

# Investigation of the relationship between intentional self-injurious behaviors and parenting styles of OCD diagnosed adolescents

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## SUMMARY

**Objective:** The current study aimed to examine the relationship between intentional self-injurious behaviors and parenting styles in adolescents diagnosed with OCD.

**Method:** The study comprised fifty patients who were diagnosed with obsessive-compulsive disorder between the ages of 12 and 18. Sociodemographic data form, Inventory of Statements About Self-injury (ISAS) and Parenting Style Scale (PSS) were the data collection tools used in the study.

**Results:** It was found that there is a moderate and negative correlation between the intentional self-injurious behaviors and acceptance/involvement ( $r=-.44$ ,  $p<0.01$ ) and psychological autonomy parenting styles ( $r=-.38$ ,  $p<0.01$ ). Also there is a moderate and positive correlation between the intentional self-injurious behaviors and the strictness/supervision parenting style ( $r=.48$ ,  $p<0.01$ ). It was determined that there is a moderate and negative relationship between autonomous functions of self-injurious behaviors and acceptance/involvement ( $r=-.51$ ,  $p<0.01$ ) and psychological autonomy parenting styles ( $r=-.45$ ,  $p<0.01$ ). Also and a moderate and positive relationship between the autonomous functions of self-injurious behaviors and strictness/supervision parenting style ( $r=.42$ ,  $p<0.01$ ). Results showed that there is a moderate and negative relationship between social functions of self-injurious behaviors and acceptance/involvement ( $r=-.35$ ,  $p<0.01$ ), and a moderate and positive relationship between strictness/supervision parenting styles ( $r=.50$ ,  $p<0.01$ ). It was found that strictness/supervision parenting style predicted intentional self-injurious behaviors ( $R=.48$ ,  $R^2=.23$ ,  $p<0.05$ ).

**Discussion:** As the strictness/supervision perceived from parents increases and the encouragement and acceptance/involvement for psychological autonomy decreases, intentional self-injurious behaviors increase in adolescents diagnosed with obsessive-compulsive disorder.

**Key Words:** Adolescent, obsessive-compulsive disorder, self-injurious behaviors, parenting styles

## INTRODUCTION

Obsessive-compulsive disorder (OCD) is a psychiatric disorder that affects nearly 4% of adolescents, characterized by recurrent obsessions (repetitive thoughts, visuals, and impulses) and compulsions (repeated behaviors or mental actions that are felt to reduce anxiety) (1,2).

Obsessions come to mind without the will and show a repetitive pattern. These thoughts create anxiety, and people may develop compulsions to cope with these thoughts. Compulsions are ritualistic and car-

ried out within the framework of specific rules. However, compulsions can only provide momentary relief; Obsessions and the anxiety they create continue to exist in the person (3). Intentional self-injurious behaviors (ISIB) is one of the compulsive behaviors that people with OCD can develop to cope with the anxiety created by obsessions, and its incidence in individuals with OCD is 7.43% (4,5). At the same time, in DSM-5, disorders characterized by ISIB such as trichotillomania (hair picking disorder) and skin picking disorder are among the disorders related to OCD and can often be seen together (6,7).

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ISIB is the damage made by an individual deliberately to his body tissues without the intention of suicide. Cutting, biting, burning, and pinching are the most prevalent types (8). Its global prevalence among adolescents is approximately 20% (9). ISIB in adolescents can have many purposes, such as trying to cope with negative emotions, getting away from recurring disturbing thoughts, and solving problems in interpersonal relationships (8). Parenting styles are crucial in the emergence and maintenance of ISIB, according to research done on adolescents (10,11,12).

It is stated that adolescents diagnosed with OCD show similar symptoms as adults, but unlike adults, an OCD condition characterized only by compulsions can be encountered more frequently in adolescents (13). It is thought that compulsions that do not develop due to obsession may cause more confusion both in the adolescent and his/her environment. Although people diagnosed with OCD often find their obsessions and compulsions irrational, they attach excessive importance to their thought content (14,5). They may feel an exaggerated responsibility for their thought content and often tend to blame themselves for their symptoms (15,3). Due to the nature of the disease, adolescents may encounter many difficulties in daily life and may have difficulty being understood by their environment and parents. Some parents fail to realize that their OCD symptoms develop involuntarily and may display an accusatory, punitive, and hostile attitude (16,13).

