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Parental Psychopathology: An Exploratory Study of Parenting and Behavioral Problems among Adolescents

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Abstract

Mental health problems are reflected in the family and parent–child interactions disrupting the quality of caregiving and consequently resulting in adverse emotional behavioral child outcomes. Despite the incredible work on parent–child interactions and emotional behavioral outcomes in children of parents with psychopathology in Western countries, there is an extreme scarcity in Pakistan for empirical support in this area of research. Hence the present study is designed to fill this gap. The current study is an effort to empirically explore the parenting and behavioral problems among a sample of adolescents having parents with psychopathology (Major Depressive Disorder & Schizophrenia) and without psychopathology. For this purpose, 348 parents participated in the study with their adolescent children divided into two groups: Parents who suffered from Psychopathology and those who did not suffer from any kind of Psychopathology. Twin cities of Islamabad and Rawalpindi (Pakistan) were selected to approach the participants. Alabama Parenting Questionnaire (APQ) and Youth Self Report (YSR) were used to collect the data. The findings of the study revealed that parents with psychopathology reported less positive involvement/parenting and more negative/ineffective discipline as well as deficient monitoring. Likewise, their children (adolescents) scored higher on internalizing and externalizing behavioral problems as compared to those whose parents did not suffer from any psychopathology. Despite limitations, the results of current study are promising and significantly contribute to the existing literature. Implications have been discussed for planning the appropriate interventional strategies and specialized services for the affected children and their familiest.
Key words: adolescents, behavioral problems, parenting practices, parents psychopathology.

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Novelty and Significance

What is already known about the topic?

- Parental psychopathology interferes with parenting quality and is associated with a significant greater risk of behavioral problems and other psychopathology in children.
- Studies related to parental psychopathology and its impact on parenting were conducted mostly on younger children.

What this paper adds?

- This study is a significant contribution to the knowledge of parents-adolescents interactions.
- This study explores the differences between parenting with and without psychopathology and behavioral problems among adolescents of these parents.

Adolescence is considered as the most vulnerable period for the development of behavioral problems (Kessler Chiu, Demler, Merikangas, & Walters 2005). Both internalizing and externalizing problems increase during adolescence (Kapetanovic *et alia*, 2020) owing to interplay of different factors such as genetics, hormonal function, environmental factors including interpersonal relationship with parents/peers/teachers, changes in social roles, school transitions, and adapting to cultural expectations (Compas, Davis, Forsythe,

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& Wagner, 1993; Newman *et alia*, 2016). Remarkable biological changes of puberty occur at the start of adolescence (Blakemore, 2019; Wang, Lin, Leung, & Schooling, 2016) and end with socio-culture processes like completion of education, marriage and family formation as well as entrance into the workplace (Smetana, Campione-Barr, & Metzger, 2006). According to National Research Council and Institute of Medicine (2009) emotional and behavioral problems are categorized as psychological risk factors for mental health. Adolescents are at risk of emotional and behavioral problems due to a number of risk factors e.g., childhood trauma, problematic phone usage, impaired reflective functioning (Musetti, Brazzi, Folli, Plazzi, & Franceschini, 2020), family conflict, problems at school (Lu, 2019), pubertal changes (Blakemore, 2019; Wang *et alia*, 2016), deviant neighborhood (Vazsonyi, Liu, Beier, & Blatny 2020), and parental psychopathology (Steele & McKinney, 2020). The chances of psychosocial problems increase among the children who are maltreated, especially among those having low frequency of positive parent child association (Shan *et alia*, 2019).

Being the primary caregivers and prime source of socialization parents have the vital influence on family's functioning and play the key role in children's social-emotional development and psychological adjustment. Healthy development of children is dependent on compassionate atmosphere and affectionate parent-child relationship that promote well-being and positive emotions in children. If parents and child possess good quality relationship it results in better psychological adjustment (Imrie, Zadeh, Wylie, & Golombok, 2020). A sense of trust or mistrust is developed in child on the basis of fulfillment of basic psychological, physical, and emotional needs (Maccoby, 1992). If that trust is not developed through parental figures, then mental health problems are experienced by children and one such example is the children having parents with psychopathology. The children whose parents have mental illness may experience a home environment that is often very hostile, chaotic, and threatening. The perception of this experience is best illustrated by Falkov (2004) who said "the children of parents whose parents have mental illness live with the symptoms, behaviors and expressions of mental illness. They see it and feel it" (p. 55).

