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## PREDICTION OF OBSESSIVE-COMPULSIVE DISORDER BASED ON PARENTING STYLES, LOCUS OF CONTROL AND PERCEIVED SOCIAL SUPPORT IN STUDENTS

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### ABSTRACT

*The purpose of the study was to predict obsessive-compulsive disorder based on parenting styles, locus of control and perceived social support in university students. Research method was descriptive and correlational. For this purpose, from among Female university students at Bachelor's degree in Islamic Azad University, borujerd branch, that were 4576 people, 113 Female, were selected with non-randomly available sampling method. Participants completed Maudsley Obsessional-Compulsive Inventory (1977); Baum rind's (1972) parenting style questionnaire; Rotter's (1966) Locus of Control Scale and Zimet's et al (1988) Multidimensional Scale of Perceived Social Support. The data were analyzed with Pearson correlation and multiple regression and SPSS 20. The results showed that, there isn't significant relationship between components of parenting styles(authoritative, authoritarian and permissive), locus of control and components of perceived social support (family, friends and others) with OCD ( $r=0.311$ ,  $p=0.211$ ). Also, regression analysis showed that predictive variables, predict only % 9.7 of the variance of obsessive-compulsive disorder. parenting styles, locus of control and perceived social support, are not strong predictors for obsessive-compulsive disorder. Therefore, in the study of obsessive-compulsive disorder, along with attention to them, other important variables should be considered.*

**Keywords:** Obsessive-Compulsive Disorder, Perceived Social Support, Parenting Styles, Locus of Control, Students.

### INTRODUCTION

Obsessive- compulsive disorder is a mental disorder and its most important symptoms include thinking and practice obsessives, impelling individual to be busy in thoughts and unwilling behaviors and sometimes upsetting actions. Obsessive-compulsive disorder is a kind of anxiety disorder that is characterized as repeated and tantalizing thoughts or repeated behaviors and compulsive orders (that are called compulsion). Also, obsession can have the shape of pesky images or unwilling shakes. Most of the people that are suffer from mental and practical obsessive-compulsive disorder, yet a few people (about 20%) suffer just one of them (about 10%) (Moroney, 2017). People suffering from obsessive-compulsive disorder try to reject mental obsession or compensate it by internal and external compulsion (such as washing or counting and repeating words in the mind) and this makes them to be upset and disorders their natural life (Moroney, 2017). Such kind of disorder gets chronic unless being treated. 10% of the patients referring to psychologist are suffering from this disorder. Spreading behavioral- mental obsession during life is assessed about 2-3% in public population. This number is the highest after phobia, disorder related to drug abuse and depression disorders in

the fourth place are the most common psychological disorders (American psychology institute 2017).

The results of researches show that obsessive-compulsive disorder is very widespread among students of universities (Safaralizade et al 2014, Faraji, Dideroshani, Faraji and Nasrolah 2010). Such kind of obsessions increases irritation, anxiety and cause academic fail and future job failure among this group of the society. Paying attention to the case that average age for affliction of this disorder is 20, and students are considered as future managers of the society, their healthy or unhealthy conditions will affect future generation increasingly. So, the problem about mental health should be considered carefully. Recognizing factors that are related to students' obsessive-compulsive disorder and can be predict it, have important role in decreasing and improving this disorder in the patients (Safaralizade et al 2014).

Researches show that there are many factors that are related to obsessive-compulsive disorder. One of the most important elements in the formation of obsessive-compulsive disorder is the way of parenting. The results of some researches show that (different results) the main factor is parent,s way of parenting. Yet the result of the researches doesn't coincide with each other.

For example Strunck (2016) research called "investigating relationship between subscales of obsessive-compulsive disorder and parenting methods" showed that there isnot a significant correlation between three ways of parenting and four subtypes of obsessive-compulsive disorder (contamination, harm, unwanted thoughts and symmetry).

Yet, the research results of Kamali, Yuysefi and Rashid (2014), Khanjani, Esmaeeli & Gholamzade (2012), Timpano, Keough and Mahaffey (2010) revealed that parenting has significant correlation with obsessive-compulsive disorder in a way that ex-cathedra parenting has reverse significant correlation with the arbitrary parenting and nonchalance parenting has direct and significant correlation with the symptoms of obsessive-compulsive disorder.

The other psychological variable that is effective on the formation of obsessive-compulsive disorder is locus of control. Regarding to the locus control relationship with obsessive-compulsive disorder the result of the researches are not coincide. For example Altin (2004) research showed that locus control does not have high correlation with obsessive-compulsive disorder and is not significantly predicting symptomatic of obsessive-compulsive disorder.

Yet the research results of Slavati (2013), Akbarikia and Gasparyan (2012) and Inozu et al (2012) show that locus control has significant correlation with obsessive-compulsive disorder. In a way that, patients who had high score in internal locus control, had low level of obsessive-compulsive disorder symptoms and locus control high tendency for thinking control was significantly related to the symptoms of obsessive-compulsive disorder specially checking symptoms.

Another psychological variable that has investigated its correlation with obsessive-compulsive disorder is perceived social support that is called subjective control in which patients may experience sense of social support from different resources like family members, friends and others by emphasizing on the self-understanding. (Xu et al 2017).

