

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

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## OBJECTIVE

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

## !)lUOV DESIGN

Casecontrolstudy.

**PLACE ANDDURATION OFSTUDY**

Study wasconducted in the Department of Child&Family Psychiatry, King EdwardMedical University/ Mayo Hospital, Lahorein duration of 6monthsfromAugust 2014 to January 2015.

## SUBJECTSAND MITHODS

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 + 2.0with majority of girls (>60%). In all subscales of measure of parental stylequestionnaire (indifference,

abusive and over control), scores weresignificantly higherInthe case group thancontrolgroup for bothmotherand father,indicating more faulty perceived parenting styles of the parents of children with conversion disorder. Young patients withconversion symptoms had significantly higher depre$Slve 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 < .01J- 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 betterself-esteem is linkedwithless 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 ascompared with the controlgroup.Bothmaternal and paternalparenting appears to have significant impacton psychological adjustmentin youngpeople.

## KEYWORDS

Parentalpractices,self-esteem, depression,children, youngsters

**INTRODUCTION**

Young people generally experience somestressas they deal with the developmental tasks expected at different ages. If stress continuesIn intensityoveraperiod of time.physiological changes occur,and the body canreact in the form ofillness.1The existence of physicalsymptoms without anapparent physical causeis not a new phenofTlenon. In conversion 1foorder, symptom 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 psycho­ physiological mechanisms or principles.' Consequently psychosocial factors becomethe reason for the stresscausing the disorder.' Among the major contributing factors are low self­ esteem, depression & inconsistent/ improper parenting including parental emotional over-involvement.' A parenting style that is high on acceptance or involvement, autonomy granting, and structure is associated withpositive outcomes for children,' while parenting characterized by rejection, psychological control. and lax structure or discipline is associated with negative outcomes. including depressionand low self-esteem,'

Significant association between parental style and self-esteem has been well reported in literature with authoritarian parenting (high demands and low responsiveness) linked wn:h low self.. esteem,' while perceived parental emotional support and authoritative parenting arefound to be associated withhigh self­ esteem in young people: Parental style also plays an important rolein emotional adjustment of youngpeople.Highpaternal and maternal emotional support and non-abusive parental control lead.s to decrease depressive symptoms In young people. ,; Increase Incidence of depression is observed withhigh perceived parentalcoercivecontrol."

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 depressivesymptoms in patients withconversion disorder.

**M[rHOUOLOGY** Table I:

Sorio-demogrnphic aud fomily Characteristics of the study sam11le

The study was conducted in the department of child and family psychiatry, Mayo hospital Lahore. Following informed conse·nt from the parent/legal guardian, children between the ages of 8-15 were recruited usingmatchedcasecontrol study design.Cases werethirty children andadolescents 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.

|  |  |  |
| --- | --- | --- |
| **Cl}ar11cteristlc"** | **Cll e(n=30)**  **N(¾)** | **Col'ltrol (n=-30)**  **N** (%) |
| **Age(mcllll** + **SO)** | 11.8 ,. 2.1 | 10.7 +1.7 |
| **Gcodcr**  *J,4ale*  *Female* | 11 (36.7)  19 (63.3) | 12 (40)  18 (60) |
| **Class** |  |  |
| *2-5* | 15(50) | 19 (63.3) |
| *6-9* | 15 (50) | 11 (36.7) |
| **Father's education**  *11/i/erale* | 9 (30.0) | 6 (20) |
| *Under matric* | 16 (53.3) | 11 (36.7) |
| *College* /e1•e./ | *5* ()6.7) | 13(43.3) |
| **Mo..her's educat:iou** |  |  |
| *J/1 /iterttte* | 15 (50.0) | 13(43.3) |
| *Under matric* | 13 (43.3) | 9 (30) |
| *Co//,i')!e /e.,e/* | 2 (6.7) | 7 (23.3) |
| **Father's occupation** |  |  |
| *1111e111ployed* | *5* (16.7) | 3 (10.0) |
| *Unskilled worker* | 16 (53.3) | 14 (46.7) |
| *Skilled worker* | 9(30.0) | 13(43.3) |
| **Mother's occupation** |  |  |
| *Hause 111/fe* | 30 (100) | 27 (90) |
| *Unskilled worker* | 0 | 2 (6.7) |
| *Skilled worke1•* | 0 | I (3.31 |

Following written informed consent, the questionnaires in Urdu language was administered in interview format. These questionnairescomprised of following. The interviewers were blind to thestudyhypothesisto avoidinformationbias.

