

العلاقة بين إدراك الأسلوب الوالدي التسلطي واعراض اضطراب الشخصية الاعتمادية: تأثير نمط الشخصية دي كوسيط

The Relationship Between Perceived Authoritarian Parenting Style and Dependent Personality Disorder Symptoms: The Mediating Effect of Type-D Personality

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المستخلص :

الأبوة والأمومة هي عملية إنسانية معقدة لأنها عنصر أساسي في تشكيل سلوك الأطفال وتحديد العلاقة بين الأطفال وأولياء أمورهم. الأهداف: التحقيق في دور المتغير الوسيط للشخصية من النوع دي على العلاقة السببية بين تصور سلوك الأمهات الاستبداديات واضطراب الشخصية الاعتمادية. المنهجية: تم استخدام ١٨٠ طالبًا (١١٠ إناث و ٩٠ ذكورًا) من طلاب البكالوريوس الذين تم اختيارهم عشوائيًا من الجامعة المستنصرية للإجابة على ثلاث مجموعات من الاستبيانات وهي أداة CD-RISC-25 بواسطة، استبيان سلطة الوالدين (PAQ). بالإضافة إلى الفحص الدولي لاضطرابات الشخصية (IPDE) وبالتالي، أسفرت تحليلات الانحدار عن نتائج مفادها أن الأم المتسلطة ممكن ان تؤثر بشكل كبير باضطراب الشخصية الاعتمادية. النتائج: نمط الشخصية دي يتوسط العلاقة بين الاسلوب التسلطي للام واضطراب الشخصية الاعتمادية وبشكل كبير. تم مناقشة حدود الدراسة، وتقديم مقترحات وتوصيات لبحوث مستقبلية.

الكلمات المفتاحية: الأمهات الاستبداديات ، نمط الشخصية دي ، اضطراب الشخصية الاعتمادية، وسيط، الاعراض

Abstract:

Parenting is a complex human process because it is a key element in shaping children's behavior and determining the relationship between children and their parents. OBJECTIVES: The investigation of the moderation role of TDP on the causal relationship between Perceived Authoritarian Mothers (PAM) and DPD is the main objective of this study. METHODS: by using 180 students (110 females and 90 males) randomly selected undergraduate students from Mustansiriyah University, were recruited to respond to three sets of questionnaires namely CD-RISC-25 instrument, Parent Authority Questionnaire (PAQ). As well as the international Personality Disorder Examination (IPDE). Consequently, the regression analyses yielded the results that PAM significantly predicts DPD. RESULTS: It was discovered that TDP significantly moderates the effect of PAM on DPD. limitations and Implications of the study are discussed, and suggestions for any future research are offered.

Keywords: *Authoritarian Mothers, Type D-Personality, Dependent Personality Disorder, Mediating, Symptoms.*

Introduction

Certainly, all psychological specialists and sociological don't hide from them the effective impact of emotional relationship and parental style on the personality of their children, according to the different style used, as there are different methods and have different effects.

The absence of encouragement, guidance, and support can lead to floundering; which is the Loss of potential to pursue and develop a specific aim and career focus which could lead to an identity crisis, conflict, and distorting proper ego identity formation in young adults. but if the relationships between parents and children its goodwill include understanding, respect, concern and trust.

So, can build a good relationship by keeping promises, spending time together, appreciating their strengths and efforts, and using humour can prove to be beneficial for a student's success (Achi, 2019). So, the Parental styles are all the method and patterns, that employ in the process of taking care of their children.

Where they have classified the parent's styles according to the two dimensions (demand and responsiveness) to authoritarian with low responsiveness and high demand, Permissive with high responsiveness and low demand, and authoritative with high responsiveness and high demand (Baumrind, 1991); (Moradian, Alipour, & Shahani, 2014); (Fuentes, Jurado, Linares, Ruiz, & Márque, 2019) (kadhim, 2017)

The authoritarian style called also the autocratic parenting style which is characterized by strict rules is given and enforced as if they were divine verdicts and using limited emotional sustainability, strong emotional control, and less responsiveness. So, Parents who apply the authoritarian shape their behaviour in accordance with their own set standards of conduct (Dewae, 2013); Bigitte 2016; (Achi, 2019) (kadhim, 2017)

Many Arab and Asian countries tend to use more authoritarian styles with their children than other styles. thus, it has become a common style in some of these societies, for example, Iraq and Malaysia (Kadhim A. S., 2008); (Prihadi, Hairul, & Hazri, 2010); (Prihadi, Hairul, & Hazri, 2012); (Tapanya, 2011)

The prevalence in this method does not mean that it is positive, and this has been proven by studies around the world that this authoritarian method can contribute to producing negative behavior for children (Alizadeh, Talib, Abdullah, & Mansor, 2011) (Pong, Johnston, & Chen, 2014); (Newman, Gozu, & Guan, 2015).

