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Relationship Between Perceived Parenting Styles And Depression, Anxiety

Algılanan Ebeveyn Tutumları ile Depresyon, Anksiyete Arasındaki İlişki

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ÖZ

Bu araştırmanın amacı algılanan ebeveyn tutumları ile depresyon, kaygı arasında anlamlı bir ilişki olup olmadığını incelemektir. Ebeveyn tutumları, Baumrind'in belirlediği otoriter, izin verici, demokratik ve ihmalkar tutumlar sınıflandırmasına göre ele alınmıştır. Bu ilişkiyi inceleyen toplam 34 makale araştırmaya dahil edilmiştir. Bulgulara göre incelenen çalışmaların tamamında otoriter ebeveynlik tarzı ile kaygı arasında anlamlı bir ilişki bulunmuştur. İzin verici ebeveynlik ile depresyon arasındaki ilişki çalışmalara göre değişmektedir. Bazı çalışmalar izin verici ebeveynlik tarzı ile depresyon ve kaygı arasında anlamlı bir ilişki olduğunu bildirirken, bazıları ise herhangi bir ilişki olmadığını belirtmiştir. İhmalkar ebeveyn tutumunun ruhsal bozukluklar açısından en olumsuz sonuçları doğuran tutum olduğu söylenmiştir. Bunun, çocuğun sağlıklı sınırlara sahip olmaması, yeterli ilgi ve sıcaklığı alamamasından kaynaklandığı düşünülmektedir. En olumlu sonuçlar demokratik ebeveynlik tarzıyla ilişkilidir. Bu ebeveyn tutumunda çocuk yeterli sınırları, rehberliği, ilgiyi ve sıcaklığı alır. Bu çalışmada yalnızca Baumrind'in sınıflandırmasını kullanan makaleler incelenmiştir. Her ne kadar kültürel farklılıklardan bahsedilse de bunlar üzerinde ayrıntılı bir şekilde durulmamıştır. Bunlar bu araştırmanın sınırlılıkları arasındadır. Gelecekteki araştırmalar için kültürlerarası farklılıkların dikkate alınması ve ebeveynlik stilleri için diğer sınıflandırmaların kullanılması önerilmektedir.

Anahtar kelimeler: *algılanan ebeveyn tutumları, depresyon, anksiyete*

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ABSTRACT

The aim of this research is to examine whether there is a significant relationship between perceived parenting styles and depression, anxiety. Parenting styles were handled based on Baumrind's classification of authoritarian, permissive, democratic, and neglectful styles. A total of 34 articles investigating this relationship were included in the research. According to the findings, a significant relationship was found between authoritarian parenting style and anxiety in all examined studies. The relationship between permissive parenting and depression varies according to the studies. While some studies reported a significant relationship between permissive parenting style and depression, anxiety, others indicated no relationship. Neglectful parenting style yields the most negative outcomes in terms of mental disorders. This is thought to be due to the child lacking healthy boundaries and not receiving sufficient care and warmth. The most positive outcomes are associated with the democratic parenting style. In this style, the child receives adequate boundaries, guidance, care, and warmth. This research was conducted solely with articles that used Baumrind's classification. Although cultural differences were mentioned, they were not specifically focused on. These are among the limitations of this research. For future research, it is recommended to consider cross-cultural differences and use other classifications for parenting styles.

Keywords: *perceived parenting styles, depression, anxiety*

1.Introduction

This study will address the relationship between perceived parental attitudes, depression, and anxiety disorders. The attitudes and behaviors that parents exhibit towards their children can be associated with various mental disorders such as behavioral and mood disorders in children. Therefore, how parents behave towards their children, how much they set boundaries, and how much emotional warmth they display are crucial for children's mental health. Not only in terms of mental disorders but also in areas such as communication with others, self-confidence, and academic achievement, it has been observed that children's perceived parenting styles have a significant impact. From a more generalized perspective, parenting styles can shape children's perceptions of the world, their relationships, and their outlook on themselves and life.

In accordance with the definition in the DSM-5, depression is a mood disorder characterized by negative symptoms such as significant lack of energy, unhappiness, feelings of emptiness, irritability, which affect daily functioning. Depression is one of the most prevalent mood disorders worldwide and can affect many individuals' lives and functionality. When looking at the epidemiology of depression, it is observed that some biological and environmental factors play a role in its development. Parental attitudes are one of these environmental factors, and research on this topic suggests that parental attitudes can be included among the causes of depression.

Similarly, anxiety disorders continue to affect many people worldwide. According to the definition in the DSM-5, anxiety is a mental disorder characterized by intense fear and anxiety, accompanied by negative coping mechanisms and avoidance symptoms resulting from fear and anxiety. Like depression, anxiety disorders are also associated with some biological and environmental factors. One of these environmental factors is parental attitudes. Children learn about life, the world, and lifestyles from their parents. Therefore, the world that parents offer to their children is crucial. Understanding the relationship between parental attitudes, depression, and anxiety is highly functional in preventing and treating these mental disorders. If parents learn which parental attitudes can lead to what kinds of behaviors in children, it can also prevent negative and dysfunctional behaviors and attitudes that may arise in individuals.

1.1. Problem Definition and Significance of the Research

This study will examine the relationship between perceived parental attitudes and depression and anxiety through existing research in the literature. Particularly, the attitude of parents towards their child during the ages of 0-6 can still play a significant role in the child's behavior when the child becomes an adult. This is why psychologists often inquire about a person's childhood and the family they were born into as these factors can have a determining impact on a person's entire life, behaviors, and thoughts. Therefore, perceived parental attitudes hold great importance as they can influence, and even determine, a person's entire life.

