

Adult ADHD Vs. Depressive Patients and their Parenting Competencies

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Abstract

Parenting style refers to the broad pattern of attitudinal and behavioral dimensions and interactions that create an emotional context within which socialization and family interactions occur.

Currently, Baumrind's typology (1991) is the most widely accepted model to describe parenting patterns. It consists of two dimensions, demandingness and responsiveness (parental control and warmth), and four parenting styles: authoritative, authoritarian, permissive, and neglectful. Parents with ADHD may engage in maladaptive parenting strategies. They monitor their child's behavior less; are more inconsistent in disciplining them, and exhibit impaired parenting-related problem solving.

This study reviews parenting in ADHD patients; i.e., parents with ADHD children; parenting styles in ADHD patients, and then compares these styles to other depressive outpatients' parenting style. We also attempt to discover personality dimensions and parenting styles in adult ADHD patients.

ADHD and depressive patients appear to have dysfunctional parenting styles, albeit with certain differences. Neuroticism and conscientiousness were also seen to correlate with various parenting styles.

Keywords: Parenting Styles; ADHD; Depression; Personality Dimensions

Headings:

1. Parental styles differ in adult ADHD and depressive patients.
2. Authoritative style is more frequent in both disorders.
3. Neuroticism and conscientiousness personality dimensions in ADHD patients affect parenting styles.
4. The determinants of parenting must be evaluated in order to improve family functioning.

Introduction

Parenting is a competence that has been insufficiently analyzed in mental health practice. We therefore believe that it was necessary to examine what this function looks like in parents with mental health disorders (ADHD and depressive disorder).

We began by conducting a review of the issues surrounding parenting, parents with ADHD children, ADHD parents, depressive parents, and personality dimensions. We then proceeded to present the results of our study of ADHD and depressive parents and first's personality dimensions.

Parenting

Parenting style has been defined as the everyday behavior, attitudes, and interaction styles that parents display toward their child that shape the family climate and impact children's social-emotional development. It includes parents' cognition, emotions, and attributions toward their child, as well as parental attitudes and values [1-3].

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Parenting patterns of children without ADHD are generally classified as displaying warmth and control, affection, acceptance, and rejection [4,5]. Thus, parenting is a broader notion than merely child-rearing. The concept of parenting is limited to the relationship between parent and child, whereas grandparents, as well as teachers, participate in child-rearing. The term “dysfunctional parenting” is based on everything the parent does or fails to do and that can adversely affect the child [6].

As previously mentioned, two dimensions of parent-child interactions are identified as influencing child development: parental warmth and parental control. Warmth refers to parenting that is affectionate, engaged, and responsive to the child’s cues and interests. Control is a feature of parenting associated with both the authoritative and authoritarian styles [7]. Two forms of control have been described, behavioral control and psychological control [8]. Behavioral control includes parental behaviors used to manage the daily activities of their children and monitor certain aspects of their lives [9], whereas psychological control is defined as the systematic parental use of manipulative techniques, such as the provoking guilt and withdrawing love [9]. The use of such manipulative techniques by parents inhibits the development of autonomy and self-esteem in their children [10,11] and is associated with internalizing and externalizing problems in children and impaired psychological functioning [12-16], as well as increased negative affect [11,17]. Soenens, *et al.* [18] distinguished two types of psychological control: dependency-oriented and achievement-oriented. Parents exert the former to ensure that their children are physically and emotionally close to them, while the latter is used to enforce obedience to parental rules and in an attempt to ensure high performance standards [19,20].

