The Influence of Parenting Styles and Stigma on Bipolar Disorder

Yuewen Yan

School of Education Science, Nantong University, Nantong, China
2206110064@stmail.ntu.edu.cn

Abstract. In today's societal context, mood disorders hold a second prevalence among mental disorders, and bipolar disorder (BD), a type of mood disorder, is seriously affecting people's mental wellbeing. In the studies of BD, parenting styles and stigma are often considered as the important factors which can influence this disorder. This The research is looking at the connection between parenting styles and BD, as well as the association between stigma and BD through retrieving, analyzing, and summarizing the top ten pages of literature from Google Scholar, indicated that taking the four parenting styles summarized by the PBI scale as an example, optimal parenting styles benefit individuals with BD, while high control and low care parenting styles along with stigma, which including public stigma and self-stigma, are both detrimental to those with the condition. The result drew a conclusion that parenting styles and stigma both serve as significant factors influencing the situations of BD.

Keywords: Bipolar Disorder, Parenting styles, Stigma

1. Introduction

In recent years, the impact of mental disorders on individuals is increasingly recognized, because the mental illnesses is on the rise and has a big impact on public health worldwide [1]. Mood disorders is one of the most prevalent mental health issues in the world, and bipolar disorder (BD) is one of common types of mood disorder which is linked to behavioral and psychological symptoms that frequently result in severe impairment and a higher risk of suicide. Among the numerous factors influencing the situations of BD, parenting styles and stigma are the two most frequently cited. The interactions within the family, especially the roles played by parents, are often considered as significant factors affecting the kids' mental health in the future. Current studies also mention that one of the most stigmatized illness is BD [2]. To summarize and clarify the connection between stigma and BD as well as the association between parenting practices and BD, this study will make a literature review of past research. This study aims to test two hypotheses: firstly, that positive parenting styles are beneficial for BD, whilst negative parenting styles are detrimental; secondly, that stigma is detrimental to BD, this will be achieved by retrieving, analysing, and summarising the top ten pages of literature from Google Scholar.

2. Concepts and their classification and characteristics

2.1. Bipolar disorder

BD is listed as a mood disorder, which is defined by variations in energy levels, emotional status, and cognitive capacities [3]. Most individuals who diagnosed with BD have experienced depressive episodes, at the same time, they are also experiencing periods of heightened emotional states, and the periods are always lasted from days to weeks [4]. These periods, known as mood episodes, are marked by intense emotional experiences that set BD apart from depressive disorder [4]. The primary distinction between manic and hypomanic mood episodes is their intensity, apart from this difference, both are characterized by unusually and consistently elevated and irritated moods and persistently enhanced energy [4]. The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) has described the diagnosis of two types of BD. A person will be diagnosed with bipolar I disorder if they exhibit the symptoms of a manic episode, and a person who displays the symptom of a hypomanic episode and a major depress episode will be diagnosed as bipolar II disorder [4].

2.2. Parenting style

Since numerous theoretical frameworks emphasize the importance of parenting, parenting styles had long been focused by academic community. When studying parenting styles, researchers will evaluate parental practices based on specific dimensions, and then determine parenting styles. several widely recognized parenting dimensions are existing among the currently prevalent scales, for example, two parenting dimensions have been introduced in The Parental Bonding Instrument (PBI). As opposed to a distant relationship with dismissive and neglectful, “caring parental bonding’, the first parenting dimension, refers to a warm relationship with intimate and sympathetic. The second aspect of parenting is 'over protection’, also known as 'control parental bonding’, which occurs when parents have too much control and protection over their kids, which prevents them from being fully independent. And there are four parenting styles base on these two dimension, two styles characterized by high control are affectionless custody (with minimal upkeep) and affectionate constraint (with extensive upkeep) [5]. Neglectful parenting (with lacking care) and optimal parenting (with high support) are the other two styles characterized by little control) [5]. Moreover, Cross-cultural research suggests that Definition of whether parenting styles are positive or not may vary between Western and Eastern societies. For example, Western cultures often associate high-control parenting styles with poor psychosocial adaptation in children and adolescents [6]. Compared to Western parents, Eastern especially Chinese parents are more likely to exhibit parental control and normative behaviour, they think it often means warmth, care, and nurturing [6]. In addition to the PBI scale classifications, there are also other scales existing for evaluating parenting styles, such as the Simplified Parenting Style Questionnaire (S-EMBU-C), and three categories of parenting styles including permissive style, authoritarian style, and authoritative style, which were separated by Baumrind [7].