The authoritarian style has a low level of accepting and close relationships, a high level of mandatory control and a low level of permissible independence (Moradian, Alipour, & Shahani, 2014); (Mehrinejada, Rajabimoghadamb, & Tarsafic, 2015)

Furthermore, application of authoritarian parenting style by significant authority figures (parents, teachers) negatively contributed to children's individual qualities and personalities. A negative effect of authoritarian parenting style on their children also includes the development some of a personality disorders that promotes negative perfectionism and aggression, sociability-competence, creativity, while negatively affects academic achievement, peer acceptance and school adjustment (Cicchetti & Crick, 2000); (Alizadeh, Talib, Abdullah, & Mansor, 2011); (Uba, Hassanb, Mofradc, Abdullad, & Yaacobe, 2012); (Pong, Johnston, & Chen, 2014); (Mehrinejada, Rajabimoghadamb, & Tarsafic, 2015); (Newman, Gozu, & Guan, 2015);. In addition, Obsessive Compulsive Personality Disorder (kadhim, 2017).

According to the above of evidence on authoritarian parenting style maybe will lead to developing DPD.

Dependence on others is essential in humans from birth until death, because they are social creatures depend on others to survive. However, psychiatrists classify extreme dependency as mental patients. furthermore, Dependency is a widespread construct in personality, developmental, clinical psychology, and social, and refers to an aspect of personality associated with both maladaptive and adaptive functioning. It shows

significant variability in its behavioural expression (Disney, 2013); (Simonelli & Parolin, 2017); (Liang, 2022).

A dependable personality has many characteristics that are admired and appreciated in cultures. Because it creates happiness for others when a person sacrifices and volunteers to perform many of the tasks that others must do. Thus, the individual will have two feelings, one of which is external, which is confidence and warmth, and the interior will be full of fear and powerlessness from doing anything on their own and even their fear of losing care, and this is What makes them in the constant search for an alternative that rewards their presentation and makes them feel self-reliant by facing their problems instead of theirs. Thus, it would make them reluctant to make any decision of their own without seeking help from others; (Millon, Grossman, Millon, Meagher, & Ramnath, 2004) (First, Williams, Benjamin, & Spitzer, 2016), (Simonelli & Parolin, 2017) (Liu & Wang, 2019).

In addition to, the above negative attributes in the dependent personality disorder, there are other characteristics that are no less dangerous and are considered to be personality patterns that have a negative impact on the student's personality and that have been newly developed, which is the type-D personality.

The construct of this type of personality is negative when it expresses (negative affectivity) and the inability to express emotional (social inhibition) and this made it associated with heart disease (Denollet, et al., 1996); (Rodriguez, 2019) (Nho & Kim, 2022).

Thus, individuals with coronary artery disease have found that their death rate is higher. In addition, the chance of heart attacks four times. Moreover, health problems related to the heart and blood vessels, and myocardial infarction, with a five-fold higher chance of developing poor mental health. The most dangerous can be depression and anxiety more than four to six times higher compared to individuals who are not of Type D personality (Vukovic, Tosevski, & Jasovic-Gasic, 2014). (Wu & Moser, 2014) (Bouwens, et al., 2019); (Kadhim, 2020)

On this basis, the current research problem will be that awareness of authoritarian style practices by students can be reflected in them symptoms of dependent personality disorder and what increases the severity of the matter is that some traits we find share some characteristics of Type D personality who can have the ability to stimulate the emergence of symptoms Disorder by participating in depression, anxiety, and reliability personality (Vukovic, Tosevski, & Jasovic-Gasic, 2014) ; (Rodriguez, 2019).

In line with that, here it should be noted that the current research gap will be in knowing the effect of perceived authoritarian style on the generation of dependent personality disorder with the presence of Type D personality as an intermediate variable that increases the negative effect.

The importance of the current study stems from the results that we obtain, to know the role of authoritarian style on students' personality. In addition, is it possible that authoritarianism shows dependence personality disorder, moreover, does type-d personality have a role in increasing the appearance of symptoms of dependent personality disorder?

