



# PERCEIVED PARENTING STYLES PREDICTING OBSESSIVE COMPULSIVE PERSONALITY TRAITS IN STUDENTS AND OBSESSIVE-COMPULSIVE DISORDER IN PATIENTS

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## ABSTRACT

### OBJECTIVE

To discover common perceived parenting style behind OCD and OCPTs and the association of perceived parental rearing method with OCPTs and OCD symptom dimensions.

### STUDY DESIGN

Correlational Research Design

### PLACE AND DURATION OF STUDY

Study was completed in duration of six months in Lahore.

### SUBJECTS AND METHODS

Work was done on two samples and results of both samples were analyzed separately. Sample I included 100 students aged between 18 to 24 years ( $M=21.49$ ,  $SD=2.31$ ) while sample II included 100 diagnosed OCD patients ( $M=30.57$ ,  $SD=5.58$ ). Parental Authority Questionnaire (PAQ) and FFOCI-SF was used.

### RESULTS

Regression analysis of sample I revealed that paternal permissiveness negatively predicted excessive worry, detached coldness, risk aversion, constricted, inflexible, dogmatism, perfectionism, fastidiousness, punctiliousness, workaholism, doggedness and ruminative deliberation. Paternal authoritarianism positively predicted all the twelve OCPTs. Paternal authoritative negatively predicted detached coldness and inflexible. It also showed that maternal permissiveness negatively predicted all the twelve OCPTs. Maternal authoritarianism positively predicted excessive worry, detached coldness, risk aversion, constricted, inflexible, dogmatism, perfectionism, workaholism, doggedness and ruminative deliberation while maternal authoritative negatively predicted detached coldness, risk aversion, inflexible, doggedness and ruminative deliberation. Spearman Rank Order Correlation of sample II showed that no significant relationship of paternal and maternal parenting style with specific symptom dimension of OCD was found.

### CONCLUSION

Authoritarian parenting style positively predicted OCPTs. No significant relationship existed between perceived parenting style and specific OCD symptom type.

### KEY WORDS

Parenting, Obsessive personality, Parents of OCD.

## INTRODUCTION

Children are being raised around the world in a variety of ways and parents use a wide array of practices and methods in rearing their children. The function of parenting goes beyond simply providing the child's basic human needs. Parenting when done wrong can inculcate mental health problems in children. So, it is considered as a basic threat in the development of early psychopathology.<sup>1</sup>

Mental health is now more recognized as a vital component of general public health.<sup>2</sup> The lifetime frequency of OCD in USA is 1.2% and in world it is around 1.1 to 1.8%.<sup>3</sup> The frequency of OCD is however not been reported in Pakistan.<sup>4</sup> Current study examines the standing of parenting styles in development of obsessive-compulsive personality traits (OCPTs) and obsessive-compulsive disorder (OCD).

Research on parenting style has been carried out in different regions of the world and has given different results which have helped in making the role of parenting style clear and understandable. Previous studies suggest that motherly and fatherly punitive child-rearing method and stressful life experiences were linked with Obsessive-Compulsive Symptoms.<sup>5</sup> Parenting behavior has role in causing obsessive compulsive symptoms while perfectionism played a mediating role.<sup>6</sup> Mental Health problems can be controlled to a measured level by identifying risk factors. In Pakistan very few researches have been found on parenting style as the risk factors of mental health problems especially with reference to OCPTs and OCD. The main purpose of current project was to discover the role of parenting and childrearing methods in the development of OCPTs and OCD.

## SUBJECTS AND METHODS

### Participants

The research was carried out on two samples. Sample I was obtained using convenient strategy and it included 100 students aged between 18 to 24 years ( $M=21.49$ ,  $SD=2.31$ ) from different educational institutes of Lahore. Students living with both parents were included. Students living with single parent were excluded. Sample II consisted of 100 diagnosed

OCD patients (M =30.57, SD =5.58) from different hospitals and private clinics of Lahore. Purposive sampling strategy was used. The men and women who have already been diagnosed with OCD were included and those having any co morbid diagnosis were excluded.