The impaired psychological functioning of parents may interfere with parenting quality (Lovejoy, Graczyk, O'Hare, & Neuman, 2000) and have substantial impact on the entire family especially on children. The dysfunctional patterns of parenting in these parents may augment the overall risk to their families' psychological wellbeing and children's poor physical, psychological, emotional, behavioral, and social development across all developmental stages (Beardslee, Gladstone, & Connor 2011; Downey & Coyne, 1990; Gladstone *et alia*, 2011; Herbert, Manjula, & Philip, 2013; Mattejat & Remschmidt, 2008; Reupert & Mayberry, 2007). Parents with psychopathology exhibit elevated parenting stress, inappropriate affective responses, less positive emotions, more irritability, increased expression of sadness, and dampened nurturance (Goodman & Gotlib, 1999, 2002; Maybery & Reupert, 2009; Oyserman, Mowbray, Meares, & Firminger 2000). Although mental illness in general may diminish one's parenting capabilities, there are also the symptoms of specific diagnosis to consider such as Major Depressive Disorder and schizophrenia. A number of studies have reported on the effects of these specific disorders on parenting (Abbaspour, Bahreini, Akaberian, & Mirzaei, 2021; Cummings, Keller & Davies, 2005; Goodman & Gotlib, 1999; Rabha, Padhy, & Grover, 2021).

The literature suggests that parental depression has negative impact on family functioning and parenting. Lack of positive affect, excesses in negative affect, decreased effectiveness with communication, lack of parental involvement, avoidance of social

interaction, inadequate socialization, and overall lack of energy in parents can lead to difficulties in parenting (Brophy, Todd, Rahman, Kennedy, & Rice, 2021; Downey & Coyne, 1990; Huang, Hu, Yao, & Peng, 2022; Keitner & Miller, 1990; Lovejoy *et alia*, 2000; Murray & Cooper, 2003; Weissman & Jensen, 2002). Compared to living with healthy parents, experience of living with depressed parents for adolescents is quite stressful and taxing. These parents are more likely to exhibit more disruptions in parenting characterized by less supportive, more unpredictable, disengaged, negative, intrusive, and antisocial parenting behaviors (Cummings *et alia*, 2005; Jaser, White, & Compas, 2008). Exposure to these negative parenting behaviors significantly creates a constantly stressful environment for adolescents having parents with depression (Gelfand & Teti, 1990; Hammen *et alia,* 2004; Jaser *et alia*, 2005; Peláez *et alia*, 2008). Prior research has revealed that this highly stressful environment in these families is related to elevated levels of internalizing and externalizing problems in children (Jaser et alia., 2005; Jaser Fearon, & Reeslund 2007; Langrock *et alia*, 2002).

Schizophrenia is a debilitating disorder which may also have many ramifications for overall parenting ability. Various studies have shown that mothers with schizophrenia are low on mother–child interaction, and have poor child rearing practices (Gearing, Alonzo, & Marinelli, 2012; Goodman, 1987; Niemi, Suvisaari, Tuulio-Henriksson, Lönnqvist, & Partonen, 2003; Rabha *et alia*, 2021; Wan *et alia*, 2008). Mothers with schizophrenia have been characterized as less involved and less capable of creating a positive environment for children (Oyserman *et alia*, 2000) and the prognosis of these mothers is poor, particularly in situations where there is a lack of adequate social support. A study conducted by Malhotra, Kumar, and Verma, (2015) among families of mother with schizophrenia have found distorted intrafamilial relationship (e.g., more intrafamilial discord, lack of warmth, physical abuse, and hostility), poor communication, and dysfunctional upbringing (such as overprotection, poor monitoring/supervision, inappropriate pressure, and overindulgence) as compared to families who are mentally and physically healthy.

Numerous studies suggest that children whose parents have mental illness have much increased prevalence of psychiatric disorders and are likely to develop prenatal, cognitive, intellectual, interpersonal, emotional, and psychosocial problems and deficits which have impact on the mental health and well-being of these children (Goodman, 1984; Goodman & Gotlib, 1999; Heradstveit *et alia*, 2021; Malhorta *et alia*, 2015; Stapp, Mendelson, Merikangas, & Wilcox, 2020). A range of parental mental disorders have been reported that affect adolescent's social and psychological health (Christiansen, Anding, Schrott, & Röhrle, 2015; Gladstone & Beardslee, 2009; Siegenthaler, Munder, & Egger, 2012) for instance; schizophrenia, bipolar disorders, depressive disorders, substance abuse disorders, anxiety disorders, and personality disorders. The present study has focused on parental MDD and schizophrenia according to the diagnostic criteria of DSM-5 (American Psychiatric Association, 2013).