The results of research about the relationship between obsessive-compulsive disorder and percieved social support are not harmonized. For example, the researches of Bayat Koohsar et al (2015) showed that there is no significant correlation between obsessive-compulsive



disorder and social support and the research of Steketee et al (1993) showed that total social support cannot predict symptoms of obsessive- compulsive disorder.

The research of Himle et al (2017) showed that negative correlation with family member and friends (weak of social support) has significant correlation with the incidence of obsessive-compulsive disorder.

Margaret Schenettler (2015) showed that the level of social support of social member network who suffer from obsessive- compulsive disorder has significant correlation with the severity of symptoms in a way that supportive relation and emotional messages of patients' social network can help them to manage the symptoms of obsessive- compulsive disorder.

Fang et al (2013) showed that the scores about objective social support (understood) and subjective social support in the patients with obsessive- compulsive disorder is significantly less than control group, that is, patients with obsessive- compulsive disorder impart less social support than the control group.

According to above mentioned issues, lack of research (research gaps) about the vagueness about the issue that to somehow parenting methods, locus control and social support predict obsessive- compulsive disorder and especially there is not enough, coherent researches among students, and there is a few researches in Iran about prediction of obsessive- compulsive disorder based on parenting methods, locus control and perceived social support among students.

#### ***Theoretical basis and literature review***

Obsessive- compulsive disorder is a kind of disabling mental disorder that includes a series of different symptoms such as contamination phobia, sexual or troublous aggression, compulsive behaviors like washing, checking and neatening (Doron, Derby, Szepsenwol et al 2016). This illness is enphytotic, chronic, torturous that effects on interpersonal and intrapersonal relationships and creates significant pain, time wasting and cognitional and emotional anxiety, life quality decrease and daily work disorder, educational and social failure and other functional fields (America Psychiatric association). Researches show that obsessive- compulsive disorder is very prevalent among students. The highest level of obsession in the patients is doubt obsession, reviewing, washing and repeating obsession. Such kind of obsessions causes sadness, distress and academic burnout (Safarlizade, Hashemloo, Bagherie and Motaarefi 2014).

One of the psychological variables that can be related to obsessive- compulsive disorder is parenting styles. Parenting styles are defined in the form of "perceivable attitudes of father and mother toward children". It is the first context by which a child can be adjusted to the social life. Parenting styles are considered totally as the attitudes, behaviors and manners of correlation that create an emotional context when they are applied together in which socialization endeavors and family relationships can be take place (Mousa Thabet and Qrenawi 2017)

Bamrind & Diana (1997) clarified three ways of parenting based on three styles of parenting including authoritative, authoritarian, permissive parenting styles. Authoritative parenting style is characterized by acceptation and close relationship, compatible control methods and proper independency. Authoritarian style has low level of acceptability and close relationship and high level of compulsive control and low level of independency. Parents having convenient parenting styles show kind and acceptable styles and have less control on their children



behaviors. These parents allow their children to make decisions in every age even when they are not able to do so (Strunck 2016).

These three styles of parenting mostly form based on cooperation and combination of two important dimension including "acceptation against being rejected" and "stringency against leniency". The first dimension investigates emotional correlation with the child and its realm starts from answer giving, acceptable and child oriented behavior and ends to careless, rejecting behavior concentrating on the demands and willing of parents. The second dimension includes parents' control on the children ranges from limiting and claimant behaviors to convenient and non-claiming and children behavior is supervised limitedly (Strunck, 2016).

Based on the researches about parenting style is considered as the most important predicting element of mental health of children and mental and behavioral obsession symptoms has significant positive correlation with it and the origin of obsession is anxiety. Lack of acceptation and control and high stricture toward children are arbitrary behaviors toward children that cause worriedness and anxiety in children for accepting his/her personality and behavior from parents' or others. Anxiety is also considered as a reason for obsession. It is possible that parenting styles is related to obsessive- compulsive disorder. Yet, acceptation and control, presenting proper responsibility to children that are characteristics of authoritative causes less anxiety and stress among children that prevents obsessive- compulsive disorder. It seems that in the permissive style, lack of supervision and proper guiding especially in the adolescence causes disability for gaining life skills and entity in the future that it causes anxiety in children and symptoms of obsessive- compulsive disorder (Strunck, 2016).

In addition to parenting styles, other psychological variable called locus of control can be related to obsessive- compulsive disorder. Julian Rotter (1966) defined locus of control as "generalized problem solving expectancy for two dimensions of internal locus of control against "external locus of control". Internal locus of control points to an extent in which people's expect to know one result of their behavior related to their own action or personal characteristics against the degree in which people expect to know that enforcement or the result of their behavior is function of chance or fate that is controlled by other powers or is predictable easily. Such kind of expectancies may be continued in a spectrum based on semantic similarities about situational signs (Nowicki et al 2017).

Regarding obsessive- compulsive disorder, individual has less power for controlling mental obsessions and this disability makes injure patients' feelings. According to the results of the research, it seems that locus of control is in this way related to obsessive- compulsive disorder by which patients believe that they can control their thoughts and interference shakes thorough internal locus of control and this belief can decreases obsessive- compulsive disorder. On the other hand, people with external locus of control believe that these thoughts and shakes are out of their control. Yet controlling does not always decreases compulsions and thoughts (Inozu, Yorulmaz and Terzid 2012).

