siblings. Results showed that parents' attitude of avoidance, as perceived by the adolescents with psychological disorders, was significantly different from the perception of the same by normal siblings. Furthermore, mothers of the patients were perceived more avoiding than fathers. The findings could be immensely helpful in understanding dynamics of interpersonal relationships, investigating causes and providing psychological intervention to the adolescent with psychological disorders.

**Keywords:** Parental Attitude; Adolescence; Psychopathology; Family

### Introduction

Family is the first school and a miniature society for children. The children's experiences in family duly affect their expectations and capacities for social living in subsequent stages of life. During developmental period, parents are important causal agents in their children's behavioural, emotional, cognitive development, changes and modifications. The children receiving adequate love, affection and support from their family tend to approach with comfort and confidence in interpersonal relationships. On the other hand, the children experiencing much emotional coldness and rejection from close people like parents and other significant family members tend to feel lack of emotional warmth and distraught in interpersonal terms. Hillman [1] conducted a study to determine if there exists a relationship between a child's perception of total family climate and his scholastic performance. The desirable relationship was found in certain areas as the family climate was related consistently to reading comprehension. Urzua [2] studied dysfunctional families and its association with manifestation of risk behaviours among adolescents. The results showed that the prevalence of risk behaviour increases when the family malfunctions due to illness or parental separation. Similarly, Allan, Kashani and Reid [3] investigated the effects of parental hostility on children. They found that the parents' exhibited negative attitudes were associated with an elevated level of family ineffectiveness and lack of cohesion among its members. Patten., *et al.* [4] examined the relationship between family structure, parental social support and depressive symptoms among adolescents in California, and concluded that depressive symptoms were related to poor family structure and parental support. They further added that lack of parental social support was highly related to depressive symptoms among adolescents. The study of Caster., *et al.* [5] examined the relationship between adolescents' perception of their parents' child-rearing styles, families' environment and social anxiety. Finally, it was observed that adolescents with higher level of social anxiety perceived their parents as being more socially isolating, over concerned about others' opinions, ashamed of their children's shyness, angry with poor scholastic performance and social inactivity than youths with lower social anxiety. Sakado., *et al.* [6] explored the relationship of dysfunctional parenting and observed that low level of parental care, unmarried condition, non-melancholic features and a high isolation tendency contributed to poor outcomes of depression. They further suggested that low level of parental care may be an independent predictor of a poor response to treatment compliance with adequate anti-depressants.

Furthermore, the family pathology not only contributes to development of psychopathology in normal adolescents, rather, also in children with physical, sensory or multiple impairments. In this context, Saetermoe, Farruggia and Lopez [7] examined level of parental communication and differential conversational styles with adolescents with disabilities to understand their probable risk toward psychosocial problems. The results suggested that the adolescents with disabilities may be at disadvantage when engaged in poor and inadequate family interactions in contrast with their normal and healthy siblings. Such undesirable negative parental attitudes not only create hindrance in delivering mental health services, rather, doubt about relevance of mental health intervention and care for children and adolescents also [8,9].

But, all aforementioned studies were conducted on western families wherein the concept of family is culturally different from the oriental countries like India and its sub-continental regions. In fact, the western families are of nuclear nature and the parent-child relationship is defined as a relationship between two separate and equal psycho-physiologic systems, i.e. child as one and parents as the other promoting and driving by reciprocal growth, gratification and frustration etc. Secondly, in such studies, the nature of pathological parent-child relationship has been compared with the inclusion of normal children and adolescents taken from out of the families of the study group. In fact, the parent-child relationship is conceived as a mosaic of several interaction systems, i.e. mother and child, father and child, child and relationship with father and mother etc. On the contrary, family environment and parent-child relationship are not treated as two separate entities in the Indian societies; rather these are clearly interwoven as joint and extended families comprehensively affecting each other. Thus, the basic concept of family, its nature and functions are quite different in India from the west duly and enduringly affecting parent-child relationships differentially. Further, in the context of the present study, the control group has been comprised of the normal siblings of the adolescents with psychological disorders (i.e. the study group), unlike the western studies. The present study is aimed at investigating the role of the parental attitudes in affecting origin and development of psychological disorders in Indian adolescent children and comparing the study with the control groups of adolescents selected from the same families. It was hypothesized that negative attitudes of parents do play their role in developing abnormal behaviour in the adolescent.