***Demographic Information Form***

Demographic Information form consisted of information about participants' age, birth order, class, gender, father's and mother's educationandtheir ocrnpation,

*Sl1or1Mood AndFeeling Questionn,1ire(SMFQ)''*



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 hasshown goodinternalcon.sistencyinPakistani sample too'

*Measure* of *Parental Style(MOPS)'*1

The measure of parental styleisa15-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 mefeel guilty") as**a** descriptionof how their mother andfatheracteduntil theywere 16yearsof age.

***Rosenberg Self*Esteem *Scale (SE)"***

The Rosenberg Self-Esteem Scale, a widely used self-repon; instrument for evaluating Individual self-esteem. It is 10-ltem scale that measures global self-worth by measuring both positive and negative feelings about the self. All items are answered on a four­ pointLikertscalerangingfromstrongly agreeto 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 deptession symptoms, self-esteem scores as well as Measure of parentlng styles. Correlation between scales and subscales were assessed. Regression analysis was done to determine if parenting styles was independent predictor of depressive symptomatology andself-esteem in thestudy sample.

# RLSULlS

Table I shows socio-demographic & family characteristics of the sample. There were more females in the study sample. Majorfty of mothers were illiterate and not working. Fathers in most instances had educationbelowtenth grade andwereunskilled workers.

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 questionnafre (indifference, abusive and over control) t test has shown statistical differences in cases andcontrols: scort>s 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 forallthree measures (SE= .83,MFQ=.77,MOPS=.89)

Ti1blc.11: Compnrison of C":l rs and controls on self-est c.m, (11:prl'$Sivc

symptoms and Measure of Parenting Styles (N=60)

|  |  |  |  |
| --- | --- | --- | --- |
| **Varl**■**bl•** | **Cll$e**  **M(S.D)** | Conirol  **M(S.D)** | **Pvalu** |
| **S<lf Esteemscale (SE\** | 23.66 (6.57\ | 0.1 (3.72) | .00 Cl |
| Moods & Feeling Qucsf"io11n 1ire(MH}) | 10.1614.821 | 4.16 (3.56) | .000 |
| M<"u ,;urc of Parenlin,\_;style$ (MOPS) |  |  |  |
| F::llher0$ lndi1fortm1.·e | 2.16(2,19) | 0.1010.40) | JI()\) |
| F:nhcr·s Abusive | 2.73 (2.33) | 1.00 (1.43) | .001 |
| F3il1cr's Over conrrol | 4.3(, (2.20) | l.60(U4) | .ODO |
| Mcusure of Parenriog-styl (MOPS) |  |  |  |
| Mother's lndifli:rcncc | 3"l3 (3.0 ) | 0.711(2.07) | .000 |
| Mulhcr's Abusive | 4.56(2.12) | 2.06 \2,13) | **.008** |
| Mulhcr's 0"Vcr couirnl | 3.13 (2.62) | I.SJ IJ.77) | **.000** |



Table Ill & IV indicates significant relationships between all the scales andsubscales 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 betterself·esteem is linkedwithlessdepressive symptoms.

