

A Survey of Marital Satisfaction, Parenting Styles and Parent Attachment Styles in Parent of Preschool and School Children with Nail Biting, in Compare with Control Group

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Abstract

The purpose of this study was to survey the parent-oriented factors such as marital satisfaction, parenting styles and attachment styles in parent of preschool and school children with nail biting problem and compare with control group. 400 preschool and school student from 4 district education in Shiraz was selected by available sampling method and their parent were asked to fill in the questionnaires. Then, data were evaluated by SPSS descriptive, MANOVA and Pearson correlation. Statistical analysis demonstrated that there is no significant differences in parent's marital satisfaction status and general health status of both groups. The dominant parenting style of both groups was authoritarian style and the dominant attachment style was closeness style. The difference of marital satisfaction, parenting style and attachment style in parent of two groups (nail biting and control) is not significant. This factors may not be a interfere variable in children's nail biting.

Keywords: Attachment style, Marital satisfaction, Nail biting, Parenting styles.

1. Introduction

1.1 Nail Biting (NB)

Nail biting is one of the most important and common behavioral problem in psychiatry, psychology, medicine and dentistry. Although, people suppose that NB is a simple behavior that can stop easily, many children try to stop it; but they do not success. Even some people believe that putting fingers on the lips is called nail biting. Some articles define NB as a behavior that is characterized by putting one or more fingers in the mouth and biting the nail with teeth (Ghanizadeh, 2011). This is a common behavior among children and adolescent; however it is not well studied (Ghanizadeh, 2013). Onychophagia is a chronic nail biting behavior that usually starts from childhood. Also, onychotillomania is a kind of recurrent picking and manicuring fingernails and/or toenails that makes the nails shorten (Pacan et al, 2014). Some studies introduce NB as a Body-focused repetitive behavior disorder (BRBD). This disorder includes skin picking, hair pulling and nail biting that damages physical and psychological squealer (Ghanizadeh & shokoohi, 2011). Some factors can start or increase children NB. Both genetic and environment are very effective and parent-related factors such as marital satisfaction, parenting styles and attachment styles are supposed to be important for children nail biting.

They may make children anxious and nervous. Identification nail biting as a pathological or normal behavior depends on the situation and individuals. So, we cannot draw a border between healthy and unhealthy behavior of NB. As we know, nail biting can occur in normal children and does not continue for long time. The frequency, intensity and duration of pathological NB is more than normal children. This behavior has identified as a self-injury behavior such as trichotillomania or tic disorder in the fourth edition of diagnostic and statistical manual (DSM-IV-R). Some believe that this behavior is a kind of obsessive-compulsive disorder. The least age to start NB is 3 or 4 years. The prevalence of NB increases in adolescence than childhood, and decreases in adulthood again. Also, it is not clear what percentage children can solve that (Ghanizadeh, 2011). The prevalence of nail biting in primary school boys and girls is 20.1 % (95% confidence interval 15.9 to 24.2). The association between gender and nail biting is not reported and nail biters do not prefer any finger nails (Ghanizadeh, 2013). A study reported that the rate of nail biting was 23% between six-year-old preschool children. This behavior decreases by increasing the age and has negative correlation with it (Ghanizadeh, 2011). Another epidemiological study on 5554 children aged 5-13 year old in India showed that girls were more thumb sucker than boys (Ghanizadeh, 2008). The rates of NB in seven to 10-year-old children is estimated about 20-33% to 45%. Another study on a community sample of school children in Iran showed that rate of NB was 20.1% in boys and girls. In a study on clinical sample children with NB, three most common comorbid psychiatric disorders were attention deficit hyperactivity disorder (74.6%), oppositional defiant disorder (36%), separation anxiety disorder (20.6%). Other comorbid disorders were enuresis (15.6%), tic disorder (12.7%), obsessive compulsive disorder (6.7%), mental retardation (9.5%) and pervasive developmental disorder (3.2%). Many factors are presented in etiology NB. Some researches believe that this is the result of anxiety, but some else believe it is a kind of learned behavior. They state that anxiety in children is situation-oriented. Despite it is explained that NB might reduce anxiety and tension, recent studies do not support it (Ghanizadeh, 2011). Some researches introduce NB as a learned behavior that reduces tension and anxiety and happens in concentration situations. But it is shown NB has a family or genetic base, because it is in 2.3 homozygote twins and 1.3 dizygotic twins (Ghanizadeh, 2008). This behavior seems to occur when children are bored or working on a hard problems. Nail biters do not bite their nails when are reprimanded for the behavior. It is shown that smoking and gum chewing by adults are substitutes for children NB. Severe and mild NB differs in basis terms of physical and social consequences, severity, frequency and physiological mechanisms (Ghanizadeh, 2011).