Another Psychological variable that can be related to obsessive- compulsive disorder is perceived social support that is defined as individual's perception about love, and family , friend and other's support and social organizations against tension making factors like psychological disorders (Sadri Damirchi, Fayazi and Mohamadi 2016). Existence of perceived social support makes people feel that there are some people around that can help him/her at the time of distress and problems. This perception decreases anxiety, worriedness and increases



self-confidence, confronting abilities, tolerance and pessimism and it seems that is effective in preventing or decreasing obsession symptoms. So, it seems that perceived social support is related to obsessive- compulsive disorder in this way (Margarite and Schnettler, 2015).

As mentioned above, obsessive- compulsive disorder is a kind of painful disorder that threatens students' health and different elements are related to it such as parenting style, locus of control and perceived social support. Recognizing these elements and investigating their relationship and correlation can prevent them and provide a better way of treatment. So, the main problem of the research is that weather parenting styles, locus of control or perceived social support can predict obsessive- compulsive disorder among students?

- *previous researches*

Bayat Koohsar, Mirshekari and Bai (2015) showed in their research called "investigating the relationship between behavioral and mental obsession and social support in addiction to cigarette among students" that there is not a significant correlation between behavioral mental obsession and social support.

Mohammadi,(2015) concluded in his research as "investigation correlation between independency styles and perceived social support with obsessive- compulsive disorder among students of Islamic Azad university of Tabriz that perceived social support has more negative correlation than dependency styles with the obsessive- compulsive disorder.

Rezaee and Sadeghi (2015) also concluded in their research as "investigating the difference between religious orientation and perceived social support in patients with obsessive-compulsive disorder and non-patients that perceived social support in patients with obsessive-compulsive disorder and common people does not have significant difference.

Kamali, Yousefi looye and Rashid (2014) also showed in their research called "the effect of parenting styles and parents on the growing and conserving obsessive- compulsive disorder" that patients who have experienced authorization, and permissive parenting styles suffer more obsessive- compulsive disorder than those who have authoritative parenting style.

Dashtiperi, Mashayekhi and Barfar (2014) in their research called "the relationship between parenting style and behavioral and mental obsession in males", concluded that there is a negative significant correlation between authoritative parenting and behavioral-mental obsession and also there is a positive significant correlation between authoritarian and permissive parenting styles with the behavioral-mental obsession. Parenting styles can predict the symptom level of behavioral- mental obsession of males (Salavati, Hiva 2013). Investigating relationship between locus of control orientation and personal self-efficiency with behavioral- mental obsession among students of Islamic Azad university of Sanandaj Also showed that students getting high scores in the internal and self-efficiency locus of control have less level of behavioral-mental obsession symptoms.

Akbarikia and Gasperiyan (2012) research as "relationship between schema and locus of control with the symptoms of obsessive-compulsive disorder" showed that the rate of obsessive-compulsive disorder symptoms and its subscales are related to locus of control and locus of control is just an main effect on the behavioral-mental disorder.

Khanjani et al (2012) in their research as investigation role of parenting styles in predicting stressing thoughts and mental-behavioral symptoms" showed that the symptoms of mental-behavioral obsession and stressing thoughts has positive significant correlation with



authoritative and permissive parenting styles and has negative significant correlation with authoritarian parenting styles.

Ghaderi (2010) also showed in their research as "the relationship between different kinds of parenting styles and religious attitude with the symptoms of compulsive obsession" showed that there is a negative correlation between the symptoms of compulsive obsession with authoritative parenting style and positive correlation with the authoritarian and permissive parenting style.

Peter, Demola, De Motos et al (2017) in investigating correlation between perceived social support and anxiety (as the most important disorder of obsessive-compulsive disorder) showed that patients with high level of obsession have less level of perceived social support.

Hemel et al (2017) in the research as investigation family and friends support network effect on the obsessive-compulsive disorder among African –Americans concluded that the just negative correlation with family member has negative correlation with obsessive-compulsive disorder.

Strunck (2016) also concluded in his research as investigating correlation between subscales of obsessive-compulsive disorder and parenting styles that there is not a significant correlation between three styles of parenting and four subscales of obsessive-compulsive disorder.

Margarite Schnettler (2015) showed in the investigation as social support for patients of obsessive-compulsive disorder that the level of social support of social network to obsessive-compulsive disorder has significant correlation with the rate of symptoms in a way that supportive relationship and emotional massages of social network members of patients can help them in managing and preventing obsessive-compulsive disorder.

Fang et al (2013) research about investigating characteristics of unreasonable beliefs, social support and their relationship with obsessive-compulsive disorder showed that the scores about perceived social support and concrete social support in patients was significantly less than control group, that is, patients having obsessive-compulsive disorder had less social support than control group.

Wang and Zhao (2012) reseach about difference between family performance and social support between families with a member having obsessive-compulsive disorder and group control families in Shanghai showed that perceived social support of patient and his/her parents among families that have obsessive-compulsive disorder patients is significantly less similar cases and their parents.

Gelfand (2013) also concluded in his research as "investigating beliefs about control and obsessive-compulsive disorder, a multi-dimension approach" that believing less control (external locus of control) is related to the growth and conserving anxiety disorders like obsessive-compulsive disorder.