Research has consistently found that parental depression is a strong predictor of depression and other internalizing problems in offspring. Adolescents at high risk of parental depression have an increased risk of first episode of depression in adolescence. Maternal psychopathology and stressful home environment significantly contribute towards the onset of depression among adolescents and successively hamper their ability to effectively cope with daily life stressors (Elsayed, Fields, Olvera, & Williamson, 2019; Rebecka, Susanne, Kent, & Cecilia, 2020). Studies have also revealed that the parental depression is related to development of internalizing and externalizing problems among

children (Bolsoni Silva & Loureiro, 2020; Jaser *et alia*, 2011; Langrock *et alia*, 2002; Reising *et alia*, 2013; Vismara, Sechi, & Lucarelli, 2019; Weissman *et alia*, 2006; Yamamoto & Keogh, 2018) especially depression (Havinga *et alia,* 2017) and anxiety (Feurer, Hammen, & Gibb, 2016).

Having a parent with schizophrenia is also positively related to later maladjustment. The home environment of children living with parents having psychotic disorders is quite often chaotic, unpredictable, and characterized by lack of consistency. These parents often display more fluctuations in mood and behavior (Rutter, Cohen, & Maughan, 2010). Compared to parental depression, fewer studies have focused on evaluation of internalizing and externalizing outcomes in offspring of parents with schizophrenia. However, some high-risk studies have revealed high levels of neuropsychological abnormalities, cognitive deficits, aggressive behavior, impaired social relationships, social withdrawal, highly defensive behavior, low self-esteem and other social-emotional, and behavioral problems in these children (Hans, Auerbach, Asarnow, Styr, & Marcus, 2004; Niemi *et alia*, 2003; Reupert & Maybery, 2007; Singhai, Jayarajan, & Thirthalli, 2022; Tarbox & Pogue-Geile, 2008; Willinger, Fuchs, Hölzl, & Kapusta, 2002). Further studies have indicated that these children display increased rates of both internalizing and externalizing problems including hyperactivity, depressive symptoms, poor attention, and social inhibition (Breaux, Harvey, & Candelas, 2014; Donatelli, Seidman, Goldstein, Tsuang, & Buka, 2010; Malhotra *et alia*, 2015; Miller, Finnerty, & Willett, 2002; Niemi, Suvisaari, Tuulio-Henriksson, Lönnqvist, & Härkänen, 2005; Suvisaari, Haukka, Tanskanen, Hovi, & Lönnqvist, 2005; Singhai *et alia*, 2022; Vafaei & Seidy, 2003; Yoshida, Kondo, & Fukumoto, 1999).

Although considerable empirical support exists documenting parental psychopathology interferes with parenting quality and is associated with a significant greater risk of behavioral problems and other psychopathology in children (Beardslee *et alia*, 2011; Chen, Leung. & Tsang, 2021; Downey & Coyne, 1990; Elgar, Brownridge, & Saggers, 2007; Goodman *et alia*, 2011; Goodman & Gotlib, 1999, 2002; Wesseldijk *et alia*, 2018), there is dearth of studies from Pakistan on this issue and it is relatively a neglected area of research. Some relevant research work has focused on variables of parenting and emotional/behavioral problems among children of parents without psychopathology (Akhter, Hanif, Tariq, & Atta, 2011; Bukhari & Masood, 2019; Loona, 2013; Saleem & Mahmood, 2013, Fatima & Tahir, 2013; Kauser & Shafiuqe, 2008) but few studies are available on exploring the differences between parenting of individuals with and without psychopathology and behavioral problems among adolescents of these parents within local context of Pakistan (Imran, Aslam & Hussain, 2009; Khan, Shazia,Tariq & Khan, 2014; Khan, Batool, & Saqib, 2014). Furthermore, majority of the studies were conducted with younger children and young adults (Mowbray *et alia*, 2006) or on both adolescents and children overlooking the significant developmental differences across childhood and adolescence (Goodman & Gotlib, 1999, 2002); whereas limited studies have been conducted with adolescent and children of these parents (Cummings *et alia*, 2005; Halligan, Murray, Martins, & Cooper, 2007; Jaser *et alia*, 2008, Langrock *et alia*, 2002).