In adolescence, a period of intense need for psychological autonomy, negative family attitudes such as controlling behavior may lead to more conflict with parents (17,18). In addition, it is known that these negative attitudes and conflictual family environment may be associated with the development and severity of OCD symptoms in parallel with increased anxiety (19,13). Also, negative parenting styles such as punitive and overprotective have been linked to ISIB in adolescents (20,11). Therefore, it is thought that conflicts with parents and adverse reactions may make it difficult for adolescents to cope with current symptoms and increase the tendency to ISIB, which is one of the maladaptive coping behaviors. It is thought that adolescents diagnosed with OCD may internalize the need of control that their parents try to estab-

lish over them. Therefore, the need for autonomy that is not met by their parents is tried to be met by establishing dominance over their bodies.

It is stated that it is significant to include parents in research on adolescents (18). It has been observed that the inclusion of family-based approaches in the psychotherapeutic interventions of adolescents diagnosed with OCD can reduce the severity of symptoms, and similarly, various family therapies provide benefits in adolescents who engage in ISIB (13, 21-23). The purpose of this research is to examine the relationship between ISIB and parenting styles in adolescents diagnosed with OCD. The hypotheses of the study are as follows: 1) There is a significant and positive relationship between ISIB and strictness/supervision parenting style. 2) As acceptance/involvement and psychological autonomy parenting styles increase, ISIB decreases. 3) There is a negative relationship between autonomous functions of ISIB and acceptance/involvement and psychological autonomy parenting styles.

## METHOD

### Study Type

This study was performed by using the relational screening method. The relational screening model provides information about the level and direction of the relationship between two or more variables. The existence of change when variables interact with each other is questioned, and if there is any change, this change is explained based on a relationship or predictor effect, no cause-and-effect information is obtained (24).

### Sampling

The population of the study consisted of adolescents living in Istanbul and diagnosed with OCD. The participants of the study consisted of 50 patients between the ages of 12-18, who voluntarily participated in the study between November-December 2023, who were diagnosed with OCD by a psychiatrist according to DSM-5 criteria and received outpatient psychiatric treatment.

Having a diagnosis of conduct disorder, post-traumatic stress disorder, and alcohol substance abuse were accepted as exclusion criteria while having a diagnosis of OCD, being an adolescent, and engaging in deliberate self-injurious behaviors were accepted as inclusion criteria.

### Assessments

Inventory of Statements About Self-injury and Parenting Style Scale were completed by the adolescents diagnosed with OCD and the sociodemographic data form was filled out by the parents.

### Sociodemographic Data Form

The researchers developed the sociodemographic data form with the study's goals in view. Only one of the items in the form is directly related to the characteristics of the participants, and this item is aimed at questioning the gender of the participants.

*Inventory of Statements About Self-injury (ISAS):* ISAS developed by Klonsky and Glen (25) was adapted into Turkish by Bildik et al. (26). The inventory consists of two parts. In the first part, 12 types of ISIB, such as cutting, hair pulling, and pinching, which are not suicidal, are questioned. In the second part of the scale, there are a total of 39 questions evaluating autonomous functions and social functions sub-dimensions. Autonomous functions includes affect regulation, anti-suicide, marking distress, self-punishment and anti-dissociation subscales. Social functions includes the subscales of interpersonal boundaries, interpersonal influence, revenge, sensation seeking, peer bonding, toughness, autonomy and self-care. There are three questions corresponding to each function and the questions are evaluated as “not relevant -0”, “partially relevant-1”, “very relevant -2”. Cronbach’s Alpha was found to be 0.71 for the first part of the scale, .88 for autonomous functions, and .80 for social functions by Bildik et al. (26). In this study, the Cronbach Alpha value was .94 for the total score, .89 for autonomous functions, and .90 for social functions.

*Parenting Style Scale (PSS):* Yılmaz (27) adapted into Turkish the Parenting Style Scale created by

Lamborn et al. (28). The scale, which aims to evaluate parenting styles, consists of three subscales: acceptance/involvement, psychological autonomy, and strictness/supervision. The acceptance/involvement subscale assesses the extent to which children perceive their parents as loving and caring, the strictness/supervision subscale assesses the extent to which children perceive their parents as controlling, and the psychological autonomy subscale assesses the extent to which children perceive their parents as democratic and help them to be individual. The subscales include 9, 8, and 9 items respectively. Yılmaz (27) reported Cronbach’s Alpha as 0.72 for the acceptance/involvement subscale, .76 for strictness/supervision, and .82 for psychological autonomy. In this study, the Cronbach Alpha value was .66 for acceptance/involvement, .70 for psychological autonomy, and .86 for strictness/supervision.