According to Baumrind [7], parenting dimensions can be categorized according to demandingness (the degree to which parents intentionally nurture individuality and maturity and actively monitor the child and apply control to ensure that the child follows the rules [21]) and responsiveness (parental behaviors that promote the child’s development of autonomy or respond promptly to their child’s needs; it includes warmth, attentiveness, and involvement). More specifically, Baumrind [4,7] outlines 4 parenting typologies: authoritarian (telling their children exactly what to do, power assertion, corporal punishment, verbal hostility, psychological control, low responsiveness, and high demandingness, high in control but lacking in warmth, with rigid boundaries, scant communication, and strict rules), indulgent or permissive (letting their children to do as they wish, high responsiveness and low demandingness, high in warmth, but lacking in control, poor boundaries, and varying levels of communication where the parental role is not clearly defined), authoritative (providing rules without being overbearing consistent discipline, warmth, communication, and clear boundaries for the child, high responsiveness and high demandingness), and neglectful (lacking warmth and control; parents are not emotionally involved with their children and provide minimal supervision; the child is not properly cared for, and the parents are often absent from the household) [22]. Authoritarian, permissive, and neglectful parenting styles have been correlated to fewer positive outcomes for children and adolescents than authoritative parenting [1,7,19,20,23-25]. Several authors [1,4,7,19,23,26,27] have shown that in an educational context, the use of an authoritative style fostered healthy child development, whereas authoritarian and permissive parenting styles were positively associated with several maladaptive behaviors in children.

Authoritative parenting is associated with early understanding of mental states relative to authoritarian parenting [28,29]. A caregiver’s interest in the infant’s mental state will create secure attachment and facilitate development of “mentalization” [30,31]. In a South African study, authoritative mothers in families with children with ADHD had much better communication styles and their children achieved better educational outcomes [32]. Similarly, symptom severity, as well as academic and social well-being of children with ADHD-inattentive exhibited a direct correlation with negative parenting [33]. In the United States, authoritative parenting is consistently recommended and considered ideal for healthy outcomes in psychological development, in addition to constituting an outstanding preventive measure for substance abuse and addiction. Interestingly, European scholars favor a contrasting attitude and have shown that indulgent (permissive) parenting turned out to be equally effective [34].

Determinants of parenting

Research findings have suggested that parenting has multiple determinants, including circumstantial factors, such as everyday stress, lack of social support, marital discord, and adverse economic conditions, as well as genetic factors [35,36]. Furthermore, there are inner determinants of parenting, such as parents’ personality and motivation [37].

In children who are developing typically, “positive” parenting dimensions, such as high warmth and authoritative control, are associated with better social, emotional, and academic functioning [7,38-40]. In contrast, “negative” parenting dimensions, including low warmth and authoritarian control, are linked to problematic social, emotional, and behavioral adjustment, and poorer academic functioning in the child [41,42].

Mothers and fathers contribute independently to the development of children’s behavioral problems [43-46]. Parents who combine autonomy-granting, demanding, and supportive behaviors were more likely to be academically successful in college, as compared to students who did not endorse such parenting styles [47]. Other studies performed in college students have also found that authoritative parenting correlated with better academic adjustment [48].

Societal factors include mainly economic and political issues, income inequality, and poverty [49]. Given that family is the environment that exerts the greatest influence on children’s behavior and where habits are formed [50-52], family environment is discussed in the context of the effect parenting styles have on children. Strict authoritarian parenting and negligent parenting corresponded most with drug and alcohol abuse [53]. Hostility and parental conflicts correlated with ADHD, as did living in a single parent household [54]. However, correlational studies cannot generally exclude reverse causality; i.e., it is possible that the disruptive child has severed the bonds of a stressed family.

A functional and supportive family can contribute to preventing the onset of ADHD and, when ADHD cannot be prevented, family members can mitigate symptoms. More and more studies are examining attachment and the early development of ADHD in children [55]. Parenting warmth and low levels of parental anger were related to more pro-social behaviors in children with ADHD; greater parental consistency was associated with fewer emotional problems, difficulties with peers, and increased pro-social behaviors in the child. Moreover, isolation has been identified as a common, critical feature of ADHD [56].

Parents’ specific diagnoses can impact their offspring less than the factors that many parents with psychopathology and their children have in common. A person’s mental illness can result in lower standards of living, loss of friends and family, or disruption of family and marital relationships, all of which tend to negatively impact a dependent child.

Other factors also affect parenting: the roles and needs of different family members in the struggle to respond practically and therapeutically to the needs of the person with mental illness. Furthermore, prolonged physical separation of the child and parent also come to bear on attachment [57,58]. Rutter and Quinton [59] have noted that many of the disturbances seen in offspring are not specific to the type of parental psychiatric condition and the significant role of psychosocial adversity in the family.

