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RESEARCH PAPER

Impact of Authoritarian Parenting Style on Neuroticism in Patients with Bipolar II Disorder: Mediating Influence of Maladaptive Coping Strategies

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ABSTRACT

The objective of the present research was to examine the mediating influence of maladaptive coping strategies in the relationship between authoritarian parenting style and neuroticism among patients with Bipolar II Disorder. A matched pair sample was employed to compare patients with healthy controls in this comparative study. Data were collected through purposive sampling technique from 120 adults (60 patients with Bipolar II Disorder and 60 healthy controls). Diagnosed patients were recruited from hospitals on referral, with a controlled duration of illness (6 months to 3 years), and were further examined by the researcher through clinical interviews and mental state examinations. Healthy controls were selected from the community and educational institutions, matched with patients on age (18-40 years), gender (equal dissemination), and education (matric to graduation) to ensure comparability. Three Urdu-translated self-report measures were used; the parental authority questionnaire (Kausar & Shafique, 2008), the Big Five Inventory (Raiha, 2012), and the Cognitive Emotion Regulation Questionnaire (Butt, Khawer, Malik, & Sanam, 2012). The results indicated that there was significant positive impact of authoritarian parenting in constructing the contrary personality of patients with bipolar II disorder. Furthermore, the mediation analysis confirmed the influence of maladaptive coping strategies in the relationship between authoritarian parenting and neuroticism. Findings also indicated significant group differences: patients with Bipolar II Disorder scored higher on authoritarian parenting, neuroticism, and maladaptive coping strategies compared to healthy controls. Moreover, patients relied more heavily on maladaptive coping strategies than healthy controls. The study holds important implications for clinicians, providing deeper insight into the role of parenting and coping mechanisms in shaping the personality and psychopathology of individuals with Bipolar II Disorder, thereby facilitating more effective management strategies.

KEYWORDS Authoritarian Parenting Style, Neuroticism, Maladaptive Coping Strategies, Bipolar II Disorder, Healthy Controls

Introduction

The family considered to be a socio-cultural-economic arrangement that place significant influence on individual's personality, their coping structures and the development of their characters. Inclusively, it could be seen that different parenting practices may have different impact on individual's physical, social and psychological growth for late adolescents in placement (Coleman, 2019). Throughout the lifespan, the influence of parenting style strengthened with the preferential coping style of an individual serves as a socialization agent for survival. Any ignorance on the part of parents and use

of maladaptive strategies may lead to unsolicited destructive effects on children's nourishment and subsequently might produce symptomology and serious disorders in late adulthood. It was supported by a study proposed that parental care plays a sufficient role in adult outcomes encompassing both normal and pathological personality traits (Vento, 2021).

Now-a-days, dissemination of symptomology such as depressive symptoms, mania and mood disorders revolves abruptly around the late adolescents due to various factors such as biological, psychological and social influences (McGrew, 2016). Such disorder more specifically bipolar disorder causes serious ramifications that affect personal and social presentation (Abbaspour et al., 2021). In previous conceptualizations, it was claimed that besides biological processes, psycho-social may also increase the ratio of having bipolar disorder in youth because of maltreatment by parents. It was extracted that lesser parental acceptance and higher psychological control on children can cause the onset of bipolar spectrum disorder in early adulthood (Alloy et al., 2012).

However, usage of immediate adaptive cognitive coping strategies from very early development could upbeat or lessen the risk of symptomology in late adolescents. The effective strategies and social support determine the consequences in handling life threatening situations. These coping skills learned by the surroundings, own potential, characteristic, traits and different parenting practices. These practices played a prominent role in influencing characters and casting coping behaviors (Lin & Lian, 2011).

In terms of coping strategies, a study sought to identify adaptation of emotion regulation strategies in patients having Bipolar II Disorder to examining relationships with perceived parental style. Participants were recruited from a variety of outpatient and community settings with a clear diagnosis. Patients with Bipolar II disorder were significantly more likely to use maladaptive emotion regulation strategies and scored significantly higher on most (perceived) dysfunctional parenting sub-scales. Results concluded that dysfunctional parenting experiences were related to maladaptive emotion regulation strategies (Fitzpatrick et al., 2017) and intensify the probability having feeling of depression and symptoms of mania (Rostad et al., 2014).

