

# Investigating the relationship of parenting styles to the shyness rate of high school students with behavioral disorders

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## ABSTRACT

This article aimed to investigate the relationship of parenting styles to the shyness rate of high school students with behavioral disorders. It was a descriptive-correlational research. The sample of the study included 160 male and female students selected by a multi-stage sampling method. To collect data, the researchers employed Baumrind's parenting style questionnaire, the shyness scale of Cheek and buss, and the behavioral rating scale of Conner (parents' form). The data was analyzed by the Pearson and Spearman's correlational statistical methods. The results revealed that there was a negative significant relationship between an authoritative parenting style and shyness. Besides, the analysis of the results related to the parenting styles and behavioral disorders showed that the authoritative parenting style had a relationship with the reduction of behavioral disorders and those having powerful parenting methods, had less behavior-disorders. Training parents about the parenting styles can reduce the shyness level as well as behavioral disorders.

**Keywords:** Parenting Styles, Shyness, Behavioral Disorders, Students

## Introduction

Family is the paramount and fundamental structure of societies and plays a crucial role in an individual's life and society. The importance of family is unquestionable in a social-structural theorem. The effect of a family on a child as well as its main role in ethical, social, cultural, and constructive aspects is extremely important and magnificent. Darling (1999) believed that a

parenting style was a set of parents' attitudes towards their children that created an emotional atmosphere in which the parents' behaviors appeared. Indeed, parenting is a complex activity and involves certain behaviors that influence children.<sup>[1, 2]</sup>

The purpose of all parenting styles is regulating children's personalities<sup>[3]</sup>. Baumrind (1966) defined parenting styles based on a support and control bidimensional framework. Baumrind synthesized these two dimensions and divided the parenting styles into three categories including the authoritarian style (high demandingness and low supportiveness), the authoritative style (high demandingness and high supportiveness), and the permissiveness style (low demandingness and low supportiveness)<sup>[4]</sup>.

Parents with an authoritarian style are identified by high expectations and low admission. They impose their laws inflexibly and they are educationally harsh and punitive. Children with these parents don't enjoy mental and intellectual stability,

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conceive themselves as helpless, and get annoyed easily. Parents with a permissive style are extremely admissible and responsive concerning their children; however, they don't expect anything from their children<sup>[5]</sup>. Some parents let their children do whatever they want and it may be because they don't care for their children or are not concerned with them<sup>[6]</sup>. Parents with an authoritative style support their children and their expectations fit the capability levels of their children<sup>[7]</sup>.

In a society in which the children's and adolescents' health is of utmost importance, the provision of psychological health helps them become physically and psychologically healthy and better fulfill their social roles. The presence of behavioral and psychological disorders is the main problem in childhood founding initial life experiences as well as the health and mental bases of individuals in adulthood. Children with behavioral disorders constitute some part of individuals in societies. The behavioral and mental disorders in childhood and adolescence involve behaviors that are permanent and don't fit with the age of individuals' and; thus, lead to social contrasts, dissatisfaction, personal unhappiness, and failure in education. These disorders result from a child's interaction with his/her environment. In varying investigations, Mac Mahon concordantly and stably showed that the behavioral problems in childhood are the predictors of the high probability of suffering from psycho-medical disorders in adolescence and adulthood. He watched a child with a behavioral disorder for 18 years and concluded that there was a relationship between the behavioral disorders in childhood and suffering from psychosis in adulthood (Amminger and Pape, 1999, as cited in Moradi Nasab, 2011)<sup>[8]</sup>.

Shyness is of those phenomena that appear among people in any society and a noticeable number of children, adolescents, and adults, regardless of their desires, unwantedly imprison themselves in the fence of shyness. To this reason, they are unable to flourish their talents and creativities or benefit from their valued capacities and capabilities<sup>[9]</sup>.

Shyness is a social-psychological phenomenon created by improper interpersonal relationships and social maladaptation in the initial stages of development in homes and schools. According to this definition, shyness occurs in a social platform, is created by improper relationships, results in social maladaptation, and is reckoned as a behavioral disorder. Many social-psychological interventions are employed for children and adolescents with behavioral disorders in schools and healthcare centers.

Cheek and Buss (2012) concluded that motivating and encouraging may reduce shyness and increase the low self-confidence of boys.

Therefore, it can be stated that the purpose of the present study was to investigate the relationship between parenting styles and the shyness rate of high school students with behavioral disorders. The reason is that children and adolescents with behavioral disorders are troublesome for societies. Four to 10 percent of the clients referring to clinics suffer from these disorders (Vando, Rhule-Louie, Mac Mahon and Spieker, as cited in Ba Ezzat *et al.*, 2009). Thus, based on the posed problems, the main problem that the researchers aimed to answer was whether

the parenting styles affected the shyness of behaviorally disordered high school students studying in the district 4 of Karaj city in the year 2018-2019.