Tnlllc Ill: Bi\'nriate Corrcla1ion amon sclf"Estcem, Mpressi"e symptoms and Measuring of Pareuting Styles in children 111th Conversion di ordcr (N=30



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Varl•blK** | **M•·Q** | **Nil** | **MA** | **MOC** | **Fl** | **FA** | **FOC** |
| SE. | .\_39• | -,29 | .12 | -.IS | -.4 · | -.26 | -.17 |
| MFQ |  | *A6•* | .15 | *36* | .54•• | \_35 | .27 |
| **MOPS**  Mothc-.r·s lr\diffcrc11cc Mt1Ulcr·s,\husive Mother's Over c<,n1r,,1 |  |  | .41•  \_ | .I  49•-- | .69··  .2X  *.2.5* | .45•  *51,...*  \_41• | 50..  .25  .31 |
| MOPS  Falher's lndiffefen c  Fmher•s Abusivu |  |  |  |  |  | .ss•• | .54••  .48·· |
| Fothcr'!<i Over co.nirol |  | I |

*Note: S£ .w1Jfes1e1.m1,· ,HFQ• mtiod &fe lw q11 1tiomu11'r11t,11 Mu1l,t1r'1 Jml(lfi're!11c.· , MA- 1.\fmht!r's Al.msfre,>MOC;;:;J\:lotlte1· Over 1..·11111r,1J; FJ- Fodtcr's lmlil}t!1"t:'111...·c1 FA­ Ft11hcr'.,·Ab11s11•e: FOC-,..lllhe'r'10w!rc·1mfro/,••p< 0,1JJ•111,1,.,\_(,J!/1wa-Ulilf'(I)*

Table LV: Bh·ariate Correlation among self Esteem, depressive symptoms llncl Mcr,suring of Pan,nting Styles in control group (N=30)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Variabln** | **MFQ** | **Ml** | **MA** | **!1-IOC** | **Fl** | **f",\** | **fOC:** |
| SE | *-.45"'* | -.09 | *-.46"'"* | *-..39"-* | .100 | -.ICll | -53° |
| MFQ |  | \_54•• | *.so••* \_ | 40• | -.11 | .OJ | .12 |
| **J\IOPS**  Mulhcr·s lmJ1ffcrcucc Mmhcr·, Abusive |  |  | *57 ..* | .54..  .65° | ·.OCI  .13 | ·,16  .29 | -.05  .so•.. |
| Mother's Ovc-r l'Unlrul |  |  | -.12 | .21 | *\_.,.Jti•* |
| **MOrs** |  |  |  |  |  |  |  |
| F"1.her's lnJillhenc-c  Fothcr·s Abusive | -.17 | .20  .31 |
| f-':uhc1·'s Over c.muuul |  | 1 |

*P,h,,e. SJ<)= .st.'/Je.tfi!t•m; .l\.fl• Q m(111tl & ft•t!lh1gtJlll \'tiw11win.•; A,JJ;: Mmh 1•; huliOcrt.'JU'(';*

*MA-=1- \101/, r's Abuswe. AfOC'• Mm/,,w r C)1•, 1-t1mm,I. Fl- Fatltei-'s /11Jd] re11ce. F.4:.: Futlll!,<\·Ahntfrc; J!OC=l·'mlwr:'<(),-er,·muru/:•p<n05°.,,<.IJI ( flm•lllikd)*

Results of regression analysis for depressive symptoms and self· esteemareshownin table VandTable VIrespectively.Parent·ing style accounted for 40% variation in MFQ for cases and 41% variation in self-esteem for controlgroup.Parenting style was not found to be an independent predictor of depressive symptomatology and self­ esteemin our sample.

Table V: Regression coefficients for indcpc.ndenr predictors of child reported depressive symptoms (MFQ)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Varia,,le** | **Ca.c** | | | **Conrrol** | | |
|  | **B** | **SE** | u | **B** | **S£** | u |
| **1¥10PS**  !-'other's lndil'Thrtncc Futhc:r's A,bus1vc Fnther·\_., Ovc.r conrrQI | ,XI,  .II  -.34 | *.55*  ,47  .44 | .39  .Os  -.15 | -1.X<,  .. II  .12 | 1.71  .4'1  .46 | -.21  .J/4  .06 |
| **MOPS**  Muth..:r• lnJifforcn...:c Morhcr',i Ahn:-ive Mnthcr• Over couirQI | .42  -.4:1  . o | .37  ..ll/  ,44 | .27  .\_2:1  ..l | .67  .74  *-.10* | .47  *\_51)*  .45" | .39  ..17  -.II |
| *w* | .40 | | | .3 | | |
| F | *1.65\** | | | 2.41 | | |