### Procedure

Necessary permissions and scale information were obtained from the people who conducted the Turkish adaptation of the scales to be utilized in the research. Then, the research was started with the approval of the ethics committee numbered 2023/11 dated 13/11/2023 from the Istanbul Aydin University Ethics Commission. The scales, instructions, and information form were given in person to the study participants who gave their consent as well as their parents. The participants did not provide any personal information. The scales took twenty minutes on average to complete.

### Statistical analysis

The data was analyzed using the "Statistical Package for the Social Sciences" (SPSS) 25 application. Checking the normal distribution assumption was one of the analysis's initial phases. Kurtosis and skewness values of the scale and its subscales were examined during this phase. To evaluate this assumption, kurtosis and skewness coefficients were examined, and, with reference to the study of Hahs-Vaughn & Lomax (30), it was determined that these values provided normal distribution as they were in the -2 +2 reference range.

Pearson Correlation Analysis was used to examine

**Table 1.** Distribution of intentional self-injurious behavior types of the participants

	N	%
Cutting	9	18.0
Biting oneself	10	20.0
Burning	4	8.0
Severe scratching	5	10.0
Pinching	15	30.0
Pulling hair	32	64.0
Carving	15	30.0
Banging or hitting self	28	56.0
Interfering with wound healing	35	70.0
Rubbing skin against rough surface	5	10.0
Sticking self with needles	6	12.0
Swallowing dangerous substances	2	4.0

the relationship between the Inventory of Statements About Self-injury and the Parenting Style Scale; Multiple Linear Regression Analysis was used to examine the predictive power of Parenting Style on Self-injury Behaviour. The p-value to be taken as a reference is 0.05 and the confidence interval value is 95%.

## RESULTS

60% of the participants are women (n=30), 40% are men (n=20), and 100% are cared for by their mothers.

As a result, the most common injury behaviors are interfering with wound healing (70% n=35), pulling hair (64% n=32), banging or hitting self (56% n=28), pinching (30% n=15), and carving (30% n=15). (Table 1)

There is a moderate and negative correlation between the ISAS and acceptance/involvement (r=-.44, p<0.01), a moderate and negative correlation between the ISAS and psychological autonomy (r=-.38, p<0.01), and a moderate and positive correlation between the ISAS and strictness/supervision (r=.48, p<0.01) (Table 2).

There is a moderate and negative relationship between autonomous functions and acceptance/involvement (r=-.51, p<0.01), a moderate and negative relationship between autonomous functions and psychological autonomy (r=-.45, p<0.01), and a moderate and positive relationship between autonomous functions and strictness/supervision (r=.42, p<0.01) (Table 2).

There is a moderate and negative relationship

between social functions and acceptance/involvement (r=-.35, p<0.01), a weak and negative relationship between social functions and psychological autonomy (r=-.29, p<0.05), and a moderate and positive relationship between social functions and strictness/supervision (r=.50, p<0.01) (Table 2).

The regression model was obtained using the stepwise method. With the stepwise method, variables that do not have significant predictors are removed from the model. For this reason, acceptance/involvement and psychological autonomy dimensions were removed from the model and the analysis continued. It was determined that the strictness/supervision independent variable predicted intentional self-injurious behaviors dependent variable score (R=.48, R<sup>2</sup>=.23, p<0.05). It was determined that the independent variable in the regression model explained 23% of the change in intentional self-injurious behaviors. When the results are evaluated, strictness/supervision has a positive effect on intentional self-injurious behaviors (β=.48, p<0.05) (Table 3).