Related Literatures

Perceived Authoritarian Parenting Style

It has been suggested many researchers that, if people are characterized by authoritarian behavior, they will tend to describe others as "they" and describe themselves as "we" because they consider themselves superior to others. In addition, those who live in a house characterized by hardness, critical, and rigor are likely to develop of an authoritarian personality. thus, the same problem will persist, which is that they consider themselves superior to their children and then they use authoritarian behavior over their children as well (Adorno, Frenkel, Levinson, & Sanf, 1950); (Olivari, Wahn, Kassotaki, & Confaloni, 2015); (Kadhim, 2020a)

On the other hand, the culture of society has a major role in generalizing authoritarian behaviour in society and the family. Therefore, parents tend to use an authoritarian style with their children because they consider it acceptable and necessary for their children's personality (Rebecca & Dion, 2006); (Latouf, 2008); (Prihadi, Hairul, & Hazri, 2010).

Furthermore, children perceived to be authoritarian parenting would have an effect in acquiring attributes of authoritarian behaviour, and consequently, behavioural problems would be passed from one generation to another (from parents to children) (Olivari, Wahn, Kassotaki, & Confaloni, 2015); (Hamurcu, et al., 2016).

It indicated the paragraphs above, the style of parental authoritarianism which is characterized by cruelty and domination, criticism and tendency to a lot of demands and little responses by the parents will have a great impact on the personality of children, particularly when they perceive that the behaviour of their parents practised against them is authoritarian, this will generate psychological problems. Thus, the appearance of

personality disorders in children when they become university students is a high possibility.

PAPS and demographic variables (Gender and Ethnicity)

The race has a major role in determining parenting treatment methods for parents, and it is the controller even if different groups live in one country. Therefore, the personalities and behavior of future generations will be formed by parents and this will affect the world around them and confuse the development of children. That is why it will be the most important job in a person's life to strive to be a successful parent (kadhim, 2017)

Parents in different cultures adopt some different and similar methods of caring for their children. Therefore, parenting is the main reason why children resemble parents and differ with other children (Latouf, 2008). On this basis, realizing the authoritarian style can acquire different meanings according to cultures (Rebecca & Dion, 2006). so parenting is challenging and affected by many aspects and still plays an important role in shaping children's behaviour towards themselves and others (kadhim, 2017).

On this basis, the aim of the current research is to know whether different cultures (Malay, Chinese, Indian, & others) make parents differ in terms of using APS with their children and is there a negative impact on the personality when children realize that parents are using authoritarian style.

Research on PAPS

Much research indicates references to the negative effects of using authoritarian style with children. Among these studies is the Baumrind (1991) study, which indicated that parents who are authoritarian with their children will make children less able to avoid drug addiction problems. Likewise, using excessive focus on compatibility with parental authority and external reinforcement reduces adolescents' ability to achieve awareness of competence, inner enthusiasm to achieve, and self-sufficiency. (Baumrind, 1991) (Brar, 2003) (Pellerin, 2005).

In another paper, by Darling and Colleagues (2006), they found a strong relationship between depression and authoritarian parenting. Thus, children will experience more depression compared to children without the authoritarian method.

(Odubote, 2008) Indicated that authoritarian parenting is highly correlated with delinquency behaviour. Also, Palmer (2009) reported that the authoritarian parenting style was negatively associated with children's adjustment.

In line with all of those, Kadhim (2017) indicated that students who were subjected to authoritarian style led to the emergence of personality disorders in particular (obsessive-compulsive personality disorder) from the third axis in addition to the emergence of a personality pattern characterized by anxiety, depression and pessimism (Kadhim, 2017).

All of these results refer in one way or another to the negative impact of the use of authoritarian parenting style with their children, as they generate personality disorders, depression and anxiety, and these symptoms may be related somewhat with the dependent personality disorder.

Dependent personality disorder

History of Dependent personality disorder

The historical roots of DPD preceded versions of DSM and are often addressed as dysfunction that occurs in the oral stage of Freud's stages. Later, it developed in versions of DSM (Loranger, 1996); (Chen, Dong , & Zhou, 1997).

The historical roots of DPD preceded versions of DSM and are often addressed as dysfunction that occurs in the oral stage of Freud's stages. Later, it developed in versions of DSM (Loranger, 1996); (Bornstein, 2012); (Disney, 2013).