## Methodology

The statistical population of the present study included all male and female high school students studying in the district 4 of Karaj city in the year 2018-2019. Concerning the research objective, a sample of 160 subjects among high school students were selected. The sampling method was multi-stage cluster sampling. Hence, 10 schools were selected from the schools for boys and the schools for girls in the district 4 of Karaj city by simple random sampling. After selecting the schools, one class among the grade 2 classes of each school was chosen by simple random sampling. Thereafter, Conner's scale was administered among the students. Thereby, those students with behavioral disorders were screened out based on this scale.

## Instrumentation

### Baumrind's Parenting Styles Questionnaire:

This questionnaire was constructed by Baumrind in 1972 according to her theory and was translated by Hosseinpour (2002). It comprises 30 items. Items 1, 6, 10, 13, 14, 17, 19, 21, 24, and 28 are related to the permissive style, items 9, 2, 3, 7, 12, 16, 1, 25, and 26 are related to the authoritarian style, and items 11, 15, 20, 22, 23, 27, and 30 are related to the authoritative style. The response pattern to the questions is a 5-point Likert scale scored from 0 to 4. Buray used a test-retest method to compute the scale's reliability and achieved the results below: 0.81 for the permissive style, 0.86 for the authoritarian style, and 0.78 for the authoritative style. He also calculated the scale's internal consistency by the Cronbach formula and achieved 0.75 for the permissive style, 0.85 for the authoritarian style, and 0.82 for the authoritative style<sup>[10]</sup>.

### The Revised Cheek and Buss Shyness Scale (RCBSS):

It was designed by Cheek in 1983. The primary scale was designed by Cheek and Buss in 1981. This scale includes 14 items and possesses three subscales of decisiveness deficits and lack of self-confidence, distress and avoidance, and the range of shyness in relationships with strangers. The scale statements are scored based on a 5-point Likert scale as below: strongly disagree = 1, disagree = 2, neither disagree nor agree = 3, agree = 4, and strongly agree = 5. In this questionnaire, the items 6, 9, and 12 are reversely scored as below: strongly agree = 1, agree = 2, neither disagree nor agree = 3, disagree = 4, and strongly disagree = 5. The questionnaire possesses 3 subscales represented in the following: items 3, 10, 11, and 13 show decisiveness deficits and lack of self-confidence, items 1, 2, 4, 5, 7, 8, and 14 show distress and avoidance, and items 6, 9, and 12 show the shyness range in relation to strangers. The highest and the lowest scores that one can achieve in this questionnaire are 70 and 14, respectively. The scores close to 70 imply the low levels of shyness and scores close to 14 imply the high levels of shyness.

The score of each subscale is obtained by adding up the scores of questions in that subscale. The validity and reliability of this scale were investigated by Ray (2001). The calculated Cronbach alpha for the total questionnaire equaled 0.90 in this study. Moreover, a test-retest method was utilized in this research. With a 45-day time interval, the reliability coefficient for the retest of this questionnaire was reported 0.88. Besides, convergent validity was employed for the scale's validity. To this end, he prepared a questionnaire in which the subject's friends rated his level of shyness. The results of the correlation of this rating with the results of the main scale were reported 0.68. Rajabi and Abbasi (2011) psychometrically investigated this scale in Iran. They achieved a total Cronbach alpha coefficient of 0.71 for the whole scale, 0.67 for the first factor, 0.67 for the second factor, and -0.18 for the third factor. Meanwhile, the discriminant validity coefficients between the shyness scale and Rosenberg's self-esteem scale were significant in the whole sample.

**Conner's Behavioral Rating Scale (Parents form):** Conner's behavioral rating scale (1999) is a widely used scoring instrument in recent years. It has been designed similar to Achenbach's system and involves some clinical domains, the normative scores of which have been extracted. This scale is employed to diagnose and evaluate the emotional and behavioral disorders of children in the 3-17 age range. The parent's form includes 48 questions and investigates 5 areas including behavioral, emotional, learning, psychosomatic, hyperactivity, depressive, and aggressive problems. The internal consistency coefficients have been reported higher than 0.80 for all DSM and content scales and higher than 0.90 for the majority of them. The test-retest coefficient was suitable (all were higher than 0.70). Additionally, the results of the factor analysis confirm a five-factor structure for the whole scales. All internal consistencies among subscales were average to large (between 0.36 and 0.98). The criterion validity also revealed an average to a large correlation between Conner's subscales and their concurrent subscales that were 10 for the child behavior checklist and 11 for the child behavioral assessment system. The discriminant validity indicates the success of this scale in discriminating normal and abnormal groups [11]. This scale has been used for investigating the problems of elementary school children in Iran and has shown suitable validity and reliability. To score the scale, 4-choice responses ranging from 0 (never) to 4 (mostly) were used, all of which were scored directly. This scale has been used as a screening tool and investigates the presence or absence of other disorders in children.