It is believed that depression and anxiety, which are among the most common pathologies, may be associated with perceived parental attitudes. Understanding the relationship between such common disorders and past childhood issues can be an effective way to treat these disorders or take preventive measures before they occur. For all these reasons, in this study, we will investigate the relationship between perceived parental styles in childhood and depression and anxiety disorders.

1.2. Objective of the Research

The main objective of this research is to demonstrate a significant relationship between perceived parental styles and depression and anxiety, thereby enabling the reader to gain a broader perspective on these concepts and increase awareness on these issues. Consequently, obtaining a broader perspective on parental education and intervention regarding depression and anxiety may be achieved.

1.3. Hypotheses

Hypothesis 1: Individuals exposed to authoritarian parenting styles are more likely to exhibit symptoms of anxiety disorders.

Hypotheses 2: Individuals exposed to permissive parenting styles are more likely to exhibit symptoms of depression.

Hypotheses 3: Individuals exposed to neglectful parenting styles are more likely to exhibit symptoms of anxiety and depression.

Hypotheses 4: Individuals exposed to democratic parenting styles are less likely to exhibit symptoms of anxiety and depression.

1.4. Definitions

1.4.1. Perceived parenting styles

Baumrind (1966) presented perceived parenting styles in three prototype forms. These are authoritative, authoritarian and permissive parenting styles. Later, Maccoby & Martin (1983) added fourth dymension to this model called uninvolved/neglegtful parenting style. When we look at these concepts in terms of control and warmth, we can summarize them as follows. Authotarian parenting is caracterized by high control and low warmth, Permissive parenting is caracterized by low control and high warmth, uninvolved/neglegtful parenting is caracterized by low control and low warmth, finally authoritative parenting (also called democratic style) is caracterized by adequate control and necessary warmth.

1.4.2. Depression

In the DSM-5, depressive disorders are defined as conditions that disrupt a person's functionality, generally characterized by features such as sadness, emptiness, and lack of pleasure. In DSM-5 (2013), depressive disorders are divided into some subcategories. These are; disruptive mood dysregulation disorder, major depressive disorder, persistent depressive disorder, premenstrual dysphoric disorder, substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder.

1.4.3. Anxiety disorders

Anxiety disorders are defined as a cluster of symptoms accompanied by intense fear, anxiety, and associated behavioral disturbances. Anxiety disorders are divided into some subcategories. These are separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, agoraphobia, generalized anxiety disorder, substance/medicationinduced anxiety disorder. These disorders differ from each other depending on the fear, anxiety, avoidance behaviors and related cognitions they create (DSM5, 2013).

2. Theoretical Framework

2.1. Parenting Styles

Parenting can be defined as providing care, guidance, and protection to a child throughout the course of development (Brooks, 2005). Parenting styles can be classified in various ways based on how much boundaries parents set for their children, how much emotional closeness and warmth they show to them, and how much they are involved in the care of them (Browne et al., 1994).

The family into which a child is born shapes their world. The individual's perspective on themselves and life, how they perceive the world, and their social relationships are largely determined by the family in which they are born. Many aspects of an individual's life, from their daily routines to their academic success, from self-discipline to self-esteem, can be influenced by their parents' attitudes towards them. Children who receive support, consistent care, feel safe, and are valued can develop better coping skills and significantly reduce the risk of encountering mental health problems. However, many parents may adopt a negative, dysfunctional parenting style towards their children. This situation can lead to the child not feeling safe, increased feelings of inadequacy and guilt, and consequently, the inability to develop adequate coping skills to deal with life's challenges. Understanding, classifying, analyzing, and implementing preventive measures for parenting styles are therefore of vital importance for all these reasons. Many factors can influence individuals' parenting styles towards their children. Factors such as the family's social and economic status, educational level, and the parenting attitudes they received from their own parents can be determinative of the parenting style an individual will adopt (Schneider and Fontaine, 2022).

2.1.1. Perceived parenting styles

Researchers prefer the term "perceived parenting styles" because the attitude perceived by the child may differ from the attitude of the parents. As is known, perception and reality can differ from each other. Each individual may perceive a single phenomenon in different ways. Therefore, it is necessary to distinguish between what is actually happening and what is perceived. The same applies to parenting styles. The perception of parenting styles can vary between siblings even if the behavior of the parent remains consistent. For example, a parent setting the same boundaries

might be perceived as democratic by one child while being perceived as authoritarian by another. This variation in perception highlights the importance of considering the child's perspective when studying parenting styles (Sahithya and Raman, 2020; Yaffe, 2018; Ang et al., 2016). Baumrind (1966) presented perceived parenting styles in three prototype forms. These are authoritative, authoritarian and permissive parenting styles. Later, Maccoby & Martin (1983) added forth dymension to this model called uninvolved/neglegtful parenting style.

2.1.2. Authoritarian parenting

An authoritarian parent is one who seeks to exert high levels of control over the child's behavior, limits the child's autonomy, and attempts to shape the child's behavior according to their own values. They prioritize obedience from the child and may resort to various forms of punishment if obedience is not met. They often do not give the child a voice and expect the child to adopt their own truths and desires. Authoritarian parents, who have high standards in terms of controlling and imposing strict rules, typically have low scores in terms of emotional closeness and warmth (Baumrind, 1966). Authoritarian parents tend to display a critical, blaming, and intrusive attitude towards their children, which can lead to feelings of guilt, perfectionism, and inadequacy in children. When children are regularly subjected to criticism and blame by their families, they may also experience fear of being accused and judged in environments outside the home (Chen et al. 2022). Children who feel pressured often struggle to express their emotions freely and instead tend to display aggressive attitudes. Due to the lack of emotional closeness between parents and children, the child may feel lonely and misunderstood, believing that they are not supported. This can make them more sensitive to difficulties (Hartini et al, 2022).