## DISCUSSION

The current study aimed to examine the relationship between ISIB and parenting styles in adolescents diagnosed with OCD. The findings of the study confirm the first and second hypotheses. It was found that there was a significant and negative relationship between ISIB and acceptance/involvement and psychological autonomy parenting styles and a significant and positive relationship between ISIB and strictness/supervision parenting style. Upon reviewing the studies it is revealed that increasing controlling, rejecting, and punitive styles in parents and decreasing acceptance and understanding are significantly related to OCD symptoms in adolescents (31,32). It is observed that 40% of adolescents diagnosed with OCD perceive their parents as authoritarian (33). Negative parenting styles such as control/monitoring, which are connected to with the formation and maintenance of

**Table 2.** Relation between intentional self-injurious behaviours and parenting styles

	1	2	3	4	5	6
1-ISAS	1					
2-Autonomous functions	.94**	1				
3-Social functions	.96**	.80**	1			
4-Acceptance/involvement	-.44**	-.51**	-.35*	1		
5- Psychological autonomy	-.38**	-.45**	-.29*	.43**	1	
6- Strictness/supervision	.48**	.42**	.50**	-.61**	-.62**	1

\*\*p<0.01 \*p<0.05 Test used: Pearson Correlation Test  
ISAS: Inventory of Statements About Self-injury

**Table 3.** Findings related to the prediction of strictness/supervision on intentional self-injurious behaviors

	B	SH	B	T	p
(Constant)	-4.35	5.87		-0.74	0.462
Strictness/supervision	0.88	0.23	0.48	3.83	0.000

$R=.48$      $R^2=.23$   
 $F=14.70$      $p=0.000^*$

\* $p<0.05$  Test used: Multiple Linear Regression Analysis; Stepwise Method

OCD symptoms, may trigger unfavorable emotions like loneliness and anxiety in adolescents with OCD and lead to beliefs of guilt. In adolescents, harsh punishments and controlling attitudes can lead to high levels of anxiety, severe OCD symptoms, and ISIB (20,34,35). Overprotection and overcontrol attitudes in parents are among the types of childhood trauma (36). McLafferty et al. (37) found that adverse experiences in childhood and excessive parental control affect coping with stress throughout life. They revealed that these two phenomena are associated with ISIB in stressful situations. It is thought that overly controlling and overprotective parenting styles, which can also lead to OCD symptoms, may prevent the development of functional coping skills in adolescents diagnosed with OCD. When the current study findings are examined, it is seen that consistent with previous studies, strictness/supervision parenting style predict ISIB. It is assumed that adolescents diagnosed with OCD may use ISIB in a dysfunctional way in order to cope with the distress and tension caused by the existing symptoms, as well as the anxiety that may be caused by the opposing styles of the parents.

The results demonstrate that interfering with wound healing is the most common ISIB method. Studies conducted with adolescents support this finding (38,39). Many ISIB can result in wounds on the body and leave scars. It is stated that when adolescents injure their bodies, they may desire to express their distressing feelings through their bodies, and these behaviors may be seen as a cry for help (40). It is thought that the wounds on the bodies of adolescents diagnosed with OCD represent the negative emotions they experience. It is also assumed that the intense desire to control in OCD (3) may also manifest in the body. Therefore, for these people, the healing of the wound may mean that their distress is prevented from being seen and that they have lost control over their bodies.

Excessive responsibility imposed by parents can lead to both the onset and persistence of OCD symptoms and negatively affect the treatment pro-

cess of adolescents (41,13). In the current study, it is seen that there is a significant and positive relationship between autonomous functions, one of the sub-dimensions of ISIB and strictness/supervision one of the sub-dimensions of parenting styles. The finding in question shows that as the strict behaviour and supervision of parents increases, ISIB to motivations involving autonomous functions such as emotion regulation, suicide prevention, and self-punishment increase in individuals with OCD. Parents' styles towards strictness/supervision trying to maintain can also be internalized in the adolescent, resulting in a control over their own thoughts and behaviors and taking on excessive responsibility (47,17). It is stated that this situation can both serve the formation of OCD symptoms and lead to anxiety and excessive guilt due to the responsibility for the current symptoms (42,13,23). Parents' use of strategies such as giving conditional love and creating a feeling of guilt in order to maintain control over their children can lead to internalization problems such as anxiety, depressive symptoms, and guilt beliefs in adolescents (43). It is thought that adolescents diagnosed with OCD may feel inappropriately responsible and therefore guilty for their obsessional attitudes, and may want to punish themselves just as their families punish them, and may engage in ISIB for this purpose.

