

**PARENTING STYLES, INDIVIDUATION,  
AND MENTAL HEALTH OF ARAB ADOLESCENTS**  
**Third Cross-Regional Research Study**

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The Psychological State Scale, Multigenerational Scale, and the Parental Authority Questionnaire were administered to 2,893 Arab adolescents in eight Arab societies. In these tests, adolescents raised according to the inconsistent parenting scored lower in connectedness and higher in mental disorders than those raised according to the controlling or flexible-oriented parenting pattern. Authoritative parenting was associated with a higher level of connectedness with the family and better mental health of adolescents. A higher level of adolescent-family connectedness is associated with better mental health of adolescents. Results indicate that authoritarian parenting within an authoritarian culture does not harm the adolescents' mental health as it does within the Western liberal societies. These results give rise to the hypothesis that inconsistency in parenting and inconsistency between the parenting style and the culture cause harm to adolescents' mental health.

**Keywords:** parenting; connectedness; individuation; mental health; anxiety; depression; Arab; Muslim; culture.

Having examined the parenting styles in our first study and the parent-adolescent connectedness in the second, we have examined in this study the relationship between parenting styles, connectedness, and mental health of Arab adolescents.

Nearly every psychological theory gives significant weight to the parent-child relationship in generating psychological disorders such as anxiety, depression, identity, and conduct disorders. Generally, authoritarian and permissive parenting are associated with mental health problems in adolescents (Baumrind, 1991; Bigner, 1994; Forward, 1989; Wenar, 1994; Whitfield, 1987), whereas authoritative parenting is associated with their improved mental health and well-being (Buri, Louiselle, Misukanis, & Mueller, 1988; Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Wenar, 1994). Some researchers have associated authoritative parenting with noncoercive and democratic parenting, which

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encourages the child to express individuality within the family. In contrast, authoritarian parenting is associated with harsh, restrictive, and psychological methods of control that do not foster psychological autonomy (Barber, 1996, 1997; Steinberg, Mounts, Lamborn, & Dornbusch, 1991), and parental control was associated with children having an external locus of control (Rohner, Chaille, & Rohner, 1980).

Vygotsky (1978) and Bronfenbrenner (1979) emphasized the role of culture in the child's development. For them, parenting is only one factor among many that influence the child's mental health and well-being; extrafamilial factors such as school, media, society, and culture influence the child as well. These theories lead us to rethink the effect of parenting styles on the child, putting it in a cultural context and assuming that the influence of parenting style may differ across cultural groups (Hill, 1995). Indeed, contrary to reports that indicated that authoritarian parenting has a negative influence, some researchers found that the authoritarian parenting style among African Americans is associated with assertiveness and independence among girls (Baumrind, 1972) and with high-level competency in a high-risk environment (Baldwin, Baldwin, & Cole, 1990).

The results of studies among Asians also associated authoritarian parenting with positive outcomes. Steinberg, Lamborn, Dornbusch, and Darling (1994) found that the authoritarian parenting style is associated with better adjustment and academic performance of Asian Americans than is authoritative parenting. Chao (2001) also found that the authoritative style benefits the achievement level of first-generation Chinese immigrants in the United States less than it does European Americans. Leung, Lau, and Lam (1998) found authoritarian parenting to be associated with better achievement among the Chinese living in Hong Kong and the People's Republic of China than authoritative parenting. Chao (1994) pointed out that perhaps the cross-cultural differential effect of authoritarian parenting styles results from the fact that they are perceived differently by children from different cultures. She explained that parental control is not viewed negatively as restrictive and dominating by Chinese parents and children but rather is seen as an organizational strategy that contributes to the harmonious function of the family. She proposed that the *guan* parenting style (translated as "training") reflects important Chinese parenting practices that incorporate control and guidance on one hand and sacrificing and care for the children on the other. Tobin, Wu, and Davidson (1989) thought that for Asian children, authoritarian parenting is associated with caring and love. Randolph (1995), too, thought that for African Americans, authoritarian parenting is associated with caring, love, respect, protection from the dangers of the streets, and making life easier for the child. Rohner and Pettengill (1985) showed that Korean youth associated parental strictness and control with parental warmth and a low level of neglect. Kagitcibasi (1970, 2005) criticized the Western conceptualization of parenting and thought that parental control and warmth can be compatible in many collectivistic cultures.