2.1.3. Permissive parenting

In contrast to authoritarian parents, permissive parents tend to accept their children's impulses, desires, and wishes without questioning them. They may have a tendency not to set boundaries for their children and may even encourage them to set rules at home or consult them about rules. They give very few responsibilities to their children and tend to take on their children's responsibilities themselves. They allow their children to determine and organize their activities and avoid control as much as possible. They often do not encourage their children to adhere to rules. One distinguishing feature from neglectful parents is that permissive parents show emotional warmth to their children (Baumrind, 1966). In this parenting style, children may become dependent on others or situations because they are deprived of authority and boundaries. Researchers have recognized the impact of permissive parenting on internet and phone addiction, an area that is currently receiving significant research attention (Lo et al, 2020).

2.1.4. Authoritative parenting

Authoritative parents, also called democratic parents are those who can set adequate boundaries for their children, meaning they control them, but they also share the rational reasons behind this control with the child. They also show enough warmth to the child. They support their children's behaviors and talents, avoiding putting excessive pressure on them, yet they do not refrain from setting boundaries like permissive parents. As will be mentioned later, studies have found fewer symptoms of depression and anxiety in children with this parenting style compared to other parenting styles (Baumrind, 1966). Recent studies indicate a positive relationship between democratic parenting style and life satisfaction and self-esteem (Lavrič and Naterer, 2020). In a study conducted in the United States, it was noted that the democratic parenting style is always associated with the child's ultimate success (Liem et al, 2010). Researchers have often recommended the democratic parenting style because children raised with this parenting style tend to be responsible, reliable, and successful (Berger, 1995).

2.1.5. Neglectful/uninvolved parenting

From the perspective of control and warmth, neglectful parents are those who not only avoid setting boundaries for their children but also fail to show warmth. They are essentially disengaged from the parent-child relationship (Maccoby & Martin, 1983). This parenting style has been found to have the highest association with internalizing symptoms and other pathologies in research contexts (Gorostiaga at al, 2019).

Researchers have shown that emotionally stable and balanced parents are less likely to adopt this parenting style. Children exposed to neglectful parenting style often experience difficulties in forming emotional bonds and connections with others due to being deprived of emotional warmth and affection. Additionally, they may face problems in areas such as academic achievement, self-discipline, self-esteem, and decision-making due to lacking control and support. This parenting style has been noted as the group experiencing the most problems across various domains. These difficulties tend to persist throughout the individual's life.

2.2. Depression

Depression is a mental health disorder that negatively impacts various aspects of human life, leading to many losses in social, economic, and relational realms, and may even cause a desire to end one's life. In DSM-5 (2013), depressive disorders are divided into some subcategories. These are; major depressive disorder, disruptive mood dysregulation disorder, premenstrual dysphoric disorder, persistent depressive disorder, substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, unspecified depressive disorder.

The common features of these depressive disorders are sadness, emptiness, irritability and impairment of functionality. These symptoms can be present at low intensity in everyone at some point in life. The level and frequency of these symptoms are important for the diagnosis of depression. Some researchers list complex symptoms of depression as psychomotor retardation, suicidal ideation, psychotic thoughts, feelings of worthlessness, and significant functional impairment, while non-complex symptoms include sadness, loss of appetite, insomnia, difficulty concentrating, and fatigue (Wakefield et al., 2017).

At the beginning of the 20th century, Kraepelin defined depression as a state of depressed mood, slowing of physical and mental processes. With the advancement of technology and increased knowledge about the brain, the physiological processes of depression have also been identified (Yetkin & Özgen, 2007).

In the Turkey Mental Health Profile Study, the prevalence of depressive episodes was reported as 2.3% in males, 5.4% in females, and 4% overall. Some factors that increase the risk of depression include certain medical conditions, low socioeconomic status, living alone, unemployment, loss of a loved one, childhood trauma, substance abuse, and alcohol use. Also, researchs have found that 75% of depression patients also have comorbid anxiety disorders (Kafes, 2021). Based on studies, it has been calculated that the risk of developing an anxiety disorder in a patient diagnosed with major depression increases by 3.3 to 8.2 times. Conversely, an individual diagnosed with an anxiety disorder has been estimated to have a 7 to 62 times higher risk of experiencing depression within one year (Hirschfeld, 2001).

2.2.1. Diagnosis and symptoms of depression

Depressive episode is characterized by the presence of five or more specific symptoms over a period of two weeks, with at least one of the symptoms being either a depressed mood or loss of interest or pleasure. Other symptoms include significant changes in weight or appetite, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or excessive guilt, diminished ability to think or concentrate, and recurrent thoughts of death or suicide. These symptoms must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. The episode should not be attributable to the effects of substances or another medical condition. Additionally, there should be no history of manic or hypomanic episodes, and the depressive episode should not be better explained by other psychotic disorders (DSM-5, 2013). In individuals diagnosed with depression, various cognitive and mental symptoms such as inability to focus, indecisiveness, recurring anxieties, thoughts of guilt and worthlessness, and inability to think positively about oneself and the surroundings may be observed (Anber et al., 2021).

