ISSN E: 3006-1466
ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
CJSSR
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
Vol.03 No.02 (2025)

ASSOCIATION OF PERCEIVED PARENTING STYLES, PSYCHOLOGICAL DISTRESS AND RESILIENCE AMONG ADOLESCENTS WITH DEAFNESS: A CORRELATIONAL STUDY

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Abstract

Objectives: *The study was undertaken to determine the association of perceived parental styles on the psychological distress of adolescents with deafness. Further, study investigates the association of resilience with psychological distress among adolescents with deafness.*

Sample and Method: *Sample comprise of 100 adolescents (male = 50, female = 50). ages between 12-18 years. A convenient sampling method was used to collect data from different Special Education Schools situated in Lahore, Punjab. The Parental Authority Questionnaire (PAQBuri, 1991), Kessler Psychological Distress Scale (K10; Kesler, 2002), and Ego-Resiliency Scale (ERS; Block & Kreman, 1996) were used.*

Results: *The results indicate that parenting styles i.e., authoritarian parenting style (r =.99, p<.001), and permissive parenting style (r =.51, p<.001) significantly associated with psychological distress among adolescents with deafness. However, it is not significantly associated with authoritative parenting style (r = -.14, p<.01). Further, resilience was significantly associated with psychological distress (r = -.17, p<.001) among adolescents with deafness.*

Conclusion: *Resilience is one of the important factors in reducing psychological distress in adolescents. Furthermore, secure and healthy parenting styles also help in raising children as resilient and this can help them to face the difficulties in their lives. Designing evidence-based intervention targeting parenting practice is crucial for positive personality growth and development of adolescents.*

Keywords: Parenting styles, psychological distress, deafness, resilience, adolescents,

Introduction

The growth of children and adolescents is significantly influenced by their interactions with caregivers, among other factors. The emotional and behavioral patterns of parents significantly influence the social, emotional, and cognitive development of their children. These methods are referred to as parenting strategies. This phenomenon is particularly significant given the unique developmental challenges encountered by adolescents with disabilities, such as hearing impairment. Analyzing the impact of perceived parenting styles on psychological stress and resilience in deaf adolescents is essential, given the intricacies of child development and the importance of parental connection. The psychological and emotional development of children, along with their capacity to form healthy relationships, cope with stress, and overcome problems, is shaped by their interactions with their parents. For a prolonged duration, maternal attachment has been regarded as a fundamental element in comprehending child development. Insecure attachment is generally linked to psychological disorders, while secure attachment correlates with favorable outcomes, including emotional regulation and resilience. Nonetheless, there is insufficient comprehension concerning the influence of these connections on deaf adolescents, especially regarding the emotional and cognitive resilience and distress that their perceived parenting methods impose upon them. Examining the

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impact of parental connection on both perceived parenting styles and psychological stress in deaf teenagers is the primary goal of this study. By utilizing a correlational approach and zeroing in on this marginalized group, this study hopes to add to what is already known about the connections between attachment, mental health, and parenting styles.

Several elements influence a child's growth, including social, emotional, and cognitive traits. A child's "social development" comprises of their efforts to strengthen their social skills, meet new people, and learn about and adapt to social norms. The ability to identify, describe, and control one's emotions is a characteristic of emotional development, and it has far-reaching implications for one's psychological and physiological health. According to Berk (2013), cognitive growth is dependent on the development of important mental talents like memory, attention, problem-solving, and decision-making ability. Teenagers with Deafness may experience developmental delays across various domains due to communication challenges, social isolation, or difficulties in accessing educational resources. Adolescents who are often misinterpreted or have restricted social interactions may find it challenging to regulate their emotions. Cognitive difficulties, including challenges in language acquisition, can adversely affect self-esteem and overall mental health.

Research demonstrates that the ways in which adolescents and children cope with stress and cultivate resilience are profoundly affected by early experiences, especially those related to their familial context. Consequently, parenting practices significantly influence the emotional, social, and cognitive development of children, including those with disabilities such as, deafness. Fundamental idea in developmental psychology, parental attachment was first put forth by Bowlby in 1969 and subsequently developed by Ainsworth in 1978. Attachment, the term used to describe the emotional bond between a child and their primary caregiver, provides a safe environment in which the youngster can explore and engage in social interactions. Positive developmental outcomes, including stronger social relationships, more self-esteem, and better emotional regulation, are associated with secure attachment practices. Insecure attachment, marked by avoidance or anxiety, can impair emotional regulation and interpersonal connections, leading to psychological suffering and ineffective coping mechanisms (Ainsworth et al., 1978). Adolescents with insecure attachment may encounter anxiety, diminished self-esteem, and challenges in forming supportive, healthy connections (Main & Solomon, 1990).