1.2. Marital Satisfaction

Marital satisfaction is an internal feeling that reflects the individual's view of marriage benefits and costs for a particular person (Amani & Majzoubi, 2008). Dysfunctional and unsatisfying marital relationship has a negative effect on both spouses and children and decreases their satisfaction (Amato, 2008). Such relationships have negative association with children's psychological well-being, psychological distress and adjustment, feelings of emotional insecurity, as well as lower levels of achievement and increase behavioral problems. Many studies have found that wives have lower level of marital satisfaction than husbands significantly (Sharaievskaya, 2012). Dewinne & Gohnson (1976) believe that more than 40% of referred to mental health institutes are involved in marital problems, especially marital dissatisfaction. Bernard explained the feminist theory that states marriage is oppressive to women, which is isomorphic of a larger societal environment of male privilege. The devalued and subordinated position of women in society and family is a central theme of feminist theory. Finlay & Clarke (2003) state that women subordination role in marriage is represented by unequal control of family money, higher risk for interpersonal violence, and double standards in regard to sexual behavior. An unequal balance power is associated with lower marital satisfaction (Jackson et al, 2014). Marital satisfaction is an adaptation between current situation and expected situation. So, marital satisfaction decrease when this two situations are not coincide (Ghanizadeh, 2008). Parent have an important role in children development process, such as stimulating the child, supporting him/her to experience, being authoritative, providing child safety, being sensitive to child symptoms and responding them, listening to child, monitoring the them, etc. This factors are helpful when parent are in a normal situation to have enough time and appropriate mood to attend their child. So parental conflicts decrease their potential to care of children (Gordon & Sheroder, 2006).

1.3. Parenting Styles

Parenting styles are patterns they apply to control and communicate with children. It depends on parent's view of children behaviors and their role in children development. Some parenting styles is associated with children non-adaptive behaviors.

Parent's disciplinary patterns often varies between two behavioral dimensions: The first pays to emotional relationship between parent and child that begins from a child-oriented, receptive and responsive behaviors and ends to a rejection, unresponsive and parent-oriented behavior. The second pays to control children and has two levels: high control and low control .By combination two dimensions (high receptive and low receptive) and (high control and low control), four styles result: permissive style, authoritative style, authoritarian style and neglecter (Golfazani, 2004). Baum rind also, introduces 3 parenting styles: permissive style, authoritarian style and authoritative style. *The permissive parent* attempt to avoid punishment and accept the child's impulses, desires and action. *The authoritarian parent* tend to shape, control and evaluate the children's behavior and attitudes by family behavioral standards that are formulated by a higher authoritytheologically. *The authoritative parent* try to organize the child's behaviors but in a friendly and logically way (Baumrind, 1966).

1.3. Attachment Style

Bowlby introduced the attachment theory about human bonding, has profound implications for conducting and adapting psychotherapy. The concept "Attachment style" comes from Bowlby"Attachment Theory". It explains the person's patterns characteristic for communication in childhood when their parent take care of them andthey communicate with "Attachment Figures". *Attachment* means whether children are enough confident of attachment figuresavailability to have a secure base to explore the world or not. So, children can deal with stress well. Shaver and Frawley (2004) presented a model of attachment styles. In this model two dimensions are mentioned for attachment styles (avoidance and anxiety) and 4 styles are resulted by combination them: safe style (low anxiety and low avoidance), disturbed style (low avoidance and high anxiety), fearful-avoidance style (low anxiety and high avoidance) and rejection-avoidance style (high avoidance and high anxiety). Mary Main et al (1985) initially identified three patterns of adult attachment: Secure/ autonomous, Dismissing, and Enmeshed/ preoccupied. More recently, two additional categories have been identified: unresolved and not otherwise specified (NOS). Unresolved pattern is disoriented (Levy et al, 2001). It is supposed that parent with unsecure attachment styles makes their children anxious to experience and explore the environment. They think that world is not safe enough and children must be close to its parent. They don't separate children from themselves and always are worried.

2. Materials and Methods

This is a fundamental study that surveys the parent-oriented factors among preschool and school children with NB in Shiraz.For this goal, 400 students (boy and girl) from 4 district education at preschool and school educational level were selectedby available sampling method. Then, their parent were asked to fill in the questionnaires. 111 parent did not fill in them and final participant were 289 parent. Finally, SPSS was used to analyze the data through Chi-square, Manova and Pearson correlation method to answer the research questions and descriptive statistics to determine the sample's general characteristics.