2.3. Stigma

Stigma is one of the most common and challenging difficulties faced by individuals with BD, which is considered as the combination of prejudice, discrimination and lack of knowledge, making individual with BD feel shame about themselves because of their abnormalities [2,8]. Stigma often

comes from negative attitudes of other people and the social labels imposed upon individuals, damaging the quality of life and reduced self-esteem [8]. Recent studies also highlight the role of social media in both perpetuating and reducing stigma related to BD [9].

3. Parenting styles and bipolar disorder

In order to explain the relationship between parenting styles and BD,after reading and analyzing several relevant studies, this study will conduct a literature review of them.

In Abbaspour et al.'s cross-sectional comparative study, participants came from the adult psychiatric clinics in Bushehr, southwestern Iran, who are primarily diagnosed with major depressive disorder (MDD), BD, and schizophrenia [10]. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria, these patients were adults who were not in the acute stage of schizophrenia, BD, or MDD and who had no known neurological or systemic conditions that could impair cognitive function. In addition to not being illiterate, having been admitted to a mental health facility within the previous six months, and having intellectual disabilities as defined by the DSM-5, patients must also have spent the first sixteen years of their lives with their parents who did not have a history of severe mental diseases. The study design employed The technique of quota sampling for all illnesses, among these, the sample size of BD was specified as 43 patient. In this study, Parker's parental bonding instrument (PBI) was used for data collection and SPSS 22 (SPSS, Chicago, IL, USA) was used for data analyzing. According to the research's conclusions, bipolar patients had higher maternal control scores and paternal control scores than schizophrenic patients. This suggests that Bipolar individuals' parents are more controlling and overprotect, and the majority of patients characterized their fathers' parenting styles as negative. 'negligent parenting' was the most prevalent, and it was seen in nearly one-third of the three groups. Research also mentions that a chilly and neglected connection can prevent children from having enjoyable times, and poor parenting practices like overcontrol can increase the likelihood that children will develop mental disorders, potentially leading to emotional and behavioral difficulties. On the contrary, children's capacity for self-control and sense of safety can be enhanced by loving and supportive parenting. The absence of healthy controls is the study's main drawback, and the unique social and cultural traits of southern Iran may have an impact on parenting practices.Additionally, the samples were collected using non-random and convenient approaches, which may have an impact on the results' generalizability.

In Neeren et al.'s study, participants are 20500 students between the ages of 18-24 coming from TU and UW, which were chosen after a two-stage screening procedure for the Longitudinal Investigation of Bipolar Spectrum (LIBS) project [11]. Based on the expanded Schedule of Affective Disorders and Schizophrenia-Lifetime Version (SADS-L) interview and the General Behavior Inventory (GBI), two groups were divided as people satisfying GBI cutoff criteria for bipolar spectrum and the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Research Diagnostic Criteria (RDC) criteria for either Cyclothymic Disorder (Cyc), BipolarIIdisorder (Bi II), or BD not otherwise specified (BiNOS), and The control group consisted of people who satisfied the DSM-IV or RDC criteria for no Axis I psychopathology and the GBI cutoff criteria for lack of emotional psychopathology.The study employed several scale to collect data, GBI and Expanded Schedule for Affective Disorders and Schizophrenia-Lifetime(SADS-L) were both used to diagnose BD and its potential situation. The Children' s Report of Parental Behavior Inventory (CRPBI) was used to evaluate parenting styles, and the Life Experiences Questionnaire (LEQ) was utilized to evaluate the history of neglect by adults and peers, both physical and emotional, as well as physical, mental, and sexual abuse. The Beck Depression

Inventory- II (BDI- II) and The Halberstadt Mania Inventory (HMI) were used to measure the depressive, manic and hypomanic symptoms. Research conclusion indicate that negative parenting may contribute to the BD. Participants were more likely to receive a diagnosis of BD if their parents had a high degree of negative control and their mothers had a lack of warmth or accepting.This conclusion is suggesting that low levels of parental care and high levels of parental over-protection are associated with a more severe situation of BD. This study also has several important limitations. Firstly, saying whether maltreatment and/or poor parenting occur prior to or following a person's BD is impossible. Secondly, this study can also consider to include a third group of unipolar depressed individuals.