Stewart, Bond, Kennard, and Zaman (2002) studied the influence of *guan* parenting on nursing students from different cultures: Hong Kongese, Pakistani, and American. They found that *guan* parenting was associated with positive outcomes only among the Asian youth (Hong Kongese and Pakistani) in terms of perceived health, relationship harmony, and life satisfaction. "Relational harmony" was proposed by Kwan, Bond, and Singelis (1997) to be an important factor that explains much of the variance in life satisfaction among Chinese youth.

Initial findings among Arabs indicated that Arab adolescents favored authoritarian parenting, and no relationship was found between authoritarian parenting and various measures

of mental health. Authoritarianism within the Arab society is not necessarily associated with the children feeling oppressed. In a study of Arab youth, the majority reported that they follow their parents' directions in all areas of life, such as social behavior, interpersonal relationships, marriage, occupational preference, and political attitudes. Interestingly, they reported that they do not feel that they suffer from this authoritarian style and are even satisfied with this way of life (Hatab & Makki, 1978). In another study on the use of corporal punishment by teachers in Arab schools, the students did not complain, seeming to accept its use as a normal part of the teacher's duty (Dwairy, 1997). More recent studies conducted among Palestinian-Arab adolescents in Israel showed that authoritative parenting was associated with better self-concept and self-esteem and with less anxiety, depression, conduct disorder, and identity disorder. The authoritarian parenting style, however, was not associated with any of these measures of mental health, suggesting that it has no negative influence on Arab adolescents' mental health (Dwairy, 2004a). When it comes to gifted Arab children, authoritarian parenting was found to be associated with low self-esteem, anxiety, depression, conduct disorder, and identity disorder (Dwairy, 2004b).

The above findings concerning Arabs, Asians, and African Americans are not exceptions to the Western conceptualization of authoritarian parenting but rather suggest substantial qualitative and conceptual cross-cultural differences in parenting. It seems that authoritarian parenting has a culture-bound meaning, and therefore within an authoritarian/collective culture authoritarian parenting has only minor or negligible negative influences on children's mental health. These findings suggest also that inconsistency in the child's social environment may be the factor that negatively influences the child's mental health in the West rather than the authoritarian parenting itself. Inconsistency in the child's social environment is frequently mentioned as one of the factors that may confuse the child and damage the learning and socialization processes (Wenar, 1994). Hersov (1960) mentioned that inconsistency between the parenting styles of the mother and the father may increase separation anxiety and school phobia. Dadds (1995) reported an association between inconsistent parenting and conduct disorders. Gregory Bateson (1977) identified a particular pattern of parental communication called *double-bind*, which traps the child between two negative injunctions. Within this kind of communication, the child feels accused despite the choices he or she makes. Bateson claimed that this double-bind communication is behind the development of schizophrenia. Additional support for the inconsistency hypothesis came from studies that were conducted in Arab societies that are passing through rapid cultural changes, such as the Arab Gulf states. The societal system in these states has transformed within two decades from the Bedouin tribal system to a modern, wealthy urban society. Studies in these societies indicated that people who live under conditions of a double cultural standard (tribal and modern) are at high risk for psychological distress (Ghobash, Hamdi, & Bibbington, 1992; Ghobash & Bibbington, 1994; Ibrahim & Al-Nafie, 1990).