**Instruments**

**Parental Authority Questionnaire (PAQ)**

PAQ is a 30-item tool used for measuring parental authority.<sup>7</sup> Original PAQ holds reliability values of 0.81 for maternal permissiveness, 0.86 for maternal authoritarianism and 0.78 for maternal authoritative. The reliability value for paternal permissiveness is 0.77, for paternal authoritarianism is 0.85 and for paternal authoritative 0.92. It is equally valuable for evaluating the parental power used by mothers and fathers.

**Five-Factor Measure of Obsessive-Compulsive Inventory- Short Form (FFOCI)**

FFOCI-short form is 48-item self-report Likert scale based on original 120-item FFOCI.<sup>8</sup> It was established for assessing and analyzing the obsessive-compulsive personality traits pathology. Cronbach’s alpha value for this measure, range from 0.73 to 0.85. The items are categorized under twelve domains.<sup>9</sup>

**Procedure**

In order to conduct the study, approval to utilize tools was gained from the inventors. Study was conducted on two samples. In the sample I of the study data was obtained from students of different educational institutes with proper permissions. Sample II data was obtained from OCD patients from different hospitals and private clinics with their informed consent. All the participants were ensured about the confidentiality and dissemination of their data. Sample I participants were asked to fill both instruments mentioned above and a demographic sheet. Sample II participants were asked to fill PAQ and a demographic sheet. After the whole process of questionnaire completion and collection, the

obtained information was statistically analyzed utilizing SPSS.

**RESULTS**

Results showed that in sample I, 49 (49 %) were women and 51 (51%) were men. The mean age of sample I was 21.49 years (SD =2.31). Sample I consisted of 47 % first born, 38% middle born and 15% last born participants. Table 2 showed that in sample II, 37 out of 100 patients were men and 63 (63%) were women while mean age of sample II was 30.57 years (SD =5.58). It consisted of 48 (48%) first born, 22 (22%) middle born and 30 (30%) last borns. Sample II had 100 patients of which 37 (37%) had the symptom of contamination/ washing, 7 (7%) checking, 10 (10%) ordering and 17 (17) had blasphemous/religious symptoms while 29 (29%) had other or mixed symptoms.

Regression analysis revealed that paternal permissiveness negatively predicted excessive worry, detached coldness, risk aversion, constricted, inflexible, dogmatism, perfectionism, fastidiousness, punctiliousness, workaholism, doggedness and ruminative deliberation. Paternal authoritarianism positively predicted all the twelve OCPTs as shown in Table 1. Paternal authoritative negatively predicted detached coldness and inflexible. It also showed that maternal permissiveness negatively predicted all the twelve OCPTs. Maternal authoritarianism positively predicted excessive worry, detached coldness, risk aversion, constricted, inflexible, dogmatism, perfectionism, workaholism, doggedness and ruminative deliberation as shown in Table 2. Maternal authoritative negatively predicted detached coldness, risk aversion, inflexible, doggedness and ruminative deliberation.

Results of sample II were analyzed using Spearman Rank Order Correlation. It showed that there was no significant relationship of paternal and maternal parenting style with specific symptom dimension of OCD.

**Table 1**  
Regression analysis of Paternal Authoritarianism and Obsessive- Compulsive personality traits.

Variables	Excessive Worry		Detached Coldness		Risk Aversion		Constricted		Inflexible		Dogmatism	
	B	CI	B	CI	B	CI	B	CI	B	CI	B	CI
Paternal Authoritarianism	.279**	[.19, .36]	.21**	[.11, .31]	.22**	[.14, .29]	.28**	[.16, .40]	.26**	[.16, .35]	.20**	[.11, .29]
R <sup>2</sup>	.30		.16		.26		.19		.24		.16	
F	43.26		19.28**		34.54**		23.17**		31.11**		19.12**	
ΔR <sup>2</sup>	.30		.16		.26		.19		.24		.16	
ΔF	43.26		19.28		34.54		23.17		31.11		19.12	

Variables	Perfectionism		Fastidiousness		Punctiliousness		Workaholism		Doggedness		Ruminative Deliberation	
	B	CI	B	CI	B	CI	B	CI	B	CI	B	CI
Paternal Authoritarianism	.24**	[.15, .32]	.17**	[.08, .26]	.23**	[.14, .31]	.20**	[.11, .29]	.26**	[.18, .34]	.30**	[.21, .39]
R <sup>2</sup>	.24		.12		.21		.17		.29		.32	
F	32.34**		14.49**		26.38**		20.35**		41.37**		46.39**	
ΔR <sup>2</sup>	.24		.12		.21		.17		.29		.32	
ΔF	32.34		14.49		26.38		20.35		41.37		46.39	

