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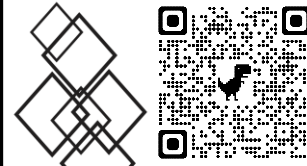
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TOPIC

**THE INFLUENCE OF PARENTING STYLES ON ADOLESCENTS MENTAL HEALTH:
A COMPREHENSIVE STUDY ON INTERMITTENT EXPLOSIVE DISORDER, SUICIDALITY,
AND SELF-ESTEEM**

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THE INFLUENCE OF PARENTING STYLES ON ADOLESCENTS MENTAL HEALTH: A COMPREHENSIVE STUDY ON INTERMITTENT EXPLOSIVE DISORDER, SUICIDALITY, AND SELF-ESTEEM

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Abstract

Adolescence is a critical time marked by a variety of changes in the body, mind, and emotions, which makes it a susceptible phase for the emergence of mental health problems. The objective of the current study was to investigate how adolescents' development of intermittent explosive disorder (IED), suicidality, and self-esteem is influenced by perceived parenting styles. Participants were recruited using a purposive sample technique and a correlational research design. Two hundred teenagers from public and private educational institutions (colleges and schools) in Multan, Pakistan, were included in the sample. The Zakia (2020) Perceived Parenting Scale was utilised to gauge parents' perceptions of their parenting styles. Bano (2021) created the Intermittent Explosive Disorder scale to gauge the severity and prevalence of the condition. Bano (2018) developed the Suicidality Scale to quantify suicidal ideation, intention, and attempts. The translated Urdu version of the Rosenberg Self-Esteem Scale (Rosenberg, 1965) was utilised; Rizwan (2017) translated the scale. The hypotheses of the studies were tested using independent sample t-tests, multiple linear regression, and Pearson correlation analysis. This theory is supported by the present study's data, which show a strong positive link between positive parenting styles and self-esteem. Negative parenting styles were found to be negatively connected with self-esteem.

Keywords: Intermittent Explosive Disorder, Perceived Parenting Patterns, Self-Esteem, Suicidality, Adolescence.

INTRODUCTION

Suicidality, self-esteem, and teenage intermittent explosive disorder (IED) status are influenced by perceived parental behaviours. Understanding how parenting styles influence these specific mental health traits has a significant effect on teenagers' psychological health. The beginning of intermittent

explosive disorder has been found to be associated with how parents view their parents' actions. Negative parenting techniques, including harsh punishment, parental neglect, and uncomfortable interactions, have been linked to an increased risk of aggression and explosive behaviours (Skinner et al., 2005).

Suicidality in teenagers is also influenced by how they perceive their parents' parenting methods. Teenagers who experience poor communication, neglect, or overly rigid parenting are more likely to consider suicide and attempt suicide. Numerous health problems, including mental stability and resilience, are also influenced by the home environment (Akhtar et al.). Teenagers' self-confidence is also significantly impacted by how they perceive their parents' parenting approaches. Children with higher self-esteem are associated with positive parenting practices such as warmth, acceptance, and support; on the other hand, children with lower self-esteem are associated with negative parenting practices such as inconsistent punishment, rejection, and neglect (Singh & Behmani, 2018). More research in this field can clarify the manner in which parenting styles impact these mental health factors and direct therapies aimed at enhancing the general well-being of teenagers (Murray et al., 2010).

Three parenting philosophies have emerged as a result of Baumerand's taxonomy of thought (1971): permissive, authoritarian, and authoritative. According to Boumrind (1971). Parents who encourage their children are strong. They establish guidelines and work to combine affection and discipline in moderation. Authoritarian parenting is the term used to describe the conventional rigorous parenting style in which kids are expected to follow their parents' instructions. Another component of authoritarian parenting is the idea of punishment. Children raised by permissive parents are free to pursue their interests. These parents allow their children to make plans according to their convenience and do not impose any restrictions on their social lives (Baumerind, 1971). Parents act and treat their children in accordance with the environment, as defined by Darling & Steinberg (1993). Parental behaviour and the manner in which parents are reared have direct impacts on the mental and psychological development of their children (Darling & Steinberg, 1993).

Authoritarian parents tend to have moody, unhappy children who are easily upset, lack focus and are generally disagreeable. Children raised by permissive parents frequently display hostility and disinterest. Selfishness, disorganisation, lack of self-control, aimlessness, and a low demand for achievement and independence were among the characteristics they demonstrated. According to recent studies, a disengaged and negligent parenting style is associated with the worst developmental results. Children of unsupervised parents exhibited poor attention, stubbornness, aggression, and behavioural issues by the time they were three years old (Joseph & John, 2008).