Considering the importance of crucial period of adolescence, the present research is aimed to study the effect of parental psychopathology specifically on adolescents. Present research was conducted with a focus to find differences in parenting practices of parents with and without psychopathology and adolescents' behavioral problems (internalizing and externalizing). The aim of this study was to examine differences in

behavioral problems among adolescents having parents with psychopathology (MDD and Schizophrenia) and without psychopathology, and to examine parenting practices of parents with psychopathology (MDD and Schizophrenia) and without psychopathology.

Method

Participants

The Participants were one parent and their child in a total of 348 families (adolescents and one of the parents). Psychiatric units of Islamabad and Rawalpindi including Pakistan Railways Hospital, PAEC Hospital, PIMS, Benazir Bhutto Hospital (BBH), and some private psychiatric clinics were selected for approaching parents with psychopathology. Purposive sampling technique was used to select the participants. The diagnostic criterion of DSM 5 was used to diagnose the sample by the respective clinical psychologists and psychiatrist. Trained clinical psychologists conducted detailed case history. According to required inclusion criteria, referral was initially sent by the psychiatrist. Further evaluation through psychological case history was evaluated to confirm the diagnosis.

Design

The total of 348 families were divided into two groups: Control Group made up of parents without psychopathology and Clinical Group made up of parents with psychopathology. The Clinical Group included 173 families with one parent [mother (n= 99) or father (n= 74)] diagnosed with Schizophrenia or MDD according to DSM-5 criteria. Only families with parents living together (i.e., without death, separation, or divorce) and having at least one adolescent in the 12-18 age range were included. Families whose parents had intellectual disabilities, comorbidities, alcohol or substance abuse, organic brain damage, and other serious medical conditions were excluded from the study. Families whose adolescents had a serious physical illness or developmental disorder and/or intellectual disability were also excluded.

For the Control Group, 175 families were selected whose parents matched the clinical sample in gender, age, income, education, family system, family size and had no history of any psychiatric illness, including first-degree relatives, and had never sought treatment. psychological/psychiatric (psychotherapy/psychotropic medication). Only families with parents living together and having at least one adolescent in the 12-18 age range were included. Parents who had organic brain damage, alcohol or substance abuse, intellectual disability, or any other medical condition were excluded from the study. In addition, adolescents with a serious physical illness, developmental disorder, or intellectual disability were also excluded.

Instruments

Demographic Information Sheet. Applied to parents to obtain information regarding sex, age, education, number of children, family system, family monthly income, etcetera.

Psychological Case History Form. For the psychological assessment of the participants in Clinical group, a psychological case history form was administered. It contained information like psychopathology in the family, patients' medical history, family history, reported problems and symptoms, history of present illness, history of school, work, social, medication history, type of disorder, sexual history, duration of illness, and tentative diagnosis. For confirmation of diagnosis, case history form was used.

Alabama Parenting Questionnaire Parent and Child Form (APQ, Shelton, Frick, &Wootton 1996; Urdu version, Mushtaq, 2015). Parenting practices were assessed through APQ. To minimize the effects of reporter biasness, shared variance and cross-report measures of parenting were utilized. The APQ is 42 items self-report measure. It has six dimensions of parenting that include "Parent Involvement", "Positive Parenting", "Inconsistent Discipline", "Corporal Punishment", and "Other Discipline Practices", and "Poor Monitoring/Supervision". Parent and child forms are scored on a 5-point Likert scale (1= never to 5= always). Higher score shows more usage of that particular parenting dimension. The APQ has good psychometric properties including convergent validity with other related measures (Shelton, Frick, &Wootton, 1996), internal consistency, and good criterion validity (Dadds,maujean & Fraser, 2003; Frick, Christian, & Wooton, 1999; Shelton *et alia*, 1996). In this study was used APQ with three factor structure to assess parenting practices (Hinshaw *et alia*, 2000): Deficient Monitoring (poor monitoring/ supervision), Positive Involvement/Parenting (positive parenting and involvement), and Negative/Ineffective Discipline (inconsistent discipline and corporal punishment). Good psychometrics properties have been found for Urdu version of APQ (Mushtaq, 2017).