### Methodology

**Venue:** The study was conducted at Central Institute of Psychiatry (CIP), Government of India, Kanke, Ranchi. This institute has a wide catchment's area conglomerating nearly 25 states of India, Nepal, Bhutan and Bangladesh with nearly 800 beds for adult patients, 50 beds for children, approximately 25,000 admissions and visit of 80,000 patients at Out-patient Department (O.P.D.) every year.

**Sample:** The sample of 40 adolescents with psychological disorders without family history of mental illness and the equal number of their normal siblings (including male and female) were selected (thus, total of 80) through convenient and purposive sampling from the Child Psychiatric Unit of the CIP on OPD level. The sample included several psychiatric diagnoses, e.g. schizophrenia, depression, obsessive-compulsive disorders, learning disorders etc. The age range of the sample (study group) was from 14 - 17 years and 18.5 - 20 years for normal siblings as a control group. The patient's family with more than one patient was not included due to suspected family history/genetic disposition of mental illness. Similarly, adolescents or their siblings with associated medical illness were also not included in the study. The patients belonged to the similar level of middle socio-economic status as well as marital status. But there was difference between their level of age, education and occupation mentioned in *results* below. In case of more than one sibling, the children closest to the age of the patients were included in control group.

**Tool used:** The Family Relationship Inventory (FRI) is a Hindi adaptation by Shery and Sinha [10]. Brunken and Crites [11] originally devised this inventory for measuring three types of perceived parental attitudes, namely acceptance, concentration and avoidance. The inventory is intended to be used on Hindi speaking school or college students in India. It discriminates individuals feeling emotionally accepted, over protected or rejected by their parents. The inventory contains 150 items classified into the patterns of mother and father separately. The test-retest reliability coefficient of the FRI was moderately high over the sub-scales. The validity of the scales was attempted by correlating data from a sample of 200 secondary school students on the FRI with the data obtained on the Saxena Personality Inventory and the values were significant at .01 level. Its statistically significant correlation coefficients were ranging from .44 to .84.

**Procedure of data collection**

All the patients and their normal siblings were assessed on the socio-demographic profile. The data were collected from the adolescent patients and their normal siblings visiting hospital in follow-ups. The patients were diagnosed as per the International Classification of Disease and related Health Problems (ICD-10), and their clinical symptoms were settled through psychiatric treatment prior to administering the FRI. The required 'informed consent' was obtained for data collection from the head of ethical committee at the institute, as well as, patients and their accompanied members before eliciting required information for the purpose of study. Each of the patients and one of their normal siblings (closest in birth order) were assessed on the FRI. The clinical history and mental status examination were administered for assessing absence of psychological disorders in the control group. The presence of genetic disposition was ruled out through clinical interview with parents and other key informants staying with the clients for a longtime. The t-test was computed for prospective results, discussion and conclusion as per the nature of data.

**Results**

The patients' and normal group of siblings were significantly different from each other on age (Mean = 15.86 and 19.16; SD = 0.98 and 3.41 by degrees;  $t = 6.63 > .001$ ). Similar findings were found on education (Mean = 2.23 and 3.10; SD = 0.72 and 0.96 by degrees;  $t = 3.94 > .01$ ), and occupation (Mean = 3.97 and 3.17; SD = 0.18 and 1.23;  $t = 3.51 > .01$ ).

In addition, this study investigated three types of parental attitudes with findings being given in the table below.