A child’s vulnerability also depends on their age and whether their parent’s mental illness coincides with important milestones in the child’s life. For example, parental depression will impact attachment more if it occurs in the first year of life as opposed to later on.

Moreover, parental cognitive factors (such as sense of competence), education, age, culture, language, and experience also come to bear on parenting competences. Responses to a family member’s mental illness, e.g., the tendency of children to assume parental responsibilities if the family is geographically and culturally isolated [60]. Buffers, such as social support and marital status, are important when considering interventions aimed at lowering parental stress.

People with mental illness are still stigmatized by society and the negative consequences this entails affects the entire family. Additionally, the burden of care that children of parents with a mental illness (especially in single-parent situations) support can have a tremendous effect on their participation in education and social life. Kazdin observed [61] that high levels of parental stress are associated with less supportive styles of parental academic involvement. Between one-third and two-thirds of children of parents known to adult mental health services will experience difficulties, dysfunction, or disorder, depending on the sampling and assessment criteria applied.

A combination of factors, including genetics, psychosocial adversity, the child's age, nature of the psychiatric disorder in particular, family relationships, and having adults involved in the child's life in addition to the mentally ill parent all make a difference on the child's risk of developing psychopathology and medical and behavioral problems [62,63].

Parental factors (e.g. emotional intelligence) and interventions (e.g., mindfulness training) contribute to improving parent/teen relationships and teens' developmental outcomes. These minors do not learn well from past experiences and can find it impossible to control their own behavior. Even after minors have misbehaved, they may not relate what they have done to the discipline they have received and adults might have to clarify it for them frequently [64].

Parents of Children with ADHD

Parents of children with ADHD face specific obstacles to applying a responsive parenting style. These parents tend to be more controlling and disapproving of their children and exhibit hyperactive and impulsive behavior. They give more verbal direction, repeated commands, verbal reprimands, and correction and are less rewarding and responsive than parents of children without ADHD. They also have less self-confidence and display less warmth and involvement with their children. They also tend to use physical discipline significantly more than the parents of controls [65].

Parents of children with ADHD who show positive, involved parenting have better child social skills and peer functioning, while "negative" parenting is less affectionate/responsive, ineffective, inconsistent. Most notably, negligent parenting relied on more coercion and negative control, using more lenient parenting strategies, arguing more often with their child, exercised harsh and controlling discipline combined with low levels of emotional support and responsiveness for coping with their children's negative emotional states [66,67]. This negligent parenting style can exacerbate ADHD symptoms and predict later disruptive behavior disorders [68] [67,69-71].

Khamis [67] saw that children with ADHD with hyperactivity-impulsivity reported higher levels of harsh disciplining and physical abuse than children without ADHD. Emotional dysregulation and poorer social skills have been found more often in families with ADHD-children compared to non-ADHD controls, precisely because of the child's disorganized and poorly regulated behavior [72-77].

Collet., *et al.* [78] found significant relationships between parental discipline styles and children's ADHD behaviors, particularly parental hyperreactivity to ADHD behaviors as opposed to parental laxness. Parental psychopathology, such as depression or ADHD, can exacerbate these responses and create additional discord within the family [79,80].

Mothers of boys with ADHD were more likely to have experienced a major depressive episode and/or marked anxiety symptoms in the past year than mothers in the control group, whereas fathers of boys with ADHD were more likely to have childhood histories of ADHD [81], exhibit more impulse control directions, encouragement, and disapproval than the parents of children without ADHD [82].

The compounded stress of parenting a teen with ADHD can lead to a spectrum of emotions including anxiety and helplessness. Parents "learn" that they cannot manage or control their child's behavior [83] and enter into a vicious cycle of disruptive behavior and directive/controlling parenting patterns.

Once ADHD symptoms reached clinical levels, academic achievement fell significantly, regardless of authoritarian or authoritative parenting styles.

Treatment programs for children with ADHD tend to focus on symptom relief rather than a family-oriented approach.