2.2.3. Epidemiology of depression

According to World Health Organisation (2020), 264 million people of all ages experience depression in the worldwine and it is one of the leading causes of disability and one of the diseases responsible for the global burden of disease. (It is expected to be 4th in 2010 and 2nd in 2020). In the United States, one-year prevalence of depression is approximately 7%. There is marked differences in different age groups, such that depression prevalence is three times higher among individuals aged 18-29 compared to those aged 60 and above. Women are at twice the risk of depression compared to men and tend to exhibit more atypical features (DSM-5, 2013). In Turkey, the annual prevalence rate of depression is found to be 4%, with women being 2.5 times more likely to experience depression compared to men. Additionally, it has been observed that only 27.4% of depression patients seek treatment (Kılıç and Uluğ, 2021). Depression, which can occur at any age or stage of life, has been identified with an onset age in the late twenties. Major depression, on the other hand, is reported to be a more common disorder in middle age. As the onset age decreases, there is an increase in functional impairment, suicide attempts, greater decrease in quality of life, and increased likelihood of other physical and mental illnesses (McIntosh et al., 2010).

2.2.2. Etiology of depression

Depression can be caused by a variety of genetic, biological, environmental, and psychological factors. Genetic risk factors can be determinative for this condition, accounting for up to 40%. If a parent or sibling has depression, the likelihood of the individual experiencing depression increases 2-4 times. In women, the risk of depression is also higher compared to men due to periods such as childbirth and menstruation. Negative affectivity is also a determining risk factor for depression. Individuals with high levels of negative affectivity are more likely to experience depression after stressful life events. Physical or sexual traumas are also some environmental risk factors for depression (DSM-5, 2013).

Researchers suggest that among the risk factors contributing to depression are various familial problems, predisposition to depression, being female, low educational and socioeconomic status, life events, loneliness stemming from an inability to form close relationships with people in daily life, existing physical illnesses, and treatments for these conditions (Taylor and Richardson, 2005). Various psychosocial theories from Freud to the present have also found their place in the etiology of depression. Attachment theory, behavioral theory, cognitive theory, and interpersonal factors theory are some of them (Dykman, 1998).

2.2.4. Treatment of depression

For depression, current pharmacological treatments are tricyclic antidepressants, monoamine oxidase inhibitors, selective serotonin reuptake inhibitors, serotonin norepinephrine reuptake inhibitors, various atypical antidepressants, deep brain stimulation, repetetive transmagnetic stimulation and electroconvulsive therapy. However, as the neurobiology of depression is better understood, some pharmacological and nonpharmacological treatments have begun to be developed. Some of pharmacological treatments are corticotropin-releasing factor (CRF) antagonists, glucocorticoid receptor antagonists, substance P receptor antagonists, The Nmethyl-D-aspartate (NMDA) receptor (glutamate receptor antagonists), "triple" reuptake inhibitors, and augmentation of typical antidepressant medications with atypical antipsychotics. vagus nerve stimulation, transcranial magnetic stimulation, magnetic seizure therapy, and deep brain stimulation. Examples of these nonpharmacological advences can be given as follows; vagus nerve stimulation, transcranial magnetic stimulation, magnetic seizure therapy, and deep brain stimulation. Researchers have emphasized that these new treatments are still in the developmental stage (Holtzheimer and Nemeroff, 2006).

When it comes to psychological treatments, it is known that different types of psychological therapies are effective in the treatment of depression. These can be listed as follows; cognitive behavior therapy, interpersonal psychotherapy, problem-solving therapy, non-directive supportive therapy and behavioral activation therapy. These treatments can decrease symptoms of depression and can increase the quality of life. Researchers have indicated that when psychotherapy and pharmacological treatment are applied together, they yield better results than either psychotherapy alone or pharmacological treatment alone (Cuijpers et al., 2011).

2.3. Anxiety Disorders

2.3.1. Anxiety and fear

Anxiety and fear are often interchangeably used terms in the general public, but they are distinct concepts. While fear is an emotional response to a real danger, anxiety occurs as a result of an expectation that there may be a danger. There is another difference between them in that while fear activates the autonomic nervous system and causes the fight or flight response, anxiety results in tension in the muscles and causes more avoidance reactions (DSM-5, 2013).

Fear generates a fight-or-flight response in response to an existing threat, thereby functionally protecting the individual from danger, whereas anxiety, by contemplating the possibility of nonexistent threats, can lead to dysfunctional coping mechanisms. In other words, fear is the immediate response to an imminent threat, such as encountering a bear in the wild, triggering a fight-or-flight reaction. On the other hand, anxiety is anticipatory and persistent, causing worry and distress over potential bear attack, even in the absence of an immediate threat.

2.3.1. Diagnosis and symptoms of anxiety disorders

In DSM-5 (2013), anxiety is defined as a cluster of symptoms accompanied by intense fear, anxiety, and associated behavioral disturbances. Anxiety disorders differ from each other depending on the fear, anxiety, avoidance behaviors and related cognitions they create. The clinician make the primary evaluation whether the anxiety is excessive or disproportionate. Anxiety disorders are divided into some subcategories. These are separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, agoraphobia, generalized anxiety disorder, substance/medication-induced anxiety disorder. There are some physiological and mental symptoms present for anxiety.