Youth Self Report (YSR, Achenbach & Rescorla, 2001; Urdu translation, Khan & Avan, 2014). The YSR was used to assess the behavioral problems among adolescents. For behavioral and emotional problems in adolescents, a multi-axial behavioral assessment, YSR one component of Achenbach System of Empirically Based Assessment (ASEBA) was used. Self-reported measure of YSR was used that consisted of 118 questions and scored on a 3-point Likert scale (0= absent, 1= occurs sometimes, 2= occurs often). It is used with adolescents of 11-18 years. Two broadband scales "Externalizing and Internalizing", and two scales that were empirically derived syndrome scales were used for scoring of YSR. We used internalizing and externalizing scales. Anxiety/Depression and Withdrawn/Depressed were included in the Internalizing Problems Scale while Rule-Breaking Behavior and Aggressive Behavior Subscales were included in the Externalizing Problems Scale. The Scale has good internal consistency and test re-test reliability. Cronbach alpha value for externalizing scale is .92 and for Internalizing scale is .91 (Achenbach & Rescorla, 2001). The scale has also acceptable convergent validity, content validity, and construct validity (Achenbach & Rescorla, 2001).

Procedure

Different psychiatric units/clinics of Rawalpindi and Islamabad were approached for the data collection. The psychiatric departments of Pakistan Railways Hospital, PAEC hospital, PIMS, BBH, and private clinics of Islamabad and Rawalpindi were approached for data collection of clinical (parents with psychopathology) sample. Prior to data collection, hospital authorities and ethical committees were approached. Data collection was started after gaining approval. Afterwards, patients were approached through psychiatrists. According to the inclusion criteria, initially patients were referred by the psychiatrists. In order to get in-depth details about past and present history of psychiatric illness, patients were administered with psychological case history forms and to further confirm the diagnosis, final diagnosis was made as per the diagnostic criteria given in DSM-5. Instruments were only administered to the patients who fulfilled the inclusion criteria. Those participants were made part of study that gave consent. Purpose of the study was explained to the participants before administration. Confidentiality was assured and both verbal and written consent was taken from all the patients. Patients were seated in a separate room. Written and verbal instructions were given. Individual administration of demographic information and instruments was shared with the participants. It took almost one hour with each patient for data collection. With the consent of parents, adolescents of parents with psychopathology were approached. Consent was also taken from adolescents. Data collection took place in hospital settings

as well as at their homes. Telephonic survey was conducted to get information about adolescent reported measures. For data collection from adolescents the same procedure was applied as with the parents.

Different organizations and institutions of Islamabad and Rawalpindi were selected for data collection from control group sample (parents with no psychopathology). The standard procedure followed for the clinical group was also used for the control group. In the similar setting situations, scales were administered individually. Throughout the study, the sitting arrangement and other environmental variables were made identical.

Within the Pakistani context, it is worthy to mention that researchers face different difficulties especially with reference to clinical set up. Even in the XXI century, mental health disorders are still seen as a taboo and sigma. Because of the confidentiality and trust related issues, researchers have to face numerous difficulties as patients and even caretakers are reluctant to reveal any information. Reluctant attitude of caregivers and patients, time constraints, and at times uncooperative attitude of the clinicians limit the opportunity for increased sample size which was also the case in the present study.

Data Analysis

Results were compiled and analysis through SPSS. Chi square and Univariate analyses of variance (ANOVAs) were used to test the hypothesis. Chi square was used to examine the difference between behavioral problems among adolescents having parents with psychopathology (MDD and Schizophrenia) as compared to adolescents having parents without psychopathology. ANOVA was used to explore the mean differences on the study variables. Multivariate analysis of variance (MANOVA) was used for multiple variables because it minimizes the possibility of Type-II error.

Results

A total of 66 parents were having a diagnosis of Schizophrenia and 107 having Major Depressive Disorder (MDD). There were 26 mothers and 40 fathers in Schizophrenia group while there were 73 mothers and 34 fathers in MDD group. Over the total number of adolescents in every family, one adolescent was randomly selected from each family, being included in the study 91 girls and 82 boys. The age range of adolescents was 12-18 years (M= 15.14, SD= 1.97), and their parents mean age was 42.66 (SD= 3.86). The minimum educational level of parents was matric so that parents can better understand the measures. The average income of the families per month was 45589.60/PKR. 83 (48%) families belonged to nuclear family system while 90 (52%) families belonged to joint family system. 107 (61.8%) patients did not have any mental illness history while 66 (38.2%) patients reported history of mental illness. Almost 51% parents had more than 3 children while 49% parents had up to 3 children.