Parents with ADHD

Approximately 2% to 4% of the adult population exhibits high levels of ADHD symptoms [84,85]. The struggles with planning, organization, memory, and restlessness so characteristic of ADHD are associated with impairment in domains such as academic achievement,

vocational and social functioning, and parenting [86,87]. Between 25 and 30% of parents of ADHD children have significant ADHD symptomatology themselves [88].

ADHD parents report being less consistent and displaying more anger; they become impatient, pay more attention to misbehaviors, and act impulsively. Furthermore, they are harsh disciplinarians and exhibit inferior monitoring [89,90] behaviors. Poor parental skills can aggravate children's self-control deficits and contribute to the development of additional disruptive disorders that worsen ADHD outcomes. Biederman, *et al.* [91] found that parental ADHD predicted high levels of family conflict and less family cohesion relative to controls.

Especially when they are primarily involved in stressing situations or suffer from other pathologies, neurocognitive deficits, such as ADHD, can keep parents from recognizing and responding appropriately to their infant's needs, leaving them unsatisfied and emotionally distressed [62]. Fathers experiencing more intense ADHD symptoms indicated that they experienced fewer positive parent-child interactions. For mothers, greater levels of ADHD symptoms were associated with more negative parent-child interactions [92,93]. Child ADHD interacts with parent ADHD symptoms to worsen parenting, inter-parental communication, and stressful life events [94]. Adults with ADHD also have higher than average rates of psychiatric disorders, including substance abuse, depression, and antisocial personality disorder [95,96]. The first and second of these forms of psychopathology have a proven consistent, causal link to dysfunctional parenting behavior [97,98].

The psychological comorbidities associated with adult ADHD symptoms can impact parenting style and academic achievement. The relationship between ADHD symptoms and academic adjustment varies with levels of authoritative and authoritarian parenting. However, for college students with severe ADHD, there is a clear need for academic intervention, irrespective of how they were parented during childhood and adolescence.

Parenting behaviors of adults with ADHD revealed significant differences in self-reports and observations about their parental styles and relationships with their children. ADHD-Inattentive parents were most likely to self-report negative parenting, as they were consistently ignoring their children and getting easily annoyed with them. In the hyperactive-impulsive group, much more positive interactions were observed; on self-report, ADHD parents had a tendency to combine their positive parenting to higher self-esteem or a result of exaggeration due to other comorbid mental illnesses often seen in ADHD-hyperactivity, such as antisocial personality disorder [49,99].

Inattention has also been linked to less effective parenting practices and poorer parental coping skills [100,101]. They reported being more lax in their parenting and engaging in more negative parent-child interactions. They appeared to give more repetitive commands, which resulted in a diminished sense of being an effective parent and increased parental stress [6,102]. Maternal ADHD symptoms directly generate stress in mothers' role as a parent [89].

For parents, parental social functioning and responsiveness may be more critical for parenting skills than psychiatric symptoms *per se*. For children, the consequences of dysfunctional parenting appear to be non-specific for child outcomes as they relate to both internalizing and externalizing disorders. However, the evidence does point to a connection between parental negative control and lacking in fondness, and depression/anxiety in children, whereas inconsistent, disruptive parenting with insufficient monitoring is more characteristic of parents with conduct-disordered children. There are other interests surrounding self-efficacy beliefs, which could indicate that ADHD symptoms do not suffice to understand the experience of parenting.

Generic parenting interventions that promote warm, consistent, calm parenting can contribute to alleviating socio-emotional impairment in children with ADHD [103].

Personality and Parenting in Adults

The literature has examined relationships between personality dimensions in adults without any specific pathology and parenting. Research examining links between the Big Five personality factors and parenting styles has shown that agreeableness and emotional stabil-

ity were negatively associated with the use of psychological control [104]. Extraversion has been associated with authoritative parenting [105,106], such that authoritarian parents were found to score low on openness to experience and extraversion, and permissive parents scored high on neuroticism, extraversion, and openness to experience [105].

Neuroticism is the parent personality trait that most strongly influences parenting behavior and has been associated with negative emotional states and behaviors that can affect parenting [104]. In children, negative affectivity/difficult temperament is the most important temperament factor that influences parenting [107,108].

