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The Relationship between Parental Obsessive-Compulsive Disorder and 11- to 15-Year-Old Adolescents with Skin Picking Disorder (Dermatillomania) and Normal Adolescents

Abstract

The present study compares the obsessive-compulsive disorder of parents of adolescents aged 11 to 15 with skin-picking disorder and normal adolescents in Yazd. This applied research is a part of causal-comparative descriptive research in terms of nature. This study's statistical population includes all the parents of eleven-to-fifteen-year-old adolescents with skin picking disorder and normal adolescents in Yazd. The sampling method was accessible for mothers of adolescents with skin peeling disorder and random for normal adolescents. In this way, the mothers of adolescents with skin picking disorder were contacted by visiting counseling centers. In the case of consent, 30 people were selected and completed the questionnaire in the research. In addition, 30 people were randomly selected from normal teenagers. They completed the Maudsley (1977). Obsessive-Compulsive Scale questionnaires. The data were analyzed using statistical methods of analysis of variance. The findings show a significant difference in parental obsessive-compulsive disorder between two groups of adolescents with picking disorder and normal adolescents. The results of the independent t-test to compare the mean scores show that the parents of teenagers with skin-picking disorder have a higher obsessive-compulsive disorder than normal ones.

Keywords: *Obsessive-compulsive disorder, Picking disorder, Adolescents, Parents*

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Introduction

There is a significant period of adolescence between childhood and adulthood in the psychological development cycle. This transitional stage starts from 10-11 and ends around 18-22. Adolescence is a period of profound changes that separates children from adults. This stage includes biological, social, emotional, and cognitive growth, a period of change and transformation in its true sense (Newman and Newman, 2017). Adolescence is one of life's most critical stages due to its specific intellectual structure, maturity changes, values, and identity crisis (Shalchi, Vahidnia, Dadkhah, Alipour, Niaz, and Moghimi, 2017). In general, adolescence is the transition period from childhood to adulthood. Adolescence includes big changes in the body's appearance and how a person communicates with the environment. Many physical, sexual, cognitive, social, and emotional changes occur during this period which is predictable for children and their families and even causes problematic behaviors. Body-focused repetitive behavior includes a group of problematic, destructive, and non-functional body-centered behaviors. These behaviors are repetitive and unwanted and often show themselves as picking parts of the body, such as hair, lips, or nails (Snorrason et al., 2012). Body-focused repetitive behavior includes hair pulling, skin picking, nail and lip picking, and finger sucking. Skin picking was described as pathological skin picking or neurotic skin picking disorder. This disorder is characterized by self-destructive behavior of the skin (picking, scratching), inability to control behavior, and significant distress in DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) (Shin and Lin 2018). In addition to physical consequences, these disorders have psychological consequences.

Behavioral disorders in children with parents with psychiatric disorders are much more common than in those with non-disordered parents (Shariat Madari 2019).

Children's mental health is another serious issue and the problem of parents, which annually imposes huge economic and social costs on society (Khanjani et al. 2019). The World Health Organization has considered this disorder the tenth most disabling medical condition (including physical and mental illnesses) (Campbell, 2011). Obsessive-compulsive disorder, in the fourth Diagnostic Statistical Manual of Mental Disorders (revised), is one of the anxiety disorders, which is considered one of the most common psychiatric disorders. It consists of recurrent thoughts or behavior that are time-consuming due to their intensity and lead to obvious distress. In this disorder, the person is aware of the irrationality and extremeness of his behavior, characterized by persistent and disturbing obsessive thoughts and compulsion actions (quoted by Boyon and Zakaria, 2018). These items are accompanied by compulsions to reduce or prevent the discomfort caused by the compulsions. This disease is the fourth most common psychiatric disorder in America. The World Health Organization has identified this disorder as the 10th significant cause of disability, which is shown as an inability to function socially and a low quality of life. Obsessive-compulsive disorder is a heterogeneous disorder with different subcategories. The two most common subcategories of this disorder are compulsory checks washing disorder, which is in

more than 50% of these people (Borulka et al. 2017) And it affects most aspects of a person's life (Khakpour, Yousefi and Saed, 2017).