The purpose of this study was to examine the influence of parenting on Arab adolescent-family connectedness and on the adolescents' mental health. In the first regional study (in this series), we found one of the parenting patterns to be a combination of the authoritarian and the permissive style. Because this combination is an inconsistent and confusing one, we hypothesized that this pattern would be associated with negative outcomes in terms of mental health and connectedness. Adolescents who were raised in an inconsistent parenting pattern are expected to show lower connectedness and higher psychological disorders than those who were raised according to either the controlling or flexible parenting pattern.

## METHOD

### INSTRUMENT

*The Psychological State Scale (PSS)*. Hamuda and Imam (1996) developed this scale in Arabic by to assess 27 psychological states among adolescents and adults in Egypt. Five items, each of which the subject is asked to endorse or reject (2 = yes, 1 = not sure, 0 = no), were designed to pertain to each state. The scores of each scale are summed. A high score indicates a psychological disorder. Factor analysis and split-half reliability conducted on the scale when applied to normal and clinical Arab groups in Egypt indicated good internal-structural validity of the scale. Comparison between the two groups revealed significant differences between the normal and clinical participants in all of the above subscales (Hamuda & Imam, 1996). Because in our present study we are interested in a scale that assesses general mental health rather than in making a differential diagnosis, and also for economic reasons, we chose to use only four psychological states with five items each (20 items) that cover four psychological disorders: (a) identity disorders (“I feel lost and confused,” “I feel strange and do not belong to anybody,” “I do not know what I want in this life,” “I do not know who I am and what I want,” and “I feel I do not understand myself”), generalized anxiety disorder (“I feel fear and anxiety without clear reason,” “I feel anxious when I go to sleep,” “I wake up and can’t fall asleep again after a short time of sleep,” “I feel that my extremities are generally cold,” and “I feel anxious while I do things and afraid of what will come next”), depression (“I feel sad most of the time,” “I do not enjoy life,” “I prefer to be alone away from people,” “I feel distressed for any reason,” and “I feel that I am about to cry”), and conduct disorder (“I do things that oppose others’ opinion,” “I like to do things that hurt others,” “Using violence makes others respect me,” “I like to do things that bother others,” and “I disobey orders always”). The sum of all the 20 items is considered as a measure of mental health, with a low score indicating better mental health.

*Multigenerational Scale (MIS)*. This scale measures the level of emotional, financial, and functional connectedness of adolescents with their family. It consists of 30 items, with a maximum score of 21. A high score indicates a high level of connectedness (or low-level individuation).

*Parental Authority Questionnaire (PAQ)*. Originally, this scale was intended to give three scores for each parenting style: authoritarian, authoritative, and permissive style with a maximum score of 50 for each style. Based on study 1, it created three clusters of parenting: controlling, flexible, and inconsistent parenting. According to this scale, we were able to identify the parenting cluster to which each subject belonged.

### SAMPLE AND VALIDATION OF PSS

The PSS was administered to 2,893 Arab adolescents in eight Arab societies: 1,712 females and 1,181 males and 1,217 rural and 1,676 urban adolescents. To test the internal consistency of the 20 items chosen from the PSS, Cronbach’s alpha coefficient was calculated. The corrected item-total correlations of the 20 items ranged from .28 to .64, with an average of .48. The alpha coefficient was .88, indicating good reliability of the scale.