It must be remembered that there appear to be gender-specific differences in the relations between personality traits and parenting [105], such that mothers who rated high on neuroticism exhibited more power-assertive and forceful discipline behaviors than controls and less positive affective quality than dyads with mothers scoring low on neuroticism [109,100]. In both sets of parents, high parental emotional regulation (i.e., low neuroticism) was associated with more positive parenting behaviors [111]. These authors observed a relationship between mothers' emotional regulation and their expression of warmth.

High parental openness is associated with less negative (e.g., power assertive, harsh, and forceful) and more positive (nurturing and supportive) parenting behaviors [111]. Likewise, conscientiousness can have a positive impact on parenting [104]. In children with difficult temperaments, high parental conscientiousness was associated with fewer negative and more positive parenting behaviors. However, Neitzel and Dopkins Stright [112] reported that mothers who scored high on conscientiousness could reject difficult children. This might be explained by the complex structure of the conscientiousness construct, which includes cognitive rigidity, constraint, and perfectionism. These parental characteristics can lead to unrealistic expectations that the difficult child cannot fulfill, resulting in maternal rejection of the child.

Agreeableness is the trait that characterizes people who are altruistic, sympathetic, kind, willing to help others, good-natured, patient, and empathic. It tends to stand individuals with high agreeableness in good stead as parents and appears to positively influence parenting behavior [113], whereas personality traits such as negative emotionality and disagreeableness interfered with adaptive parenting and thus affected child outcomes.

The concept of empathy is important for social interactions, including parenting, and relates closely with agreeableness [114]. Coplan., *et al.* [115] reported that for high negative emotionality/difficult children, low-agreeableness mothers displayed more negative parenting, while Clark., *et al.* [116] showed a significant interaction between child temperament, maternal perspective taking/empathy, and parenting behavior. Srivastava., *et al.* [117] found that situational experiences, such as the age of parents when rearing children, altered NEO-PI-R correlation scores on the agreeableness dimension.

The results concerning extraversion are less clear, most likely because of the multifaceted nature of this personality construct. Extraversion appears to include some facets that can be beneficial to parenting, especially warmth and sociability, whereas the presence of other aspects, especially assertiveness, can contribute to dysfunctional parenting behavior.

Taken together, studies that examine the association between parent personality and parenting behavior confirm that certain personality factors, including extraversion, agreeableness, openness, conscientiousness, and low neuroticism benefit parental warmth and behavior control tremendously, whereas high neuroticism has been consistently shown to have detrimental effects.

Personality Disorders and Parenting

Personality disorders manifest as disturbed interpersonal relational capacities, most often in close relationships; thus, they can be expected to interfere significantly with adequate parenting. Parents suffering from a personality disorder or substance misuse problem typically exhibit poor impulse control, which can lead to violent or inconsistent, unpredictable behavior [118].

According to Batool., *et al.* [119], permissive parenting displayed a positive correlation with histrionic, narcissistic, and antisocial personality. The authors concluded that both permissive and authoritarian parenting styles led to personality disorders among offspring during adulthood.

Mistreated children are vulnerable for lifelong dysfunctional personality characteristics in general and personality disorders in particular [120-123]. Children can be mistreated by parents in two ways, through neglect (permissive parenting) and abuse (authoritarian parenting). These forms of mistreatment are also known as omission and commission, respectively [124]. Studies have found that parental neglect and lack of parental love, warmth, and care or encouragement in early childhood, leave offspring more prone to personality disorders in adulthood [125-127].

Another form of poor parenting is authoritarian. With this kind of parenting pattern, the fathers' strict child-rearing represses their child's personality. Consequently, these children develop maladaptive constitutions and often suffer depressive personality disorder at later stages of their lives [119,128,129]. Children raised by parents who display low levels of warmth and exercise negative parenting - either permissive or authoritarian - are more vulnerable to developing personality disorders.