. Obsessive-compulsive disorder is an anxiety disorder that engages one out of ten people in their lifetime and affects many aspects of a person's life, such as behavior, thoughts, emotions, and physical health. (Carey 2005); And the mental, emotional and communication health of the affected people faces serious damage (Maleh Mir, Kiwanlu, Rafiei Rad, Mozhez, Sadri and Zavarei, 1400). Obsessive-compulsive disorder patients experience persistent, intrusive, and inappropriate thoughts (obsessions) and persistently tend to perform actions to neutralize the fear of danger and threat (compulsions) (Lin and Yeli 2017). Problems associated with obsessive-compulsive disorder and its debilitating symptoms disrupt interpersonal functioning, job, and life (Qalipour and Javanmard 2017) There is also evidence that shows that obsessive-compulsive disorder is related to disgust sensitivity (Nasiri, Mohammad and Karsazi, 2019). Among patients with obsessive-compulsive disorder, suffering from other mental disorders such as major depression is common in 67% and Social Phobia in 25%.

Interestingly, more than 90% of people in society experience symptoms of obsessions and compulsions with the same quality and form as people with obsessive-compulsive disorder. Common themes in OCD include preoccupation with contamination, violence, religious thoughts and rituals, excessive responsibility, excessive fear of danger, hoarding, and symmetry Cultural and environmental factors, along with genetic underlying factors, can lead to the occurrence of obsessive-compulsive disorder and decrease in mental health (Rezazadeh and Zarani, 2001). Considering the prevalence of obsessive-compulsive symptoms, it seems that measures should be taken to improve the symptoms (Qouti, Ahvan, Shehamat Deh Sarkh and Farnoosh, 2019). Moody et al. (2017) showed that cognitive behavioral therapy has a positive effect on improving the symptoms of obsessive-compulsive disorder and reducing it.

Obsession in parents leads to serious anxiety problems in children because obsessive parents are more cold, critical, rejecting, controlling, skeptical, punishing, and annoying than healthy parents in interacting with their children. Adolescence has many biological, psychological, and social changes; each of these changes is a crisis factor for teenagers and causes behavioral problems.

The relationship between family factors and adolescent disorders can lead to negative consequences for the family and adolescents. However, teenagers are more exposed to disorders due to their growing physical and mental characteristics, and children’s age groups have been studied more scientifically than adolescents. Therefore, teenagers were selected as the sample of this study. According to the presented materials, the current research intends to answer the question, is there a difference between parental obsessive-compulsive disorder in adolescents with picking disorder and normal adolescents?

Research method

The present research was an applied-descriptive study with a causal type. This study's statistical population includes all the parents of eleven-to-fifteen-year-old adolescents with picking disorder and normal adolescents in Yazd. The number of adolescents with picking disorders referred to counseling centers was about 200. The sample of this research was determined according to Cochran's formula of 60 randomly selected as two study peer groups (all mothers of teenagers) and a comparison of 30 people. Library studies and field methods, including questionnaires, were used to collect research data.

Introducing the tool

Maudsley Obsessional-Compulsive Inventory

Rachman and Hudson (1977) prepared this questionnaire to study the type and scope of obsessive problems. This questionnaire has 30 items. The initial validation at Madzli Hospital has differentiated 50 obsessive-compulsive patients from 50 psychotic treatments. Two psychiatrists have confirmed this questionnaire after translating it into Farsi and matching it with the English form. This questionnaire's validity and reliability have been shown in different societies. For example, Sanavio obtained a correlation of 0.70 between the total scores of the Maudsley test and the Padua inventory. The reliability coefficient calculated between the test and retest was r=0.89. This test score range is between 0 and 30; a higher score indicates more obsessive-compulsive symptoms. The validity of this test is generally more than 0.80. The test sensitivity is also low due to its double response to changes (Rachman and Hudson, 1997). In Iran, dadfar, Bolhari, Bovalheri, Malkouti and Bayanzadeh (2004)
reported the reliability coefficient of the total test as 0.84 and its convergent validity with the Yale-Brown Obsessive-Compulsive Scale as 0.87. The descriptive statistics section includes the mean and standard deviation of the scores to analyze the data. In the inferential statistics section, multi-way analysis of variance and independent t were used, and the results of the calculations related to the statistics were generalized to the entire statistical population.

Results

Descriptive findings

The average indices and standard deviation were shown separately for the variables to know the dispersion of participants' scores in each of the variables. Table 1 shows the descriptive indices of the variables.