It is observed that parents of adolescents who ISIB often exhibit a rejecting and controlling attitude (44). It is known that such non-accepting and authoritarian attitudes of parents may result in increased negative emotions, difficulty in emotion regulation, and ISIB in adolescents (45,46,47,48). Therefore, it is assumed that adolescents with OCD who have parents with controlling attitudes may lack the ability to use more functional ways to regulate their negative emotions. Also with their current symptoms their negative emotions become more elevated therefore the need for sudden relief by self injury increases. In support of this assumption and the third hypothesis of the study, the findings of the current study show that there is a negative and significant relationship between autonomous functions and acceptance/involvement

and psychological autonomy; there is a significant and positive relationship between autonomous functions and strictness/supervision. These findings suggest that as parents' acceptance and interest in adolescents diagnosed with OCD and their incentives for individualization increase, adolescents' ISIB aimed at punishing themselves, preventing suicide, regulating their emotions, and labeling their distress are decreasing. However, as parents' supervision and control behaviors increase, ISIB related to these motivations increase. Furthermore, it is assumed that parents' controlling attitudes, their critical attitudes towards their children's feelings and thoughts, and their lack of acceptance towards their children will also continue against the existing OCD symptoms. Therefore, adolescents with OCD may believe that both their symptoms and themselves are not understood, and this may lead to anxiety and depressive symptoms. It is thought that they will have difficulty in naming, expressing and regulating the intense negative emotions experienced and may engage in ISIB to cope with this situation. Supporting this assumption, Zhu et al. (47) show that depressive symptoms play a mediating role in the relationship between parental rejection and ISIB in adolescents.

Parents display an overly normative attitude towards their adolescent children, constantly try to keep them under control, do not allow them to develop a sense of autonomy, and expect their children to meet unrealistic expectations. It can lead to the formation of dysfunctional thoughts in the minds of children that the world is a harmful and dangerous place (49). Therefore, they may feel threatened and inadequate in the face of the outside world. It is thought that this situation may affect adolescents' ability to cope with stress; they may feel inadequate to cope with the negative emotions they experience, and they will develop dysfunctional ways. As a matter of fact, it is known that a control-oriented parenting styles negatively affects emotion regulation skills in adolescents, while a parenting styles containing warmth and acceptance positively affects emotion regulation skills (50). It is assumed that in adolescents with a diagnosis of OCD, damaging their bodies may create a body perception that is only under their own control, and that they try to set a boundary between themselves and their parents with this dysfunctional coping strategy. In support of this assumption, the findings obtained from the current study show

that there is a negative and significant relationship between social functions of ISIB and acceptance/involvement and psychological autonomy parenting style; there is a significant and positive relationship between social functions of ISIB and strictness/supervision parenting style. These findings show that as parents' encouragement towards the individuation of adolescents diagnosed with OCD and their acceptance and interest towards them increases, the adolescent's ISIB decreases in order to provide interpersonal boundaries, revenge, endurance, and autonomy. When parents' strict and supervisory styles increase, ISIB due to these motivations increases.

The absence of a control group to compare the types and levels of parenting styles and ISIB levels study is an important limitation of the study. It is recommended that future studies should include people who have OCD diagnosis but do not show ISIB in order to generalize the findings.

The scale used in the current study only measures adolescents' perceptions of parenting styles. In future studies, it is recommended to use a self-report scale in which parents also evaluate their styles and clinical assesment of the psychiatrist about parents' styles to be able to compare the consistency of parenting styles perceived by adolescents, parents and clinicians.

In this study, the relationship between ISIB and parenting styles in adolescents diagnosed with OCD was examined. It was revealed that there was a positive relationship between ISIB in adolescents diagnosed with OCD and strictness/supervision parenting style. It was determined that there was a negative relationship between ISIB in adolescents diagnosed with OCD and acceptance/involvement and psychological autonomy parenting styles. It was found that as parents' acceptance and interest in adolescents diagnosed with OCD and their incentives for individualization increase, adolescents' ISIB aimed at punishing themselves, preventing suicide, regulating their emotions, labeling their distress, providing interpersonal boundaries, revenging, endurance, and autonomy are decreasing. However, it has been revealed that as parents' supervision and control behaviors increase, ISIB related to these motivations increases. It is thought that it would be beneficial to include studies

focused on family-based psychological interventions in OCD psychotherapy in adolescents. Furthermore it is thought that providing psychoeducation to parents regarding OCD symptoms, ISIB, and negative parenting styles may contribute to the process.

according to the authors.

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