The disorder was not mentioned separately in DSM-I, but there was a simple mention in the aggressive personality entitled passive-dependent type, passive-aggressive personality, which is characterized by indecisiveness, helplessness, and clinging to parents as a dependent child (APA, 1952). Again, the mystery was raised about DPD because DSM-II did not refer to the disorder independently, only the description was in "Hysterical Personality," which later evolved into Histrionic Personality Disorder (Millon, Grossman, Millon, Meagher, & Ramnath, 2004).

In 1980 a new version DSM-III was issued which devoted the second axis of personality disorders and listed DPD as a separate disorder of three criteria 1) his self-confidence is very weak, 2) his relationships with others are negative, allowing others to make important decisions in his life, 3) subordinates one's own needs to those of individuals upon whom one depends (APA, 1980) But this version was criticized, including his suggestion that depression and DPD were strongly comorbid (Bornstein, 1995)

There have been many changes in the criteria for dependent personality disorder and a wide transition from DSM-III to DSM-III-R, the most prominent of which is the

elimination of a basic criterion "Lacks self-confidence" and a great opportunity, to identify the feelings and behaviors associated with DPD (Millon, Grossman, Millon, Meagher, & Ramnath, 2004); (Simonelli & Parolin, 2017).

In 1994 a new version of DSM-IV was released, amending the DPD theme "a pervasive and excessive need to be taken care of, which leads to submissive and clinging behavior and fear of separation" (p. 665) (APA, 1994) (APA, 2000). In addition, the exception of the ninth criterion (being easily hurt) because it interferes with another disorder (APA, 2013). In the last version, there were attempts to delete the DPD, but the American Society of Trustees eventually decided not to agree, and the DPD was kept in the DSM-5 (Bornstein, 1995); (Disney, 2013).

DPD as a construct

Unfortunately, empirical studies on dependent personality disorder are very few compared to the rest of the axes (Loranger, 1996); (Loas, Cormier, & Perez-Diaz, 2011); (Tartakovsky, 2019), but despite this lack of research, the main element of the disorder is the individual's view of himself as being inefficient and powerless, in addition to that, the individual views others as strong and qualified (Bornstein, 1995); (Mroczkowski, Goes, & Riddle, 2015).

There are many criticisms of personality disorders because of their heterogeneity and the possibility of having 93 possible combinations of symptoms. In addition, a person is required to have five out of eight criteria to classify a dependency figure. This means that a person may have five, six, seven, or all the eight symptoms. Which will be the intensity varied among individuals according to their number of symptoms. On this basis, a group of researchers (Gude and colleagues, 2006) intentionally investigated this problem by studying the symptoms of 248 individuals diagnosed with a dependent personality disorder. The result indicated that individuals had 60 of 93 sets of possible symptoms. Moreover, no group appeared more than seven times. This result indicates that obtaining a dependent personality disorder has no distinct or basic method, and this means that there are many methods that classify people as dependent personality (Millon, Grossman, Millon, Meagher, & Ramnath, 2004); (Disney, 2013).

Moreover, Bachrach and his colleagues (2012) compiled all studies between 1980 and 2012 and reviewed them morally and found only two studies that could be useful in identifying symptoms of dependent personality disorder, which indicated that the disorder consisted of the domains of dysfunctional and incompetence. attachment with the affirmation that the dependent personality disorder is classified as an internal disorder (Tartakovsky, 2019).

Gender and cultural factors in DPD

DPD is one of the most controversial disorders of the gender variable. There is an argument among critics that clinicians biased to males have fewer symptoms than females (Kaplan, 1983); (Anderson, Sankis, & Widiger, 2001)

This belief is because the percentage of men with DPD compared to women is very high when it was reported in the DSM PD, for example (89% in DSM-III; 84% in DSM-III-R; 82% in DSM -V; and 78% in DSM-IV-TR). Therefore, standards of DPD were written from masculine perspective (Millon, Grossman, Millon, Meagher, & Ramnath, 2004) (Disney, 2013); (Simonelli & Parolin, 2017).

By contrast, many studies indicated that the prevalence of DPD was more prevalent among women than men (Calsyn, Fleming, Wells, & Saxon, 1996); (Loranger, 1996); (Bornstein, 1995); (Barzega, Maina, Venturello, & Bogetto); (Lowe, Edmundson, & Widiger, 2009); (Bornstein, 2012). What is more confusing is that there are studies that did not find any difference between males and females (King, 2000); (Millon, Grossman, Millon, Meagher, & Ramnath, 2004); (Simonelli & Parolin, 2017).