Parental Attitudes	Study group	Control group	t-value
Acceptance	M = 16.13	M = 16.37	t = 2.32 < .05
(Mother)	SD = 4.88	SD = 4.13	
Acceptance	M = 15	M = 15.33	t = 2.11 < .05
(Father)	SD = 4.88	SD = 4.6	
Concentration	M = 12.03	M = 11.23	t = 2.53 < .05
(Mother)	SD = 3.33	SD = 2.56	
Concentration	M = 8.97	M = 9.30	t = 2.39 < .05
(Father)	SD = 3.18	SD = 2.49	
Avoidance	M = 12.10	M = 6.33	t = 4.31 > .01
(Mother)	SD = 6.46	SD = 4.30	
Avoidance	M = 11	M = 5.37	t = 4.12 > .01
(Father)	SD = 5.12	SD = 2.62	

*Table: The t-test analyses on data on parental attitudes.*

**Discussion and Conclusion**

Since the present study was a time-limited research as part of fulfillment of 2-year academic programme, namely, Master of Philosophy in Psychiatric Social Work comprising comprehensive clinical internship, therefore, the sample size was modest and included sample with various psychiatric disorders. In addition, only those patients were included whose psychopathology was settled down by medication, so that their test-performance could not get affected by their active psychopathology. The aim was to study the impact of parental attitude on adolescents' psychopathology in general rather than in a particular psychological disorder. The majority of the sample was male and single in both of the patients' group and comparative group (control group of normal siblings). Although, results observed a significant difference on age (incidentally, all normal siblings were found elder to their patients), education and occupation between the patients' and normal group of siblings, however, these differences didn't seem to affect results, rather such differences have been evidently acceptable in former studies [12-14]. Nonetheless, it implicated some significance in the present study. The qualitative analyses (based on interview with normal siblings) unveiled that the difference in their birth order and biological age helped normal siblings surpassing in education and securing occupation supporting their personal settlement and family income as well. It worked as one of the strong supporting means

for healthy survival of the siblings, mutual adjustment in family and care for elderly family members making the familial ambience mutually more congenial for all. In contrast, low level of education as well as income have been highly implicated in incidence and prevalence of psychological disorders [15,16] and, even an accelerated rate of mental disorders with grim scenario if early childhood faces severe financial crises [17].

In this study, three types of parental attitudes, i.e. acceptance, concentration and avoidance have been studied. These attitudes are associated with the overall development of the children. The children develop their feelings and behaviours toward their home environment as a result of their parental attitudes toward them. Acceptance is defined as the parental consideration of the child as a full-fledged member of the family who needs a certain degree of independence and who has the capacity to assume responsibility. Parents with such an attitude of acceptance towards their children neither concentrate their attention nor overlook their children, rather, encourage them to fulfill their potentialities in the best way possible. In the findings, mothers' acceptance is slightly less for the patient group than for the normal siblings but statistically not significant. Similarly, there was slight difference in relation to the fathers' acceptance, between the patients' group and the normal group of siblings which was also not significant. It indicated that both of the patients' and the normal groups were considered on equal level of acceptance by their respective parents. Similar findings were obtained on concentration to be given separately by father and mothers. Concentration signifies attitudes of parents who devote disproportionate amount of time and energy to the direction and control of their children, over protect them through restrictions upon their efforts to explore the environment through placing heavy demands upon them to perform beyond their capacities and to achieve ambitions. Both parents have been observed at the same level in this investigation. However, the findings are significantly different on the attitude of avoidance which refers to the disposition of parents who either neglect or reject the child through denying love and affection to be given, as well as, spend very little time with the child. The parents failed to satisfy the child's physical and emotional needs, abuse openly and are cold hearted toward child's positive interest. Both of the patients' and normal siblings' groups observed mother as more avoiding and the normal group than the father. Such findings have been supported by other researchers also [4,13,18,19]. Such pathogenic changes in parental attitudes toward their children are likely to be highly affected by socio-demographic factors of age, education and occupation within the range of this study.