Depressive Symptoms

Parental and contextual factors also play a role in parenting stress. Parental depressive symptomatology exhibited the largest effect size and has been seen to be a significant predictor of parenting stress. It exposes children to maladaptive cognitions, behaviors, and affect. Depressive symptoms such as disinterest, irritability, hopelessness, apathy, and lassitude provide poor emotional support for the child and lead the depressed parent to fail to tend to their child's physical needs [130].

Mothers experiencing high levels of psychological distress (depression, low self-worth, external locus of control) generally find themselves having to deal with increased adolescent misbehaviors, feel helpless about their ability to manage them, and ruminate over the difficulties. They often perceive themselves as less capable to respond to the challenges inherent in parenting these children. Over time, such an emotional state can promote maladaptive parenting, with a lack of involvement and/or harsh discipline. Maternal depression was a robust predictor of behavior issues in children with ADHD.

Not all researchers have found depression to be linked with poorer parent-child interaction. Consequently, not all women who feel depressed will function poorly as parents; i.e., to say that impaired parenting is the result of parental depression is not entirely accurate [131]. It has been suggested that symptoms of depression or anxiety per se have not influenced mothers' parenting capabilities as much as their social abilities. In fact, parenting difficulties might not be a function of depression at all, but rather stem from impaired parental social functioning.

Methods

This is a cross-sectional study comparing adult ADHD (N: 27, mean age 38.8 SD 10.1, 70% female, 44% single) and depressive outpatients (N: 22, mean age 46.4 SD 11.6, 68% female, 36% both married or separated. (For more information, see Irastorza, 2016) [132] in MHC in Arganda del Rey (Madrid). We compared parenting styles in both samples. We have also examined the personality dimensions in the former.

The study was conducted between January 2016 and May 2017 and all patients provided their informed consent to participate in the study.

Measurement Instruments

We used the Parenting Style Inventory (PAI) [133], an 81-item test developed to assess parental authority or disciplinary practices from the parent's point of view. This inventory classified four parenting styles (answered by checking "true" or "false") and measured the specified classification. Four basic parenting styles are thereby reflected: dismissive (permissive), disapproving (authoritarian), laissez-faire (uninvolved), and emotion-coaching (authoritative).

The NEO-PI-R was applied to measure personality dimensions [134,135]. It is a popular psychometric test that quantifies individual differences in personality, adhering to the trait theory based on the five-factor model.

We relied on the Conners Adult ADHD Rating Scale (CAARS, SR-LV) [136] and Conners Adult ADHD Diagnostic Interview (CAADID) to measure ADHD [137,138], while the diagnosis of depressive disorders was based on DSM-V criteria.

Statistical analysis: The association between ADHD and NEO-PI personality dimensions was studied using the chi-square test and Fisher’s exact test or Mann-Whitney test, as appropriate. The association between numeric variables was assessed using the Spearman correlation coefficient (rho).

Results

Table 1 presents parenting styles in ADHD and depressive patients and their Mann-Whitney test. From this table, we can deduce that ADHD patients were more uninvolved than depressive patients with respect to their parenting, although a level of statistical significance was not reached (mean 63.5 vs. 55 on their respective scoring).

Parenting styles	N	Min	Max	Mean	SD	p
Dismissive parent						
ADHD	27	24	88	48.9	14.2	0.518
Depressive	22	20	76	46	13.2	
Disapproving						
ADHD	27	21.7	86.9	55.8	19.5	0.928
Depressive	22	34.8	82.6	57.9	15.1	
Laissez-faire						
ADHD	27	4	100	63.5	22.8	0.126
Depressive	22	20	100	55	18.9	
Emotion-coaching						
ADHD	27	34.8	100	71.6	14.1	0.952
Depressive	22	17.4	95.7	71.1	16.6	

Table 1: Parenting styles in ADHD and depressive patients and their Mann-Whitney test.

The parenting styles that achieved the highest percentages in ADHD patients were emotional coaching (59%) and laissez-faire (22%). In depressive patients, the highest percentages were emotional coaching (68%) and disapproving (18%). The second highest parental style in ADHD patients was disapproving and laissez-faire, both 40.7%, and in depressive patients, laissez-faire 41%. We saw how emotional coaching was the most common parenting style in both depressive and ADHD patients (68, vs. 59%).

