

## IMPACT OF PARENTING STYLES ON SELF-ESTEEM AND DEPRESSIVE SYMPTOMATOLOGY IN YOUNG PATIENTS SUFFERING FROM CONVERSION DISORDER

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### ABSTRACT

#### OBJECTIVE

To assess the effect of perceived parenting practices on self-esteem and depressive symptoms in young patients with conversion disorder.

#### STUDY DESIGN

Case control study.

#### PLACE AND DURATION OF STUDY

Study was conducted in the Department of Child & Family Psychiatry, King Edward Medical University/ Mayo Hospital, Lahore in duration of 6 months from August 2014 to January 2015.

#### SUBJECTS AND METHODS

Sixty youngsters (30 cases & 30 age & gender matched controls) were recruited through purposive sampling. Demographic information form, Measure of Parental Style (MOPS), Short Mood and Feeling Questionnaire (SMFQ) & Rosenberg Self Esteem Scale (SE) were used to collect data.

#### RESULTS

Mean age of the sample was 11 + 2.0 with majority of girls (>60%). In all sub scales of measure of parental style questionnaire (indifference, abusive and over control), scores were significantly higher in the case group than control group for both mother and father, indicating more faulty perceived parenting styles of the parents of children with conversion disorder. Young patients with conversion symptoms had significantly higher depressive symptomatology and lower self-esteem as compared with control group. MFQ (mood feeling questionnaire) was found to be positively correlated with all the subscales of MOPS ( $p < .01$ ). Self-esteem was found to be negatively correlated with all the subscales of MOPS ( $p < .01$ ). Self-esteem and MFQ were negatively correlated with each other's emphasizing that better self-esteem is linked with less depressive symptoms.

#### CONCLUSION:

Children and adolescents with conversion disorder reported worse perception of both mother's & father's parenting practices, more depressive symptomatology & low self-esteem as compared with the control group. Both maternal and paternal parenting appears to have significant impact on psychological adjustment in young people.

#### KEY WORDS

Parental practices, self-esteem, depression, children, youngsters

### INTRODUCTION

Young people generally experience some stress as they deal with the developmental tasks expected at different ages. If stress continues in intensity over a period of time, physiological changes occur, and the body can react in the form of illness.<sup>1</sup> The existence of physical symptoms without an apparent physical cause is not a new phenomenon. In conversion disorder, symptoms emerge that closely resemble a major medical or neurological condition, which is often temporally associated with a significant psychosocial stressor, and is not explainable by a psychophysiological mechanisms or principles.<sup>2</sup> Consequently psychosocial factors become the reason for the stress causing the disorder.<sup>3</sup> Among the major contributing factors are low self-esteem, depression & inconsistent/ improper parenting including parental emotional over-involvement.<sup>4,5</sup> A parenting style that is high on acceptance or involvement, autonomy granting, and structure is associated with positive outcomes for children,<sup>6</sup> while parenting characterized by rejection, psychological control, and lax structure or discipline is associated with negative outcomes, including depression and low self-esteem.<sup>7</sup>

Significant association between parental style and self-esteem has been well reported in literature with authoritarian parenting (high demands and low responsiveness) linked with low self-esteem,<sup>8</sup> while perceived parental emotional support and authoritative parenting are found to be associated with high self-esteem in young people.<sup>9</sup> Parental style also plays an important role in emotional adjustment of young people. High paternal and maternal emotional support and non-abusive parental control leads to decrease depressive symptoms in young people.<sup>10</sup> Increase incidence of depression is observed with high perceived parental coercive control.<sup>11</sup>

Despite a growing body of research suggesting major role of parenting style in development of psychopathology i.e., emotional disturbances, depressive symptoms, conversion disorder & low self-esteem in young people, this area remains under researched in Pakistan. There is also insufficient research examining the effect of both mother's and father's perceived parenting styles on development of conversion & depressive symptoms and self-esteem in our setup as there are different expectations from both genders. To address this gap, present research is conceived. The objective of the study was to assess effect of perceived parenting practices on self-esteem and depressive symptoms in patients with conversion disorder.



