

An Anthropological Study of Parenting Style on the Behavior of Schizophrenic Patients

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Abstract:

This study is conducted to study the effect of parenting style on the behavior of schizophrenic patients. The local from where information was gathered for this study is a well known rehabilitation center for schizophrenic patients named as 'Fountain House' situated in Lahore. Study indicates that authoritative parenting positively influence the behavior of schizophrenic patients. Whereas authoritarian and permissive parenting style have negative impact on the behavior of the schizophrenic patients.

Key words: parenting styles, behavior, schizophrenic patients

Introduction

Parenting styles are the “standard patterns of childrearing” that are determined by the traditional and specific responses of the child’s behavior (Coplan, Hastings, Lagace-Seguin, & Moulton, 2002). Parenting is an intricate web of activities, and continuous influencing process to mould the behavior and attitude of a child which in turn forms an emotional relationship between the parents and the children. According to Baumrind model parenting is of three styles: “Authoritarian,

Authoritative, and Permissive (indulgent) parenting style” (Mandara, 2003).

Authoritative parenting style focuses on characterizing goal directed behavior of the child. This style is based on trustworthy relationship between parents and their children, value child’s qualities and interests but guide them for future. They have firm control but not have restricted behavior. Authoritative parenting shows positivity in emotional, social and cognitive development of the children. Authoritarian parenting style characterized by strong emotional control, less responsiveness and limited emotional sustainability. They shape behavior of their in accordance with the set standards of conduct.

Permissive parenting style allows the child to have his/her personal opinions, likes and dislikes. This style does not force a child to “obey externally defined standards” (Baumrind, 1966). They are more “responsive” and less “demanding”, “nontraditional” and “lenient” in their behavior (Baumrind, 1991). This parenting style leads to uninvolved parenting which shows rejecting and ignoring behavior of the parents. It shows that parents fail to perform their “parenting tasks” and “responsibilities” and unable to fulfill child’s basic physical, psychological, intellectual and emotional needs (Minty & Pattinson, 1994)

Literature Review

In terms of interaction four parenting styles have been defined on two independent dimensions “warmth-hostility and controlling-uncontrolling” (Baumrind 1971; Maccoby & Martin 1983). Farzana et al, 2013 in their combined paper referred to Khalid, 2004 “This two dimensional behavior model was given by becker: According to him the first dimension refers to the affection and response showed by the parents and second

dimension represents the supervision of the parents upon their children”.

On the basis of these two dimensions four parenting styles are proposed: authoritative parenting shows warmth and control, authoritarian parents are hostile and controlling, whereas permissive parenting style is more of a friend like relationship. They have little or no expectations for their children and often view their children as friends and have few limits imposed (Berg, 2011).

Parenting style has been conceptualized as a relatively stable pattern of child rearing practices typically employed by a parent (Darling & Steinberg, 1993). Authoritative parenting style promote the “emotion regulation” and “socio-economic competence” (Baumrind 1989; Towe-Goodman & Teti, 2008) whereas authoritative style exercise restrictive control and show little emotional attachment and warmth which leads to the growth of “anger” and “externalizing problems” in their children (Snyder, Stoolmiller, Wilson & Yamamoto, 2003).

Behavior is the way in which a person acts or conducts oneself, towards others. Parenting styles have great influence on the behavior of their children as it shapes their whole personality. Parents basically mold and shape their children into adults through their world of influence (Baumrind, 1971). Overprotective parents tend to over-manage situations for their children, restricts child behaviors, discourage child independence, and direct child activities. Overprotective parenting has been linked to the development of shyness and internalizing problems in childhood (Rubin & Burgess, 2002). Shyness can be seen as the temperamental tendency to experience fear and anxiety in the face of social novelty and perceived social evaluation. Indeed, shy children display more negative emotions and are prone to the development of internalizing problems (Rubin, Coplan & Bowker, in press). Shy children also tend to elicit more protective and over controlling responses from their caregivers (Coplan, Parakash,

O'Neil & Armer, 2004). This may be because they are more likely to be perceived as vulnerable by parents (Paulussen-Hoogeboom, Stams, Hermanns & Peetsma, 2007).