X² Pearson between CAADID ADHD presentations and parenting styles resulted in inattentive with < 50 dismissive (3.764, p 0.052) and emotional coaching was the most prevalent parenting style in this group (7.03, p = 0.030). This may mean that this ADHD presentation is associated with being less dismissive and the most common parenting style in this group was emotional coaching.

Also, we saw that the hyperactive CAADID subtype was associated with higher dismissive (> 50) (4.2, p = 0.040) and non- combined CAADID with laissez-faire > 50 (2.72 p = 0.099). This would indicate that the hyperactive subtype is more dismissive and the combined subtype, less laissez-faire.

Rho Spearman correlations between parenting styles in ADHD patients and NEO-PI-R personality dimensions are presented in Table 2. Here we can see how conscientiousness correlated with dismissive parenting, especially with the facets of competence and need achievement. Furthermore, the aspects of conscientiousness are related to each other: higher competence with dismissive and disapproving, and self-discipline with laissez-faire and less emotional coaching.

	Dismissive	Disapproving	Laissez-faire	Emotional coaching
Neuroticism	-0.248	-0.228	-0.077	0.94
Impulsivity	-0.273	-0.504*	0.019	0.299
Vulnerability	-0.654**	-0.452*	-0.095	0.214
Extraversion	-0.045	0.013	-0.224	-0.084
Openness	-0.223	-0.239	-0.133	0.301
Agreeableness	-0.203	-0.237	0.016	0.067
Conscientiousness	0.454*	0.318	0.077	-0.184
Competence	0.600**	0.419*	-0.324	-0.068
Need achievement	0.436*	0.229	0.083	-0.272
Self-discipline	0.213	0.249	0.443*	-0.477*

Table 2: Correlation of parenting styles and personality dimensions (NEO-PI-R) (Rho Spearman) in ADHD patients.

** $p < 0.01$; * $p < 0.05$

Neuroticism displays different combinations: higher impulsivity and vulnerability with less disapproving, and higher vulnerability with less dismissive. Neuroticism and openness negatively correlate with all parenting styles except emotional coaching; extraversion with all except disapproving; agreeableness with emotional coaching, and laissez-faire positively correlated and negatively with the other ones; and conscientiousness was negatively correlated only with emotional coaching. Additionally, more openness was associated with more emotional coaching. All these correlations must be considered cautiously, given that they did not achieve a level of statistical significance.

Limitations

The cross-sectional nature of our design prevents us from determining causality. The small size of both surveys limits the capacity to achieve higher levels of statistical significance. However, we observe that the results appear to concur with preliminary studies.

Discussion

We examined two groups of outpatients, adult ADHD and depressive, and compared their parenting styles. We then looked for associations between personality dimensions and parenting in the first group. We found that the ADHD group demonstrated an uninvolved parenting (laissez-faire), as pointed out by other authors [6]. Depressive patients, however, were seen to have a more authoritative (emotional coaching) parenting style. Statistical significance could not be achieved in these results, although they were more frequent nonetheless.

If we separate the different ADHD presentations, we find that the inattentive subtype was associated with less dismissive parenting, while the hyperactive subtype was more dismissive. We disagree with other authors [100,101] as regards the former, but other researchers have suggested that the positive parenting associated with the hyperactive subtype was associated with higher self-esteem or a result of exaggeration [50,99]. It could be interpreted that their dismissive parenting style wasn't a bad one for these patients, so hyperactive and lack of taking care in some circumstances.

Studies addressing the association between parent personality dimensions and parenting behavior substantiate the findings that agreeableness, openness, conscientiousness, and low neuroticism, are mostly beneficial to parenting, while high neuroticism has been proven to be pernicious time and time again [111]. However, Koenig, *et al's* study, as well as others, weren't conducted in ADHD patients. With ADHD patients, we have found mixed results with respect to neuroticism and conscientiousness; however, openness routinely correlates with the positive parenting style of emotional coaching (authoritative).