Other related studies have given some similar conclusion. Chen's research discoursed that the mental health prospects of people with BD may be improved by an optimal parental bonding style, which is defined by a blend of low control and high compassion [5].

In Naeem and Farooqi' s study, The analysis of data suggests that parenting style affects the later development of BD greatly [12]. The important factors included harsh parenting (control) , neglect, and over-pampering the child (Over-pampering refers to excessive indulgence that undermines children's autonomy development). Longitudinal studies would be helpful to confirm the causal relationship between parenting styles and BD, and the result of Shinde's research indicating that Authoritarian and Neglectful Parenting were correlated with higher rates of depression and BD [13]. Most studies demonstrate that the optimum parenting, which is characterized by low control and high care, is the best parenting style for enhancing the mental health status of those diagnosed with BD. And high control and low care often leads to the high risk of BD. A common limitation across these studies are the lack of control groups, and the difference of the methods used to assess parenting styles between each article. Further more, in a study on gender-related variations in parenting styles among young persons with BD, gender inequalities were seen among the patients [14]. Significant correlations between parenting styles and mood disorders were largely consistent across six different nations, with men reporting greater results than women on the repulsion and denial scale and numerous studies from various cultural backgrounds reporting associations between poor parenting styles and the first symptoms of BD [14]. Future research should explore whether these sex-related differences are consistent across different cultural contexts.

4. Stigma and bipolar disorder

For explaining the connection between parenting styles and BD, after reading and analyzing several relevant studies, this study will conduct a literature review of them.

In Ünal et al.' s study, participants ranged in age from 18 to 65, had a DSM-5 diagnosis of BD, and had been in remission for no less than three months [15]. Participants should have a Young Mania Rating Scale (YMDS) score of less than five and a Hamilton Depression Rating Scale (HAM-D) score of less than seven. For participants with a diagnosis of BD to be excluded intellectual developmental disorder, dementia, hearing loss, or other mental diseases, and without being in the acute exacerbation period of the BD, they must also be monitored by the study's own outpatient clinic for a minimum of six months. Data for this study was gathered using the sociodemographic form, the Multidimensional Scale of Perceived Social Support (MSPSS), the Internalized Stigma of Mental Illness Inventory (ISMI), the Young Mania Rating Scale, the Hamilton Depression Rating Scale, and the Rosenberg Self-Esteem Scale. Research conclusion indicate that employment status and education was significantly associated with self-stigma. Both the cause and the effect of depression can be attributed to increased stigma, which makes sufferers identify themselves negatively and experience suffering.Patients are therefore at a higher risk of

developing depression. Internalized stigma is also linked to worsened symptoms and an increased likelihood of depressive episodes. It reduces help-seeking actions and results in low self-worth, which in turn increases internalized stigma in BD patients. One of the study's shortcomings is the cross-sectional methodology and limited sample size that may restrict the data' generalizability.

In Mileva et al.'s study, Argentinean participants' age must be more than 18 years [16]. The factors that exclude someone will be drug addiction disorder as the major designation, severe Axis II personality disorder, any serious medical conditions, and the existence of potential for suicide during evaluating. Canadian participants were all patients who satisfied the DSM-IV criteria for BD, who were chosen from tertiary care hospitals in Kingston, Canada. In order to document people's encounters with stigma and the effects of stigma on their life, this study employed the Inventory of Stigmatizing Experiences (ISE), which includes the Stigma Experiences Scale (SES) and the Stigma Impact Scale (SIS). According to the findings, more than half of the Argentinean participants said that the stigma they encountered had a detrimental effect on their standard of life and sense of value. The study show that Including measures of social support could give a more thorough comprehension of stigma' s impact. The main limitation of this study is using two demographically different populations, and explaining the discrepancy between the ISE responses for the two nations was precisely helped by these variations.

