

Relationship between Parenting Styles and Mental Disorder of Teenage Girls in Tehran

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The aim of this research was to study the relationship between parenting styles and mental disorder of teenage girls. The statistical population of this research included the whole third-grade high-school teenager girls in Tehran, with mean age of 16.4 years, and that of their mothers of 40.2 years. Using multi-phase random sampling, 132 students and their mothers were chosen from 4 schools in 4 areas in Tehran as the sample. The scales used consisted of General Health Questionnaire (GHQ) and Baumrind parenting style questionnaire which were filled out by the girls and their mothers. The correlational design was used in this research. The results showed that there are significant positive correlations ($p < 0.05$) between authoritarian style with the mental disorder in general and its components among teenage girls (somatic symptoms, anxiety, social dysfunctions and depression). The results also showed that there are significant negative correlations ($p < 0.05$) between authoritative style with mental disorder and its components. However, no significant correlation was found between permissive method and mental disorder. Since some parents do not realize the fact that their style of parenting might have a detrimental effect on their child's mental disorder, opportunities must be created to raise their awareness through training programs.

Keywords: mental disorder, parenting style, high school girls, teenager

Family is one of the factors that form the personality and its related traits. It is the first life environment for the person and the prototype for the bigger community the person will meet in the future. If a child enjoys affection in the family and be sure of the adult's love, he/she will always totally trust those who provide him/her welfare. If he/she does not get love, will develop a sense of mistrust and everything will be risky and disturbing and fill him/her with anxiety (David Ebrahimen, quoted by Ahadi and Mohseni, 2000). Developmental psychology has been interested in how parents influence the development of children's social and instrumental competence since at least the 1920s. One of the most robust approaches to this area is the study of what has been called "parenting style" (Darling, 1999).

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Researchers have done several studies that examined how parenting styles influenced the children, adolescents, adults and also the child outcomes and its variables, adolescent's outcomes and adult adjustment such as academic achievement, self-esteem, internalization of values, social development, exam anxiety, the development of anxiety, character dimensions, emotional adjustment and major depression (Sedaghat, 2002; Karimi, 2002; Ghanbari; Nadali & Moosavi, 2009; Cartwright-Hatton & Gallagher, 2008; Takeuchi et al, 2011; McKinney et al, 2011; Bornstein & Bornstein, 2007; Martinez & Garcia, 2007; Weiss & Schwarz, 1996).

The ways the parents -especially mothers- treat their children are very important in the adolescent's mental disorder because in this period adolescents have many abilities, including abstract and deep thinking, being faithful to peers, being ready to receive a variety of experiences, also, there are mental abnormalities and disorders threatening them (Ahadi and Mohseni, 2000). Many studies have examined parenting styles in Iran and other countries (such as Gebraili, 2001; Mojganiyan, 2001; Yussefi, 2007; Karimi, 2002; Ghanbari, Nadali & Moosavi, 2009 in Iran and ...Bornstein & Bornstein, 2007; Martinez & Garcia, 2007; Maestriper, McCormak, Lindell, Higley & Sanchez, 2006; DeHart, Pelham & Tennen, 2006 in other countries).

Baumrind (1989, 1991; quoted by Martinez & Garcia, 2007) believes that in analyzing the association of parenting with adolescent's outcomes, two orthogonal constructs of parenting have traditionally been considered: demandingness and responsiveness. Demandingness refers to the extent to which parents make control, supervision and maturity demands in their parenting. Whereas responsiveness refers to the extent to which parents show their children warmth and acceptance, give them support and reason with them. Baumrind (1967) based her theory on these two dimensions, identifying three parenting styles: 1- Permissive parents who are low on demandingness and high on responsiveness (Martinez & Garcia, 2007). They are nontraditional and lenient, do not require mature behavior, allow considerable self-regulation, and avoid confrontation (Baumrind, 1991; quoted by Darling, 1999). 2- Authoritarian parents who are high on demandingness and low on responsiveness (Martinez & Garcia, 2007). They attempt to shape, control, and evaluate the behavior and attitudes of the child in accordance with a set standard of conduct, usually an absolute standard, motivated and formulated by a high authority (Baumrind, 1967). 3- Authoritative parents who are high on both demandingness and responsiveness (Martinez & Garcia, 2007). They monitor and impart clear standards for their children's conduct. Their disciplinary methods are supportive, rather than punitive (Baumrind, 1991). One key difference between authoritative and authoritarian parents is in psychological control dimension. Both groups are strict with their children. They expect them to behave suitably and obey the rules while authoritarian parents expect their children to accept the judgments, values and goals without questioning. In contrast, authoritative parents are more open to give and take with their children and make greater use of explanation. Thus, although authoritarian and authoritative

parents are high in psychological control, the authoritative parents tend to be low in psychological control, while authoritarian parents tend to be high (Grobman, 2003).