Table (1): Descriptive indices of variables in groups

	Variables	Mean	standard deviation
Normal	Parental obsessive-compulsive disorder	45.67	7.83
Disordered	Parental obsessive-compulsive disorder	55.50	8.5

As observed, the average scores of parental obsessive-compulsive disorder are higher in adolescents with disorders.

Hypothesis testing

1- There is a difference between the obsessive-compulsive disorder of the parents of adolescents aged 11 to 15 years with picking disorder and normal adolescents in Yazd. Multivariate analysis of variance was used to investigate this hypothesis. Before performing this test, its presuppositions (box test, equality of variances test, and multivariate tests) are examined.

Table (2): Test of equality of variances of parental obsessive-compulsive disorder

Variables	Levene's test	Significance level
Parental obsessive-compulsive disorder	0.8	0.37

The significance level of Levene's test in Table 2 shows that all variables have equal variance in the groups; therefore, this assumption has not been violated.

Table (3): Results of box test of parental obsessive-compulsive disorder

Box test	F	df1	df2	Significance level
46.22	12.93	15	49573.78	0.003

The significance level of the test must be greater than 0.001 to check compliance with this assumption. Table 3 shows that the significance level is 0.003; therefore, this assumption has not been violated.

Table (4): Multivariate tests of parental obsessive-compulsive disorder

Test	Test	F	Significance level
Pillai's test	0.03	0.75	0.03
Wilks' Lambda	0.96	0.75	0.03
Hoteling's Trace	0.03	0.75	0.03
Roy's square root	0.03	0.75	0.03

Table 4 shows that the significance level is less than 0.05. Therefore, there is a significant difference between the two groups regarding some variables. In the following, these differences are examined using the multivariate analysis of variance test.

Table (5): Multivariate variance analysis test, parental obsessive-compulsive disorder

Variables	Sum of squares	Df	F	Significance level	Eta value
Parental obsessive-compulsive disorder	182.7	1	0.95	0.02	0.48

Table 5 shows a difference between parenting styles and obsessive-compulsive disorder of parents with skin-picking disorder and normal. The results of the Bonferroni test to check the averages are given below.

Table (6): The results of examining the mean of parental obsessive-compulsive disorder

		standard error	Significance level
Parental obsessive-compulsive disorder	Disordered	2.608	0.036
	Normal	2.608	0.036

According to the average of the groups and the results of the Bonferroni test, there is a significant difference in the authoritarian, authoritative parenting style and obsessive-compulsive disorder between the two groups of normal adolescents and adolescents with skin-picking disorder.

2- There is a difference between parental obsessive-compulsive and being normal and having a skin-picking disorder.

The analysis is presented in Table 7. Table 2-4 shows that the significance levels of Levene's test are smaller than the cut-off

point of 0.05. This means that the assumption of homogeneity of variances is violated. Therefore, the statistical indicators of the second row of the table (non-equality of variance) are used.

Table (7): Results of independent t-test to compare obsessive-compulsive disorder scores of two parents

Groups	Mean	The standard deviation	The assumption of the equality of variance	Levene's test		T	Freedom degrees	Significance level	The difference between the averages
				F	P				
Disordered	50.42	6.14	Equality of variance	6.065	0.014	2.973	28	0.003	1.775
Normal	48.65	1.70	Non- Equality of variance			3.007	28	0.003	1.775

Table 7 shows the results of the independent t-test to compare the average scores of parental obsessive-compulsive disorder in normal and disordered adolescents. The difference between the average groups is statistically significant [$P<0.05$ and $t=3.007$]. Therefore, according to the average of the groups, this finding shows that parental obsessive-compulsive disorder is in adolescents with skin-picking disorder.

Discussion and conclusion

The research findings showed a difference between the parental obsessive-compulsive disorder of adolescents aged 11 to 15 with skin-picking disorder and normal adolescents in Yazd. The Bonferroni test showed a significant difference in obsessive-compulsive disorder between two groups of normal adolescents and adolescents with skin-picking disorder. This finding is indirectly consistent with Safari, Abedini, Sadeghi Firouzabadi, and Rajabpour Niknam (2019); Mohammadi Mehr, Shahmoradi, and Sheikhi (2016).

The family is the most important institution that helps a child to socialize, accept customs and establish good morals and habits. Family is a social system that plays a vital role in the growth and development of human beings and is considered the basis for physical, mental, and social growth and well-being. Various research has shown that family experiences affect all aspects of adolescents' lives, such as behavioral or psychological tendencies. Adler believes that children suffer from a lack of love and security whose parents reject them, leading to feelings of worthlessness, anger, and lack of self-esteem. Hornay and Fromm have also studied the lack of intimacy and love of parents and its effects on the child's safety.