Attachment theory recognizes four attachment patterns: secure, anxious, avoidant, and disordered. Each of these patterns has been connected to various emotional outcomes during puberty and development (Ainsworth et al., 1998; Bowlby, 1988). individuals with deafness may have more complicated attachment styles. Due to inadequate or disrupted interactions with their caregivers, adolescents with hearing impairments may have trouble developing stable attachment bonds. Parents may not fully comprehend or meet the unique emotional and social needs of a deaf child, which could result in an insecure attachment style that exacerbates mental health issues (Jones & Lu, 2019). Insecure attachment is often associated with psychological distress, such as anxiety, dissatisfaction, and low self-esteem, but securely attached children have increased emotional resilience, adaptability and confidence (Cassidy & Shaver 2008). Studies on teenagers exhibiting insecure attachment styles demonstrate a heightened vulnerability to mental health issues. Higher levels of anxiety and depression are particularly associated with anxious attachment, which is characterized by excessive worry and a dread of abandonment (Mikulincer & Shaver, 2007). Avoidant attachment is defined by emotional disengagement and an unwillingness to seek solace from others. This conduct may lead to difficulties in stress management, emotional isolation, and

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CJSSR
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social withdrawal (Bartholomew & Horowitz, 1991). Teens with healthy relationships, however, are more likely to be resilient when faced with adversity, even if they have disabilities like hearing loss. According to Collins and Feeney (2000), adolescents in stable relationships are emotionally secure, which enables them to overcome challenges and maintain a positive self-image in the face of outside pressures.

Resilience can be developed in deaf teenagers through supportive and affirming parenting that fosters the attachment link. This type of resilience is crucial for overcoming the unique psychological anguish that people may experience due to academic difficulties, social isolation, and inadequate communication (Marschark & Knoors, 2012). use of parenting techniques that promote stable attachment will enhance the psychological resilience and mental health of deaf teenagers.

Numerous studies have looked into how parents affect the mental health of teenagers, emphasizing how parenting practices have a significant impact on psychological outcomes, including stress and resilience. A study conducted by Khan and Shahzad (2018) found that significant role of parents, especially from mothers (i.e., maternal involvement, autonomy support) on depression in adolescents. A framework for comprehending these connections is provided by Baumrind's (1991) groundbreaking categorization of parenting styles: authoritative, authoritarian, and permissive. Warmth, responsiveness, and appropriate control are examples of authoritative parental traits that have been frequently associated with positive emotional outcomes, such as increased resilience and decreased psychological stress (Lamborn et al., 1991). Increased psychological suffering, including anxiety, depression, and behavioral issues, has been connected to authoritarian parenting. It is characterized by a strong sense of authority and a lack of emotional warmth (Maccoby and Martin, 1983). Although, permissive parenting, which is characterized by a lot of love and little control, has various results, it is typically associated with issues with self-control and stress management (Baumrind, 1991). Teens with disabilities are now included in these findings, according to recent research. Adolescents exposed to interpersonal difficulties (i.e., bullying) can affect their mental wellbeing, and resilient individuals are at low risk for mental health problems (Mansoor, Shahzad, 2020). Despite their bounce, adolescents need support, supervision and care from parents and their caregivers. According to Tannock and colleagues (2014), deaf teenagers raised by authoritative parents showed better resilience and mental health than those raised in authoritarian or permissive environments. There is considerable uncertainty regarding the precise relationship between parenting, attachment, and resilience in deaf teenagers, which emphasizes the need for more study.

Pakistan is a collectivistic society, where parents and peers and significant others have pivotal role in shaping the personality of a child. Less attention has been paid to understand the interplay of parenting practices resilience and mental health issues of children and adolescents, and specifically the adolescents with challenges like deafness. Adolescents with hearing loss may encounter social isolation, communication difficulties, and restricted access to educational resources, all of which can intensify mental health issues such as anxiety, depression, and diminished self-esteem. This study would provide a base for further research in the domain of promotion of wellbeing and reducing the mental health issues among adolescents with special needs, particularly among adolescents having challenges of deafness. Furthermore, present study would help parents and caregivers with informed guidance on efficiently addressing the challenges of raising a child with deafness by effectively engaging with children and promoting emotional resilience.

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Hypotheses

1. There is a significant association of parenting styles (a. authoritative, b. authoritarian, c. permissive) with psychological distress among adolescents with deafness.
2. There is a significant association of resilience with psychological distress among adolescents with deafness.