Some of physiological symptoms are palpitation, sweating, trembling, enlargement of the pupils, cooling of the extremities, restlessness, feeling of uneasiness in stomach, urinary urgency, diarrhealong-term drowsiness, insomnia, fatigue, tension, etc. Some of mental symptoms are depersonisation, derealisation, distortion of place or time, impaired attention, inability to focus, irritability etc. These are general symptoms for anxiety disorders but to diagnose each of these disorders, some of the symptoms listed above need to be present in varying degrees, durations, and towards different objects or situations. For example, to diagnose specific phobia, the individual must exhibit anxiety, fear, or avoidance behaviors towards a specific object or situation. Following exposure to the phobic object or situation, the individual must almost always experience fear, anxiety, or avoidance. This reaction is disproportionate to the actual danger posed by the feared object or situation. In generalized anxiety disorder, the individual must experience persistent and uncontrollable anxiety across various domains such as work or school performance. Additionally, the person exhibits some physical symptoms as well including being easily fatigued, restlessness, difficulty concentrating, mind going blank, irritability, muscle tension etc (DSM-5, 2013).

2.3.2. Epidemiology of anxiety disorders

Anxiety disorders affect 3.6% of the global population. Anxiety rates range from 2.9% in the Americas to a peak of 5.8% in the Western Pacific. There is little variation in the prevalence of anxiety disorders among age groups (WHO, 2017). The prevalence of comorbidity is high among individuals with anxiety disorders, with three-quarters of them experiencing at least one other mental illness during their lifetime. Anxiety disorders are strongly associated with affective disorders, while the correlation with drug use disorders is less significant.

Comorbidity may stem from shared risk factors or causal relationships between disorders. The age group most vulnerable to anxiety disorders is typically between 10 and 25 years old, with additional risk factors including negative life events, behavioral restraint, and being female. Unmarried status, low income, low education, and unemployment are commonly linked to anxiety disorders (Michael et al., 2007). Eighty to ninety percent of cases of anxiety disorders occur before the age of thirty-five, with the majority occurring between the ages of ten and twenty-five. However, the onset age of several anxiety disorders varies. Before the age of 20, specific and social phobias typically first appear in infancy or early adolescence. With an average onset age of 25 to 30, generalized anxiety disorder (GAD), panic disorder, and agoraphobia usually appear in late adolescence and early adulthood. Only GAD is more common in older adults. Obsessive Compulsive Disorder (OCD), typically manifests in people between the ages of 15 and 39. The frequency of anxiety disorders is correlated with some other factors, including sex, occupation, education etc. Women are more likely than men to suffer from anxiety disorders, and there are notable differences in the prevalence of agoraphobia and specific phobias. Compared to widowed, divorced, or single people, married people often had a reduced prevalence of anxiety disorders. This findings suggests that anxiety may be exacerbated by difficulties forming or sustaining romantic relationships. Unemployment, being a housewife or househusband, or not having a job are all linked to high incidence rates. Also, anxiety disorders are more common in those with lower levels of education, and more common among those with low incomes (Martin, 2003).

2.3.2. Etiology of anxiety disorders

Anxiety disorders have a complex etiology influenced by various factors including substance addiction, stress, underlying medical issues, physical condition such as diabetes or other comorbidities such as depression, genetic susceptibility, and environmental factors like childhood trauma (DSM-5, 2013). Hormonal factors and variations in stress response have been suggested as potential causes of the greater incidence rates in females, although these are not entirely understood. Increased fear or

arousal are hallmarks of anxiety disorders, which are frequently caused by an aberrant or exaggerated stress reaction (Adwas et al., 2019). Psychological theories of anxiety include psychoanalytic, behavioral, and cognitive perspectives. According to psychodynamic theories, unresolved conflicts—which frequently occur in close relationships or as a way for suppressed rage to surface—are the root cause of anxiety. Behavioral theories place a strong emphasis on observational learning and classical conditioning, which hold that people learn to react fearfully by seeing other people react or by repeatedly being exposed to situations that cause fear. Anxiety is largely caused by cognitive issues, including a sensation of uncontrollability and negative perceptions of stressful experiences. Anxiety disorders are impacted by a combination of acquired and hereditary variables, which might lead to individual sensitivity. Women may ruminate more over upsetting life situations, which makes them more prone to anxiety and melancholy (Craske, 1999).

2.3.4. Treatment of anxiety disorders

The most often treated anxiety disorders in clinical settings are Social Anxiety Disorder (SAD), Panic Disorder (PDA), and GAD. Patients usually begin treatment when they are in a large amount of distress, when their ability to function in social and vocational contexts is impaired, or when problems such substance misuse or secondary depression occur. While most cases can be resolved with outpatient treatment, hospitalization may be required in cases of severe symptoms, intractable illnesses, or co-occurring disorders such as significant depression or personality disorders (Bandelow et al., 2017).

Researchers suggest that anxiety disorders are significantly undertreated, with many people either not seeking professional assistance at all or receiving insufficient care. Individualized treatment plans should take into account the patient's preferences, medical history, severity of the illness, co-occurring conditions, and accessibility to local treatment providers (Bystritsky et al., 2013).

There are various pharmacological and psychological treatment options available for treating anxiety disorders. Among the pharmacological treatments are selective serotonin reuptake inhibitors (SSRIs) and selective serotonin norepinephrine reuptake inhibitors (SNRIs), pregabalin, tricyclic antidepressants, benzodiazepines, and moclobemide (Ravindran and Stein, 2010).