According to the research conducted by (Rossman and Rea, 2005) in western culture children who brought up under the supervision of authoritative parents have to face less externalizing problems. They are high learners and have less violent behavior in contrast to those of children with authoritarian parenting. While permissive parenting style leads to higher internalizing problems and elevated level of anxiety in children for instance social withdrawal and depression. (Milevsky, Schlechter, Netter, and Keehn, 2007) "study also revealed that Authoritative mothering was related to higher self-esteem and life-satisfaction and to lower depression". A further study conducted in Asian context initiated that maladaptive and destructive behavior was associated with the authoritarian parenting (Chen, Dong, and Zhou, 1997).

Materials and Methods

The research was carried out in the rehabilitation center for schizophrenic patients known as 'Fountain House' in District Lahore. The center itself was the sampling frame, from whose population the sample was drawn. Data was collected through the combination of probability and non-probability sampling. Initially stratified random sampling was used to fill socio-economic census forms. A total of ten psychologists were working in the Fountain House, three in the 'female block', while seven in the 'male block'. Using stratified random sampling ten members were selected from each psychologist. For generating extensive data regarding the effect of parenting styles on the behavior of schizophrenic patients, interview guides were filled. This was carried out by using purposive

sampling technique. The members directly relevant to the topic of the study were chosen to acquire the required information.

Results and Discussion

n=100

Parenting Styles	Behavior outcomes	Questions from the respondents	Un-standardized Coefficients ^a	
			B	Std. Error
		Constant	1.163	.306
Authoritative	Warmth and controlling	You think you are a pampered child?	.051	.099
Authoritarian	Hostile, controlling and restrictive	Do you feel that your family members do not love you?	-.253	.223
		Do you feel that your family members do not care about you?	.454	.208
		Do you feel that you are a devalued child?	-.046	.118
		Do you feel dominance from your family members?	.166	.122
		Do you feel cold behavior from your family members?	-.279	.159
		Have you faced criticism of your family members?	.058	.120
Permissive/ Uninvolved	Lenient, supportive, less demanding/ Ignorance and rejection	Do you feel rejected behavior from your family members?	.093	.145
		Do you feel your family members are emotionally detached from you?	-.181	.136
		Do you think your family members have unexpressive behavior towards you?	.116	.120
		Do you feel that your family ignores you?	-.062	.154

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Dependent variable is 'gender'

Results demonstrates that the Authoritative parenting style have positive effect on the patients as the regression value of the question 'you think you are a pampered child?' is $(B) = .051$ which shows constructive effect on patients 'gender' (dependent variable) and it helps in their recovery from the disorder to become a normal and active member of the society.

Results of Authoritarian parenting style illustrate mixed relationship as the Question 'Do you feel that your family members do not love you?' explains minute reaction on the psychological health of a child as its value is $(B) = -.253$. Then the patients were inquired through the question 'Do you feel that your family members do not care about you?' the response explains high effect on the psychological and emotional health of the patients $(B) = .454$. 'Do you feel that you are a devalued child?' and 'Do you feel cold behavior from your family members?' have negative effect as indicated by the (B) value i.e., $-.046$ and $-.279$ respectively. Whereas the responses of 'Do you feel dominance from your family members?', 'Have you faced criticism of your family members?' have positive values, $(B) = .166$ and $.058$ demonstrate the high negative result toward the dreadful conditions of their mental health.

Responses from the members regarding Permissive parenting style through questions like, 'Do you feel rejected behavior from your family members?' and 'Do you think your family members have unexpressive behavior towards you?' have positive regression values i.e., $.093$ and $.116$ which indicates the strong effect on the behavior of schizophrenics. This style has negative impact on the behavior of the children as they become egocentrism, hyperactive, aggressive, lack of responsibility and self-control. As the respondents did not feel that their parents were emotionally detached from them thus it did not negatively

affect their health. It is indicated by the value of $(B) = -.181$. The respondents did not feel ignored by their family $(B) = -.062$ thus it had a slight effect on their health.

Case study 1

Ali Suffan is a young man of 25. He developed psychosis due to addiction of cigarette and *Huqa*. He shared that he used to love a girl since 6th class. Instead of fading his love for the lady grew larger with every passing moment. Consequently he progressively became more aggressive and violent. Cigarettes and *Huqa* became a need, which when not available led to tantrums and abusive behavior with the family members. The aggressive behavior and fights became a routine and thus he was admitted to the hospital. He was there from last 15 days when I interviewed him.

Case study 2

Javed Mansoor, 50, was an old member of Fountain House and has been living there from last 36 years. They were seven siblings, out of which two elder ones were dead. His parents passed away many years ago and he lives here on *Zakat* because his siblings don't want to pay for his treatment. Occasionally he visits his brother's place on leave. He has been a permanent resident of the Fountain House as his siblings were not interested in taking him along. He was suspicious about his siblings as they didn't visit him and rarely picked his calls.