Obsessive-compulsive disorder is also a repetitive thought, idea, or impulse with a disturbing, inappropriate or uncomfortable state. In this case, the person tries to forget, reverse or neutralize it through other thoughts or actions (such as an impulse). Despite mental obsessions, obsessive-compulsive disorders are experienced in a disturbing and unwanted way, which hurts the family center and children.

In addition, the results indicated a difference between parental obsessive-compulsive disorder and having the skin-picking disorder and being normal. An Independent t-test was performed to compare the mean scores of parental obsessive-compulsive disorder in normal and disordered adolescents. The table shows that the difference between the average groups is statistically significant. Therefore, according to the average of the groups, this finding shows that adolescents with skin-picking disorder have a higher score in parental obsessive-compulsive disorder than normal ones. Therefore, they have higher parents' obsessive-compulsive disorder than the normal group. Body-Focused repetitive behavior includes hair pulling, skin picking, nail and lip picking, and finger sucking. Skin picking was previously described as pathological skin picking or neurotic skin picking disorder. This disorder is characterized by self-destructive behavior of the skin (picking, scratching, inability to control the behavior, and remarkable discomfort in DSM-5 (diagnostic criteria of the American Psychiatric Association).

Behavioral disorders are more common in children with parents with psychiatric disorders than those with non-disordered parents. In obsessive-compulsive disorder, a person is aware of the irrationality and extremeness of his behavior, which is characterized by persistent and disturbing obsessive thoughts and actions. Common themes in OCD include preoccupation with contamination, violence, religious thoughts and rituals, excessive responsibility, excessive fear of danger, hoarding, and symmetry. In addition to physical consequences, obsessive-compulsive disorders have psychological effects. Disorders such as anxiety and obsession are parts of chronic boundary problems in the diagnosis of various structural issues of disturbed families, which are caused by the transfer of stress from one subsystem to another.

There will be a disordered situation if a sub-system uses a specific person who is not a member of their sub-system to spread conflicts. This situation often occurs when parents use different parenting methods. In this case, the boundary between the parents and the child becomes unclear, and the parents strengthen the child's illness.

Parents with obsessive-compulsive disorder experience persistent, disturbing, and inappropriate thoughts (obsessions) and persistently tend to perform actions to neutralize the fear of danger and threats (compulsions). Obsessive-compulsive disorder and its debilitating symptoms disrupt interpersonal functioning, job, and life. These disorders affect adolescents in a sensitive period of life and cause them to show mental disorders. Therefore, parental obsessive-compulsive disorder is more in adolescents with the skin-picking disorder than in normal ones.

final conclusion

In general, according to the findings of this research, the existence of parenting styles and the quality of parent-child relationships can cause disorders in adolescents. One of these disorders can be considered as frequent disruption of the skin and frequent attempts not to perform this behavior. This disorder causes significant clinical discomfort and impairment in social domains and other important functional domains. In addition, the presented materials show that disorders can negatively affect all levels of a person's life, this The issue becomes doubly important for teenagers due to the age of puberty and also the important role of this course in their educational progress and future career life. These disorders have an effect on teenagers who are in a sensitive period of life and cause them to develop mental disorders; Therefore, parental obsessive-compulsive disorder is different between teenagers with peeling disorder and normal, and it is more in teenagers with disorder. Therefore, the importance of this disorder in teenagers should be given special importance.

According to the research results:

- Parents and school staff are suggested to increase adolescents' self-confidence by creating successful experiences and models to reduce their anxiety and stress.
- Parents and authorities are suggested to pay more attention to the mental and psychological states of students in symptoms of discomfort and also are suggested to take quick action in this regard to prevent these discomforts before becoming chronic
- Counselors are suggested to use these research results to reduce adolescents' problems.

It should be noted that parents of adolescents with skin picking disorder were selected as the sample test. Therefore, it is limited to universalizing the results of this research to other communities. Future researchers are suggested to conduct further research in larger groups, other age groups, other cities, and both sex for more Universalizability of the results.