## METHODOLOGY

The study was conducted in the department of child and family psychiatry, Mayo hospital Lahore. Following informed consent from the parent/legal guardian, children between the ages of 8-15 were recruited using matched case control study design. Cases were thirty children and adolescents who met the criteria of conversion disorder according to DSM IV- TR. The controls were thirty children and adolescents attending pediatric out-patient clinic in the same hospital with minor health issues (seasonal fever and flu. etc.). The cases and control group were matched for age, gender, and school class or year. Participants with epilepsy, other major psychiatric or medical diagnosis and those with single parent family were excluded.

Following written informed consent, the questionnaires in Urdu language was administered in interview format. These questionnaires comprised of following. The interviewers were blind to the study hypothesis to avoid information bias.

### Demographic Information Form

Demographic information form consisted of information about participants' age, birth order, class, gender, father's and mother's education and their occupation.

### Short Mood And Feeling Questionnaire (SMFQ)<sup>12</sup>

Depressive symptoms were assessed with the Short Mood and Feelings Questionnaire (SMFQ). This is a brief 13-item measure of childhood depressive symptoms scored on a 3-point likert scale. It has shown good internal consistency in Pakistani sample too<sup>3</sup>

### Measure of Parental Style (MOPS)<sup>11</sup>

The measure of parental style is a 15-item self-report questionnaire of recalled parenting style across the three measures of indifference, abuse & over control. Respondents are asked to rate "how true" they judge each of the 15 statements (e.g. "Overprotective of me," "Sought to make me feel guilty") as a description of how their mother and father acted until they were 16 years of age.

### Rosenberg Self Esteem Scale (SE)<sup>14</sup>

The Rosenberg Self-Esteem Scale, a widely used self-report instrument for evaluating individual self-esteem. It is 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. All items are answered on a four-point Likert scale ranging from strongly agree to strongly disagree. The SPSS (Statistical Package for Scale Science) version 17.0 was used to analyze the data. Descriptive statistics were employed to report the results. t test was used to compare the cases and controls on depression symptoms, self-esteem scores as well as Measure of parenting styles. Correlation between scales and subscales were assessed. Regression analysis was done to determine if parenting styles was independent predictor of depressive symptomatology and self-esteem in the study sample.

## RESULTS

Table I shows socio-demographic & family characteristics of the sample. There were more females in the study sample. Majority of mothers were illiterate and not working. Fathers in most instances had education below tenth grade and were unskilled workers.

**Table I:**  
Socio-demographic and family Characteristics of the study sample

Characteristics	Case ( n=30) N (%)	Control (n=30) N (%)
<b>Age (mean + SD)</b>	11.8 +2.1	10.7+1.7
<b>Gender</b>		
Male	11 (36.7)	12 (40)
Female	19 (63.3)	18 (60)
<b>Class</b>		
2-5	15 (50)	19 (63.3)
6-9	15 (50)	11 (36.7)
<b>Father's education</b>		
Illiterate	9 (30.0)	6 (20)
Under matric	16 (53.3)	11 (36.7)
College level	5 (16.7)	13 (43.3)
<b>Mother's education</b>		
Ill literate	15 (50.0)	13 (43.3)
Under matric	13 (43.3)	9 (30)
College level	2 (6.7)	7 (23.3)
<b>Father's occupation</b>		
unemployed	5 (16.7)	3 (10.0)
Unskilled worker	16 (53.3)	14 (46.7)
Skilled worker	9 (30.0)	13 (43.3)
<b>Mother's occupation</b>		
House wife	30 (100)	27 (90)
Unskilled worker	0	2 (6.7)
Skilled worker	0	1 (3.3)

Table II shows the results of t test, that Young patients with conversion symptoms had significantly higher depressive symptomatology and lower self-esteem as compared with control group. In all sub scales of measure of parental style questionnaire (indifference, abusive and over control) t test has shown statistical differences in cases and controls; scores were significantly higher in the case group than control group for both mother and father, indicating more faulty parenting styles in parents of patients with conversion disorder. Cronbach alpha reliability was high for all three measures (SE=.83, MFQ=.77, MOPS=.89)

**Table II: Comparison of cases and controls on self-esteem, depressive symptoms and Measure of Parenting Styles (N=60)**