Although they are competent and obedient, children from abusive households have lower levels of enjoyment, social skills, and self-esteem. Children lack social skills because parents tell them what

to do all the time rather than letting them make their own decisions. Kids do not always take the initiative. They are alone in social situations and depend on others to judge what is right and wrong. These children usually lack self-esteem and intellectual or social skills. These kids are not as interested or spontaneous. These children often lacked intellectual curiosity and spontaneity (Cole et al., 2005).

Parenting Style Connecting Variations between mother and father to a typology of family Parenting Styles and Adolescent Outcomes. (Ballantine & Klein, 2001). While there are permissive parents who genuinely believe that this is the greatest method for raising kids, there are also many unorganised, inept parents who attempt to control their kids' conduct and lack self-confidence (Joseph & John, 2008).

“The microsystem (family, school, and neighbourhood) comprises a child's surroundings, and the social context has a greater direct influence on the external system. Location and the macro system indirectly influence such laws, customs, and cultural values (Bronfenbrenner & Ceci, 1994).

Attachment theory states that parenting strategies, including perceived parental support and stability, are strongly correlated with children's perceptions of the parent-child bond (Cumming & Warmuth, 2019). Teenagers' opinions of parenting styles affect whether they will welcome or reject their parents' assistance or participation. The gender gap in society (Eagly et al., 2000).”

According to the Diagnostic and Statistical Manual of Mental Disorders (APA, 2004), intermittent explosive disorder is categorised as an impulse control disorder, meaning that it involves uncontrollable drives, impulses, or impulses. Avoiding dangerous behaviour or refraining from dangerous behaviour. One's self, other people, and material possessions all have a material component. The American Psychiatric Association (2004) states that a child with intermittent explosive disorder may have a history of fire and exhibit other behavioural issues, such as stealing, lack of attention, hyperactivity, and frequent, dramatic tantrums. Furthermore, a child's history may point to deficiencies in socioemotional processing (Coccaro et al., 2007). According to Paige et al. (2009), a young child may perceive neutral faces as frightening, which could cause the amygdala-prefrontal circuit to become disrupted. The relationship between a parent and child must be built on affection, support, statements, practises, setting limits, guidelines, and concerns, as well as parental involvement in their daily activities, according to the contemporary definition of good parenting (Daly et al., 2015). Aggressive conduct and abuse can result from a parent's and child's lack of support systems. To show how parenting styles affect children's animosity, it is important to highlight their significance (Masud et al., 2019).

“There is a dearth of research on the connection between parenting styles and intermittent explosive disorders; the majority of these studies concentrate on conduct issues or violence in general (Loeber et al., 2009). Given the connection between authoritarian parenting and higher stages of asset, it is

conceivable that unfavourable parenting techniques contribute to the adolescent development of intermittent explosive disorder. Furthermore, there has been some research on the connection between parenting styles and suicidality. The results point to a greater likelihood of suicidal thoughts and attempts among teenagers who believe that their parents are unsupportive or rejecting (Kerr et al., 2006). Adolescent suicidality has been linked, in particular, to parenting practices that are dictatorial and negligent (Enns et al., 2003).”

According to one study, authoritative parenting—which is defined by warmth, support, and open communication—has a favourable correlation with adolescents' self-esteem in regard to self-esteem (Milevsky et al., 2007). On the other hand, children who believe that their parents are indulgent, authoritarian, or negligent have lower self-esteem. However, additional research is needed to determine the precise elements of parental perception that might have the greatest impact on the development of teenage self-esteem (Bean et al., 2003).

MATERIALS AND METHODS

Study Design

A correlational research approach was used in the present study to determine the links between the variables. The goal of correlational research designs is to choose participants who meet a predetermined age range and to examine the relationships between variables (Sekaran and others, 2003). Two hundred teenagers, 100 boys and 100 girls between the ages of 12 and 19 years, were enrolled in the study. The sample's standard deviation was (SD.122), and the mean score was $M=17.73$. The sample was chosen via purposeful sampling since it enabled the researchers to glean a great deal of information from the material they had gathered.

Inclusion Criteria / Exclusion Criteria

Teenagers between the ages of 12 and 19 were included in the study. There were males and girls present. Informed consent was obtained from participants who agreed to participate in the study. People aged >19 years or <12 years were not allowed to participate in the study. People with severe communication disorders who could find it difficult to appropriately answer the research questions were not allowed. Due to the possibility of confounding the particular association between observed parenting methods and the desired outcomes, a participant with preexisting mental health conditions was removed from the study. Those with cognitive impairments or linguistic hurdles that prevent them from understanding the goals, methods, or research measures of the study were not included.