In an upshot, it can be concluded that the parental attitudes and behaviour are very crucial in normal and abnormal personality and behavioural development of children and particularly the adolescent. Because, adolescence is the stage in which the child is neither approached nor accepted by the youngsters as well as by the elders, which only parents can experience and realize empathically and accordingly handle the stage. In fact, even today, in Indian families to which the sample of study belonged were mostly joint or extended families wherein mother is considered as a pivot in familial integration in comparison with father due to several reasons [20] and expected to take care of their families at all possible costs, e.g. personal sacrifice, negligence to children (who are more attached to them) and spouses, other psychosocial deprivations and sufferings etc. which are likely to be detrimental to psychological well-being especially for children. The findings of study suggested similar implications in problems related to mental health of children and adolescents, significantly likely to be useful in clinical assessment and psychological as well as psychosocial interventions. However, due to time constraint the present study is confined in investigating the parental attitude only. It can be expanded with inclusion of some more aspects to be explored, e.g. expressed emotion, impact of marital satisfaction on children, birth order, quality of life to make it more comprehensive and conclusive. In addition, impact of sex of participants and education level of parents could also increase the significance of prospective studies.

### Bibliography

1. Hillman EM. "The relationship between the variables of family climate as perceived by the student achievement". PhD thesis, Miami University, In Dissertation Abstract International 43,7 (1982).
2. Urzua RF. "Risk factors and youth. The role of family and community". *Journal of Adolescent Health* 14.8 (1993): 619-625.
3. Allan WD., et al. "Parental hostility: Impact on the family". *Child Psychiatry and Human Development* 28.3 (1998): 169-178.
4. Patten CA and Gillin JC. "Depressive symptoms in California adolescents Family structure and parental support". *Journal of Adolescent Health* 20.4 (1997): 271-278.

5. Caster JB, *et al.* "Relationship between youth and parent perceptions of family environment and social anxiety". *Journal of Anxiety Disorders* 13.3 (1999): 237-251.
6. Sakado K and Sato T. "Perceived parenting pattern and response to anti-depressants in patients with major depression". *Journal of Affective Disorders* 52.1-3 (1999): 59-66.
7. Saetermoe CL, *et al.* "Differential parental communication with adolescents who are disabled and their healthy siblings". *Journal of Adolescent Health* 24.6 (1999): 427-432.
8. Lurie OR. "Parents' attitudes toward children's problems and toward use of mental health services: Socioeconomic differences". *American Journal of Orthopsychiatry* 44.1 (1974): 109-124.
9. RBC Children's Mental Health Project. The 2012 RBC Children's mental health parent poll (2012).
10. Sherry JP and Sinha JC. "Family Relations Inventory". Agra: National Psychological Corporation (1987).
11. Brunken RJ and Crites JO. "A Family Relations Inventory to measure perceived parental attitudes". *Journal of Counseling Psychology* 11 (1964): 3-12.
12. Gaszner P, *et al.* "The early family situation of Hungarian depressed patients". *Acta Psychiatrica Scandinavica* 344 (1988): 111-114.
13. Spain AJI and Spain DM. "Opiate addicts and their perceived parental rearing". *Acta Psychiatrica Scandinavica* 344 (1986): 121-126.
14. Parish TS and Scanlan GM. "Parental practices, support system failures, self concepts and evaluation of parents". *Journal of General Psychology* 153.4 (1992): 463-465.
15. Alegria M., *et al.* "Income Differences in Persons Seeking Outpatient Treatment for Mental Disorders: A Comparison of the United States with Ontario and the Netherlands". *Archives of General Psychiatry* 57.4 (2000): 383-391.
16. Wand PS., *et al.* "Recent Care of Common Mental Disorders in the United States: Prevalence and Conformance with Evidence-Based Recommendations". *Journal of General Internal Medicine* 15.5 (2000): 284-292.
17. Larson H., *et al.* "Family income in early childhood and subsequent attention deficit hyperactivity disorder: A quasi-experimental study". *Journal of Child Psychology and Psychiatry* 55.5 (2014): 428-435.
18. Dadds MR and McHugh TA. "Social support and treatment outcome in behavioural family therapy for child conduct problems". *Journal of Consulting and Clinical Psychology* 60.2 (1992): 252-259.
19. Parro CR. "Perception of maternal child-rearing attitudes by schizophrenics males, their normal male siblings and normal male whose siblings are normal". *Journal of Consulting Psychology* 29.3 (1965): 242-246.
20. World Health Organization (WHO). "Maternal mental health and child health and development in low and middle income countries". WHO-UNFPA report of meeting held in Geneva, Switzerland (2008).

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