Inozu et al (2012) showed in their research as "investigating locus of control in mental-behavioral obsession symptoms and depression symptoms that external locus of control is positively related to the symptoms of depression yet, it was different for the symptoms of obsessive-compulsive disorder. Correlation of locus of control with high tendency toward controlling thinking, has significant correlation with obsession symptoms especially checking symptoms. The results showed that beliefs about controlling events are the main factors of obsessive-compulsive disorder.



Timpano et al (2010) also showed in their research as "investigating parenting and the symptoms of obsessive-compulsive disorder" showed that authoritarian parenting styles has significant correlation with the symptoms of obsessive-compulsive disorder and has negative effect on the behavioral health of children.

## **METHODOLOGY, STATISTICAL POPULATION OF RESEARCH, SAMPLING AND SAMPLE SIZE OF THE RESEARCH**

Statistical population of the research includes 4576 female students of Islamic Azad University of Boroojerd in the academic years of 2016-2017. Sample size includes 100 female students who were studied based on previous researches, valid methodology research books (Delavar 2016) and using nonrandom sampling method.

### ***Measuring tools***

#### ***Maudsely obsessive compulsive inventory***

Maudsely obsessive compulsive inventory is one of the most important questioners used in the clinical psychology in order to assess the symptoms of obsessive-compulsive disorder in psychological patients and is applied in non-clinical population as a tool for screening that is prepared by Hodgson and Rachman in 1977. This inventory includes 30 items, half with correct keys and half of them with incorrect keys and it was able to separate 50 patients of obsession out of 50 Neurotic patients in the Madzeli Hospital. Factor analyses of the answers of 100 opatients characterized four important parts that reflected four obsessive disorders in the patients including obsessions of rechecking, neatness, dilatory and doubt (Sánchez, et al 2011). This tool that is included of 30 correct and incorrect items of self-assessment, consisted of a total score and 4 subscale of rechecking (9 items), washing (11 questions), dilatory/ repetition (7items) doubt/ loyalty (7 items) (Izadi, Abedi and Moeen, 2012). Alcáza et al (2014) reported in in his research that the variability subscales of checking, washing and and dilatory of obsessive-compulsive disorder is 0.87. Hughson and Rachman (1980) reported that the validity of Madzely obsessive-compulsive disorder by retesting is 0.90 (Ghamari Givi, Narimani and Mahmoody 2013). The results of different researches support validity convergence and segregation of subscales about of checking, washing in the inventory of Madzely obsessive-compulsive disorder. In a way that the rate of its validity in comparison with the inventory of Padua obsession is between is reported 0.53 to 0.87. in this research, reliability coefficient measured by Cronbach Alpha for total score of Madzeli obsessive-compulsive disorder is 0.759 and for checking, washing, dilatoryand doubt are 0.725. 0.775, 0.706 and 0.706 respectively.

#### ***Bamrind inventory for parenting styles***

This inventory is planned by Diana Bamrind (1972) in order to investigate and assess three methods of parenting styles including authoritative, authoritarian and permissive. This inventory is translated to Persian language by Hosseinpour (2002). This inventory includes 30 phrases among which 10 phrases are related to authoritative, 10 to authoritarian and 10 items related to permissive style of parenting (Khanjani et al 2012). There is a five column spaces in front of each items including (totally disagree, to somehow agree, to somehow disagree, disagree and totally disagree) that are scored by 0 to 40 for each level of parenting style. Yaghuobi Doust and Enayat (2014) showed in their researches that Cronbach Alpha reliability



coefficient for three parenting styles including authoritarian, authoritative and permissive styles as 0.74, 0.73 and 0.75 respectively. Zeinali, Vahdat and Ghare Denge (2010) reported in their research that validity of this inventory by the retesting methods of authoritarian, authoritative and permissive styles are 0.64, 0.72, 0.60 and 0.55 respectively. In the research of Esfandiary (1995), variability of test in the samples including mothers by the method of retesting during 1 week were 0.69, 0.77 and 0.73 for the styles of permissive, authoritative and authoritarian respectively (Khanjani et al 2012). This inventory is translated to Persian by Esfaniyari in 1995. Esfandiary asked 10 experts in the field of psychology to denote the validity level of each each sentences and give their ideas. The result of this research showed that this inventory has high level of validity (Yghoobu Dust and Enayat 2014). Strunck (2016) reported content validity of the parenting styles as proper as possible. Coefficient variability of this research through cronbach Alpha for total score of parenting is 0.759 and for three subscales of authoritarian, authoritative and permissive are 0.853, 0.683 and 0.686 respectively.

#### ***Rotter (1996) Internal –External Locus of control Scale***

This test is provided by Rotter (1996) in order to assess generalized expectations of patient in the field of internal or external locus of control. In other words, this scale evaluates patient's perception of behavior locus of control, failures and successes and the results of life events. Social learning theory has been used for preparing this inventory. This scale include 29 items that each item had two sentences in the shape of A and B for internal and external locus of controls. 6 items (24, 19, 14, 8, 1, and 28) out of 29 are neuters that are applied in order to hidden inventory's aim from samples (Barzgar Bafroee et al., 2014). Among 23 items for scaling, the questions of A has 1 score and B has 0, yet in the items of 26,22, 15, 13, 12, 11,10 ,5 and 4 phrases B has given 1 and A as 0. In the research of Rotter (1996) validity coefficient by the retesting method was reported between 0.49 to 0.83. Scale retesting validity about a group of students calculated from 0.55 to 0.83 and internal coefficient were from 0.63 to 0.79 (Besharat and Bagheri 2012). Sboori moghadam (1993) assessed correlation coefficient of Rotter scale as 0.81 by dividing method. (Barzgar et al 2014). Rotter's Inventory validity of locus of control (internal –external) is supported by experts (Fayaz, Kazemi, Raeesin and Mohammadi 2016). Schjoedt and Shaver (2012) reported that inventory validity of internal-external locus of control is acceptable. This research also reports that coefficient correlation of total locus of control by Cronbach Alpha is 0.623.