These inconsistencies in the results of previous studies did not conclude the result in favor of males or females. The high rate of prevalence, therefore the results of the current research can be supportive of previous knowledge, as it represents a gap for the current research and for knowledge in general.

Type-D Personality

Not surprisingly, there are different classifications of personality that come from the theoretical orientation of each scientist. This is not considered a weakness, but rather a strength for personal theories and bridging the knowledge gap. It is one that complements the other and provides an opportunity to make researchers familiarize themselves with patterns and choose what is appropriate for the theoretical perspective of any research.

It is these differences that gave Friedman and his colleague in 1950 a good opportunity to define the qualities of Type D personality from their own private view. which is described as competitive, being hurried, and to be infused with the risk of heart disease (CHD). On the same note, Type C personality tend to be appeased, avoiding conflicts, seeking harmony, overly co-operative, and over-patient and defensive. By contrast, Type B personality are typically more relaxed, easy-going, and satisfied (Condén, 2014) (Denollet, van Felius, & Lodder, 2017); (Bouwens, et al., 2019).

Returning once again to Type D- Personality there are many researchers who began to pay attention to this pattern because of its negative impact on the personality of individuals. One of these researchers is (Denollet, et al., 1996) who formally proposed this pattern and determined its characteristics after working in a cardiology hospital and conducted observations of patients with CHD suggest two distinctive features of this style which are social inhibition and Negative affectivity (Condén, 2014); (Mousa, 2017).

A person with Negative affectivity tends to experience anxiety, negative emotions, feelings of dysphoria, depression, apprehension and irritability. By contrast, social inhibition is the tendency to inhibit the paired with interpersonal stress, failure to adapt, and expression of emotions (Gest, 1997); (Mousa, 2017).

The synergistic effect of both axes is potentially significant of social difficulties, such as lack of social support, low quality of life, anxiety, low level of subjective well-being, and depression, several emotional (Mols & Denollet, 2010); (Smith, Birmingham, & Uchino, 2012). according to, the personality theory (Big Five) neuroticism somehow resembles Type D-Personality, especially with, respect to the Negative affectivity subscale. Type D- Personality has also been correlated with low levels of the sociability facet of the Big Five factors of agreeableness, extraversion, and conscientiousness (UGent & Denollet, 2002); (kadhim, 2017).

According to the above, the first axis of Type D-Personality makes the individual have negative psychological characteristics, and this makes him with a negative impact on students 'personality if they possess Type D-Personality.

Factors associated with Type D- Personality

Type D- Personality and Overall Health

Kop 1999 indicated that the TDP was associated with cardiovascular outcomes, a variety of social and emotional difficulties, as well as increased mortality and morbidity among patients with confirmed cardiovascular disease (CVD) (Kop, 1999); (Pedersen & Denollet, 2003); (Schiffer, et al., 2005)

Numerous researchers have determined the associations between Type D-Personality and the increased number of health and somatic complaints, on the other hand, low self-rated health, a negative effect on mental health, including sleeping problems, less healthy lifestyle, and heightened perception of negative physical and emotions health (Mols & Denollet, 2010); (Hausteiner, Klupsch, Emeny, & Baumert, 2010) low treatment satisfaction, poor disease perceptions, high emotional distress and

poor mental and physical health status (Mommersteeg, Pot, Aarnoudse, Denollet, & Widdershoven, 2013)

Moreover, Type D-Personality substantially affects the manner in which patients with myocardial infarction perceive the availability of support from friends, family, and others. Likewise, Type D-Personality plays a role in psychological health outcomes, because patients with this type of personality report significantly higher levels of perceived psychophysical stress, anxiety, interpersonal difficulties, social anxiety, depressive mood, and diminished quality of life and psycho-physical well-being, also have been associated with more maladaptive and passive types of coping strategies (Sogaro, et al., 2010); (Williams & Wingate, 2012). Hence, Negative affectivity and Social Inhibition have received special attention (Rozanski, Blumenthal, & Kaplan, 1999); (Compare, et al., 2014).

Type D- Personality Dimensions and Components

Type D-Personality defined as the interaction of negative, which closely correlated to neuroticism and Social Inhibition (Denollet, Vaes, & Brutsaert, 2000b); (Pedersen & Denollet, 2003); (Habra, Linden, Anderson, & Weinber, 2003). Therefore, Type D-Personality consists of the two dimensions of negative affectivity and Social Inhibition, which are further defined below.