'fable VI: Regression cocfficicnls for indcpcndcnl prcdic1ors orchild reported Self-esteem (SE)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Varjabh,** |  | **c....** |  |  | **Control** |  |
|  | **B** | **SE** | n | **·a** | **SE** | **8** |
| **MOPS** |  |  |  |  |  |  |
| Falher·s lndiffeceace | -.C/2 | .79 | -.30 | 2.58 | 1.75 | .JS |
| F:nhc-r·!i Abusive | ·.60 | *.G7* | -.21 | .44 | *.50* | ·.44 |
| Father"$ Over control | ,4') | .64 | .16 | -.$6 | .47 | .02 |
| **MOPS**  Motlu:r's £ndiO'ctt.::m.:e  Mother's-Abusive Mothcr•s Over con1rol | .,4  1.31  -.91) | -5  .56  .63 | **-.22**  .52\*  ·.29 | .27  -.92  \_()4 | .4  .60  .46 | .2  . I 7  -.42 |
| R' | .34 | | | .41 | | |
| F | 2.04 | | | *2.10•* | | |

## DISCUSSION

Young patlehts with conversion disorder perceived significantly higher faulty and negative parenting practices than the control group. Increase observation of certain parenting styles likerejection, criticism and overprotection is consistently found in families of children with internalizing disorders including depression." 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 halfof adolescents whoexperienced authoritarian parenting reported moderate to highlevelof depressive symptoms."Ourstudy 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 canbe observedbut no causalinferencecanbe drawn\_

Higher rates of depressive symptoms in study sample with conversion disorder than the. control group complement existing liter.iture from developed and developing countries reporting higher level of emotionalproblemslncluding depression andanxiety in children presenting with medically unexplained symptoms: '1. On theother hand, studies from Pakistan suggestsomatic symptoms as a presentation of depression in adults." It may be true for children as well and conversion symptoms may actually be a manifestation of theirdepressive symptoms.

Poor self- esteem and fts association with negative parenting perception is observed in our study participants with conversion disorder highlights that parentswho are abusive, overtly hostile and critical do so at the expense of their children self- esteem.Literature review suggests that ability of children t0 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'·''" On the other hand, authoritarian parenting, inconsistenr parenting practices and excessive parental control are linked with poor self-esteem.•There is evidence that both Maternal and paternal emotional support reinforcesadolescentsself-esteem overtime."

We also noticed negative correlation between self-esteem and depressive symptomatology in our sample which isconsistent with previous research findings of high level of self-esteem being associated with psychological wellbeihg." Low self -esteem is presumed to predispose children to depression. Children with low self-esteem appraise lifestressorsmorenegatively andthusaremore vulnerable to succumb to depression.'"'Parental rejection,andover control seems to contribute to emotional problems including depression by wrecking child self-esteem." Similarly high maternal and paternal support and authoritative parenting was associated withlessrisk of psychological distress.'"Meta-analysishasfound that parentingexplained8% variation in childhooddepression.:,;

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.G:oss sectional natureof

the study that we *can* onlyobserve associations between parenting, self-esteem and depressive symptomatology but cannot draw any causal inference. Despite the limitations, stlldy .strengths include matched control group, and children's perception of bothmother & father'sparenting practicesrather thanparentsown views.



## (ONCLUSION

Both maternal and paternal parenting appears to have significant impact on psychological adjustment in young people as is evident from the resultsof our study. Young people withconversion disorder

reported worse perception of both mother's & father's parenting practices, more depressive symptomatology & low self-e.steem as compared with control grollp. Intervention strategies to promote positive parenting prc1ctices and styles will help all children in particular those with conversion disorder to develop into well­ adjustedadults.

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