Other related studies have given more conclusions. The study of Latalova et al. drew a conclusion that bipolar patients and their families are stigmatized [2]. This stigma affects their quality of life and social functioning. The findings suggest the need for psychoeducation programs aimed at reducing stigma among families of bipolar patients. Stigma and self-stigma were shown to be one of the barriers that delay or prevent effective treatment. The conclusion of Latifian et al. also indicates that along with the suffering caused by the illness, stigma has resulted in significant psychological discomfort for those who have BDs and their family [8]. In Perich et al.'s study, it has been discovered that stigma affects people with BD, and many of them suffer as a result. Public stigma was making functional impairment and anxiety greater, and making work-related outcomes poorer. These results highlight the importance of workplace policies that protect individuals with BD from discrimination. Self-stigma was also making the levels of functioning lower and depressive and anxiety symptoms greater. Most of studies recognize that stigma has severely affected patients' experience and function. The common limitation of these article is that due to insufficiently comprehensive sampling and inadequate consideration of influencing factor, research on stigma of BD remains incomplete in certain place.

5. Discussion and suggestion

Based on the analysis and synthesis of past literature as outlined above, this study has essentially validated the hypothesis posted. The following conclusions may be drawn: firstly, The results of the studies about parenting styles emphasized that many studies have considered parenting styles as the predictors and predisposing factors for mental disorder. Although definitions of positive and negative parenting styles vary across different culture background, some commonalities still exist. Generally speaking, the 'optimal parenting', which characterized by low control and high care, is considered as the best parenting style to the individuals with BD, and excessive control exerts an negative effect on BD. Secondly, the stigma surrounding this mental illness has consistently exerted a detrimental influence on individuals with BD, causing considerable harm both emotionally and functionally. In addition, some studies' findings confirm that parents of bipolar patients are generally exhibit tendencies towards overcontrol and overprotection. From this, it can be seen that certain negative parenting styles can have significant detrimental effects on mental health, particularly for

individuals with BD. When it comes to stigma associated with BD, it is typically categorized as public stigma and self-stigma, and also includes structural stigma, which is not a primary focus of this study. Public stigma means prejudice, stereotypes and discrimination held about individuals with mental health problems by the public even the whole society, while self-stigma is the internalisation of these negative beliefs, and negative self-agreement is caused by these beliefs about mental illness like BD [17]. As mentioned above, public stigma was making functional impairment and anxiety greater, and making work-related outcomes poorer. Self-stigma was also making the levels of functioning lower and depressive and anxiety symptoms greater [17]. Different types of stigma often interact with one another, intensifying and complicating the overall experience of it. self-stigma may increased by Increasingly public stigma, greater structural stigma may also increase both public and self-stigma with deepening stereotypes about mental illnesses [17].

For future research, there are some suggestions. Current research has predominantly employed cross-sectional, leading to the difficulty of establishing the causal relationships between parenting styles and BD or between stigma and BD. But longitudinal studies can track individuals' developmental processes over extended periods, helping clarifying the predictive character of parenting styles in the onset of BD and how stigma affects patients' symptoms, help-seeking behaviors, and social functioning over time. Future studies can employ longitudinal studies for exploring causal relationships. The above studies commonly have the issues of small sample sizes and insufficient representativeness. Future studies should include larger samples across diverse regions, cultural backgrounds, and healthcare settings to enhance the generalizability of findings. Eventually, when discussing the impact of parenting styles and stigma on BD, cultural background and gender differences should be taken into account, and when implementing strategies to address mental health issues, the influence of parenting styles and stigma associated with illness should be taken into account.