When we look at the personality dimensions of ADHD patients and their possible association to parenting styles, results are divergent. In an attempt to better understand these patients' parenting styles and how they relate to personality dimensions, first we show how are these ones in ADHD patients. These individuals exhibit higher harm avoidance scores than parents in the control group. Merwood, *et al.* [139] revealed a genetic association between ADHD and inattention and harm avoidance [104]. Irastorza, *et al.* [132] found high neuroticism and low conscientiousness in a survey of adult ADHD outpatients.

Again, we disagree with other studies (not carried out in an ADHD population) in the sense that permissive parents exhibited high neuroticism, extraversion, and openness to experience [105]. In another study, high parental emotional regulation (i.e., low neuroticism) was associated with more positive parenting behaviors [111], although we only see significance in some facets of neuroticism: vulnerability and impulsivity with less permissive and authoritarian, and impulsivity also with less authoritarian. So, we can interpret cautiously that some aspects of neuroticism can be protective of good parenting in ADHD patients.

Conscientiousness appears to positively influence parenting behavior [104]. We have seen before how this trait yields contradictory results with respect to parenting styles [112]. We also see apparently contradictory results in this dimension: higher conscientiousness and more permissive parenting, higher competence and more authoritarian, higher self-discipline and more laissez-faire, and less self-discipline and more authoritative parenting styles. Thus, we agree with results of the last study.

We have observed that openness has a positive association to emotional coaching and a negative one to the other parenting styles (albeit without statistical significance). We coincide with other authors in that authoritarian parents were found to score low on openness to experience and extraversion [105,111], but not with permissive parents who were high for neuroticism, extraversion, and openness to experience [105].

In our study, extraversion was associated with disapproving parenting, although at a level below statistical significance, and correlated negatively with the other styles. However, in other studies (not with ADHD patients), extraversion has been associated with authoritative parenting [105,106]. We can infer that results concerning extraversion are less clear, most likely because of the multifaceted nature of this personality construct (as we have just seen in conscientiousness and neuroticism). Extraversion appears to include some facets that may be beneficial to parenting, especially warmth and sociability, whereas the presence of other facets, especially assertiveness, can contribute to dysfunctional parenting behavior.

We found that agreeableness showed a tendency toward association with emotional coaching and a negatively correlation with permissive and authoritarian. In other studies, agreeableness and emotional stability were negatively associated with the use of psychological control [104,113]. The concept of perspective-taking/empathy is important for social interactions including parenting, and is closely related to agreeableness [114]. Coplan, *et al.* [115] reported that for high negative emotionality/difficult children, low-agreeableness mothers displayed more negative parenting and Clark, *et al.* [116] reported a significant interaction effect between child temperament, maternal perspective taking/empathy, and parenting behavior.

The heterogeneity of empirical results suggests that the associations between parenting and child mental health are complex and are influenced by additional explanatory factors. Said factors include parental factors; for example, education, psychopathology, and personality; child-dependent factors, for instance, gender, age, and temperament, as well as context-dependent factors, such as, school, neighborhood, peers, and many others. Some authors focus on the potential influence of parent personality traits, the characteristics of child temperament, and finally, the interaction of both on parenting [140].

Conclusions

Despite the small sample sizes, we have observed some significant differences in parenting styles between ADHD and depressive patients.

Parenting styles differ between inattentive and hyperactive patients and the literature has yielded dissimilar results in this regard. The heterogeneity of measures and factors being studied can clearly contribute to the disparities.

We have also seen that certain, specific personality dimensions in ADHD patients associate with ambiguous results. Since this cannot be studied in the literature, it can be interpreted in several ways. One way would be to ask ourselves if neuroticism, extraversion, and conscientiousness should be separated into more facets. Thus, it seems that some may be protective factors in parenting and others appear to have a negative effect.

We believe that this domain must be evaluated when treating ADHD patients, since it may be a competence they do not usually acquire.

It would also be of interest to identify categories of parents based on different combinations of high, medium, or low scores on parenting assessments. Thus, researchers are encouraged to establish collaborations between prevention scientists, clinicians, and neuroscientists, and to support the establishment of multidisciplinary teams with expertise in developmental areas, such as neuroscience, psychopathology, caregiving, and the social sciences.

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