Table 1 shows the data on prevalence of behavioural problems among adolescents having parents with and without psychopathology.

The prevalence of internalizing and externalizing problems among adolescents having parents with and without psychopathology was assessed through chi square. The results indicated that adolescents having parents with psychopathology have significantly higher levels of internalizing and externalizing problems than the adolescents having parents without psychopathology. For internalizing problems 21.5% and for externalizing problems 18.7% adolescents having parents with MDD fall in the clinical range. Similarly,

Table 1. Prevalence of Behavioural Problems among Adolescents having Parents with Psychopathology and without Psychopathology.

		Parents with Psychopathology (*n*= 173)		Parents without Psychopathology (*n*= 175)	χ^2
		MDD (*n*=107)	SCHIZO (*n*=66)		
		f (%)	*f* (%)	*f* (%)	
Level of Internalizing Problems	Normal	59 (55.1%)	38 (57.6%)	141 (80.6%)	24.30***
	Borderline	25 (23.4%)	15 (22.7%)	18 (10.3%)	
	Clinical	23 (21.5%)	13 (19.7%)	16 (9.1%)	
Level of Externalizing Problems	Normal	65 (60.7%)	37 (56.1%)	139 (79.4%)	18.22**
	Borderline	22 (20.6%)	14 (21.2%)	21 (12.0%)	
	Clinical	20 (18.7%)	15 (22.7%)	15 (8.6%)	

Notes: *f*= Frequency; MDD= Major Depressive Disorder; SCHIZO= Schizophrenia; **= p <.01; ***= p <.001.

for internalizing problems, 19.7% and for externalizing problems 22.7% adolescents having parents with schizophrenia fall in the clinical range.

When Demographic variables (Parents' gender and education, adolescents' gender and age) were entered as covariates in MANCOVAs and ANCOVAs were significantly associated with the Dependent Variables. The initial analysis for each Dependent Variable examined the main effects for the type of illness (1= MDD, 2= Schizophrenia, 3= no psychopathology) and behavioral problems among young adults.

Tables 2 and 3 showed significant mean differences for parenting practices and behavioral problems. Significant main effect was found when MANCOVA was conducted for parenting practices. Pillai's trace in MANCOVA showed a significant effect of type of illness on parenting practices, V= 0.459, $F(2, 341)$= 33.81, p <.001. Significant main effect of parenting practices was revealed by subsequent univariate analyses (ANCOVAs) (see Table 2). Bonferroni post-hoc analyses revealed that parents with psychopathology scored higher on negative/ineffective discipline and deficient monitoring and low on positive involvement/parenting than parents without psychopathology (see Table 3).

Table 2. Differences between Clinical Group and Control Group on Parenting Practices and Behavioral Problems.

Variables	Clinical Group (*n*= 173) MDD (*n*= 107)		SCHIZO (*n*= 66)		Control Group (*n*= 175)			*p*	η^2
	M	*SD*	*M*	*SD*	*M*	*SD*	*F*		
Positive Involvement/Parenting	-0.93	1.59	-1.48	1.46	1.13	1.49	125.64	.001	.424
Negative/Ineffective Discipline	0.27	1.77	0.80	1.97	-0.47	1.67	13.74	.001	.075
Deficient Monitoring	0.28	2.02	0.42	1.72	-0.33	1.67	8.84	.001	.049
Internalizing Problems	19.63	7.52	19.02	8.47	14.51	5.74	25.98	.001	.132
Externalizing Problems	17.87	8.82	20.17	10.65	12.83	5.84	28.12	.001	.142

Notes: MDD= Major Depressive Disorder; SCHIZO= Schizophrenia.

Similarly, a significant effect was found for behavioral problems among adolescents through Pillai's trace in MANCOVA, V= 0.189, $F(2, 341)$= 17.761, p <.001. Significant main effects were revealed for subsequent univariate analyses (ANCOVAs) for externalizing and internalizing problems (see Table 2). Analysis of Bonferroni *post-hoc* revealed that adolescents having parents with psychopathology scored higher on internalizing and externalizing problems than adolescents with parents without psychopathology (see Table 3).

Table 3. *Post-hoc* Analysis of Group Difference on the Parenting Practices.