Procedure

To ensure ethical standards, the current study was carried out only after the topic was approved by an institutional review board (IRB). Permissions from the schools and colleges where the study was performed were also obtained. To find volunteers for the study, the researchers went to Multan's

Note: IEBS = (Intermittent explosive behavior scale), PS = Parenting Scale and its domains WARM= Warmth, REJE = Rejection, STRU= Structure, CHAO = Chaos, AUSO = Autonomy Support, COER = Coercion, SE = Self Esteem, SS = Suicidality Scale, *** $p < .001$, ** $p < .005$

Table 02: The Intermittent Explosive Disorder Total Score, its dimensions (Autonomy Support, Coercion, Warmth, Rejection, Structure, Chaos), Self-Esteem Scale, and Suicidality Scale are related to each other. The Parenting Scale and its domains—Rejection ($r = .598^{***}$, $p < 0.01$), Chaos ($r = .350^{***}$, $p < 0.01$), Coercion ($r = .717^{***}$, $p < 0.01$), and Suicidality ($r = .461^{***}$, $p < 0.01$) have a substantial positive connection with intermittent explosive disorder ($r = .368^{***}$, $p < 0.01$). Suicidality had a momentous negative liaison with self-esteem ($r = -.449^{***}$, $p < 0.01$), autonomy support ($r = -.527^{***}$, $p < 0.01$), structure ($r = .187^{**}$, $p < 0.05$), chaos ($r = .748^{***}$, $p < 0.01$), and coercion ($r = .599^{***}$, $p < 0.01$). Intermittent explosive disorder also had a significant negative relationship with self-esteem ($r = -.549^{***}$, $p < 0.05$), warmth ($r = -.223^{**}$, $p < 0.05$), and autonomy support ($r = -.635^{***}$, $p < 0.01$). Self-esteem was significantly inversely correlated with rejection ($r = -.538^{***}$, $p < 0.01$), chaos ($r = -.448^{***}$, $p < 0.01$), and coercion ($r = -.686^{***}$, $p < 0.01$) and significantly positively correlated with warmth ($r = .400^{***}$, $p < 0.01$) and autonomy support ($r = .908^{***}$, $p < 0.01$).

Table-03

Gender differences in time of parental behaviour patterns, intermittent explosive disorder, self-esteem besides suicidality amongst adolescents (n=200)

| Variables | Girls (n = 100) | | Boys (n = 100) | | t (198) | P |
|-----------|-----------------|--------|----------------|--------|---------|------|
| | M | SD | M | SD | | |
| IEBS | 27.60 | 6.695 | 18.59 | 3.239 | -12.397 | .000 |
| WARM | 13.99 | 5.932 | 16.97 | 2.487 | 4.854 | .000 |
| REJE | 27.02 | 8.445 | 15.17 | 4.298 | -12.908 | .000 |
| STRU | 12.45 | 4.487 | 10.84 | 4.322 | -3.836 | .000 |
| CHA | 27.43 | 7.083 | 18.05 | 4.040 | -10.592 | .000 |
| AUSO | 4.57 | 6.208 | 16.65 | 2.053 | 18.502 | .000 |
| COER | 27.45 | 6.968 | 15.64 | 3.428 | -16.136 | .000 |
| PS | 99.24 | 16.006 | 9.153 | 10.132 | -4.367 | .000 |
| SE | 631 | 5.388 | 15.30 | 3.618 | 14.648 | .000 |
| SS | 27.55 | 7.263 | 15.02 | 4.817 | -12.882 | .000 |

Note: IEBS = Scale of Intermittent Explosion Behavior, PS = Parenting Scale and related domains REJE = Rejection, STRU = Structure, WARM = Warmth. The terms "chaos," "autonomy support," "coercion," "self-esteem," and "suicidality scale" stand for *** $p < .001$

Table 03 shows the results, average participant responses over time, and the effect size on the suicidality scale, parenting measure, self-esteem scale, and subscales evaluating coercion, warmth, rejection, chaos, structure, and autonomy support. The suicidality scale ($t(198) = -12.882$, $p < 0.001$), parenting scale ($t(198) = -4.367$, $p < 0.001$), the overall score for the intermittent explosive disorder ($t(198) = -12.397$, $p < 0.001$), self-esteem ($t(198) = 14.648$, $p < 0.001$), and its regions were used to determine the mean modification, which was large and firm. Rejection ($t(198) = 12.908$,

$p < .001$), Warmth ($t(198) = 4.854$), and Structure ($t(198) = -3.836$, $p < .001$), Chaos ($t(198) = -10.592$, $p < .001$), Counselling ($t(198) = 18.502$, $p < .001$), and Force ($t(198) = -16.136$, $p < .001$). Figure 4.2 shows the sex-based differences in the participants' assessments of the teenagers' autonomy support, coercion, warmth, rejection, structure, chaos, and intermittent explosive disorder, as well as self-esteem and suicidality. Male adolescents score higher on self-esteem, warmth, and autonomy support, whereas female adolescents score higher on intermittent explosive disorder, suicidality, parenting styles, rejection, structure, chaos, and coercion.