Another conceptualization confirmed the notion that perceived parental care associates with the quality of socio-emotional development, while optimal parenting by the father is especially important for children with more externalizing problems in childhood (Ong et al., 2017). Parenting consequently plays an identical decisive role on personality exclusively at the senior secondary level where children are vulnerable to adopt pessimistic personality and negative lifestyle (Grazioplene et al., 2016).

From eminent research, it was concluded from the inferential that extroversion, agreeableness and neuroticism personality trait indicates contingency with parenting styles (authoritarian and neglectful style). Therefore, the study suggested that every child is dissimilar and inimitable though parents should be fortified to implement appropriate parenting styles for every child to armor them from having symptomology in adulthood (Bibi et al., 2021). Researches of parenting practices on patients having symptomology could be contextually precise rather than global, meanwhile since parenting practices react to instantaneous contextual demands (Lansford et al., 2012).

Literature Review

Building upon these insights, a study conducted by Hayat & Bibi (2022) looked at how different parenting styles predicted psychological flexibility in adolescents. A total of

100 teenagers (50 males and 50 girls) aged 12 to 18 years with no past psychiatric or medical history were recruited from various Pakistani educational establishments. The findings demonstrated that parenting approaches are favorably related with psychological flexibility. Furthermore, parenting styles are a substantial predictor of psychological flexibility in teenagers. However, no gender differences were detected between the two variables among teenagers. These findings emphasize the importance of parenting methods and psychological flexibility in the mental health of teenagers.

Research by Radicke et al. (2021) further investigates the risk and protective variables associated with Health-Related Quality of Life (HRQoL) in children of parents with mental illness (COPMI). They also looked at how well children and parents agree on HRQoL. The study discovered that parental mental health difficulties greatly impacted children's HRQoL. It emphasized the significance of collecting both self- and proxy-reports. The study emphasizes the need of programs that target both risk and protective variables in improving children's resilience. Accordingly, the study recommends that interventions focus on enhancing children's resilience when their parents suffer from mental diseases. In order to completely comprehend children's HRQoL, researchers need also gather both self-reports and proxy-reports.

In line with current perspective, Ghosh (2021) aimed to understand how an authoritarian parenting style impacts the development of psychological issues in children and teenagers. Research shows a direct link between psychopathology and authoritarian parenting. This parenting approach leads to various psychological, physical, and social problems because it allows little independence, freedom, expressiveness, and affection. Authoritarian parents use harsh socialization methods, such as threats, commands, physical force, and withdrawing love. These methods limit children's independence and self-expression. The paper also looks at the sociocultural factors that push parents to adopt such extreme parenting styles. It suggests that parents should not rely solely on authoritarian methods. When enforcing rules, punishments, or other forms of discipline, parents need to prioritize their children's well-being.

Furthermore, Taniet al. (2018) evaluate the connection between adult emotion dysregulation processes, emotion regulation techniques, and perceived parenting styles. They assessed overprotection and maternal and paternal care in 50 Italian women and 50 Italian men using the Parental Bonding Inventory's Italian version. Emotion dysregulation and emotion management techniques were also evaluated. Positive parenting was a protective factor against emotion dysregulation, while bad parenting was, predictably, associated with more challenges with emotion regulation.

Evidence from previous researches discovered disparities when comparing mother and paternal parenting. Maternal care was found to be adversely linked with expressive repression and other forms of emotion dysregulation. Maternal overprotection was linked to two features of emotion dysregulation: refusal to accept emotional reactions and difficulty participating in goal-directed conduct. Paternal care was shown to be adversely connected to various measures of emotion dysregulation but not to emotion regulation techniques. Paternal overprotection was linked to impulse control issues and a refusal to accept emotional responses (Williamson et al., 2017).

Absence of perception in dual diagnosis patients and shortage of specialized treatment for them created a ground for this study in Pakistan. It is compulsory to enquire them in order to get insight of the disease epidemiology from the roots of person’s lifespan development. In inclusion, the influential role of parenting on personality factors upshots mood related psychiatric disturbances enlarge the morbidity in geometric fashion.

Exploring the factors contributes in assisting the patients with bipolar II disorder and helping their parents in understanding the practices which make up their children's personality (Imran et al., 2015).

Hypotheses

H1. There would be a significant relationship between authoritarian parenting style, maladaptive coping strategies and neuroticism in patients with bipolar II disorder.

H2. Neuroticism would be significantly predicted by authoritarian parenting style and maladaptive coping strategies in patients with bipolar II disorder.