He said they didn't love him because if they did then they would definitely have taken him permanently home. He said that his siblings proposed that if he wants to come closer to them, then he should work and earn money for the family. He grievously accepted that he would like to work and earn, but since he has physical health issues he cannot work. He believes that he is psychologically fit, and has only been left in the

hospital as he is a burden. They may not be financially strong enough to support his health expenses.

Case study 3

Arsalan Masood a young boy of 24 was diagnosed as schizophrenic five years back. He belonged to a broken family. His father psychologically and physically fit, belonged to a '*Jagirdaar*' family, however, his mother was both deaf and dumb and of a mediocre status. Even though the marriage was through mutual consensus, they got separated after three children for the same very reason. His father remarried right after the divorce within his family. After separation, the children lived with their mother in Multan, while his father started living with his new family in Bhawalpur. Before separation he was a bright and active student, and had nearly completed O'levels. He was energetic, competitive and actively participated in extracurricular activities that gained him the best athlete's award consecutively for three years in a row. The separation however turned his whole world upside down. The new family did not accept him as his own while his own family was not that supportive either. The mother, he believed, that even though loved him was not expressive at all. The elder sister was epileptic and irritable most of the time and thus could not provide any emotional support. His younger sister with whom he was quite attached and had a soft corner for was also of no help since she was living in Islamabad for her studies. The rude behavior of his sister and lack of attention from his mother was excruciating. He felt abandoned and discarded, thus the visits to his father's home increased. But the situation there was no different. He was constantly humiliated, by his step mother and cousins as they lived in a joint family system. His father busy running a business did not have time to sense the emotional turmoil his son was going through. He started hallucinating, through all his five senses. Now his mere presence was a source of embarrassment and

shame for his father. All he was concerned about was his treatment and medications. During his treatment in the Fountain House he informed that he used to call his father and sister a multiple times since he missed them, but they never answered with love and affection in return. When he does go home for vacations, the depressing scenario aggravates his need for wanting acceptance and thus due to lack of counseling his psychological condition deteriorates and he is sent back to the hospital.

The patient understood his situation quite well. He knew that he hallucinates because of schizophrenia, and the condition intensifies when he has to face criticism, humiliation and un-acceptance. Thus now he has decided to permanently stay in Fountain House, continue with his medication and take a new start. He plans to take admission in Metric and carry on with his education as he feels it is the only way out of the nightmare he has to live every day.

Case Study 4

Tahir Mehmood, 24, was diagnosed to be schizophrenic in year 2009, that's when he was admitted in Fountain House for the first time. His first visit to the hospital was a short one. He stayed there only for a couple of months and as the treatment cured the general symptoms to some extent he was taken back home by his father. His family history puts light over another broken house. His father a renowned lawyer, remarried when his first wife died. Tahir, was in metric at that time and since was the youngest of the four siblings was very closely attached to his mother. The death of his mother shattered him completely. The family was of course busy trying to rebound to their normal routine, while the young boy was burning in the fire of solitude. The next course of events, i.e. remarriage of the father, worsened the child's psychological condition. He became highly suspicious of his father, and developed symptoms that were mostly of 'residual schizophrenia', with excessive self

talk/laugh, poor hygiene conditions, frustration, aggression and absolutely flat facial expressions. The step mother according to the patient did not love him or gave him proper attention. The emotional mayhem was inevitable, since he was already stressed and moved by the sudden changes in his life.

After he was taken home in 2009, his father, on the suggestions of some relatives, got him married in the hope that he might recover. The hopes were however all crushed when his wife divorced him within one month of the marriage. His next visit to the hospital was then in year 2011. The 'Family Counseling' helped his father understand the severity of his son's condition which led to perceptible changes in his attitude. The whole family was involved to support him, and helped him participate in various activities to deviate his attention from the negativity and suspiciousness he had developed over time. In 2013, he had recovered enough to be discharged from the permanent residence and be converted to 'day member' i.e. visit the hospital for limited hours from 9.00 am till 2.00 pm. Regular group therapy, individual counseling and vigorous support from the family showed improvement in the patient. For one month he was kept a 'day member' and then his follow ups were extended to fortnightly and monthly checkups. He is now quite involved with his family. With routinely swimming and badminton classes he stays occupied, and has even started doing part time jobs.

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