## Results

The results of investigating "whether the parenting styles of parents have any relationship with their children's shyness" hypothesis implied that the parenting styles of parents had a relationship with shyness.

The results of Pearson's correlation test showed that the authoritative parenting style of parents had a negative significant correlation with their children's shyness ( $P=0.009$ ;  $R=-0.22$ ).

Concerning the results of investigating this hypothesis that whether the parenting styles of parents have any relationship with their children's shyness, it became evident that the behavioral disorders in children whose parents had an authoritarian parenting style was 54%. It was 30% for the children whose parents had a permissive parenting style and 4% for the children whose parents had an authoritative parenting style. The results of the Spearman and Pearson correlation confirmed this issue as well. The evaluation of the sub-hypotheses investigated in this study by the available data asserted that there was a negative significant correlation between the authoritative parenting style and the behavioral disorders of children ( $R=-0.30$ ;  $P=0.000$ ). The results of the Pearson correlation test showed that the permissive parenting style of parents had a direct correlation with their children's behavioral disorders; however, it was not significant ( $R=0.11$ ;  $P=0.183$ ). Moreover, the results of the Pearson correlation test showed that the authoritarian parenting style of parents had a direct and significant correlation with the behavioral disorder of their children ( $R=.27$ ;  $P=.001$ ). Thus, the null hypotheses were rejected and the research hypotheses were confirmed.

**Table 1. Pearson's Correlation Coefficient between Behavioral Disorders and Parenting Styles**

Behavioral Disorders	Permissive Style	Authoritarian Style	Authoritative Style
Pearson's Correlation Coefficient	0.115	0.276**	-0.305**
Significance Level	0.183	0.001	0.000
Total Sample	135	135	135

## Discussion and Conclusion

The purpose of this study was to investigate the relationship of parenting styles to the rate of shyness and behavioral disorders of grade 2 high school students with behavioral disorders in district 4 of Karaj city. The results of data analysis revealed that the authoritarian and permissive parenting styles were directly related to the students' behavioral disorders. Besides, there was a negative significant relationship between the authoritative parenting style and the behavioral disorder of students. The results of this study were in line with the results of the study conducted by Esfandyari (1995) showing that the mothers with normal children used more authoritative styles than the mothers of children with behavioral disorders. Moreover, our results were congruent with Asadi's (2007) study showing that the parents of children with behavioral disorders use more authoritarian style. Our results were also in line with the results of the studies conducted by Lambourn et al., (1990) and Leilabadi (1996) confirming the roles of the authoritarian and permissive educative styles in the creation of behavioral disorders [12]. Furthermore, our results were in line with the results of Lambourn et al., (1997), Richter et al., (1991), and Ray and Plop (1990), all investigating the effect of the authoritarian and permissive styles on the rate of behavioral disorders.

Another confirmed purpose of the study was the relationship between children's shyness and the parenting style of parents. In this study, there was a negative significant relationship between the authoritative parenting style and the high levels of shyness. That is, the children's parents with an authoritative parenting style showed low levels of shyness.

Borjali<sup>[13]</sup> addressed that one reason why the authoritative parenting style resulted in support from children's competences, was that the authoritative parent's expectations fitted with the children's capabilities in admitting their behaviors. Hence, these parents convinced their children that they are qualified and can succeed in their jobs. This attitude would lead to experienced and independent behaviors and increase the level of respect.

Concerning the results of the study, it is suggested that the parent's awareness could increase respecting the parenting styles and their effects on their children's shyness and behavioral disorders. To this end, all available capacities should have been exploited to train parents the appropriate styles of behaving with their children as well as their results. Moreover, parents' should be provided with suitable bases to have logical and reasonable expectations fitting their children's capabilities and reinforce their self-esteem and positive academic self-concept. It is recommended, through public media, to hold scientific sessions, produce scientific sources in plain language, present appropriate educative services in counseling centers, etc. train parents to become aware that if they make use of an authoritative parenting style with their children while controlling them, they should offer enough kindness as well since their behavior will positively affect their children's shyness and behavioral disorders. Meanwhile, parents and authorities should pay more attention to the mental and spiritual statuses of students and if they come across with any uneasiness symptoms respecting this issue, they can quickly take action to prevent it from getting chronic.

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