Variables	Psychopathology Groups (i)	(j)	*MD* (i,j)	*SE*	*95% CI* LL	UL
Positive Involvement/ Parenting	PMDD	PSCHIZO	0.41 i>j	0.21	-0.10	0.91
	PMDD	PwP	-2.05*** i<j	0.16	-2.44	-1.66
	PSCHIZO	PwP	-2.46*** i<j	0.19	-2.92	-2.00
Negative/ Ineffective Discipline	PMDD	PSCHIZO	-0.39 i<j	0.26	-1.02	0.24
	PMDD	PwP	0.73** i>j	0.20	0.25	1.22
	PSCHIZO	PwP	1.13*** i>j	0.24	0.65	1.70
Deficient Monitoring	PMDD	PSCHIZO	0.12 i>j	0.22	-0.41	0.65
	PMDD	PwP	0.66*** i>j	0.17	0.25	1.07
	PSCHIZO	PwP	0.54** i>j	0.20	0.06	1.03
Internalizing	PMDD	PSCHIZO	0.30 i>j	1.00	-2.11	2.70
	PMDD	PwP	4.92*** i>j	0.77	3.08	6.77
	PSCHIZO	PwP	4.63*** i>j	0.91	2.43	6.83
Externalizing	PMDD	PSCHIZO	-1.00 i<j	1.12	-3.70	1.70
	PMDD	PwP	5.22*** i>j	0.86	3.15	7.30
	PSCHIZO	PwP	6.23*** i>j	1.03	3.75	8.70

Notes: LL= Lower Level; *MD* (i-j)= Mean Difference (group i-group j); PMDD= Parents with Major Depressive Disorder; PSCHIZO=Parents with Schizophrenia; PwP= Parents without Psychopathology; *SE*= Standard Error ; UL= Upper Level; *= p <.05; **= p <.01; ***= p <.001.

DISCUSSION

A wide range of adverse psychosocial outcomes including externalizing and internalizing problems, cognitive impairments, academic problems, disruptions in peer relationships and parenting role as well as problems with social competence are linked with parental psychopathology (Downey & Coyne, 1990; Goodman *et alia*, 2011; Hammen, 2009; Sabih, Haque, Younas, & Mushtaq, 2020). A variety of behavioral and emotional problems in children and adolescents have been identified in various studies that recognized the parents' psychiatric symptoms as risk factor for the children (Connell & Goodman, 2002; England & Sim, 2009; Rasing *et alia*, 2020). Considering the significance of the problem, the purpose of this study was to investigate the differences between parenting practices and behavioral problems among adolescents having parents with and without psychopathology. Parenting practices are recognized as a key contributor and facilitating factor in healthy development of children (Imrie *et alia*, 2020). Research evidences reveal that parenting practices play a significant role in the development of behavioral problems, particularly internalizing and externalizing problems among adolescents (Fletcher, Steinberg, & Williams-Wheeler, 2004; Gaertner, Spinrad, Eisenberg, & Greving, 2010; Hoskins, 2014; León del Barco, Mendo Lázaro, Polo del Río, & López Ramos, 2019; Snyder, Cramer, Afrank, & Patterson, 2005; Symeou & Georgiou, 2017). Our results were also in the same direction.

Results revealed that adolescents whose parents suffered from psychopathology scored high on externalizing and internalizing problems as compared to adolescents whose parents did not suffer from psychopathology. Previous studies (Donatelli *et alia*, 2010; Goodman *et alia*, 2011) have also reported similar type of findings. It has been found that children whose parents suffer from depression are 2 to 5 times more likely to develop behavioral problems in their adulthood (Goodman *et alia*, 2011; Weissman & Olfson 2009). From previous literature it is also evident that parental depression is related to development of internalizing and externalizing problems among children (Bolsoni-Silva & Loureiro, 2020; Jaser *et alia*, 2011; Langrock *et alia*, 2002; Reising *et alia*, 2013; Vismara *et alia*, 2019; Weissman *et alia*, 2006; Yamamoto & Keogh, 2018). Similarly, studies on children of parents with schizophrenia have reported that these children manifest greater aggressive behaviors and report more emotional and behavioral problems such as depressive symptoms, anxiety, hyperactivity, and are more prone to social inhibition (Niemi *et alia*, 2005; Donatelli *et alia*, 2010; Malhotra *et alia*, 2015; Vafaei & Seidy, 2003). The reason can be attributed to the fact that children prone to threatening home environment are more prone to develop behavioral problems. Moreover, parenting quality is also affected by impaired psychological functioning of parents (Lovejoy *et alia*, 2000) and the overall risk to the children's social-emotional, psychological, physical, and behavioral development and well-being is affected (Herbert *et alia*, 2013; Mattejat & Remschmidt, 2008).