DISCUSSION

The study's findings support the first hypothesis, which holds that there is a strong relationship between teenagers' perceptions of their parents' parenting techniques and their likelihood of having intermittent explosive disorder. There have been significant positive associations between perceived parenting styles and intermittent explosive disorders (IEDs), particularly in the areas of coercion, rejection, and disarray. Previous studies have consistently revealed links between aggressive behaviours in adolescents with intermittent explosive disorder and parenting styles used. Research by Boutwell et al. (2011) revealed a noteworthy correlation between severe parenting and heightened aggression in teenagers, while Garcia's study indicated that inconsistent and unstructured parenting was linked to violent conduct. However, not all related studies support these conclusions (Garcia et al., 2012). The results of the second hypothesis confirm that there is a substantial correlation between adolescents' propensity for suicidality and how they evaluate their parents' parenting styles. The study's findings revealed a strong positive association between suicidality and unfavourable parenting styles, namely, coercion, chaos, and rejection. King and Merchant (2008) discovered a substantial correlation between teenagers' increasing suicidal thoughts and their perception of parental rejection, which was confirmed by numerous other studies. Similarly, Evans et al. (2004) noted that a strong correlation existed between elevated suicidality and a lack of parental understanding and support. Nevertheless, not all studies support these conclusions. Kerr et al. (2006) discovered that peer and genetic variables may have greater impacts on adolescent suicidal thoughts than parental influences. The alternative hypothesis proposed a substantial correlation between adolescents' propensity to engage in self-esteem activities and their perceptions of their parents' parenting styles. The findings showed a strong positive association between good parenting styles (warmth and autonomy support) and self-esteem. According to a study by Donnellan et al. (2005), teenagers with considerably better self-esteem were those who thought their parents were loving and supportive. In a similar vein, another study conducted by Bean et al. (2003) revealed a favourable correlation between teenagers' self-esteem and autonomy support.

The statistically significant mean differences indicated that parenting styles and family structures could affect teenagers' experiences and results with regard to suicidality, self-esteem, and explosive behaviour that sometimes occur. Comprehending these discrepancies may hold significant ramifications for interventions and support structures aimed at particular teenage demographics. The findings showed a strong positive association between good parenting styles (warmth and autonomy support) and self-esteem. According to a study by Donnellan et al. (2005), teenagers with considerably better self-esteem were those who thought their parents were loving and supportive. In a similar vein, another study conducted by Bean et al. (2003) revealed a favourable correlation between teenagers' self-esteem and autonomy support.

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LIMITATIONS OF THE STUDY

The results of the study indicate that targeted parenting interventions that promote positive parenting practices are needed. Due to its reliance on teenagers' sometimes imprecise perceptions of their parents, the study has several drawbacks. Although research has not established a causal relationship, it has identified links between how teenagers see their parents and problems such as suicidal ideation, explosive conduct, and low self-esteem. It ignores how things might evolve over time and instead concentrates on youth. Furthermore, it skips over other aspects, such as culture and the ways in which parents and teenagers could affect one another. Therefore, even though the study provides insights, caution should be exercised when forming generalisations.

RECOMMENDATION

Future research should use more precise instruments to gauge teenagers' and parents' well-being. A better understanding of the effects of parenting on teenagers would come from long-term research that monitors changes over time. Findings from studies with a wider range of ages and backgrounds would be more situationally applicable. Rather than focusing on broad parenting philosophies, researchers ought to examine particular actions. It is important to take into account how parents and teenagers affect one another throughout time. It is also critical to comprehend the influence of contextual and cultural elements. Finally, promoting cooperation between various academic disciplines can lead to a more thorough understanding of teenage growth.

In regard to negative parenting practices and associated mental health conditions, early identification and treatment are essential for effective outcomes. Healthcare practitioners, educators, and other pertinent stakeholders should receive training on recognising signs of inadequate parenting and adolescent mental health concerns.

CONCLUSION

The findings revealed a strong relationship between parental behaviours and the probability of teenagers having suicidal thoughts, outbursts of rage, or low self-esteem. Rejection and other negative actions were found to be associated with greater risk, whereas warmth and other positive behaviours were associated with better mental health. However, it is crucial to keep in mind that teenage mental health is complicated and that a variety of factors influence these results.

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