2.1. Questionnaires

Enrich Couple Marital Satisfaction Scale (47 Items)

This scale studies levels of marital satisfaction. Olson believes that this scale is related to changes in family (1989). The original version has 115 items and includes personality subjects, relationship, problem solving, economic problems, leisure, sexual relationship, parenting style, communication with family and Friends, couple roles and region orientation. In Iran, Soleimanian estimated the validity of the scale about 0.92 by alpha method (1998). This scale has 5 item to answer: completely agree, agree, not agree & not disagree, disagree and completely disagree. Scoring has two methods: the first method gives us a general score (this study is on it) and the second is based on Sub-scale scores. Final score results by collecting answer (1 to 5) should compute to T score according to T- table. Then T scores are comparable (Olson, 2010).

Parenting Styles Questionnaire of Diana Baumrind (PSQD)

This questionnaire was made in 1972 by Baum rind and has 30 items: 10 items about authoritative style (items 2-3-7-9-12-16-18-25-26-29), 10 items about authoritarian style (items 4-5-8-11-15-20-22-23-27-30) and 10 items about permissive style (1-6-10-13-14-17-19-21-24-28). Scoring is according to likert scale (agree, almost agree, not agree not disagree, almost disagree and disagree) and 1 to 4. All the items are scoring in positive direction Bouri (1991) estimated reality of this questionnaire about 0.81 for permissive style about 0.86 for authoritarian style and about 0.78 for authoritative style (Sadeghkhanian et al, 2013)

Collins and Rid Adult Attachment Style

This questionnaire contains communication skills and shaping close attachment that has 18 questions. Scoring is on likert scales (0,1,2,3, 4) and has 3 subscales: *Dependency (D)*: degree of trust between individuals that is according to dismissing style of Bowlby theory, *Closeness (C)*: degree of individual's satisfaction in relationship, in addition of emotional closeness that is according to secure/autonomous style of Bowlby theory and *Anxiety (A)*: Fear of relationships that is according to Enmeshed/ preoccupied of Bowlby theory. The items about (C) are 2-5-7-14-16-18, the items about (A) are 3-4-9-10-11-15 and the items about (D) are 1-6-8-12-13-17. Some items scores in positive direct and items 6-7-13-16-17-18 scores in positive direct. Collins & rid estimated reality of three subscales about 0.80 by alpha. In Iran, its reality was estimated about 0.95 by test-retest (Arefi et al, 2005).

Strength and Disabilities Questionnaire (SDQ)

This questionnaire assess the strength and disabilities of children and includes 25 items. Scoring is on 3 answers: "completely true, almost true and never". This questionnaire was made by Robert Goodman (1997) according to ICD-10 diagnosis criteria for 3-16 years old. It has 5 subscales: emotional signs, conduct problems, attention deficit and hyperactivity disorder (ADHD), Communication problems and social-accepted behaviors. Mohammadi (1385) estimated the general reality of questionnaire about 0.67 by alpha (Teharani Doost et al, 2007).

General Health Questionnaire (GHQ)

This questionnaire is a self-performance and multi-factor questionnaire that used to study some neurotic disorders. It is suitable for adolescents and adults to find disabilities in normal activities and disturbing life events. At first, this questionnaire was made by Goldberg (1972) and its long-form has 60 questions. In Iran, Taghavi (2001) normed the 28-questions form and estimated the reality about 0.72 and validity about 0.72 - 0.87. This questionnaire has 4 subscales that each subscale has 7 questions. Questions 1-7 assess somatic symptoms, Questions 7-14 assess anxiety, questions 14-21 assess social function problems, and questions 21-28 assess depression. Scoring is based on Likert scale and cut off point is 23 (Taghavi, 2002).

Parent's Report form

This form contains some demographic information such as family educational and economical status, parent's job, frequency of nail biting, mental and physical illness history and hospital admission history.

Consent to Complete Questionnaires

This form presents the purpose and kind of project to parent, so they can decide to contribute or not.

3. Results

3.1. Samples Size

The children were 6 to 12 year old, from preschool to 6th education level. The sample size of preschool and school students with nail biting in preschool, first level, second level, third level, fourth level, fifth level and sixth level was 21(13.8%), 19(12.5%), 21(13.8%), 25(16.4%), 25(16.4%), 24(15.7%), 17(11.1%) respectively. The sample size of normal preschool and school students in preschool, first level, second level, third level, fourth level, fifth level and sixth level was 22(14.1%), 21(13.3%), 19(12.1%), 24(15.2%), 26(16.5%), 27(17.1%), 18(11.4%) respectively. Two groups were matched by age, educational level and physical and mental illness history criteria. One of their parent (mother or father) filled in the questionnaires. The sample size of participated mothers and fathers was 63(47.3%), 70(52.7%) in nail biting group. The sample size of participated mothers and fathers was 82(52.9.3%), 73(47.1%) in control group.