6. Conclusion

This study primarily explores and analyzes the relationship between parenting styles and BD, as well as the relationship between stigma and BD. The conclusion reached is that specific parenting practices can have either positive or negative effects on individuals with BD. Concurrently, stigma associated with the disorder impairs the experiences and functioning of those living with BD. Based on the analysis results, this study provides suggestions to future studies as: conducting longitudinal studies, expanding sample size and scope, incorporating cultural background and gender differences as factors, and incorporate parenting styles and stigma associated with mental illness into strategies for addressing mental health issues. This study identifies two key entry points for managing and treating BD, and aims to serve as one of the guiding principles for future psychotherapy approaches in BD.

References

[1] Cooper, C. (2017). Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990-2017: a systematic analysis for the global burden of disease study. The Lancet, 392(10159), 1789–1858.

[2] Latalova, K., Ociskova, M., Prasko, J., Kamaradova, D., Jelenova, D., & Sedlackova, Z. (2013). Self-stigmatization in patients with bipolar disorder. Neuroendocrinol Lett, 34(4), 265-72.

[3] Renk, K., White, R., Lauer, B. A., McSwiggan, M., Puff, J., & Lowell, A. (2014). Bipolar disorder in children. Psychiatry Journal.

[4] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).

[5] Chen, H. (2024). The role of parenting in the development of BD. Bipolar Disorders, 29.

[6] Pomerantz, E. M., & Wang, Q. (2009). The role of parental control in children's development in Western and East Asian countries. Current Directions in Psychological Science, 18(5), 285-289.Zheng, T., Jiang, L., Zhang, X., Liang, L., & Bian, Y. (2024). Parent–adolescent discrepancies in perceived parental warmth and authoritarian parenting and early adolescents' depressive symptoms. Children and Youth Services Review, 165, 107884.
[7] Baumrind, D. (1966). Effects of authoritative parental control on child behavior. Child Development, 37, 887–907.
[8] Latifian, M., Abdi, K., Raheb, G., Islam, S. M. S., & Alikhani, R. (2023). Stigma in people living with BD and their families: a systematic review. International Journal of BDs, 11(1), 9.
[9] Patel, P., Nagare, M., Randhawa, J., Ali, A., Olivieri, L., & Nagare, M. R. (2023). Bipolar disorders in social media: An examination of Instagram's role in disseminating accurate information. Cureus, 15(9).
[10] Abbaspour, A., Bahreini, M., Akaberian, S., & Mirzaei, K. (2021). Parental bonding styles in schizophrenia, depressive and bipolar patients: a comparative study. BMC Psychiatry, 21(1), 169.
[11] Neeren, A. M., Alloy, L. B., & Abramson, L. Y. (2008). History of parenting and bipolar spectrum disorders. Journal of Social and Clinical Psychology, 27(9), 1021-1044.Chen, H. (2024). The role of parenting in the development of BD. Bipolar Disorders, 29.
[12] Naeem, N., & Farooqi, R. (2025). Qualitative exploration of early manifestation of BD. Social Sciences Spectrum, 4(1), 376-384.
[13] Shinde, A. (2023). Parenting styles and mood disorders. Available online at: https: //research-archive.org/index.php/rars/preprint/view/523
[14] Zhao, H., Zhang, X., Xiu, M., & Wu, F. (2023). Sex-related differences in parental rearing patterns in young adults with bipolar disorder. Scientific Reports, 13(1), 21738.Ünal, G. Ö., Önal, B., İşcan, G., & Atay, İ. (2022). The relationship between internalized stigma, perceived social support and self-efficacy in BD. Genel Tıp Dergisi, 32(3), 350-357.
[15] Ünal, G. Ö., Önal, B., İşcan, G., & Atay, İ. (2022). The relationship between internalized stigma, perceived social support and self-efficacy in BD. Genel Tıp Dergisi, 32(3), 350-357.
[16] Mileva, V. R., Vázquez, G. H., & Milev, R. (2013). Effects, experiences, and impact of stigma on patients with bipolar disorder. Neuropsychiatric Disease and Treatment, 31-40.
[17] Perich, T., Mitchell, P. B., & Vilus, B. (2022). Stigma in BD: A current review of the literature. Australian & New Zealand Journal of Psychiatry, 56(9), 1060-1064.