## RESULTS

### RELATIONSHIP BETWEEN PARENTING PATTERNS, SEX, URBANIZATION, AND CONNECTEDNESS

Based on the parenting clusters identified in the first study, a three-way analysis of variance ( $3 \times 2 \times 2$ ) was conducted to test how parenting patterns, sex, and urbanization each influences the connectedness between Arab adolescents and their families. The effect of parenting pattern on connectedness was found to be significant,  $F(2, 2825) = 88.20$ ,  $p < .0001$ ,  $\text{Eta}^2 = .071$ , the level of connectedness being lower among male (48.6%) and female (51.4%) adolescents who were raised within an inconsistent parenting pattern than among those raised within the two other parenting clusters (see Table 1 and Figure 1). LSD post hoc test indicated no significant difference in connectedness among those who were raised within the flexible or within the controlling parenting pattern. A significant effect of sex was found,  $F(1, 2824) = 69.24$ ,  $p < .0001$ ,  $\text{Eta}^2 = .029$ , with female adolescents being more connected to their parents than males in all three parenting clusters. A significant interaction between parenting patterns and sex was found,  $F(2, 2824) = 4.70$ ,  $p < .009$ ,  $\text{Eta}^2 = .004$ , indicating that the difference in connectedness between males and females was not significant among those who were raised within the controlling parenting pattern. No significant interaction of parenting with sex or with urbanization was found. No significant difference in connectedness was found between urban ( $M = 5.85$ ) and rural ( $M = 5.83$ ) adolescents.

To allow comparison with literature that used Baumrind's (1991) parenting styles, the correlation coefficient between each parenting style and connectedness was calculated. A significant coefficient between authoritative style and connectedness ( $R = .37$ ,  $p < .0001$ ) was obtained. Authoritative parenting was associated with a higher level of connectedness with the family. No significant coefficients were obtained between connectedness and permissive or authoritarian parenting styles.

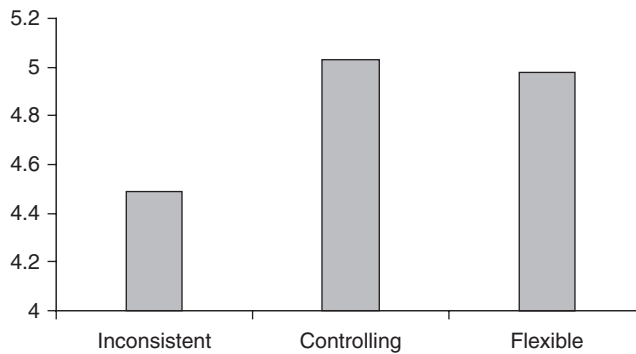
### RELATIONSHIP BETWEEN PARENTING PATTERNS, SEX, URBANIZATION, AND MENTAL HEALTH

A three-way analysis of variance ( $3 \times 2 \times 2$ ) was conducted to test how parenting patterns, sex, and urbanization each influences the mental health of Arab adolescents. A significant main effect of parenting pattern, sex, and urbanization on mental health was found. The mental health of adolescents who were raised in the inconsistent parenting pattern was worse than those who were raised according to either the controlling or flexible parenting pattern,  $F(2, 2826) = 47.72$ ,  $p < .0001$ ,  $\text{Eta}^2 = .039$  (see Table 2 and Figure 2). LSD post hoc test showed no significant difference in the mental health of those who were raised according to the controlling or flexible parenting pattern. The mental health of male adolescents was better than that of female adolescents,  $F(2, 2825) = 43.37$ ,  $p < .0001$ ,  $\text{Eta}^2 = .018$ , and the mental health of urban adolescents was better ( $M = 3.29$ ) than that of rural adolescents ( $M = 3.56$ ),  $F(2, 2826) = 10.95$ ,  $p < .001$ ,  $\text{Eta}^2 = .005$ .

When the correlation coefficient of Baumrind's parenting style and mental health was calculated, a significant negative coefficient was obtained between authoritative style and mental health ( $R = -.24$ ,  $p < .0001$ ), indicating that the authoritative style is associated with better mental health. A positive significant but low coefficient was obtained between authoritarian parenting and mental health ( $R = .10$ ,  $p < .0001$ ), indicating that this style is