H3. Maladaptive coping strategies would be served as mediator in the relationship between authoritarian parenting style and neuroticism in patients with bipolar II disorder.

H4. There would be a significant difference in scores of authoritarian parenting style, maladaptive coping strategies and neuroticism in patients with bipolar II disorder compared with healthy controls.

Conceptual framework of the study

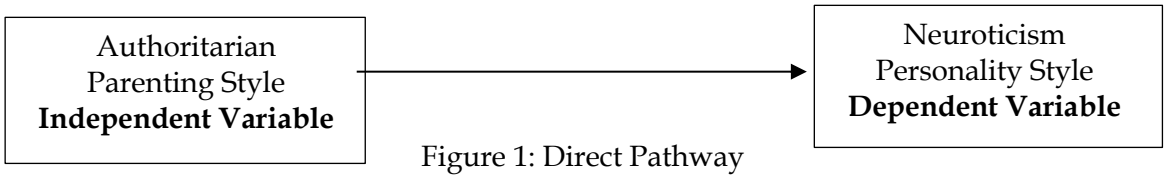

Figure 1: Direct Pathway

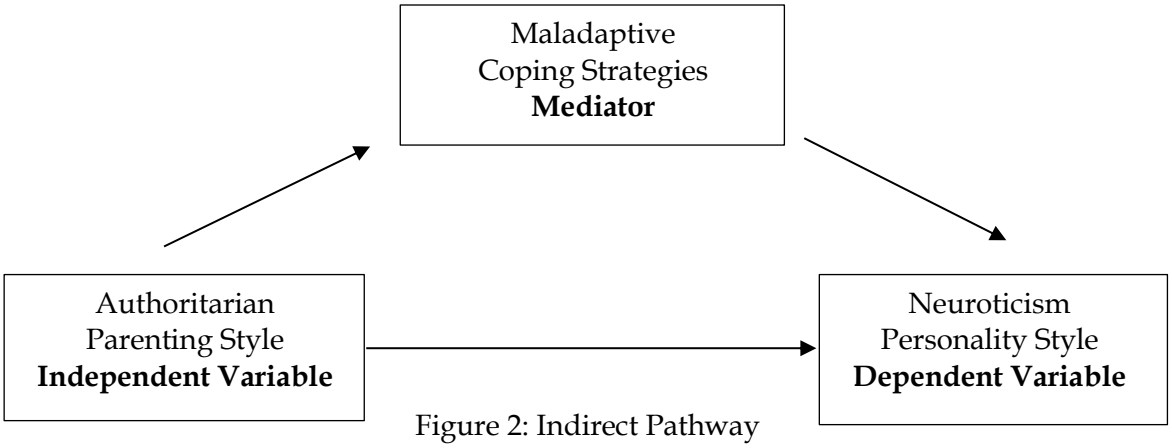

Figure 2: Indirect Pathway

Methodology

Research Design

The comparative research design was used in the current study to assess the difference in parenting (authoritarian) and personality (neuroticism) style with usage of coping strategies between patients with bipolar II disorder and healthy controls.

Sampling Strategy

The sample was chosen using the purposive sampling approach of patients with bipolar II disorder while convenient sampling technique was used to select the healthy

controls. The matched pair sample was used to compare the patients of bipolar II disorder with healthy controls.

Participants

A sample consisted of 120 Men and Women were further divided into 60 patients with Bipolar II Disorder and 60 control group participants. A matched-pair sampling technique was employed to recruit participants ensuring comparability between patients and controls on key demographic variables. The clinical sample consisted of patients with Bipolar II Disorder, recruited from the different hospitals (outpatients) of Faisalabad and Lahore on the referral of psychiatrist, with illness duration of 6 months to 3 years, confirmed through clinical interview and mental state examination. Healthy controls were selected from the community and educational institutions and were matched with patients on age 18-40 years (M = 1.74, SD = .84), gender (equal proportion of males and females), and education level (matriculation to graduation), belonging to middle class families, to ensure comparability. This matching procedure was undertaken to control for demographic confounds that might otherwise influence the study variables.

Inclusion Criteria: Outpatients were selected as participants in this study. All the participants were already diagnosed (DSM-V-TR) patients with Bipolar II Disorder. Researcher included only those participants whose duration of illness was between 6 months to 3 years and gone through clinical interview and mental state examination for the assessment and confirmation of the disorder.