Method

Sample

The present study comprised of 100 adolescents ages between 12 to 18 years, with education between grade 8 to grade 12. Among them 50 were males and 50 were females. Purposive sampling technique was used to recruit sample. Sample was recruited from two schools in Lahore specialized in educating students with deafness.

Instruments

Parental Authority Questionnaire (PAQ)

The Parental Authority Questionnaire (PAQ) was first presented by Buri in 1991. Seemabe Babree published an additional Urdu translation in 1997. Each article's replies were gathered using a five-point rating system. This bipartite scale has thirty components in each sector. With Cronbach's alpha scores frequently falling between 0.80 and 0.90, Buri's Parental Authority Questionnaire (PAQ) has high psychometric properties and notable internal consistency. Three parenting philosophies—permissive, authoritarian, and authoritative—are successfully evaluated by the PAQ. Its association with other established measures of parenting practices and child development outcomes demonstrates the construct validity. The three-component approach that captures the diverse parenting philosophies is supported by factor analysis. The PAQ's high test-retest reliability makes it a reliable tool for assessing perceived parenting styles over time. Additionally, it has been used extensively in research and therapeutic settings, proving that it is suitable for various people.

Kessler Psychological Distress Scale (K10)

This scale was developed by Kesler in 2002. The K10 scale comprises ten inquiries regarding emotional states, with a five-point scoring system. The test can be employed as a rapid screening tool to gauge the severity of pain at various levels. The patient may be provided with the instrument to complete or the queries may be read aloud by the practitioner. In the event that the patient's recovery does not meet expectations, such as between weeks four and six in the context of injury therapy, they may be referred to a specialty medical practitioner, such as a psychologist, or advised to have more frequent sessions. Five are classified as "always of the time," while one is classified as "never of the time." The minimum score is ten, and the maximum score is fifty, when the ten item scores are combined. Scores that are lower suggest that there is less psychological distress, while scores that are higher suggest that there is more psychological distress. The Kessler Psychological Distress Scale (K10) is a dependable indicator of psychological distress due to its exceptional internal consistency and a Cronbach's alpha range of 0.85 to 0.93. It has a strong correlation with other validated stress measures, such as the GHQ 12, and a unidimensional component structure that primarily evaluates a general degree of suffering. Additionally, it has excellent concept validity. Besides, the scale exhibits excellent test-retest dependability (0.70 to 0.85) and excellent sensitivity and specificity for the identification of mental health issues, such as anxiety and depression. Furthermore, its applicability as a screening instrument for psychological discomfort in various environments has been confirmed in various cultural and group settings.

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Ego-Resiliency Scale ERS

The Ego-Resiliency Instrument was created by Block and Kreman (1996) as a quick assessment method for determining psychological resilience. The ability of a person to deal with difficult or challenging life situations is defined as psychological resilience. This study will make use of the Urdu version of ERS (Nangiana, 2002). "It is a self-report inventory consisting of fourteen items and four response options." Block and Kremen created the Ego-Resiliency Scale (ERS) in 1996, and it stands out for its outstanding psychometric properties and reliable internal validity. Generally speaking, Cronbach's alpha values fall between 0.85 and 0.90. Given that it correlates adversely with psychological distress and favorably with measures of emotional stability, coping mechanisms, and mental health impacts, the scale has excellent construct validity. To create a unidimensional framework that captures a person's total resilience, factor studies are essential. Because of its remarkable test-retest reliability and stability across time, the ERS is a trustworthy tool for evaluating resilience in a range of populations. The scale's widespread application in a wide range of cultural contexts attests to its cross-cultural validity and usefulness.

Procedure

Researchers first took permission from the concerned authorities of different schools from Lahore. Researcher then invited all those students who wanted to participate in the study. Only those participants were approached to collect data who met the eligibility criteria. Initially, researchers explained the objectives of the study to participants and asked them if they want to withdraw from the study at any stage without any penalty. Participants were assured about the confidentiality and maintained the privacy, dignity and respect then they were given informed consent to them and explained it to participants individually. The participants were provided with instructions by stating that there was no time constraint for completing the questionnaires. Additionally, they were requested to ask questions if they need any clarification on the questions asked, and also. Once, participants completed the questionnaires then researchers appreciated them for their valuable time and thank them for their cooperation.

Statistical Analysis

The Statistical Package for Social Sciences (SPSS) version 23 was used to analyze the data. Pearson moment correlation was used to investigate the association of the variable of parenting style with psychological distress and resilience. Further, independent sample t-test and an ANOVA was applied to determine the difference between the variables.