3.2. Analysis

To determine the difference of two groups in marital satisfaction status (sample and control), Q-square method was used. Results showed that there is no significant differences between marital satisfaction of mothers in two groups and both groups has average marital satisfaction. Also, there was no significant differences in father's marital satisfaction and they had average marital satisfaction. Although fathers had higher mean than mothers [see Table 1]. The difference between parents of two groups were compared by Manova method and the dominant style was acquitted.

Analysis showed that mothers and fathers of two groups had dominant closeness style and there was no significant difference between them [see Table 2]. Also, results showed that there was no significant difference between parenting styles in two groups. Mothers and fathers had authoritarian parenting dominant style and there was no significant difference [see Table 3]. By comparing parent of two groups and specify the cut point $= > 23$ as the criterion of mental health, results showed that there is no significant differences between parent (fathers and mothers) of two groups [see Table 4].

4. Discussion

Marital satisfaction, parenting style and parenting attachment style are an important factors that should be considered by therapist for intervention nail biting because they may affect the child's behavioral problems. Although the results showed that there is no differences between parent of nail biting group and control group, but it may differ for a certain individual. In support of this statement, some parents were seen that had lower marital satisfaction, anxious attachment style and authoritative parenting style in nail biting group that these variables may be affective for that certain parent. According to data, more and more parents are changing their parenting style to face with children. It is incongruent with recent studies. If we consider the cultural factors and time changes, it may be explainable. In the other hand, the method characteristic of this study may lead this results. Parent faking good or fear of the effects of results on their child may force parent to change their answers because we requested parent to fill in the questionnaires and they were not volunteer to contribute themselves. Also, some parents were afraid of responsibility of child's problem and felt guilty: "am I really the reason of my child problem"? It was demonstrated when teachers reported the nail biting behavior for a student and his/her parent declined it. It showed the parent resistance to accept the child problem or their influence on it. If we had used the volunteer parent, different results may be observed. As a whole, to treatment nail biting, all the factors should be considered. natural observation or a complete interview may be useful to have a safer information. Therapist can ask parent "what almost do you do when your child do not pay to your orders or do not pay attention to you?" Also, checking the parent's attachment style may be useful by therapist interview. Such a questions can be useful to determine adult attachment style: "what do you usually do when your child goes to her/his friends' home?" To study children NB, the general health of parent should be considered, even if it is not an effective factor. By comparing the parent general health of two groups, it showed that many factors may affect the mental health such as educational and marital stresses, financial problems etc. If parent have a higher level of depression and anxiety, they will have a lower ability to concentrate on child's problem.

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Table 1: Mean and Standard Deviation of Marital Satisfaction in Two Groups

Groups		N	Mean	SD	F	SEM *	Sig- (2sided)
Mother	nail biting	76	149.34	34.37	3.63	4.33	0.059
	control	68	154.13	48.20			
Father	nail biting	70	160.63	39.91	1.57	5.15	0.212
	control	73	167.56	34.2			

*Standard error of mean

Table 2: Frequency & Dominant Style of Parenting in Two Groups

Groups		Per*	Autho**	Autho***	N	P-value	Sig(2-sided)
Mother	nail biting	1	58	5	64	1.32	0.515
	Control	1	80	30			
Total		2	138	35	175		
Percent		2%	78%	20%	100%		
Father	nail biting	2	49	51	102	0.677	0.645
	control	1	60	6			
Total		3	109	57	169		
Percent		2%	65%	33%	100%		

*permissive

**Authoritarian

***Authoritative

Table 3: Frequency & Dominant Style of Attachment in Two Groups

<i>Groups</i>		<i>Anx*</i>	<i>Clos**</i>	<i>Dep***</i>	<i>N</i>	<i>P-value</i>	<i>Sig(2-sided)</i>
Mother	nail biting	18	34	7	59	2.64	0.266
	control	15	55	10	80		
Total		33	89	17	139		
Percent		23%	64%	13%	100%		
Father	nail biting	10	39	3	52	4.88	0.87
	control	7	39	11	57		
Total		17	78	14	109		
Percent		16%	71%	13%	100%		

*Anxiety style

**closeness style

***dependent style

Table 4: Frequency of Participated Parent in Lower & Higher Scores According to Cut off point of General Health in Two Groups

<i>Groups</i>		<i>Mother</i>	<i>Father</i>	<i>N</i>	<i>P-Value</i>	<i>Sig(2-sided)</i>
<23	nail biting	22	37	150	0.298	0.613
	control	38	53			
= > 23	nail biting	38	21	119	0.293	0.327
	Control	44	16			
Total		142	127	269		0.318
						0.330