Exclusion Criteria: Inpatient adolescents and patients with bipolar I disorder and having other mood disorder were not selected as participants in this research.

Instruments

Screening tools: Primarily, preceding medical diagnostic report from psychiatrist was taken and declaims carefully. Then, researcher used the Diagnostic and Statistical Manual, Fifth Edition, Text Revision (DSM-V-TR; American Psychiatric Association, 2022) to consider the symptoms according to the criteria relevant to psychiatric diagnosis. Patients were assessed through clinical interview and mental state examination for screening.

Informed Consent and Demographic Sheet: Proper oral and written consent was taken from each participant. Participants were told about the purpose of study, ensured their confidentiality and give them the right to withdraw at any time. After the consent, a suitable demographic sheet was connected, together with scales, to collect the essential demographic information from the participants. This information included age, gender, and the name of the hospital or clinic, length of illness, education, birth order, socioeconomic status, and education level of parents.

Parental Authority Questionnaire (Urdu Version): Parental Authority Questionnaire developed by Buri (1971) and translated into Urdu by Kausar and Shafique (2008) which includes permissive, authoritarian and authoritarian parental authority prototypes o indicate the perception of respondents about their parental authority. It consisted of 30 items per parent 5-point scale (1 = strongly disagree, 5 = strongly agree) and yields permissive, authoritarian and authoritarian parental authority scores for both parents. In this study, the cumulative scores from item number (items: 2, 3, 7, 9, 12, 16, 18, 25, 26 and 29) were used to represent authoritarian parenting style.

Cognitive Emotion Regulation Questionnaire (Urdu Version): The Cognitive Emotional Regulation Questionnaire, created by Garnefski and Kraaij (2001) and translated into Urdu by Butt, Khawer, Malik, and Sanam (2012), was utilized in this study. The CERQ included 36 items that identified the 9 cognitive coping mechanisms (5 adaptive and 4 maladaptive) used to cope with disturbing life event. Each strategy consisted of 4 equal items. All measure statements were assessed on a 5-point Likert scale from 1 (almost never) to 5 (almost usually). In this study, the cumulative scores from item number [items: 1, 2, 3, 4 (self-blame) 9, 10, 11, 12 (rumination) 29, 30, 31, 32 (catastrophizing) 33, 34, 35, 36 (other-blame)] were used to represent the usage of maladaptive coping strategies.

Big Five Inventory (Urdu Version): Big Five Inventory to indicate personality factors developed by John and Srivastava (1999) translated into Urdu by Raiha (2012) consisted of 44-item inventory that measures an individual on the Big Five Factors (dimensions) of personality. Each of the factors is then further divided into personality facets. In this study, the cumulative scores from item number (items: 4, 9R, 14, 19, 24R, 29, 34R, 39) were used to represent neuroticism personality style.

Procedure

Clinical samples were gathered from both government and private hospitals in Lahore and Faisalabad. The concerning authorities were also being contacted by the researcher, must get consent and assistance for data collection from their hospitals, as well as to be aware of the patients' conditions in order to meet the requirements for research participation. Participants were chosen for the study based on their diagnosis of bipolar II disorder. The following valid and reliable scales were used to contact and interview these people: Parental Authority questionnaire to represent respondents' perceptions of their parents; Cognitive Emotion Regulation Questionnaire to identify the coping strategies and Big Five to indicate personality factors. The same procedure was implemented on conveniently selected healthy control group participants. Matched paired healthy control group participants were selected from family, friends and different areas of Faisalabad with same age range, education and socioeconomic status as bipolar patients.

Ethical Consideration

The ethical standard of research was evaluated since the participants were given a brief summary of the study and were assured that their information would be kept confidential. In this study, the study's goal was honestly maintained, and confidentiality and privacy were rigorously protected. Prior to completing the questionnaire, patients gave their consent. The questionnaire and permission form were translated into Urdu for those who are not well educated. Both oral and written consent were taken.

Statistical Analysis

After collecting the data, it was put into the Statistical Package for Social Science (SPSS) version 24 to generate tables. Inferential statistics correlation coefficients were utilized to determine the relationship between variables, and hierarchical multiple regression was used to predict the dependent variable. Independent t-test was used to determine the differences in in perceived parenting styles, usage of coping strategies and personality among patients with bipolar II disorder and control group participants.