#### ***Multidimensional scale of perceived social support (MSPSS).***

multidimensional scale of perceived social support that is provided by Zimet Dahelm and Farelly is a 12 items tool with three subscales (each having 4 questions) that is used in order to assessing perceived social support of three sources of family, friends and other important things in life. This scale evaluates perceived social support of individuals in every dimension in five scales of Likert (1=totally disagree, 5= totally agree) (Xu et al 2017). The range of total scale is changeable from 12 to 60. In order to achieve total score of this score, the score of all items were clustered and then divided to 12. (Tamaneefar et al 2013). Xu et al (2017) reported the reliability coefficient of multidimensional perceived social support as 95%. Aadl, Shafii Abadi and Pirani 2016) assessed that correlation coefficient of Cronbach Alpha for the inventory of perceived social support by the family, friends and important people in life are 0.87, 0.91% and 0.92% respectively. Salimi, Jokar and Nikpoor (2009) evaluated the coefficient variability of this inventory by Cronbach Alpha for perceived social support from





family, friends and important people of life as 0.86, 0.86 and 0.82 respectively (Tamaneefer et al 2013). Variability of multidimensional perceived social support scale among different Chinese participants is verified (Xu et al 2017). The results of Zimet et al (1988) research by the purpose of investigating psychological features of perceived social support scale showed that this tool is valid for investigating perceived social support (Kakabaree et al 2010). The research also evaluated that coefficient variability by Cronbach Alpha for total number of perceived social support is 0.854 and for three aspects of family, friend and important people support are 0.712, 0.896 and 0.761 respectively.

## THE RESULTS OF RESEARCH

**Table 1. the results of Kolmogrov-Simirionv about normality of data**

Variable	Statistical value of Z	Sig.
Permissive parenting style	0.694	0.722
Authoritarian parenting style	0.609	0.852
Authoritative parenting style	1.54*	0.017
Perceived social support of family	1.72*	0.005
Perceived social support of friends	1.11	0.166
Perceived social support of others	1.30	0.067
Obsessive compulsive disorder	0.799	0.546
Locus of control	1	0.266

As table 1 shows significance level of family perceived social support and authoritative parenting style is < 5% and they are not distributed normally yet the rest of variables are > 5% and have normal distribution.



**Table 2. statistical descriptive of the components of parenting styles of perceived social support, locus of control and obsessive-compulsive disorder (N=100)**

Variables	Mean	Standard deviation	Least	Most
Permissive parenting style	19.9	5.81	6	35
Authoritarian parenting style	17.21	6.18	3	33
Authoritative parenting style	30.79	6.92	8	40
Perceived social support of family	15.61	2.49	4	20
Perceived social support of friends	13.29	4.39	4	20
Perceived social support of others	14.73	3.82	6	20
obsessive-compulsive disorder,	13.07	4.60	2	24
Locus of control	10	3.6	1	17

Standard deviation is 5.81. The mean of authoritarian parenting style is 17.21 and its standard deviation is 6.18. The mean for authoritative parenting style is 30.79 and its standard deviation is 6.92. The mean of family perceived social support is 15.61 and its standard deviation is 2.49. Component of perceived social support of friends is 13.29 and its standard deviation equals 4.39. Component of perceived social support from others is 14.37 and its standard deviation is 3.82. The mean of obsessive-compulsive disorder is 13.07 and its standard deviation is 4.60. The mean for the variable of locus of control is 10 and its standard deviation is 3.6.

**Table 3. correlation coefficient of parenting style, perceived social support and obsessive-compulsive disorder**

Correlation coefficient	Correlation mean squire	Moderated correlation mean squire	Standard deviation	Durbin-Watson
0.311	0.097	0.028	4.53	1.85

As the table 3 shows correlation coefficient of the components of parenting styles, perceived social support, locus of control and obsessive-compulsive disorder is 0.311 that is relatively a weak coefficient and coefficient of (mean squire oc correlation coefficient) is 1.85 that shows independency of variables.

**Table 4. the results of ANOVA about multivariable regression**

	Freedom degree	Mean squires	F	Sig.
Regression	7	202.74	28.96	0.211
Rest	92	1891.77		
Total	99			

So, the results of table 4 shows that multivariable regression about components of parenting styles, perceived social support, locus of control with obsessive-compulsive disorder is not significant ( $P=0,211$  and  $F_{7,92}=28,96$ ).