For the past few decades, parenting styles and the type of discipline that parents utilize has been researched extensively. Among the most robust findings in the literature is that children and adolescents who have been raised in authoritative households (i.e., households that are responsive but demanding) are more psychosocially competent, more successful in school, and less prone to internalizing and externalizing problems than their peers who have been raised in authoritarian (e.g., demanding but not responsive) and permissive (e.g., responsive but not demanding) households (McKinney et al, 2011).

According to research based on parent interviews, child reports, and parent observations consistently find: Children and adolescents with authoritative parents are rated by objective measures more socially and instrumentally competent than those whose parents aren't authoritative (Baumrind, 1991; Weiss & Schwarz, 1996). Children and adolescents from authoritarian families tend to perform moderately well in school and be uninvolved in problem behavior, but they have poorer social skills, lower self-esteem, mental problem and higher levels of depression (Baumrind, 1991; Richter, Eisemann and Richter, 1991; quoted by Gebraili, 2001; Weiss & Schwarz, 1996; Bornstein & Bornstein, 2007). For example, Richter et al. (1991; quoted by Gebraili, 2001) have studied the relationship between parenting styles and the behavioral adaptation in adults. The results indicated that authoritarian parenting is correlated with mental problems. Also, Weiss & Schwarz (1996) showed that children and adolescents from permissive homes are more likely to be involved in problem behavior; however they had higher self-esteem, better social skills, and lower levels of depression

Research on parent-adolescent relationships has consistently reported in Iran. Yussefi (2007) showed that the children from authoritative families enjoy having good social skills. Karimi (2002) conducted a research on the effects of parental child-rearing practices on producing major depression among adolescents. He argued that authoritarian method has been more common in these patients' families. Sedaqhat (2002) also studied the relationship between child-rearing practice and exam anxiety. He showed that authoritarian style increases anxiety and authoritative method decreases it.

The purpose of this study is to examine the relationship between parenting styles and mental disorder of teenage girls in Iran (in third grade of Teheran high schools). This purpose is important because some parenting research have revealed some differences, across cultures and ethnic groups (e.g., Chao, 1994; Wahler & Cerezo, 2005; Dwarity et al., 2006). For example, Dwarity, Abouserie & Farah, 2006) have found that in Arab societies, authoritarian parenting does not harm the adolescent's mental disorder as it does in western societies. Also, the results of several studies have suggested that the beneficial impact of authoritative parenting observed in the United States is not confirmed in all cultures (e.g., Chao, 1994; Darling & Steinberg, 1993; Musitu & Garcia, 2004; quoted by Martinez & Garcia 2007; Dwarity, et al., 2006).

In this research, parenting styles were defined based on Diana Baumrind's theory and her research (1991). As it was said before the parenting styles have been divided into: (1) - Permissive (2) - Authoritarian (3) - Authoritative.

The hypotheses are as follows:

1- There is a positive relation between the degrees of maternal permissive parenting style and the degree of teenage girls' mental disorder.

2- There is a positive relation between the degree of maternal authoritarian parenting and the degree of teenager girls' mental disorder.

3- There is a negative relation between the degree of maternal authoritative parenting practice and the degree of teenager girls' mental disorder.

Method

Participants

The statistical population of this research was all the teenage girls who studied in the third grade of high schools in Tehran and their mothers.

The sample, included 132 students and their mothers, was selected in a multi-phase random sampling. Based on the previous correlational research, at first 4 girl schools were selected from each area (north, south, east, and west). Then, two classes were selected from each school, and finally 25 students were selected from each class. Two-hundred students and their mothers were asked to fill in the questionnaires, but only 132 completed them thoroughly. Mean age of girls was 16.4 years (SD=1.5) and mean age for mothers was 40.2 years (SD=3.8). The mean of students' course average was 15.99. The majority of the mothers were housewives and high school graduates.

Measures

To assess the degree of student's mental disorder, the 28-item General Health Questionnaire was used. This questionnaire had been presented by Goldberg (1979; quoted by Dadsetan, 1998) having 4 subscales: somatic symptoms, anxiety, social dysfunction and depression.