Negative affectivity (NA)

NA refers to the tendency to experience negative emotions, including anxiety, anger, depressed mood, attention to negative stimuli than positive stimuli, and sentiment, poor self-concept, nervousness, guilt, contempt, fear, and disgust (Watson & Clark, 1984); (Denollet, 2000a); (Denollet & Van Heck, 2001); (Koch, Forgas, & Matovic).

Therefore, anyone who gets scores high on Negative affectivity is at risk for impending trouble. On the contrary, a low Negative affectivity score is characterized by frequent states of calmness, serenity, considerable enthusiasm, and activeness (Tellegen, 1985). An individual who has NA is characterized as always having a constant bad mood, always holding bleak views, excessively focusing on unimportant things; frequently expressing dissatisfaction and misery and worrying about the situation around him/her (Denollet, 2005)(kadhim, 2017); (Bouwens, et al., 2019).

Social Inhibition

Is described as “the avoidance of potential ‘dangers’ included in social interactions, such as disapproval by others or non-reward.” Therefore, individuals how

get scoring high on Social Inhibition frequently uncomfortable, feel inhibited, insecure during an encounter with other people, and tense; also associated with the perception of a socially unsupportive environment (Pedersen & Denollet, 2003); (Habra, Linden, Anderson, & Weinber, 2003); (kadhim, 2017).

An individual who exhibits Social Inhibition is characterized as refusing to talk to strangers, being unable to meet with people, wanting to be distant from people, suffering from the difficulty of starting a conversation with others, often refraining from social interactions, and generally being unable to find the appropriate topics to discuss when interacting with anyone (Denollet, 2005); (Bouwens, et al., 2019)

TDP and Gender

By reviewing the studies and theories that examined the current research variables, it found there is a very important variable (male-female) that may have an important role in determining type D-personality, particularly in Negative affectivity and Social Inhibition. This result was confirmed by Yeow and Seng (2014) who reported that 46.4% of females and 50% of males have Type D-Personality. females also exhibit a lower Social Inhibition compared with males; However, but for Negative affectivity, no significant difference has been noted (Yeow & Seng, 2014); (Pillai, Menon, & Sathesh, 2019)

Research on Type D- Personality

Many studies focusing on Type D-Personality have been conducted. e.g., Denollet (2005) used a total of 573 cardiac patients, 2508 from the general population, and 732 hypertension patients. Factor analysis of the personality pattern scale has two dimensions: Negative affectivity (NA) and Social Inhibition (SI) yielded scores between 0.62 to 0.82. The scale of Negative affectivity covered irritability, dysphasia, and worrying, whereas the scale of Social Inhibition covered lack of social poise, reticence, and discomfort in social interactions (Denollet, 2005).

Other researchers (Molloy and others. (2008)) tested a hypothesis that confirmed the correlation between increased cortisol levels and TDP. By selecting a sample of 70 patients four months after their hospitalization for acute coronary syndrome (SD = 10.7, 17% of females, mean age = 60.90 years). The response accounted for 6% of the variance in cortisol production throughout the day. Therefore, Type D-Personality may be associated with a prolonged disturbance of the hypothalamic-pituitary-adrenal axis function among survivors of acute heart events, and may biologically contribute (Molloy, Perkins-Porras, Strike, & Stepto, 2008)

In a recent study of Matsuishi and colleagues (2019) conducted a study of 142 patients. Enrollment criteria included patient's age be less than 18 years who undergoing planned cardiovascular surgery between 2015 and 2016 at Tsukuba Hospital, Japan.

All patients responded to the Hospital Anxiety and Depression Scale (HADS) as well as the Type-D Personality Scale-14 (DS14) the day before surgery. The results indicated that the respondents were found to be 26% and 34% of the patients were Type D. On this basis, they found that people with a personal pattern experienced 2.1 days over the week after surgery while without a personal pattern experienced an average of 1.3 delirium / coma days. So, "Type D personality is a prognostic predictor for prolonged acute brain dysfunction (delirium/coma) in cardiovascular patients independent from depressive symptoms" (P:1) (Matsuishi, et al.).

Interrelationship between PAPS and TDP

According to the personality, theory that refers to (Big Five) there are somehow resembles between TDP and neurosis. In particular, with regard to NA subscale for TDP. It is of concern to specialists that there is a relationship between the Big Five factors of extraversion, agreeableness, and conscientiousness that represents social communication with TDP (UGent & Denollet, 2002). In the light of that, it was hypothesized that when a student perceives that his/her parents were authoritarian; they would likely to develop TDP. This hypothesis needs to be tested, because a mediation relationship can only be established when the predictor (PAPS, in this case) significantly predicts the mediator, which is TDP (Baron & Kenny, 1986).