Results and Discussion

Table 1
Relationship between the study variables (N=120)

Variables	1	2	3	4	5	6	7	8	9
1. Age	-	-.38**	-.43**	.04	.34	.05	.20*	.08	.03*
2. Gender		-	-.35**	-.03	-.37	.14	.93**	-.30	.22**
3. Education			-	.18	-.84**	-.67*	-.04*	-.87**	-.62**
4. Birth Order				-	.06	.03	-.12	.12	-.11
5. Illness duration					-	-.83**	.08	.51**	-.19
6. SES						-	-.42	-.17	.19*
7. APS							-	.68**	.88**
8. MCS								-	.67**
9. Neuroticism									-
M	12.9	2.32	3.40	12.1	3.13	2.08	3.12	1.48	3.06
SD	2,8	2.09	5.28	4.26	3.77	2.88	1.22	2.17	2.06

Note: *p<0.05; **p<0.01; M= mean; SD= standard deviation; SES= Socioeconomic Status; APS= Authoritarian Parenting Style; MCS= Maladaptive Coping Strategies

Results depicted that the analysis bivariate correlations were run to identify the associations between demographic factors and the sub-dimensions of the dependent variable. The results summarized from descriptive statistics table, demographics such as age and gender have significant negative relationship with education, while education have negative significance with duration of illness, socioeconomic status, authoritarian parenting style, maladaptive coping strategies and neuroticism. Moreover, maladaptive coping strategies tend to have positive significant relation with duration of illness which depicted that frequently usage of maladaptive strategies tends to increase duration of illness. On contrary MCS have negative significant relation with education which showed that more the education related to less usage of maladaptive coping strategies.

Conclusively, results depicted that there was significant positive relationship of authoritative parenting style in constructing the neurotic personality of patients with bipolar II disorder while both have significant positive relationship in sustaining and using maladaptive cognitive coping strategies.

Table 2
Multiple Regression Analysis for Study Variables (N=120)

	Neuroticism Personality Style					
Variables	*B*	*SE*	*B*	*T*	R^2	ΔR^2
					.146	.146**
Step 1						
Constant	34.02**	1.78	33.98**	0.01		
Education	-2.43**	0.70	-2.74**	0.36		
Illness Duration	4.29*	3.68	3.89*	0.89	.410	.410**
Step 2						
Constant	43.12***	0.36	36.15***	0.00		
Education	-1.97**	1.30	-1.94**	0.05		
Illness Duration	3.34*	2.98	3.44*	0.65		
APS	9.32**	2.49	8.97**	0.04		
MCS	4.18*	1.06	3.08*	2.95		

Note: *p<0.05; **p<0.01; B= Unstandardized beta; β= Standardized beta; SE= standard Error; APS= Authoritarian Parenting Style; MCS= Maladaptive Coping Strategies

In multiple regression analysis, the first step was inputting demographics, which explained 14% of the neuroticism variance. After adding parenting styles and cognitive

coping at step 2, the total variation explained by the model for personality types was 42% for personality styles. Results of multiple regression indicated that there was significant positive impact of authoritarian parenting style and maladaptive coping strategies on neuroticism personality style of patients with bipolar II disorder.

Hypothesis 3: Maladaptive coping strategies would be served as mediator in the relationship between authoritarian parenting style and neuroticism personality style in patients with bipolar II disorder.

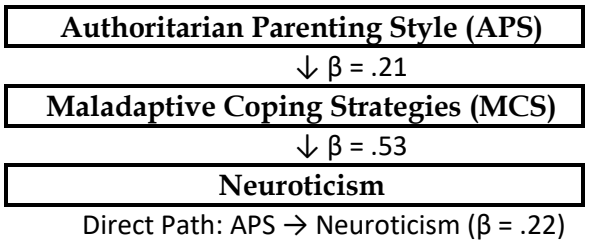

Figure 3: Diagram of mediation model showing APS, MCS, and Neuroticism with regression paths.