**Table 5. multivariable regression**

	Nonstandard regression coefficient		Standard regression coefficient	T statistics	Significance level
	B	Standard error	Beta		
Fixed number	8.96	3.75		2.39*	0.019
Permissive parenting style	0.101	0.085	0.127	1.19	0.237
Authoritarian parenting style	0.014	0.079	0.019	0.181	0.857
Authoritative parenting style	-0.126	0.078	-0.19	-1.63	0.107
Family perceived social support	0.261	0.181	0.168	0.903	0.369
Friends perceived social support	0.113	0.125	0.108	0.903	0.369
Others perceived social support	0.214	0.131	0.168	1.64	0.416
Locus of control	0.214	0.131	0.168	1.64	0.106

As stated in table 5, the components of parenting styles, perceived social support and locus of control cannot significantly enter in the prediction formula of obsessive compulsive disorder.

**Table 6. parenting styles descriptive statistics components and obsessive compulsive disorder (N=100)**

Variables	Mean	Standard deviation	Least	Most
Permissive parenting style	19.09	5.81	6	35
Authoritarian parenting style	17.21	6.18	3	33
Authoritative parenting style	30.79	6.92	8	40
obsessive-compulsive disorder,	13.07	4.60	2	24

As table 6 shows the mean of permissive parenting style component is 19.09 and its standard deviation is 5.81. The mean for authoritarian parenting style is 17.21 and its standard

deviation is 6.18. The mean of authoritarian parenting style is 30.79 and its standard deviation is 6.92. The mean of obsessive compulsive disorder is 13.07 and its standard deviation is 4.60.

**Table 7. correlation coefficients of permissive parenting and authoritarian parenting styles (Pearson), Authoritative parenting style (Spearman) with the variable of obsessive compulsive disorder**

	Obsessive compulsive disorder	
	Correlation coefficient	Significance
Permissive parenting style	0.72	0.475
Authoritarian parenting style	0.09	0.375
Authoritative parenting style	-0.132	0.190

According to table 7, there is not a significant correlation between parenting style components with obsessive compulsive disorder

**Table 8. statistical description of locus of control and obsessive compulsive disorder (N=100)**

Variables	Mean	Standard deviation	Least	Most
Obsessive compulsive disorder	13.07	4.60	2	24
Locus of control	10	3,6	1	17

As the table above shows the mean of obsessive compulsive disorder is 13.07 and its standard deviation is 4.60. The mean of locus of control is 10 and standard deviation is 3.6.

**Table 9. Pearson correlation coefficient of locus of control and obsessive compulsive disorder**

	Obsessive compulsive disorder	
	Correlation coefficient	Sig.
Locus of control	0.175	0.082

According to the result presented in table 9, there is not a significant correlation between the variables of locus of control and obsessive compulsive disorder

**Table 10. statistical components of perceived social support components and variable of obsessive compulsive disorder (N=100)**

Variables	Mean	Standard deviation	Least	Most
Perceived social support of family	15.61	2.49	4	20
Perceived social support of friends	13.29	4.39	4	20
Perceived social support of to others	14.73	3.82	6	20
Obsessive compulsive disorder	13.07	4.60	2	24

As table 10 shows, the mean of family perceived social support and others is 15.61 and standard deviation equals 2.94. The component perceived of social support of friends is 13.29 and its standard deviation is 4.39. Perceived social support of others is 14.73 and its standard deviation is 3.82. The mean for obsessive compulsive disorder is 13.07 and standard deviation is 4.60.



**Table 11. Correlation coefficient in the components of perceived social support of family, friends and others (Pearson) and the variable of obsessive compulsive disorder.**

Correlation coefficient	Obsessive compulsive disorder	
	Significance level	
Family perceived social support	0.091	0.,37
Friends' perceived social support	0.068	0.501
Other's perceived social support	-0.058	0.565

The results presented in table 11 shows that there is not a significant correlation between obsessive compulsive disorder and perceived social support.

## DISCUSSION

The research investigates sample size based on the information and also considers descriptive statistical test about significance of correlations and generalization of the findings. Using spss version 20 about two statistical and deductive levels we analyzed data of the research. In the descriptive level, we used frequency indexes in the deductive section and statistical test for analyzing hypotheses. The results are as follow:

Parenting styles, locus of control and perceived social support could predict obsessive compulsive disorder

There is not a significant correlation between parenting styles and obsessive compulsive disorder.

There is not a significant correlation between locus of control and obsessive compulsive disorder

There is not a significant correlation between obsessive compulsive disorder and perceived social support.

## CONCLUSIONS

The research aims on investigating predication ability of obsessive compulsive disorder based on parenting style, locus of control and perceived social support among students.

Main hypothesis: parenting style, locus of control and perceived social support can predict obsessive compulsive disorder.

As the tables 3, 4 and 5 shows, the parenting styles, perceived social support and locus of control has a weak correlation with obsessive compulsive disorder ( $r=0.311$ ) and these three variable can't predict significantly the changes of obsessive compulsive disorder. The results of this research coincide with the findings of strunk (2016), Bayat et al (2015), Altin, yet it is not coordinate with the findings of Kamali et al (2014), Tympano et al (2010) Khanjani et al (2012), Ghaderi (2010), Farzi et al (2003), Pinoalenso et al (2004), Akbarikia and Gasperian (2012), Inonzo et al (2012), Salavati (2013). Himel et al (2017), Margaret (2015) Fang et al (2013) Wang and Zhaoe (2012).