Variable	Case M (S.D)	Control M (S.D)	P value
<b>Self Esteem scale (SE)</b>	23.66 (6.57)	30.1 (3.72)	.000
<b>Moods &amp; Feeling Questionnaire (MFQ)</b>	10.16 (4.82)	4.16 (3.56)	.000
<b>Measure of Parenting styles (MOPS)</b>			
Father's Indifference	2.16 (2.19)	0.20 (0.40)	.000
Father's Abusive	2.73 (2.33)	1.00 (1.43)	.001
Father's Over control	4.36 (2.20)	1.60 (1.84)	.000
<b>Measure of Parenting styles (MOPS)</b>			
Mother's Indifference	3.33 (3.08)	0.70 (2.07)	.000
Mother's Abusive	4.56 (2.12)	2.06 (2.13)	.008
Mother's Over control	3.13 (2.62)	1.53 (1.77)	.000

\*t test was used to compare cases and control group means for various measures.

Table III & IV indicates significant relationships between all the scales and subscales in cases and controls. Significant correlation between mother's subscales (indifference, abusive, and over control) with father's subscales (p < .01) was noted. MFQ (mood feeling questionnaire) was found to be positively correlated with all the subscales of MOPS (p < .01). Self-esteem was found to be negatively correlated with all the subscales of MOPS (p < .01). Self-esteem and MFQ was negatively correlated with each other's emphasizing that better self-esteem is linked with less depressive symptoms.



**Table III: Bivariate Correlation among self Esteem, depressive symptoms and Measuring of Parenting Styles in children with Conversion disorder (N=30)**

Variables	MFQ	MI	MA	MOC	FI	FA	FOC
SE	-.39*	-.29	.12	-.18	-.42*	-.26	-.17
MFQ		.46*	.15	.36	.54**	.35	.27
<b>MOPS</b>							
Mother's Indifference			.41*	.19	.69**	.45*	.50**
Mother's Abusive				.49**	.28	.51**	.25
Mother's Over control					.25	.41*	.31
<b>MOPS</b>							
Father's Indifference						.58**	.54**
Father's Abusive							.48**
Father's Over control							.1

Note: SE= self esteem; MFQ= mood & feeling questionnaire; MI= Mother's Indifference; MA= Mother's Abusive; MOC= Mother's Over control; FI= Father's Indifference; FA= Father's Abusive; FOC= Father's Over control; \*p<0.05\*\*, p<.01(two-tailed)

**Table IV: Bivariate Correlation among self Esteem, depressive symptoms and Measuring of Parenting Styles in control group (N=30)**

Variables	MFQ	MI	MA	MOC	FI	FA	FOC
SE	-.45*	-.09	-.46**	-.39*	.100	-.161	-.53**
MFQ		.54**	.50**	.40*	-.11	.03	.12
<b>MOPS</b>							
Mother's Indifference			.57**	.54**	-.00	-.16	-.05
Mother's Abusive				.65**	-.13	.29	-.50**
Mother's Over control					-.12	.21	.44*
<b>MOPS</b>							
Father's Indifference						-.17	.20
Father's Abusive							.31
Father's Over control							.1

Note: SE= self esteem; MFQ= mood & feeling questionnaire; MI= Mother's Indifference; MA= Mother's Abusive; MOC= Mother's Over control; FI= Father's Indifference; FA= Father's Abusive; FOC= Father's Over control; \*p<0.05\*\*, p<.01 (two-tailed)

Results of regression analysis for depressive symptoms and self-esteem are shown in table V and Table VI respectively. Parenting style accounted for 40% variation in MFQ for cases and 41% variation in self-esteem for control group. Parenting style was not found to be an independent predictor of depressive symptomatology and self-esteem in our sample.