The findings showed that parents with psychopathology will show less positive parenting and report high negative/ineffective discipline and deficient monitoring as compared to parents without psychopathology, and revealed that parents with psychopathology reported less positive involvement/parenting, and more negative/ineffective discipline and deficient monitoring as compared to parents without psychopathology. These findings are consistent with the previous studies as it is well documented in the literature that parental psychopathology has deleterious effect on parenting practices and these parents have significantly less adequate parenting skills and experience difficulties in executing their parenting role (Chen *et alia*, 2021, Goodman & Brumley, 1990; Jaser *et alia*, 2008; Lovejoy *et alia*, 2000). Mental illness regardless of diagnosis can impede their ability to perform parental role. The main issues for parents with mental illness center on their capability to deal with their mental illness as well as simultaneously carrying out the parenting duties and responsibilities. Negative parenting by such parents is either characterized by under-involvement or over-involvement with their children as well as poor monitoring and ineffective discipline (Beardslee, Versage, & Gladstone, 1998; Garber, 2005; Goodman & Gotlib, 1999). Many studies have reported that parental depression and schizophrenia were associated with wide range of inept parenting behaviors including lack of involvement and responsiveness, intrusive, hostile and punitive parenting, more rejection and less nurturance as well as more use of poor monitoring, ineffective and negative discipline (Elgar, Brownridge, & Saggers, 2007; Goodman, 1987; Kane & Garber, 2009; Seeman, 2004; Weissman & Jensen, 2002; Willinger, Fuchs, Hölzl, & Kapusta, 2002).

The findings of this study replicate and extend prior research evidence. It can be inferred from the findings that the children exposed to parental psychopathology are at a considerably higher risk of developing emotional and behavioral problems than children of parents without psychopathology. Further, parenting practices are influenced by the parental psychopathology and significantly play a major role in accounting for the development of behavioral problems among adolescents and have conclusive effect on both internalizing and externalizing problems.

Like other empirical studies, our study is also not without limitations. Our study is cross sectional in nature in which cause and effect relationship among child behavioral problems and parenting practices was difficult to find. Future researchers may replicate the findings on a longitudinal study to increase the strengths of the study. Self-reported data always has some biases. In future, researchers may work with multiple data collection tools like personal observations, self-report data from teachers and peer groups. This will reduce fear of biasness and increase objectivity in findings. It is also suggested to examine the children's perception of the parenting practices in the local context, which may aid in identification and planning of interventions concerning the quality of the parent-child communication and overall relationship. Furthermore, based on the findings, it is clear that behavioral problems are existing among children with psychopathology parents, hence, future studies may also be conducted on implementation of intervention programs for the safety and well-being of adolescents who are the future of our country. These intervention programs may also target negative parenting practices. Moreover, our study focused on single aspect i.e., behavioral problems as outcome while other psychosocial factors for instance academic achievement, intellectual disabilities, socio-emotional competence, and social-cognitive skills were not catered. Hence, future researchers should also focus on these factors.

The aim of the study was to explore the differences in parenting practices and behavioral problems among adolescents having parents with psychopathology (Schizophrenia and MDD) and without psychopathology. Overall, the findings indicate that parents with psychopathology tend to have more dysfunctional parenting practices and their adolescent children experience elevated rates of behavioral problems (internalizing & externalizing). Our study is the first to fill the research gap by examining the differences between parental practices and adolescents' behavioral problems within the local context of Pakistan. Our study is an eye opener in the sense that it revealed with empirical findings that adolescents can be protected from both externalizing and internalizing problems by healthy parental involvement and positive parenting. Implications for this pronounced finding highlight the need for designing the psychosocial interventions focusing on effective and age appropriate parenting practices for at risk adolescents. These interventions should focus on improved parent-adolescent relationship by enhancing positive parenting practices such as warmth, involvement, and consistency and decreasing the negative parenting practices such as negative/ineffective discipline and deficient monitoring. The findings also draw the attention of mental health professionals towards recognizing the potential psychological impact of living with a mentally ill parent. Consequently there is a dire need not only to further explore the phenomenon but also plan appropriate preventive interventions having clinical relevance with at risk families and children. Our study has implications in different areas of psychology and is useful for parents, teachers, educationists, mental health professionals as well as policy makers.

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