Results

Table 1

“Descriptive Statistics for the demographic characteristics” of the entire sample (N=100)

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ISSN P: 3006-1458
CONTEMPORARY JOURNAL OF SOCIAL SCIENCE REVIEW
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Table 2

"Descriptive statistics", "alpha reliability, coefficients of study variables" (N=100)

riables			nge tential	tual	)	ew	rtosis
ychological stress	.20	L	30	-30	58	3	36
silience	.40	)	20	20	35	)	29
renting yle	.60	3	-90	-82	.58	4	)4

Table 3

Correlation among study variables(N=100)

No	riables					
	silience	3**	7**	8**	2**	5**
	renting yle		;**	)**	;**	)**
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**p<.01. *p<.05.

Discussion

Present study's premise was that the three parental styles (i.e., permissive, authoritarian, & authoritative) would predict psychological distress among adolescents with deafness. This hypothesis is supported by the results (see table 3) which reveal that different parenting methods i.e., authoritarian and permissive parenting styles have significant association with mental health among adolescents with hearing loss problems. Psychological discomfort had a larger negative link with authoritarian parenting, which was explained by excessive control and low emotional responsiveness (see table 3). This is consistent with recent research showing that authoritarian parenting, characterized by harsh rules and little emotional warmth, increases children's anxiety and sorrow

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(Baumrind, 1971). Further, findings revealed that significant association of permissive parenting style with psychological distress. In a growing age adolescents need proper guidance and supervision of their parents and care givers. In the case of adolescents with deafness, they need continuous supervision of parents, caregivers as well as from significant others at every stage. In case if their needs are not met then this can affect their wellbeing. Furthermore, there found no significant association of authoritative parenting style with psychological distress (see table 3). The reasons could be that cultural factors play its role. Pakistan is a collectivistic society where parents and especially fathers are expected to lead the whole family and he is in-charge of the family, and rest of the family members are expected to follow the rules established by family. Previous researches (i.e., Santrock, 2005) emphasized the importance of authoritative parenting in developing a positive self-concept and mental health outcomes, however in the context of adolescents with deafness in this study does not have any association with mental health issues.

Few studies conducted in Pakistan, and researchers found that positive and significant positive association of perception of parents with emotional intelligence, and significant negative association with depression among adolescents (Khan & Shahzad, 2020). Another study conducted by Zia and Shahzad (2019) found that perceived mother and father attachment had significant role in depression among adolescents. They further found that peer attachment was significantly linked with depressive symptoms but it did not have definite predictive role.

The second idea holds that resilience in adolescents with deafness is strongly linked to parenting styles. This hypothesis is supported by the investigation's findings. Adolescents who see their parents as authoritative showed greater resilience (see table 3). This outcome is consistent with prior research showing that an authoritative parenting style, defined by emotional warmth, supervision, and structured autonomy, promotes adaptability and coping skills. A negative relationship was found between resilience and both authoritarian (see table 3) and permissive parental styles (see table 3), respectively. The emphasis on control in authoritarian parenting and the lack of limits in liberal parenting impede the development of adaptive coping methods, which are necessary for overcoming adversities. These findings align with resilience models that highlight how both personal traits and family surroundings are important for building resilience (Zakeri et al., 2010). Research has shown that deaf teenagers with emotionally supportive and disciplined parents are less stressed and more resilient. This study highlights the significance of authoritative parenting in fostering resilience and mental health among adolescents with deafness.

This study presents evidence supporting therapies and support programs tailored for adolescents with deafness, emphasizing the importance of authoritative parenting. Parents must balance their expectations by providing emotional support to cultivate bounce back ability in children which helps them to thrive and flourish. Programs designed to support families of adolescents with deafness to tackle the negative impacts of authoritarian and permissive parenting styles by providing guidance and using the channels effective communication, discipline, and emotional support. Interventions must be tailored to reflect the shared experiences of adolescents with deafness, promoting inclusivity and relevance across all genders, given the absence of gender differences in perceptions of parenting styles.

Future research should focus on larger sample by investigate the parental personality characteristics with their parenting styles. Further, by analyzing the finding of present study we cannot generalize the findings, so inclusion of representative sample with different socio-economic background and other comorbid conditions would be helpful in understanding the dynamics of mental health issues of adolescents with special needs. Finding of present study would be an addition in the literature and would be helpful in helping parents improving their parenting practices to improve the wellbeing of their children. This would also foster resilience among adolescents with deafness, and enabling them to navigate their unique challenges more effectively. In the end findings would be helpful for mental health professionals to understand the dynamics of the parenting styles and mental health issues of adolescents with deafness and they would be able to helping parents with the tools and knowledge necessary to support their children.

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