Table 3

Mediation through Multiple and Hierarchical Regression showing Maladaptive Coping Strategies as a Mediator between Authoritarian Parenting Style and Neuroticism

Predictor	Δ R^2	B	Criterion variables
Step I of Mediation Analysis			
Step I	.01*		
Education		-.19*	
Illness Duration		.22**	Neuroticism
Step II	.11***		
APS		.45**	
Total R^2	.11		
Step II of Mediation Analysis			
Step I	.00		
Education		-.11**	Maladaptive Coping
Illness Duration		.21**	Strategies
Step II	.18***		
APS		.32***	
Total R^2	.20		
Step III of Mediation Analysis			
Step I	.38***		
Control Variable			
MCS		.53***	Neuroticism
Step II	.42***		
APS		.10	
Total R^2	.41		

*Note: *p < .05; **p < .01; ***p < .001; APS= Authoritarian Parenting Style; MCS= Maladaptive Coping Strategies*

Baron and Kenny's (1986) four-step method to mediation was employed to measure the mediated impact of maladaptive coping strategies in the relationship between authoritarian parenting style and neuroticism, several regression analyses (multiple and hierarchical) were performed, and the significance of coefficients was checked at each step.

In the starting step of mediation analysis, demographic variable such as education and illness duration was entered which predicted 1% variance in neuroticism. Furthermore, authoritarian parenting style (β = .45, p < .01) contributed 11% variance in model which showed its significant direct effect on neuroticism. In second step, overall

model explained 20% variance in maladaptive coping strategies. In the last step, when maladaptive coping strategies was controlled; effect or authoritarian parenting style on neuroticism was reduced and contributed 41% variance in the model.

Conclusively, results from the mediation analysis showed that full and complete mediation is present because the predictor (authoritarian parenting style) was no longer significant when the mediator (maladaptive coping strategies) was controlled.

Table 4
Independent sample t-test between Bipolar II Patients and Control Group (N=120)

	Bipolar II		Control Group				
Variables	**M**	**SD**	**M**	**SD**	**t (118)**	**P**	**Cohen's d**
APS	39.20	4.92	34.88	5.09	4.71	.000	.863
MCS	105.2	7.66	96.14	4.05	8.12	.000	1.68
Neuroticism	42.15	5.56	33.98	4.99	22.5	.006	1.55

Note: M= Mean; SD= Standard Deviation; APS= Authoritarian Parenting Style; MCS= Maladaptive Coping Strategies

Results indicate that there is significant difference in authoritarian parenting style, maladaptive coping strategies and neuroticism in patients with bipolar II disorder and healthy controls. Patients with Bipolar II Disorder showed higher scores as compared to healthy controls which depicts that they perceive parenting more authoritarian, use maladaptive coping strategies and precipitates toward negative aspects of personality.

Discussion

The current study intended to explore the mediated role of cognitive coping strategies in the relationship between perceived parenting styles and personality styles among patients with Bipolar II disorder and healthy controls. The study findings generated the results as per hypothesized. Results were also consistent with the previous literature. Numerous researches indicated that rigid parenting practices more specifically authoritarian parenting style is frequently associated with negative outcomes in personality (Gunty & Buri, 2008) and the development of maladaptive coping schemas (McGrew, 2016). It was also confirmed by Wei (2019) that strict and controlled parenting practices moderated the negative personality neuroticism linked with unhealthy coping behavior. However, from one more similar recent conceptualization, it was concluded that frequent psychological and behavioral control decreases self-competencies and predicted increased neuroticism (Yu et al., 2019). Moreover, it was also extracted from the literature and current study results which specify that there may be such factors linked with maladaptive and affectionless parenting strategies may overstate the chances in the start and course of bipolar disorder (Heider et al., 2006) among adolescent population which may turns into severe psychopathology in adulthood (Miklowitz, 2015).

Parenting consequently plays an identical decisive role on personality exclusively at the adolescents' level where they are more vulnerable to all varieties of live style changes and coping adaptability both positive and negative. Therefore, the present study aimed to explore the relationship between authoritarian parenting style and development of neuroticism from the lens of using maladaptive coping strategies.

Implications

The insight developed from the current study results provided a basis and guidelines for clinicians to manage the patients with Bipolar II disorder and developing

insight in differentiating the disorder from other disease appropriately. It will be also beneficial for clinician to make self-management strategies to cope up with the adverse situations and to deal with severe psychopathology.

Recommendations

The study was restricted to few hospitals and small number of samples i.e. 60 patients which put a question mark on this study's generality so, its findings cannot be fundamentally generalized. Therefore, it is recommended that the sample replicated with a large sample size to make more valid and reliable generalization. It is also recommended that there is a need for more gender comparative research to understand more behavioral outcomes in both Men and Women and confounding variable must be controlled in further studies.

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