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References

- Burlaka, V. Graham-Bermann, S. A. & Delva, J. (2017). Family factors and parenting in Ukraine. Child Abuse & Neglect, 91, 514-591. doi:https://doi.org/51,5159/j.chiabu.1159,18,119.
- Carey, Gerald. (2005). Theories and application of counseling and psychotherapy, translated by Yahya Sayed Mohammadi (2018). Tehran: Arsbaran Publishing House.
- Lin, C.H. & Wiley, A. R. (2017). The relationship of relative child care and parenting behaviors in fragile families. Children and Youth Services Review, 81, 591-598.
- Male Mir, Behzad; Kiwanlu, Safora; Rafii Rad, Zahra; Mozhez, Ruqiya; Sadri, Mona and Zavarei, Zahra. (1400). Comparison of physical health and thought-action fusion in obsessive-compulsive disorder, bipolar and normal. Cognitive Psychology and Psychiatry, 8(1): 147-159.
- Mohammadi Mehr, Mozhgan; Shahmoradi, Murad and Sheikhi, Saeed. (2016). Investigating the relationship between parenting styles and behavioral problems of fourth to sixth-grade boys in Abdanan primary schools, the third international conference on psychology, educational sciences and lifestyle, Mashhad.
- Moody. Mechanisms. al et, N Reggente, R . (2017). Tadayonnejad's extensive and robust disorder involves compulsive obsession for therapy behavioral-cognitive of .connectivity network brain in increases. Psychiatry Translational, 7(9), 1230-1240
- Nasiri, Mohammad and Karsazi, Hossein. (2019). Prediction of obsessive-compulsive disorder and specific phobia based on disgust sensitivity components. New Psychological Research, 15(59): 65-86
- O'Neill, L.P., & Murray, L.E. (2016). Perceived Parenting Styles Fail to Mediate between Anxiety and Attachment Styles in Adult Siblings of Individuals

with Developmental Disabilities, *Journal of Autism and Developmental Disorders*, 46 (9), 3144-3154.

- Qolipour, Arzu and Jawanmard, Gholamhossein. (2018). The relationship between obsessive-compulsive disorder symptoms and identity styles and perfectionism in women. Women and Family Studies, Volume 10, Number 38, pp. 25-42.
- Rachman, S., & Hodgson, R. (1977). Obsessive-compulsive complains. Behavior Research and Therapy, 15: 389- 395.؛ Çam, Zekeriya. (2018). An Investigation into the Role of Attachment Insecurities in Obsessive-Compulsive Symptoms. British Journal of Guidance & Counselling, v46, n5, p566-581.
- Rezazadeh, Zahra and Zarani, Fariba. (1401). Obsessive Compulsive Disorder and related cultural issues in Iran: a systematic review. Developmental Psychology, 71(3), 45-58.
- Qovati, Atefe; Ahvan, Massoud; Shahamat De Sarkh, Fatemeh and Farnoosh, Maryam. (2019). The effectiveness of emotional schema therapy on rumination and extreme responsibility in patients with obsessive-compulsive disorder. Psychological Studies, 16(4), 82-95.
- Safari, Alireza; Abedini, Ali; Sadeghi Firouzabadi, Vahid and Rajabpour Niknam, Zahra. (2019). Investigating the relationship between parenting styles and parents' marital satisfaction with behavioral disorders of Karaj primary school children. New Advances in Behavioral Sciences, 4 (31): 43-66.
- Sanders, MR. (2012). Triple p-positive parenting program: A population approach to promoting competent parenting. AeJAMH, 2(3), 1-17.
- Shalchi, Behzad; Vahidnia, Behzad; Defendant, Mehrnaz; Alipour, Niaz, Mina and Moghimi, Parisa. (2017). Comparison of emotional, behavioral disorders and social skills in normal teenage girls and children of boarding centers of welfare organization. Social welfare, 17 (67): 173-201.
- Shariatmadari, Ali. (2019). Educational Psychology. Tehran: Amir Kabir Publications.
- Shiyuan Xiang, Yan Liu. (2018). Understanding the joint effects of perceived parental psychological control and insecure attachment styles: A differentiated approach to adolescent auto Newman, B. M., & Newman, P. R. (2017). *Development through life: A psychosocial approach*. Cengage Learning.
- Zainab Khanjani, Hashemi Toraj, Mahmoud Alilo Majid, Farooqi Priya. (2019). The efficacy of the AEBT treatment method reduces symptoms of concentrated and automatic hair and skin pulling in adolescents. Medical Journal of Tabriz University of Medical Sciences. 41(5), 135-142.