**Table 2**  
Regression analysis of maternal authoritarianism and obsessive-compulsive personality traits.

Variables	Excessive Worry		Detached Coldness		Risk Aversion		Constricted		Inflexible		Dogmatism	
	B	CI	B	CI	B	CI	B	CI	B	CI	B	CI
Maternal Authoritarianism	.16**	[.08, .25]	6.62*	[.03, .22]	.15**	[.08, .23]	.12*	[.00, .24]	.15*	[.06, .25]	.14*	[.05, .23]
R <sup>2</sup>	.13		.06		.14		.04		.10		.09	
F	14.6**		6.80*		16.8**		4.58*		11.13*		9.74*	
ΔR <sup>2</sup>	.13		.06		.14		.04		.10		.09	
ΔF	14.6		6.80*		16.8		4.58*		11.13		9.74	

Variables	Perfectionism		Workaholism		Doggedness		Ruminative Deliberation	
	B	CI	B	CI	B	CI	B	CI
Maternal Authoritarianism	.15*	[.06, .23]	.11*	[.02, .20]	.13*	[.05, .22]	.18**	[.09, .207]
R <sup>2</sup>	.11		.06		10.81*		15.89**	
F	12.44*		6.96*		.01		.14	
ΔR <sup>2</sup>	.11		.06		10.81		15.89	
ΔF	12.44		6.96		17.81		18.29	

**Table 3**  
Spearman's correlation coefficient of perceived paternal parenting styles with obsessive-compulsive disorder symptom dimension.

Measures	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Gender	—	.03	-.19*	-.00	.22*	.02	.05	.01	-.17	-.15	.11	.29**	-.34**	.19	.11	-.12	.03
2. Marital Status		—	.08	-.02	-.07	-.1	.20*	-.09	-.05	-.21	.10	.05	.06	.08	-.03	-.02	.05
3. First born			—	-.51**	-.62**	.08	.03	-.19*	.23*	-.03	-.18	.013	.09	.04	.72	.80	.57
4. Middleborn				—	-.34**	.06	-.02	.04	-.12	.09	-.05	-.09	-.04	.03	.08	-.11	.08
5. Youngest born					—	-.14	-.01	.17	-.15	-.05	.24*	.07	-.06	-.08	-.22	-.03	-.06
6. Matric or below						—	-.32**	-.25*	-.07	-.04	.03	-.11	.02	.08	.07	-.08	-.13
7. Intermediate							—	-.73**	-.22*	.01	-.10	-.05	.09	.00	-.10	-.09	.10
8. Bachelor								—	-.17	-.03	.11	.15	-.18	.01	.05	.08	-.05
9. Masters									—	.10	-.06	-.07	.14	-.14	.08	.03	.01
10. Contamination										—	-.21*	-.25*	-.34**	-.49**	-.01	.03	.04
11. Checking											—	-.09	-.12	-.17	.01	-.01	.13
12. Symmetry												—	-.15	-.21*	-.02	.00	-.05
13. Blasphemous													—	.28**	-.08	-.06	-.06
14. Other or Mixed														—	.09	.02	-.03
15. Permissiveness															—	-.13	.32**
16. Authoritarian																—	-.05
17. Authoritative																	—

**Table 4**  
Spearman's correlation coefficient of perceived maternal parenting styles with obsessive-compulsive disorder symptom dimension.