Concerning the reliability of GHQ, Chiong and Spiets (1994) has reported the internal consistency coefficient of GHQ to be 0.85. In Iran, Palahang (1995) has reported its reliability to be 0.91, using test-retest method.

To study the parenting styles, Baumrind's questionnaire (1991) was used. It contains 30 items 10 of which are related to absolute permissive, 10 related to authoritarian and 10 to parental logical authority or authoritative styles. Burray (1991) has reported the reliability of the test for the permissive style to be 0.81, for authoritarian 0.84 and for democratic 0.78, using the test-retest method. He has reported the validity coefficients as follows: authoritarianism has a converse relationship with submissive (-0.38) and logical authority (-0.48). This questionnaire

has already been used by Esfandiari (1995) in Iran. She translated it into the Persian language and considered its content validity to be satisfactory. The reliability was reported to be 0.69 for permissive, 0.77 for authoritarian and 0.73 for authoritative style using test-retest method (Esfandiari, 1995).

Procedure

The Subjects were selected randomly and in addition to them, their mothers were also invited to a meeting at the selected schools to explain to them and their daughters the goals of the study and how to fill out the questionnaires. However, each questionnaire was filled out individually. The girls filled out the GHQ. The mothers were asked separately to fill out the parenting styles questionnaire. Sixty-eight questionnaires, 50 belonging to mothers and 18 to the students were omitted due to shortcomings. Then, the variables scores were computed. Finally, the correlation coefficients between parenting styles and mental disorders were calculated.

Results

Table 1 exhibits the descriptive statistics of the different variables in this research.

Table 1
Descriptive Statistics

Variables	N	Mean	SD	Min	Max
GHQ	132	27.7	13.6	4	69
Somatic Symptoms	132	5.59	3.68	0	18
Anxiety	132	8.26	4	1	20
Social dysfunction	132	7.73	3.59	0	15
Depression	132	6	4.64	0	21
Permissive	132	12.6	5.92	2	31
Authoritarian	132	15.5	7.27	2	37
Authoritative	132	17.1	7.04	5	36

The mean of GHQ is 27.7. Among the social dysfunction, somatic symptoms, anxiety and depression components, anxiety has the highest mean.

Concerning the different parenting styles, the highest mean belongs to authoritative practice and the lowest to permissive practice.

In order to test the research hypotheses, product moment correlation coefficients were calculated and a summary of them is presented in Table 2.

Table 2

A Summary Table of Correlation Coefficients of Permissive and Authoritarian Styles and Maternal Authoritative with Mental Disorder and its Components

Variables	Authoritative style	Authoritarian style	Permissive style
General Mental disorder	-0.23*	0.245**	0.107
Somatic Symptoms	-0.201*	0.412**	0.2*
Anxiety	-0.318**	0.457**	0.009
Social dysfunction	-0.382**	0.431**	0.07
Depression	-0.305**	0.418**	0.095

As it can be seen in the Table 2, the correlation coefficients between maternal permissive style with mental disorder, anxiety, social dysfunction and depression are not significant. However, the correlation coefficient of maternal permissive style and somatic symptoms is 0.2 which is significant ($P < 0.05$), indicating a positive significant association between maternal permissive style and somatic symptoms in teenage girls.

According to Table 2, the correlation coefficient for authoritarian style and mental disorder is a positive significant ($P < 0.05$) relationship. Also, the correlation coefficients of authoritarian style and somatic symptoms, anxiety, social dysfunction and depression are positive and significant at higher than ($P < 0.05$). However, the correlation coefficients of maternal authoritative and mental disorder, as well as those of somatic symptoms, anxiety, social dysfunction and depression are positive and significant ($P < 0.05$).

In order to identify the parenting styles independent contributions in the explanation of the variance of mental disorder and its components, a multiple regression analyses was conducted for each of them. The results are presented in Tables 3 to 7.

Table 3
Summary of Regression Analysis for Variables Predicting Teenagers' Mental Disorder

Variable	b	SE	beta	t	sig
Authoritative style	- 0.23	0 .13	- 0.16	-1.76	0 .0001
Permissive style	0 .17	0.18	0.09	0 .94	0 .3
Authoritarian style	0 .56	0.19	0.18	1.75	0.0001
$R^2 = 0 .33$			$F = 15.83$		$sig = 0.0001$

As the results in Table 3 indicate, the authoritarian and authoritative styles are significant predictors of teenagers' mental disorder. Together they explain 33% of the variance of teenagers' mental disorder.