Also, supportive approaches and treating the emotional aspects of anxiety disorders are beneficial for all patients. Psychoeducation is frequently required, and it comprises knowledge regarding the physiological components of anxiety symptoms as well as possible treatment alternatives. For many patients, formal psychological interventions mostly outpatient ones may be necessary. Numerous carefully conducted research have confirmed the effectiveness of cognitive behavioral therapy (CBT) in treating a range of anxiety disorders. When a patient with a phobic disorder gradually confronts their dreaded situations, exposure treatments are especially helpful. Comparatively speaking, there are fewer and lower-quality controlled studies supporting psychodynamic treatment than there are for CBT. Certain phobias have been successfully treated using behavioral therapy, especially exposure treatment, which frequently only takes a few sessions. The effectiveness of internet-based psychiatric therapy in comparison to traditional CBT with in-person interaction is yet unknown, despite studies on the subject demonstrating its affordability and accessibility. Treatments based on virtual reality might be a viable option, particularly for certain phobias. But there are issues that must be resolved, including medicolegal issues, data security, and reimbursement (Bandelow et al., 2015).

3. Method

To conduct this study, titles such as "parenting styles," "perceived parenting attitudes," "depression," "diagnosis and treatment of depression," and "anxiety disorders", "relationship parenting styles and

depression", "relationship parenting styles and anxiety" were entered into the Google Scholar search bar, and articles retrieved from the search were reviewed. Access to approximately 100-150 articles was obtained. Among these, articles directly examining the relationship between parenting styles and depression-anxiety disorders were included, while others were excluded. Among the included articles, studies that classified perceived parenting styles in the same way and used similar scales were included, while the remaining were excluded. The remaining 35 articles were saved and examined for this review study.

4. Discussion

This research showed a relationship between percieved parenting styles and depression, anxiety. In general, there are a lot of research about parenting styles and people's psychological functioning. For instance, Mannuzza et al. (2002) discovered a positive correlation between trait anxiety and anxiety sensitivity and perceived parental pressure. On the other hand, parental warmth was linked adversely to anxiety and favorably to active coping (Deniz et al., 1996). An authoritarian parenting style also deprives children of necessities. They develop into quite critical of both themselves and others as adults. They pass judgment on others in the same manner that their parents did. As adults, they either become into the violent, authoritarian parent who mistreated and controlled them as children, or they become extremely insecure and nervous (Kulaksızoğlu, 1998). Continuous parental involvement in times of distress for the child or when there is a sense of physical risk may make it more likely that the child will see the bodily signs of worry as dangerous, making these emotions and circumstances something to be avoided.

The first hypothesis of the research was "Individuals exposed to authoritarian parenting styles are more likely to exhibit symptoms of anxiety disorders" and approved by these studies. According to the research findings of Bakhla et al. (2013), students' high levels of anxiety were strongly correlated with what the kids saw as an authoritarian parenting style. Compared to children who thought of their parents as democratic or permissive, children who thought of their parents as authoritarian had far higher anxiety levels. Erözkan (2012), conducted a study on the relationship between anxiety and parenting styles, finding a positive correlation between protective-demanding and authoritarian parenting styles and anxiety symptoms, while discovering a negative correlation between democratic parenting and anxiety symptoms.

According to Timpano et al. (2015), authoritarian parenting style increases anxiety symptoms and anxiety sensitivity, and his results point to the possibility that anxiety sensitivity mediates the link between bad psychological outcomes and parenting practices. Also, Sahithya and Raman (2020) indicate that children's anxiety was inversely correlated with the mother's authoritative parenting style and positively correlated with the father's authoritarian and permissive parenting style.

Another group of researchers suggest that there is significant relationship between parenting styles and social anxiety, an authoritarian or neglectful attitude from parents is a predictor for social anxiety (Rana et. al., 2013). The findings suggest that when parents exhibit harsh and demanding behavior throughout a child's development, the child may have feelings of uneasiness and low confidence in social situations. A person needs free will during adolescence in order to view and interpret society in their own unique way. Parenting approaches that are too controlling, restrictive, or too protective during that time might act as roadblocks to children's social and mental growth. Neal and Edelmann (2003) suggest that people with social anxiety remember their parents as being rejecting, overprotective, and lacking in emotional warmth, according to a retrospective study. A common presentation of the parents who have nervous children is that they are cold, unloving, having avoidant conduct, and unsupportive inpro-social activity. Additionally, there is a general positive correlation between parental rejection, overcontrol, and anxious parenting and social anxiety symptoms. They

came to the conclusion that a child's proper emotional and social development is probably dependent on the early social ties that the child and parent have. According to a recent research study, the more authoritarian the parent, the more likely the teen was to have social anxiety. Children raised by more authoritative parents typically display lower levels of social anxiety (Wu et. al., 2024; Mafakheri, 2021). Additionally, researchers discovered that children who thought their parents were authoritarian scored much higher on social and school anxiety, as well as overall anxiety, than kids who thought their parents were authoritative, and the same trend was found for separation anxiety (Yaffe, 2018). The second hypothesis of this research was "Individuals exposed to permissive parenting styles are more likely to exhibit symptoms of depression". Because it was thought that children who experience permissive parenting may not learn self-control and emotion management, which exacerbates affective dysregulation. While some studies have yielded the same results as this hypothesis, others have concluded in the opposite direction.

In some studies, it has also been noted that individuals with authoritarian parents exhibit more signs of depression (King et. al., 2016; Luk et. al., 2016; Singh, 2018; Sharma et. al, 2011). Hock et al. (2018) said that daughters' depression symptoms were positively correlated with authoritarian and uninvolved parenting approaches. Researchers revealed that those who describe their parents as having a high protective and low caring approach are most vulnerable to depression (Oakley-Browne, 1995; Betts et. al., 2009). It is quite understandable that people with authoritarian parents are likely to develop symptoms of depression later on, as they are often not exposed to much maternal warmth and care, and are instead constantly controlled through punishment, criticism, issuing commands, and devaluation.