Measures	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Gender	—	.03	-.19*	-.00	.22*	.02	.05	.01	-.17	-.15	.11	.29**	-.34**	.19	-.04	.010	.09
2. Marital Status		—	.08	-.02	-.07	-.1	.20*	-.09	-.05	-.21	.10	.05	.06	.08	-.14	-.11	.24*
3. First born			—	-.51**	-.62**	.08	.03	-.19*	.23*	-.03	-.18	.013	.09	.04	.08	-.03	.04
4. Middleborn				—	-.34**	.06	-.02	.04	-.12	.09	-.05	-.09	-.04	.03	-.11	-.07	-.04
5. Youngest born					—	-.14	-.01	.17	-.15	-.05	.24*	.07	-.06	-.08	.01	.09	-.00
6. Matric or below						—	-.32**	-.25*	-.07	-.04	.03	-.11	.02	.08	.08	-.05	-.16
7. Intermediate							—	-.73**	-.22*	.01	-.10	-.05	.09	.07	-.00	-.09	.27**
8. Bachelor								—	-.17	-.03	.11	.15	-.18	.01	-.06	.10	-.15
9. Masters									—	.10	-.06	-.07	.14	-.14	-.13	-.13	-.06
10. Contamination										—	-.21*	-.25*	-.34**	-.49**	-.10	.00	-.06
11. Checking											—	-.09	-.12	-.17	-.03	-.04	.02
12. Symmetry												—	-.15	-.23*	-.05	.03	.03
13. Blasphemous													—	.28**	.03	-.06	.01
14. Other or Mixed														—	.15	-.02	.01
15. Permissiveness															—	-.23*	.04
16. Authoritarian																—	-.19
17. Authoritative																	—

## DISCUSSION

It has been noted that the elevated percentages of OCPD are present in OCD patients, ranging from 23% to 45%.<sup>10</sup> It indicates that some of the same mechanisms are present in these two otherwise distinct problems.<sup>11</sup> It hints that there might be a common parenting style between the two. Current study has studied this and have resulted that both these disorders share common parenting style. The results of current study revealed that permissive technique is a negative predictor of OCPTs. Permissive style allows parents to place less stress on their kids. This parenting technique is "too lenient".<sup>12</sup> It does not imply that permissive parenting yields all the positive traits instead it has been shown to hold substantial negative influence on emotional management.<sup>13</sup> The results are similar to the previous work according to which permissive parenting style is negatively linked with emotional intelligence among teenagers.<sup>14</sup>

Authoritarian parenting has been resulted as positive predictor of OCPTs. Previous study has also shown them authoritarian technique was found to be meaningfully related with both OC symptoms and beliefs.<sup>15</sup> It is also evident from one of the latest researches that disciplinary parenting and demanding life experiences have strong association with obsessive compulsive symptoms.<sup>16</sup> Authoritarian style of fathers predicted OCPD.<sup>17</sup> Parental command, autocratic and challenging dealings with kids, can lead them to lack of autonomy which can develop negative traits.

Authoritative parenting style negatively predicted OCPTs. Children of authoritative parents had more self-confidence, dedication, and educational achievement in comparison with their associates which indicated that authoritative technique posited constructive traits in kids.<sup>18</sup> Authoritative parenting style had always predicted positive outcomes for offspring.<sup>19,20</sup> It allowed kids to flourish in a good way. Authoritative families had youngsters with highly adaptive accomplishment approaches such as minimal degrees of failure anticipations, job-inappropriate performance and submissiveness, and the consumption of self-improving acknowledgments.<sup>21</sup>

The outcomes also reveal that no substantial relationship is present among any perceived parental rearing style and symptom dimension of OCD. The results are supported by previous study done in this domain.<sup>22</sup> Parenting styles are significant in advancement of OCD, but still it is not vivid that which childrearing style leads towards a specific symptom dimension of OCD. It is not clear that childrearing techniques itself "produces" OCD. Instead, it is by far more probable that in supplement to their variety of reasons that bump and get collectively to boost a kid's overall degree of danger, there exists endless bidirectional surge of influence among kids and the paternities.<sup>23</sup> It is important to

understand that a certain level of parental involvement, affection, control, and protection is required for normal development of children. The current study provided insight into a unique perspective which left room for more study involving parenting styles, OCPTs and OCD. It will add a novel aspect to the ground of how parental rearing styles might influence the advancement of OCPTs and OCD in children.


## CONCLUSION

Permissive and authoritative parenting style negatively predicted OCPTs while authoritarian parenting style positively predicted OCPTs. No significant relationship existed between perceived parenting style and specific OCD symptom types. The conclusion of present work can be utilized as a basis for upcoming investigations that may help to concentrate on various elements of parenting and psychopathology.

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