**TABLE 1**  
**Adolescent-Family Connectedness of Male and Female**  
**Adolescents According to Parenting Patterns**

Sex		Parenting Pattern			Total	F	$\alpha <$	Eta <sup>2</sup>			
		Inconsistent	Controlling	Flexible							
Male:	M	4.34	4.95	4.73	4.67	91.81	.0001	.073			
	SD	0.83	0.71	0.88	0.81						
Female:	M	4.64	5.09	5.12	4.95						
	SD	0.85	0.72	0.73	0.78						
Total	M	4.50	5.03	4.98	4.84						
	SD	0.85	0.72	0.81	0.82						
<i>F</i>					66.77						
$\alpha <$					.0001						
Eta <sup>2</sup>					.028						



**Figure 1: Means of Adolescent-Family Connectedness of Arabs in Three Parenting Patterns**

associated with psychological disorders. No significant coefficients were obtained between the permissive parenting styles and mental health.

**RELATIONSHIP BETWEEN CONNECTEDNESS AND MENTAL HEALTH**

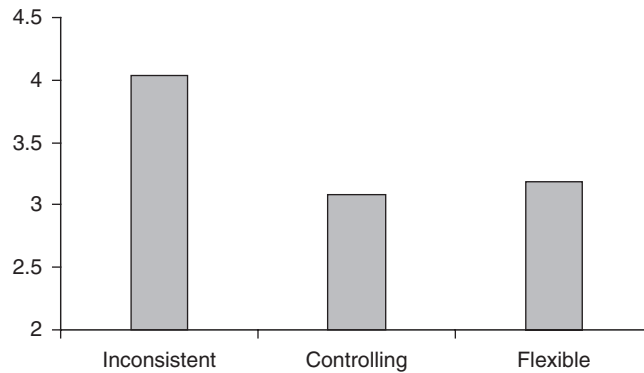
The correlation coefficient between connectedness and psychological disorders was significant and negative ( $R = -.25, p < .0001$ ), indicating that higher-level adolescent-family connectedness is associated with better mental health of adolescents.

**DISCUSSION**

The aim of this research study was to examine the effect of parental patterns on Arab adolescent-family connectedness and on adolescents' mental health. The parenting effect was tested according to the widely used typology of Baumrind: authoritarian, authoritative, or permissive parenting, and the three patterns of parenting found in our first study. Our

**TABLE 2**  
**Psychological Disorders of Male and Female**  
**Adolescents According to Parenting Pattern**

Sex		Parenting Pattern			Total	F	$\alpha <$	Eta <sup>2</sup>
		Inconsistent	Controlling	Flexible				
Male:	M	3.52	2.77	3.04	3.14	48.19	.0001	.073
	SD	2.21	1.89	2.25	2.16			
Female:	M	4.51	3.31	3.28	3.63			
	SD	2.18	1.99	1.98	2.11			
Total	M	4.03	3.08	3.19	3.43			
	SD	2.25	1.97	2.09	2.15			
<i>F</i>					45.21			
$\alpha <$					.0001			
Eta <sup>2</sup>					.019			



**Figure 2: Means of Psychological Disorders of Arab Adolescents in Three Parenting Patterns**

results show that authoritative parenting is associated with higher-level adolescent-family connectedness ( $R = .37$ ), whereas the authoritarian and the permissive parenting styles have no significant correlation with connectedness. When the parenting patterns were used, it was found that adolescents who were raised according to the inconsistent pattern of parenting were less connected to their families than adolescents who were raised according to the flexible or the controlling patterns (see Figure 1). These results suggest that an inconsistent pattern of parenting that fluctuates between two extremes weakens the adolescent-family bonds and diminishes the differences that were found in adolescent-family connectedness between male and female Arab adolescents who were raised in other parenting patterns.

Adolescent-family connectedness was found to be associated with better mental health of adolescents. Indeed, the effect of parenting on mental health was similar to that found on connectedness. Authoritative parenting was clearly associated with fewer psychological disorders ( $r = -.24$ ), whereas authoritarian parenting was barely associated with higher psychological disorders ( $r = .10$ ). Similarly to findings concerning connectedness, adolescents who were raised with an inconsistent parenting pattern reported a higher level of psychological disorders than adolescents who were raised with the other two parenting

patterns (see Figure 2). Interestingly, the mental health of adolescents who were raised according to the controlling or flexible parenting pattern was equally better than of those raised according to the third, inconsistent, pattern of parenting. These results suggest that a minor divergence from authoritativeness in parenting either toward permissiveness or authoritarianism does not cause the harm in connectedness or in mental health that was seen with the inconsistent pattern.