Lipps and colluages (2012) suggest that adolescent depressive symptoms were found to be less common in parents with authoritative and permissive parenting approaches. In another research result, the most depressed symptoms were reported by those with absentee or uninvolved parents, while the least depressed symptoms were reported by those with permissive parents (Valero, 2018).

However, Jannah et al. (2022) indicated that parenting styles that are both authoritarian and permissive have a positive effect on the likelihood of depression. Also, Ghaedrahmati et al. (2017) found that authoritarian and permissive parenting styles can raise teenagers depression rates. Besharatypoor and Khalidinia (2018) found that their own studies had similar outcomes in this regard. There are also a number of other studies that support the same conclusion (Azahari & Amir, 2022). According to the results of their study, RomeroAcosta and colluages (2021) indicated that students who thought their parents were authoritarian or negligent reported higher levels of depression symptoms than students who thought their parents were authoritative, and vice versa for students who thought their parents were permissive or authoritative.

In another study, a positive relationship was found between permissive and authotarian parenting and an increase in depression symptoms (Monzon, 2016). Similar findings have been reported in other studies as well, researhers suggest the permissive and authotarian styles significantly predicted depression symptoms, and these styles can linked to unfavorable outcomes, such as depression (Hart et al., 2003; Patock-Peckham and Morgan-Lopez, 2006; Ebrahimi et. al., 2017; Azahari & Amir, 2022).

Moreever, some researchers said that they anticipated that a permissive parenting style would generally be linked to higher rates of maladjustment, but their findings for this parenting style are highly ambiguous (Barton and Kirtley, 2012). Permissive parenting is hypothesized to lead to feelings of loneliness and helplessness in children due to the lack of healthy boundaries set by the parent. However, studies have shown quite varied and inconclusive results on this matter. This may be because, despite not maintaining boundaries, the parent might still provide the necessary care

and warmth. As previously mentioned, if one parent is neglectful while the other is democratic, it significantly increases the child's chances of healthy development. Consequently, the child may develop better coping skills for negative emotions, which can reduce the likelihood of experiencing mental health issues.

On the other hand, a study conducted in India found that there was no significant relationship between parenting styles and mental health in general. This result is almost the opposite of most other studies. The researchers suggested that the reason could be cultural. In particular, social factors such as poverty and bullying in India may be cited as examples of cultural differences (Rezvan and D'Souza, 2017).

Another study has an interesting result that is not mentioned in other studies. In this study, where the parenting styles of the mother and father were examined separately, it was noted that the father's permissive attitude might be less detrimental compared to the mother's permissive attitude (Milevsky et al., 2007).

The Third hypothesis of this research was "Individuals exposed to neglectful parenting styles are more likely to exhibit symptoms of anxiety and depression". This hypothesis has been proven by many studies. As we will see in the examples to be given shortly, researchers have indicated that this parenting style is most closely associated with depression and anxiety. It was not difficult to predict this finding, because in a neglectful parenting style, many of the child's needs are not met simultaneously. The child does not receive the discipline and control they need, nor the warmth and care they require. This significantly increases the likelihood that the child will develop core beliefs such as worthlessness, being unloved, helplessness, and loneliness. These feelings, in turn, raise the probability of common disorders like depression and anxiety.

Baumrind (1966) initially identified three parenting styles. The fourth, neglectful parenting style, was added to this classification years later. In some of the studies reviewed, the neglectful parenting style was not included in the classification. However, in the studies where it was included, it was found to have the highest positive correlation with depression and anxiety.

In a review study that examined cross-cultural variability in this context, it was noted that there was a significant correlation between authoritarian and neglectful parenting styles and depression and anxiety in Western cultures and India (Sahithya et al., 2019). In other studies, it was reported that the authoritarian and neglectful parenting styles had the high internalizing symptoms such as depression, anxiety, withdrowal, etc (Romero-Acosta, 2021; Lipps et al., 2012; Brassell et al., 2016; Hock et al., 2018).

Researchers point out that poor maternal care throughout childhood is more relevant in predicting serious depression than other childhood negative experiences like being separated from both parents, parental loss, and having a good relationship with them (Oakley-Browne et al., 1995). The experience of chilly, unresponsive caring has been repeatedly linked to depression in adolescents, according to researches (Betts et al., 2009; King et al., 2016; Ang et al., 2018, Valero, 2018). Also, in a study on anxiety, a significant relationship was found between the neglectful parenting style and social anxiety (Rana et al., 2013).

Researchers suggest that the worst results for children were linked to uninvolved/neglegtful parenting, especially by mothers. But the benefits of authoritative parenting seem to outweigh the drawbacks of being a strict, indulgent, or uninvolved parent, particularly when the mother was the authoritative figure (Simons and Conger, 2007). As expected, neglectful parents are those who neither set healthy boundaries nor show warmth and care to their children. This significantly increases the likelihood that a child's early schemas about themselves, their environment, the world, and relationships will be based on loneliness, worthlessness, and helplessness. Consequently, this can lead to the child being

unable to develop effective coping skills for negative emotions, not having enough space to nurture their curiosity and desire for exploration, and resorting to unhealthy methods in their relationship dynamics with others in the future.