Null Hypotheses

The reviewed literature had indicated that the interrelationship among the variables involved in this study suggested that Type D-Personality might alter the influence of PAM on DPD through a moderating role. Therefore, the following null hypotheses were to be tested:

1. There is no significant influence of PAM on DPD
2. There is no significant influence of TPD on DPD.
3. There is no moderating effect of TDP on the influence of PAM on DPD.

Methodology

Sampling and Data Collection Procedures

In this current study the Participants consisted of 180 (110 females and 90 males) randomly selected undergraduate students from Mustansiriyah University and randomly from College of Art. Participants were approached at different locations such as the library, labs, study rooms, cafeteria, and foyer within the university compound. In the current study, three instruments were included in the questionnaire set to collect the data: Parental Authority Questionnaire (PAQ), DPD, and Type D-Personality (DS14). The questionnaires were to measure PAM, DPD and TDP respectively. Next subsections of this paper discuss the details on the instruments.

Parent Authority Questionnaire (PAQ)

The predictor variable perceived authoritarian mothers (PAM) was measured by utilizing the Parent Authority Questionnaire (PAQ) developed by Buri (1991), which was designed to measure Baumrind's three dimensions: Authoritarian, Authoritative, and Permissive styles applied by the parents of the participants, and it consisted of two parts, mothers' APS and fathers' APS. It consists of 30 items, and each dimension consists of 10 items. Scores of each subscale range from 10 to 50. Each item is scored by a quantitative scale like strongly disagree = (1), disagree = (2), agree = (3), strongly agree = (4). Reliability of the instrument had been measured by Cronbach alpha, and it showed the score of 0.80 for the fathers' authoritarian style. In this study, will use only mothers' authoritarian style.

Type D-Personality (DS14).

In the current study will use a scale to identify Type D-Personality through the use of an instrument called DS14 by Denollet and Colleagues (2011) is going to use it to collect the data of type D-Personality (Svansdottir, et al., 2012). This DS14 questionnaire contains 14 items. Each item is scored on a scale of 0 to 4 (4 = the statement true; 3 = the statement is less true; 2 = the statement is neutral; 1 = the statement is less false; and 0 = the statement is false). SI items (1, 3, 6, 8, 10, 11 & 14), NA items (2, 4, 5, 7, 9, 12 & 13), The negative items (1, 3). The psychometric properties of the scale are good with Cronbach's $\alpha = .88/.86$ and test-retest reliability $r = .82/.72$ for the social inhibition and negative affectivity subscales, respectively (Denollet, 2005); (kadhim, 2017).

Dependent Personality Disorder

In order to determine that the sample possesses DPD an instrument called the International Personality Disorder Examination (IPDE) by Loranger (1994) was utilized to collect the data of DPD.

The IPDE contains (59) items. Each item is scored on a scale of 1 and 2 (1= True, 2= False). The (IPDE) is a semi-structured clinical interview compatible with the DMS-5 classification systems and the International Classification of Diseases, 11 Revision.

The IPDE was administered by (58) psychiatrists and clinical psychologists to 716 patients enrolled in clinical facilities at Fourteen participating centers in 11 countries in North America, Europe, and Africa, and Asia. To determine interrater reliability, 141 of the IPDEs (20%) were independently rated by a silent observer. In addition, to determine temporal stability, 243 patients (34%) were re-examined after an average interval of 6 months. On this basis, ten items were specified to measure DPD (Loranger, 1994)

Results

Influence of PAM on DPD

Table 1-3 depict the result of the regression analyses of the PAM on DPD among the participants.

Table 1

Model Summary of PAM on their DPD

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .309 ^a | .095 | .087 | 23.637 |

Table 2

Analysis of Variance, the PAM on their DPD

| | Model | Sum of Squares | df | Mean Square | F | Sig. |
|---|------------|----------------|-----|-------------|--------|------|
| 1 | Regression | 6598.311 | 1 | 6598.311 | 10.895 | .000 |
| | Residual | 62577.943 | 112 | 558.705 | | |
| | Total | 69176.254 | 113 | | | |

Table 3

Coefficients of PAM on their DPD

| Model | | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. |
|-------|------------|-----------------------------|------------|---------------------------|--------|------|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 365.321 | 14.898 | | 23.838 | .000 |
| | PAM | 1.678 | .503 | .309 | 3.437 | .000 |

Table 1, 2, 3 indicated a significant regression was found ($F(1,112) = 10.895, p < .001$) with an R^2 of .095. Participants' predicted DPD is equal to $365.321 + 1.678(\text{PAM})$. In other words, PAPS of the mother significantly predicted DPD.