**Table V: Regression coefficients for independent predictors of child reported depressive symptoms (MFQ)**

Variable	Case			Control		
	B	SE	β	B	SE	β
<b>MOPS</b>						
Father's Indifference	.86	.55	.39	-1.86	1.71	-.21
Father's Abusive	.11	.47	.05	-.11	.49	-.04
Father's Over control	-.34	.44	-.15	.12	.46	.06
<b>MOPS</b>						
Mother's Indifference	.42	.37	.27	.67	.47	.39
Mother's Abusive	-.43	.39	-.23	.74	.59	.37
Mother's Over control	.80	.44	.35	-.20	.45	-.11
R <sup>2</sup>	.40			.38		
F	2.65*			2.41		

\*p<.05

**Table VI: Regression coefficients for independent predictors of child reported Self-esteem (SE)**

Variable	Case			Control		
	B	SE	β	B	SE	β
<b>MOPS</b>						
Father's Indifference	-.92	.79	-.30	2.58	1.75	.15
Father's Abusive	-.60	.67	-.21	.44	.50	-.44
Father's Over control	.49	.64	.16	-.86	.47	.02
<b>MOPS</b>						
Mother's Indifference	-.48	.54	-.22	.27	.48	.28
Mother's Abusive	1.31	.56	.52*	-.92	.60	-.17
Mother's Over control	-.90	.63	-.29	.04	.46	-.42
R <sup>2</sup>	.34			.41		
F	2.04			2.70*		

## DISCUSSION

Young patients with conversion disorder perceived significantly higher faulty and negative parenting practices than the control group. Increase observation of certain parenting styles like rejection, criticism and overprotection is consistently found in families of children with internalizing disorders including depression.<sup>15</sup> Parenting practices with establishment of clear boundaries and encouragement of freedom was found to be associated with most emotionally stable children. More than two third of children who experienced authoritative parenting (higher warmth and monitoring) in a Caribbean study reported minimal depressive symptoms and high level of achievement and competence while almost half of adolescents who experienced authoritarian parenting reported moderate to high level of depressive symptoms.<sup>16</sup> Our study participants with conversion symptoms while perceiving negative parenting also reported high depressive symptoms and poor self-esteem. Because of cross sectional nature of study, only associations can be observed but no causal inference can be drawn.

Higher rates of depressive symptoms in study sample with conversion disorder than the control group complement existing literature from developed and developing countries reporting higher level of emotional problems including depression and anxiety in children presenting with medically unexplained symptoms.<sup>3,17</sup> On the other hand, studies from Pakistan suggest somatic symptoms as a presentation of depression in adults.<sup>18</sup> It may be true for children as well and conversion symptoms may actually be a manifestation of their depressive symptoms.

Poor self-esteem and its association with negative parenting perception is observed in our study participants with conversion disorder highlights that parents who are abusive, overtly hostile and critical do so at the expense of their children self-esteem. Literature review suggests that ability of children to openly express their own feelings with parents, parental emotional support & authoritative parenting style with adequate parental discipline are strong predictors of high self-esteem in young people.<sup>9,19,20</sup> On the other hand, authoritarian parenting, inconsistent parenting practices and excessive parental control are linked with poor self-esteem.<sup>8</sup> There is evidence that both Maternal and paternal emotional support reinforces adolescents self-esteem over time.<sup>21</sup>

We also noticed negative correlation between self-esteem and depressive symptomatology in our sample which is consistent with previous research findings of high level of self-esteem being associated with psychological wellbeing.<sup>22</sup> Low self-esteem is presumed to predispose children to depression. Children with low self-esteem appraise life stressors more negatively and thus are more vulnerable to succumb to depression.<sup>23,24</sup> Parental rejection, and over control seems to contribute to emotional problems including depression by wrecking child self-esteem.<sup>11</sup> Similarly high maternal and paternal support and authoritative parenting was associated with less risk of psychological distress.<sup>10</sup> Meta-analysis has found that parenting explained 8% variation in childhood depression.<sup>25</sup>

The results of our study needs to be seen in the context of its limitations. Sample size was small. Although the measures were translated by authors with proper methodology and showed good reliability, but are not validated in Pakistan. Cross sectional nature of



the study that we can only observe associations between parenting, self-esteem and depressive symptomatology but cannot draw any causal inference. Despite the limitations, study strengths include matched control group, and children's perception of both mother & father's parenting practices rather than parents own views.

## CONCLUSION

Both maternal and paternal parenting appears to have significant impact on psychological adjustment in young people as is evident from the results of our study. Young people with conversion disorder reported worse perception of both mother's & father's parenting practices, more depressive symptomatology & low self-esteem as compared with control group. Intervention strategies to promote positive parenting practices and styles will help all children in particular those with conversion disorder to develop into well-adjusted adults.

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