The forth hypothesis was "Individuals exposed to authoritative parenting styles are less likely to exhibit symptoms of anxiety and depression". Democratic parenting style, characterized by providing warmth, care, and discipline to children, is associated with a lower likelihood of mood problems in these children. This is evident in all the articles reviewed, where this parenting style has been shown to be associated with fewer mood disorders compared to other parenting styles in the individuals subjected to it.

In terms of authoritative parenting, many researchers suggest that it has been linked to a reduction in internalizing symptoms and an overall improvement in children's and adolescents' psychological development (Barton and Kirtley, 2012; Piko and Balázs, 2012; Lipps et al., 2012; Ang et al., 2016; Ebrahimi et al., 2017; Gorostiaga et al., 2019; Schoeps et al., 2020; Romero-Acosta et al., 2021; Jannah et al., 2022). Sahithya & Raman (2020) argued that, particularly the mother's authoritative attitude could be protective against anxiety disorders in children.

In their study with adolescents, Simons and Conger (2007) stated that the parenting style with the most positive outcomes was authoritative parenting. They even observed that having just one authoritative parent led to more positive outcomes compared to children with no authoritative parents or caregiver at all. This situation underscores the importance of receiving adequate care, warmth and the necessity of parental discipline. It is known that parents' behavior towards their children significantly impacts the development of the child's early schemas. Therefore, a democratic parenting attitude plays an important role in shaping the child's schemas, that is, their perspectives on events and reactions in later life. The results obtained from the studies reviewed support this finding. For a child to develop healthier coping strategies for negative emotions and to feel secure, it is important for parents to set healthy boundaries and show warmth and care.

Also, Milevsky et al. (2007) stated that authoritative parenting is not only associated with low levels of mood disorders like depression, but also with positive correlations in terms of self-esteem, adjustment and life satisfaction. In a study examining the father's parenting style, researchers observed that children who felt a positive bond with their fathers had fathers who exhibited authoritative parenting, and these children had a lower risk of experiencing depression (Patock-Peckham and Morgan-Lopez, 2007). On the other hand, Ang and colleagues (2016) noted that children with parents who exhibit low levels of control have a lower risk of depression and anxiety.

Jannah et al. (2022) suggested that children raised with an authoritarian parenting style could express their curiosity and exploration more freely, felt more independent, and had greater responsibilities. As a result, they were better able to protect themselves against symptoms of depression and anxiety. When observing children's methods of coping with negative emotions and their relationships with their parents, it can be said that children are given responsibilities by their parents and who are allowed to express themselves and their emotions are better at managing negative feelings.

Finally, it is worth noting that, while rare, there are a few studies suggesting that there is generally no significant relationship between parenting styles and depression or anxiety. For example, in a few studies conducted with children, it was found no relationship between authoritarian parenting style and depression (Monzon, 2016; Hipwell et al., 2008; Reitz et al., 2006; Rezvan and D'Souza, 2017). It is believed that the reason for this might be that these studies were conducted with children, so the symptoms of depression and anxiety may not have emerged yet.

5. Conclusion

This review study was conducted to compile and summarize the results of articles measuring the relationship between parenting styles and depression and anxiety. According to the reviewed studies, it has been shown that among authoritarian, permissive, democratic, and neglectful parenting styles, the neglectful parenting style has the most detrimental effects on children in the context of depression and anxiety. This finding indicates that when a child lacks the necessary boundary-setting, care, and warmth, the risk of experiencing negative mental problems is very high. The child not only fails to receive the warmth and care they need, leading to intense feelings of loneliness, worthlessness, and helplessness, but also does not learn how to cope with these negative feelings. Similarly, the absence of an authoritative figure can result in negative outcomes.

On the other hand, it was found that authoritarian parenting, characterized by an overly protective, critical, and accusatory approach, also increases the likelihood of anxiety and depression in children. The child may not feel safe and may continue to blame themselves into adulthood, constantly feeling under threat, which are key symptoms of anxiety.

The results of the studies on permissive parenting styles vary. While some studies indicate a significant relationship between permissive parenting and depression, others do not find a significant relationship. This inconsistency can be explained by the fact that, despite the lack of healthy boundaries and an authoritative figure, the child might still receive the necessary warmth and care.

The results of the studies can also differ across cultures. According to the studies, the parenting style with the most positive outcomes is the democratic style. This style provides the child with both the necessary healthy boundaries, guidance, and direction, as well as the required care and warmth. This allows the child to find the necessary space to express their emotions and develop or learn healthy coping strategies for negative emotions. Consequently, this can reduce the likelihood of experiencing negative mental problems.

All these findings highlight the significant role of parenting styles in a child's life. Children exposed to negative parenting styles may experience adverse mental health issues throughout their lives. However, solely blaming the parents and assuming a victim role also seems unproductive. Individuals must take responsibility for their own lives.

6. Limitations

This study only included research that examined parenting styles according to Baumrind's classification. There are also studies conducted with parenting styles classified by Young. These studies were not included due to some differences between the two classifications. Additionally, many recent studies have focused on the relationship between the parenting style of either the mother or the father alone and depression, anxiety. This study included research examining the parenting styles of both parents. It was also observed that there are significant cross-cultural differences in the studies. The lack of sufficient emphasis on crosscultural differences is another important limitation of this study.

7. Suggestions

Based on the limitations of this study, several suggestions can be made for future research in this area. Researchers could consider using other classifications of parenting styles besides Baumrind's, reviewing studies highlighting cross-cultural differences, focus on studies conducted within a single culture, include research specifically related to either maternal or paternal parenting styles, and examine the relationship between parenting styles and other mental disorders.

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