Table 4-6 show the reports of the analyses on the influence of TDP on DPD.

Table 4

Model Summary of TDP on DPD

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .151 ^a | .022 | .016 | 24.432 |

Table 5

Analysis of Variance, the TDP on DPD

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|-------|------------|----------------|-----|-------------|-------|-------------------|
| 1 | Regression | 1755.302 | 1 | 1769.306 | 2.834 | .000 ^b |
| | Residual | 71643.124 | 120 | 596.909 | | |
| | Total | 73398.426 | 121 | | | |

Table 6

Coefficients of TDP on DPD

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|-------|------------|-----------------------------|------------|---------------------------|--------|-------------------|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 151.572 | 10.008 | | 15.255 | .000 |
| | TDP | .248 | .145 | .155 | 1.722 | .000 ^b |

Table 4-6 showed the significant regression was found ($F(1,120) = 2.834, p < .001$) with an R^2 of .151. Participants' predicted DPD is equal to $151.572 + .248(TDP)$. In other words, TDP significantly predicted DPD.

Moderation role of TDP on the influence of PAM on DPD.

Table 7 shows the comparison between the regression of PAM on DPD and the regression of PAM and TDP on DPD.

Table 7

Mediating Effect of Resilience on the influence of PAF on OCPD

| Equation | | Adjusted R ² | β Value | | Significance | |
|----------|------------------|-------------------------|---------|------|--------------|------|
| 1 | PAM on DPD | 0.262 | .519 | | .000 | |
| 2 | PAM & TDP on DPD | .416 | PAM | TDP | PAM | TDP |
| | | | .378 | .417 | .000 | .000 |

Its depicted in Table 7 that when the resilience was put into the equation, the beta value of the PAM was reduced from .416 to .378. It indicates that resilience moderates how PAM predicts DPD, because before the resilience was included in the equation, PAM can predict around 41% of the increase of the DPD, and after the TDP was included, PAM can predict around 37% of the DPD increase.

Discussion and conclusions

According to the personality, theory that refers to (Big Five) there are somehow resembles between TDP and neurosis. In particular, with regard to NA subscale for TDP (Nho & Kim, 2022). It is of concern to specialists that there is a relationship between the Big Five factors of extraversion, agreeableness, and conscientiousness that represents social communication with TDP (UGent & Denollet, 2002); In the light of that, it was hypothesized that when a student perceives that his/her parents were authoritarian; they would likely to develop TDP. This hypothesis needs to be tested, because a mediation relationship can only be established when the predictor (PAPS, in this case) significantly predicts the mediator, which is TDP (Baron & Kenny, 1986).

In the same line, we found that perceived authoritarian mothers significantly predicted the development of Dependent Personality Disorder. That is mean when students perceived that their mothers raised them in an authoritarian way, they would likely to develop the symptoms of Dependent Personality Disorder (Simonelli & Parolin, 2017).

so in a lot of cultural settings, it is safe to conclude that most mothers perceived that they were encouraging to become authoritarian in raising their children (Pellerin, 2005) (Alizadeh, Talib, Abdullah, & Mansor, 2011); (kadhim, 2017) therefore, it is very to as important to be aware that students having DPD symptoms can be common for some students in our society.

The moderating role of Type D-Personality indicated that the higher the Type D-Personality, the higher the impact of PAM on the participants' Dependent Personality Disorder symptoms. In other words, the more TDP the individuals have, the more they get affected by their PAM. It can be explained that because TDP includes two dimensions Negative affectivity (NA) and Social Inhibition (SI) (Denollet, 2005)(kadhim, 2017); (Bouwens, et al., 2019). These traits, when fully developed, would significantly increase the elements of DPD (Liu & Wang, 2019); (Liang, 2022).

Overall, it can be concluded that this current study had achieved its aim to establish the moderating role of TDP on the effect of PAM on DPD. It leads to the implication that any actions to reduce TDP among students, especially in Iraq where the socio-cultural values encourage the practice of PAM are significant in order to reduce the negative impact of DPD in society. It is imperative for the Iraqi authority to develop programs to reduce TDP through educational institutions and social groups. It is also significant for the authority to educate parents that PAM has a more negative effect on their children, especially when their children developed DPD.

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