Table 4

Summary of Regression Analysis for the Three Predictive Variables Predicting Teenagers Somatic Symptoms

Variable	b	SE	beta	t	sig
Authoritative style	- 0.23	0 .11	- 0.16	-1.76	0 .0001
Permissive style	0 .2	0.18	0.15	1.04	0 .001
Authoritarian style	0 .59	0.19	0.28	1.85	0.0001

R2 = 0 .43 F= 18.93 sig= 0.0001

As it can be seen in Table 4, the results of the three parenting styles are significant predictors of teenagers' somatic symptoms. They explain 43% of the variance of teenagers' somatic symptoms.

**Table 5
Summary of Regression Analysis for the Three Predictive Variables s Predicting Teenagers' Anxiety**

Variable	b	SE	beta	t	sig
Authoritative style	- 0.33	0 .12	- 0.2	-1.76	0 .0001
Permissive style	0 .15	0.11	0.1	1 .04	0 .1
Authoritarian style	0 .55	0.16	0.27	1.85	0.0001

R2 = 0 .40 F= 16.90 sig= 0.0001

Table 5 shows that the results of authoritarian and authoritative styles are significant predictors of teenager's anxiety. They explain 40% of the variance of teenagers' anxiety.

**Table 6
Summary of Regression Analysis for the Three Predictive Variables Predicting Teenagers' Social Dysfunction**

Variable	b	SE	beta	t	sig
Authoritative style	- 0.32	0 .12	- 0.21	-1.8	0 .0001
Permissive style	0 .11	0.11	0.09	0 .84	0 .25
Authoritarian style	0 .5	0.18	0.25	1.93	0.0001

R2 = 0 .39 F= 20.30 sig= 0.0001

As Table 6 shows, the results of authoritarian and authoritative styles are significant predictors of teenagers' social dysfunction. They explain 39% of the variance of teenagers' social dysfunction.

Table 7

Summary of Regression Analysis for the Three Predictive Variables Predicting Teenagers' Depression

Variable	b	SE	beta	t	sig
Authoritative style	- 0.33	0 .1	- 0.23	-1.8	0 .0001
Permissive style	0 .09	0.13	0.08	0 .64	0 .55
Authoritarian style	0 .53	0.15	0.3	2	0.0001

R2 = 0 .46 F= 12.31 sig= 0.0001

As it can be seen in table 7, the results of authoritarian and authoritative styles are significant predictors of teenager's depression. They explain 46% of variance in teenager's depression.

Discussion

The results of authoritarian and authoritative styles derived from this research clearly support the second and third hypotheses. The second hypothesis suggested that there is a relationship between maternal authoritarian parenting and the teenage girls' mental disorder (disorder). The data obtained during this research provide further evidence that there is a clear link between authoritarian style and mental disorder. Furthermore, the data illustrate that this relationship is a significant and positive correlation between authoritarian style and mental disorder and its components. This means, an increase in the use of authoritarian style, accompanies an increase in the mental disorder among teenage girls and its components (Somatic symptoms, anxiety, disorder in social function and depression).

The third hypothesis assumed that there is a significant relation between maternal authoritative parenting practice and the teenage girls' mental disorder. This hypothesis was also supported by the data obtained from this investigation. However, the relationship can be described as a negative significant correlation. In other words, it can be said that, increases in mothers' use of authoritative style, go hand in hand with decreases in the mental disorder among teenage girls and its components (Somatic symptoms, anxiety, disorder in social function and depression).

In the first hypothesis it was proposed that there is a significant relationship between the maternal permissive parenting and the teenage girls' mental disorder. However this investigation presented here do not fully support this theory. The results showed that for each individual component of the mental disorder a different conclusion can be drawn. In fact, based on the data collected in this research, it was not possible to establish any significant relationship between permissive parenting style and three components of mental disorder, namely anxiety, social dysfunctions and depression. However, when considering data for the forth element of mental disorder, a different conclusion can be drawn namely, there is a significant relationship between permissive style and somatic symptoms among teenage girls.