Obsessive compulsive disorder is a kind of psychological disabling illness that is featured by irritating and unwanted mental and behavioral obsessions that is recognized by some symptoms such as stain fear, boring sexual aggressiveness and compulsive behaviors like over washing, rechecking and tiding (Doron et al 2016). Such kind if disorder is disabling,

irritating and prevalent and affects interpersonal and intrapersonal relationships and causes significant pain and ache, time consumption, recognition and emotional sadness, academic burnout, life quality downfall, and disorder in profession, education, and other social and important aspects of life (American psychological institute 2017).

Different researches have investigated parenting styles, locus of control and perceived social support through the variables of mental health or mental pathology like obsessive compulsive disorder. The researches show that the styles parents apply in order to train their children indicate their attitude, acts and nonverbal states in relation to their children and are called parenting styles that effect on shaping their personality, behavioral patterns and mental health Strunk (2016).

Locus of control means that the results of our actions depend on our behavior (internal control) or is affected by the events that is out of our control (external control) such kind of control toward life problems has direct contact with mental psychology, public health and psychological health (Arakeri and Sunagar 2017).

Perceived social support is considered as the function of social relationship, perception form those people who provide social relationships on time (informational and emotional sources). If individuals feel that they are supported, most of their needs will be fulfilled that includes lovely sense under the protection and perception sense by others. The results of practical researches show that social support has important role in the mental psychology of the students .

Although, different elements and factors are correlated with this disorder and can predict it, the results of research about students showed that every three independent variables (parenting styles, locus of control and perceived social support) does not have significant correlation with obsessive compulsive disorder, so the y can't predict it.

Investigating the results of different researches about the relationship between parenting styles locus of control and perceived social support with obsessive compulsive disorder in Iran and other countries show that the results of most of these researches are nit according with the results of this research. That is, the results of most of the researches show that parenting styles, locus of control and perceived social support has significant correlation with obsessive compulsive disorder.

In order to explain the results we argue that different statistical population of the researches may be the source of this dissimilarity. So, we can state surely that predicting variables don't have correlation with the obsessive compulsive disorder. For solving this problem and achieving a certain result it is necessary to do extra and more researches in statistical population especially among patients having obsessive compulsive disorder.

H1- there is a correlation between parenting styles and obsessive compulsive order

As the table 5 and 7 show, the components of parenting styles does not have correlation with obsessive compulsive disorder and it cannot predict the variable of obsessive compulsive disorder,. The results of this research beside the findings of Strunk (2016) showed that there is not a significant correlation between three methods of parenting and four subsections of obsessive compulsive disorder (contamination, injury, unwanted thoughts and symmetry). But, this is not coincide with the research findings of Kamali et al (2014), Timpano et al (2010), Khanjani et al (2012), Ghaderi 2010), Farzi et al (2003), pino et al (2004).



Members of the family is the product of parent's life and valuable assets of society and country's hope. They are considered as the future parents of the society and have important role in the economy and culture of a country and they would have heavy responsibilities in the near future of their country. Most of the behavioral, psychological and social disorders and abilities during life are due to lack of attention toward the important part of life that is childhood and lack of correct training and totally has root in the family and parenting styles. So, family and parenting styles of have important role in the multi aspect normality of children and social consistency (Navabakhsh and Fathi 2011)

Parenting and training styles have important role and can prevent most of the psychological and social disorders like family aggressiveness. Parenting style can predict social- mental improvement, educational function, welfare and health and even behavioral problems of children in the future. Studies showing that anti- social behaviors increase due to unsuitable parenting styles, emphasizes mostly on the parenting styles. Researches show that parenting styles have long term effects on the behavior, function and wishes and finally on the personality of people in the future. Those parents who don't allow their children to show their existence, prevent the outbreak of their potential talents and consequently such kind of children will be aggressive in the future. So, parenting styles have deep effect on the mental and psychological health of children (Yaggobi Doost and Enayat 2014).

On explaining research findings beside coincide researches we can state that parenting styles do not have significant correlation with obsessive compulsive disorder and can not predict directly. So the styles that parents apply in training their children don't have any effect on the obsessive compulsive disorder. Yet, it may help indirectly in the process of confronting disorder.

On the other hand, the results of counter researches show that authoritarian parenting styles has significant correlation with the obsessive compulsive disorder. In explaining this issue we can argue that authoritarian parenting style has low level about the perception and close relationship aspects and high level of compulsive control and low level about giving freedom. Authoritative parents are unkind. They shout in order to have control on their children, they give orders and threaten them. Their attitude is like this: "do this since I wanted you to do". They decide for their children and expect them to accept it without any reason. If the children resist against them, they will punish them Strunk (2016).

In this method, children are brought up in a manner that they will obey obsessive rules. the result of failing in these rules is usually punishment and they use frightening methods in order to control their children. Authoritative parents usually cannot explain their reason behind their rules. if they are asked to explain the reason they may simply say that because I want you to do so. These parents have a lot of requests yet they are not responsible in front of their children. They expect their children to obey them without any reason. Authoritative parents don't show any love toward their children.

Such kind of behavior may causes fear, concern, anxiety and less level of self confidence among students that in turn cause the symptoms of obsessive compulsive disorder. It also can be argued that different results of the researches may refer to social population who were selected out of samples. So such differences demands more researches in order to confirm the results.