Our results concerning the association between connectedness and mental health are consistent with those of Kwan et al. (1997), who found a similar association among Chinese youth between what they called "relational harmony" and other mental health measures such as self-esteem and self-satisfaction. It seems that connectedness and relational harmony in collective societies are important components of people's well-being and mental health.

Generally, our findings show that authoritarian parenting alone was not associated with negative outcomes, although authoritarian parenting combined with permissiveness leads to negative outcomes in terms of connectedness and psychological disorders. That Arab adolescents give a positive meaning to authoritarian parental practices, as do the Chinese (Chao, 1994), is insufficient in our research to explain why authoritarianism combined with permissiveness is harmful. We suggest that our results can be explained according to the inconsistency hypothesis. This hypothesis can explain, first, why inconsistent parenting weakens adolescent-family connectedness and causes more psychological disorders and, second, why authoritarian parenting within the Arab authoritarian society does not weaken the adolescent-family connectedness and is barely harmful in terms of mental health.

As for sex differences, the mental health of male adolescents was better than that of female, whereas the connectedness of female adolescents was higher than that of male. These results are consistent with other results reported in the Arab world. Arab females are more dependent and connected to their families and reported more symptoms of anxiety, depression (Dwairy, 2004a; Ibrahim, 1991), and neuroticism (Khalik & Eysenck, 1983).

Our results have important educational and clinical implications. They suggest that educators and counselors should avoid stigmatizing authoritarian parenting and, rather, work on helping adolescents and families to rebuild a consistent harmonic social system. It seems that what is right for adolescents who live in the more permissive culture of New York is not necessarily right for Arab adolescents who live in an authoritarian cultural system. Educators and counselors are encouraged to adopt a culturally sensitive and empathic approach when it comes to Arab families. In addition, it seems that the authoritative parenting is the style that is associated with better mental health in the West as well as in the Arab world.

For logistic and economical reasons, this study and the former two regional studies relied exclusively on self-report measures of adolescents. Although the self-report technique has been used in many studies of adolescent subjects, it has important limitations. In the final analysis, results reflect only how the adolescents report or perceive their parents' parenting styles and their relationships and psychological disorders. Therefore, the deductions that can be drawn from the results should be approached with caution. Further validation, using other converging assessment techniques such as observations, psychological tests, or parents' self-report, is required.

## CONCLUSION

The three regional studies examined the parenting styles, parent-adolescent connectedness, and mental health of Arab adolescents in eight Arab societies. Significant differences



in parenting styles and connectedness were found between the Arab societies. These differences were attributed to differences in the socio-political differences between these societies. Results of the first study show that parenting styles among Arabs do not categorize exclusively into Baumrind's three parenting styles. Cluster analysis has identified three mixed parenting clusters: controlling, flexible, and inconsistent parenting. These patterns indicate that the parenting styles among Arabs are not as distinct as in the West and that the three original parenting styles are not spread on a linear continuum but rather constitute a closed triangular continuum in which authoritarianism and permissiveness may together constitute one style. The second study shows that Arab adolescents are more connected to their parents than Americans, indicating that Arab societies tend to be more collective than Western societies. The third study shows that inconsistency within parenting practices has negative influences on family-adolescent connectedness as well as on mental health. In an authoritarian culture such as the Arab one, authoritarian parenting has minor negative influences on connectedness and mental health. More cross-regional research is needed in the Arab societies to develop new emic measures of parenting and other measures of socio-cultural factors that help to differentiate and characterize the Arab societies.

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