Comparing the results of the relationship between authoritarian style and mental disorder to those obtained from other studies it can be concluded that the findings of the present research are

broadly consistent with the findings of most of the previous ones. For example, we may refer to the studies carried out by Gallagher & Cartwright-Hatton, 2008; McKinney et al, 2011; Koumoundouro, et al., 2011; Kuff, et al., 2002, Richter, et al., 1991, quoted by Gebraili, 2001., Bornstein & Bornstein, 2007; Martinez & Garcia, 2007, and Weiss and Schwarz, 1996. We could also identify a great deal of similar research carried out in Iran, such as Mehrinejad, 2001; Yussefi, 2007; Karimi, 2002 and Sedaghat, 2002. All of these studies did identify a clear link between authoritarian style and mental disorder and its components. As an example, it could be referred to research carried out by Kuff, et al., 2001 and Richter, et al., 1991 (quoted by Gebraili, 2001), which provide data, showing the authoritarian style effects on mental disorder. The work by Weiss and Schwarz (1996) has also concluded that the social performance of children from authoritarian families is low and their depression is high. In Iran Mehrynejad (2001) has reported a significant relation between the authoritarian style and the increase in anxiety, Yussefi (2007) showed that this style lowers the social function level. Karimi (2002) has reported a significant relationship between authoritarian style and depression disorders.

To sum up, based on Baumrind's theory it can be concluded that since the authoritarian parents are highly demanding and directive, but not responsive, their parenting style can be one of the variables to predict mental disorders and its components.

As far as authoritative style is concerned, in comparing the findings of the present research to the previous studies it can be concluded that the relation between authoritative style and mental disorder and its components are also consistent with most of the previous findings (Baumrind, 1991; Weiss and Schwarz, 1996; Gallagher & Cartwright-Hatton, 2008; McKinney et al., 2011; and in Iran, Mehrinejad, 2001; Yussefi, 2007; Sedaghat, 2002). For example, Weiss and Schwarz (1996) showed that the children and teenagers with authoritative parents have a better social function. In Iran Mehrinejad (2001) and Sedaghat (2002) reported a significant relationship between authoritative style and the decrease in anxiety. Yussefi (2007) showed that this style improves the social skills.

The findings of this research and the previous studies and the fact that authoritative parents are considered to be high in both demandingness and responsiveness, it can be concluded that the authoritative parenting style can also be one of the variables to predict mental disorder and its component).

As far as permissive style is concerned, the results from this research indicate that there is no quantifiable link between this style of parenting and three of mental disorder components (anxiety, social dysfunctions and depression). This summation is however not consistent with the previous findings such as studies some carried out previously (Bumrind, 1991; Weiss & Schwarz, 1996 and Darling, 1999). In contrast to the findings of this study, they identified a strong link between permissive style parenting and all of the four components of mental disorder condition. In 1999, Darling reported that parental permissive style decreases depression and increases children's social function. Obviously, this inconsistency may be attributed to many

factors, such as some characteristics of Iranian people. This finding of the present research is however similar to the finding of the study carried out in Iran by Ghanbari, et al. (2009). From the results of these investigations it may be concluded that in the context of Iranian society, Permissive parenting style cannot be a variable to predict anxiety, social dysfunctions and or depression in Iranian children.

In summary, it can be concluded that there are links between the authoritarian and authoritative parenting styles and mental disorder conditions. I

It is also in concordance with Baumrind's theory and entirely consistent with findings of the previous studies. It is worth mentioning that there exists some research pointing to the influence of cultural differences (Chao, 1994; Wahler & Cerez, 2005 and Dwarity et al., 2006).

Furthermore, the results of this investigation indicated that there is only a connection between permissive parenting style and somatic component of mental disorder condition. No relationship between permissive parenting style and anxiety, social dysfunctions and depression was found. This finding did not support the original hypothesis, in contradiction with Baumrind's theory and in a broad term dissimilar to previous findings. It is well recognized that the type of research presented here, has invariably inherent limitations, constrains and shortcomings. The statistical population, difficulties in controlling all the variables, using only female participants, and exclusion of fathers in the study may be considered as some of the limitations of this research. However, it is worth mentioning that in Iranian society, mothers play the prominent role in bringing up their children and therefore their role is considered more critical than fathers. However, recently, Iranian fathers have taken up more active roles in this regard.

According to the present literature review, it can be seen that in Iran, the number of controlled investigations with regards to mental disorder issues in teenagers in general, and the relationship between parenting styles and mental disorder in particular, are indeed very limited. The study presented here should only be considered as a preliminary one, and hopefully would instigate further and more comprehensive future investigations. Future research should be directed to addressing the above shortcomings. Particular attention must also be paid to assessing the effect of social-economical backgrounds of the participants.

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