## H2- there is a correlation between locus of control and obsessive compulsive disorder

As we indicated in tables 5 and 8, the variable of locus of control does not have significant correlation with the variable of obsessive compulsive disorder and cannot predict it. The results of this research and Altin (2004) showed that the variable of locus of control significantly did not predict totally obsessive compulsive disorder. Yet the results of Slavati (2013), Akbarikia and Gasperian (2012) and Inozo et al (2012) are different from the results of this research. As mentioned above, locus of control means the level of individuals' effect on their life. People having internal locus of control believe that they can shape the events of life by themselves and affect the results, while people having external locus of control believe that the events are under the control of chance, fate or external sources (Besharat and Bagheri 2012).

Rater (1990) describes internal control as the degree of which people expect that their behaviors are based on their personal characteristics and acts (Arakeri et al 2017). People having high scores in internal control have more possibility to try for their environment than people with external control and accept the responsibility for their actions. Yet, people having external control try less and believe more on the chance and fate (Keshavarz et al 2012).

People having high level of external control believe that their endeavor can create changes around them. These people think that future is their own personal responsibility and their action will determine their future. These beliefs cause them to have high self-confidence and this is more motivation for achieving success. These people are responsible for their acts, are less affected by other's thoughts, have high belief on their own effectiveness, try more to achieve their goals and are more objective. Yet, people having high level of external control, they believe that they don't have any control on their environment and events and other people control their acts and life and they should obey those (Arakeri et al 2017).

Rater (1990) describes external control as the degree of which people expect that their behaviors depend on chance or fate and is under the control of other people and is easily unpredictable. (Arakeri et al 2017). People having high level of external control believe that don't have any control on the events around the other people control their acts. Orientation of external control shows that achieving goals is divided into "powerfull others" and "chance" (Keshavarz et al 2012).

The results of the research show that in comparison with people with external control, people having internal control have more mental and physical health than and are more satisfied about their life (Arakeri et al 2017).

In explaining the results of research and aligned researches we can say that although locus of control can be an effective variable in psychological health yet, it does not have any correlation with obsessive compulsive disorder and cannot predict it. So, we cannot rely on them while planning therapeutic programs. So, internal or external locus of control have very trivial effect on the obsessive compulsive disorder

On the other hand, dissimilar research results show that locus of control have significant correlation with obsessive compulsive disorder. Regarding to the results of research we can say that internal locus of control makes personal self-confidence and efficiency and help people in confronting the symptoms of obsessive compulsive disorder. But, people having external locus of control believe that they are not able to control the symptoms of obsessive compulsive



disorder. Lack of coordination among different researches may be related to statistical population that demand more researches about this problem.

### **H3- there is a correlation between perceived social support and obsessive compulsive disorder**

As the table 5 and 10 show there is not a significant correlation between perceived social support and obsessive compulsive disorder. Findings of this research coincides with the the resrch findings of Koohsar et al (2015), Stekti (1993) and is different form findings of Himle et al (2017), Margaret (2015) and Fang et al (2013).

As mentioned earlier, perceived social support is defined as individual's perception about love, support, respect, attention and help for family friends and other important people like social organizations while confronting a problem and psychological tension (Sadri Damirchi et al 2016).

Perceived social support causes to feel of being under attention are accompanied when necessary. (Sarafino and Smith 2016). Social support help psychological welfare of individuals while having high tensions and this make them feel more valuable and have positive feelings. Researches consider that social support is as source that enables individuals to confront life events and problems and acts a supportive barrier against psychological tensions. (Margaret 2015).

Social support is the most important and confronting force of people while encountering diseases and tensioning situations and facilitates illnesses to the patients, decreases negative effects of the environment and the society and consequently has positive effect on the life quality of the people (Behnamian Moghadam et al 2014).

In explaining the research findings and aligned researches we can state that perceived social support does not have significant correlation with obsessive compulsive disorder and cannot predict it. So, beside the good effects of perceived social support it cannot be considered while studying obsessive compulsive disorder, conserving symptoms or confronting the. That is, those people having obsessive compulsive disorder having perceived social support or not won't have any effect on the symptoms of disorders. So, this variable is not considered so important while discussing the symptoms.

On the other hand, the non-harmonized research results show that perceived social support has significant correlation with obsessive compulsive disorder. In explaining the results of this research we can say that supportive perception and positive emotional messages of patients can decreases concerns, tensions, strees and increase psychological calmness and self-confidence and helm them to manage and confront obsessive compulsive symptoms which is the most important background for the tension and stress.

Those people who don't enjoy social support and relationship lack this source while confronting stress and tension so their stress will remain potentially, yet, this difference in the research results may be related to statistical population among which they were selected. So such kind of disharmony demands more researches in order to achieve fixed results.

## **RESEARCH SUGGESTIONS**

According to harmonized and disharmonized research results in this field, it is suggested to the universities to create more educational workplaces about obsessive compulsive disorder for students in order to diagnose it among students. It is suggested to other institutes such as





training and education system to held training workplaces for obsessive compulsive disorder for parents and students in order to prevent and decrease among students. It is also suggested that other organizations like training and education institute take steps for preventing this illness by holding workplaces for parents and students. Finally, it is suggested that other organizations except the universities such as sport and young organization, social welfare and support, Imam help and Support organization should also proceed to provide proper social support to students.

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