Introduction
Schizophrenia is a major psychiatric disorder having a lifetime prevalence of about 5 per 1000. Several factors including genetic predisposition as well as environmental influences were found as having role in the psychopathology of schizophrenia. For example, about 80% risk of schizophrenia is hereditary. It is more evident in genetically susceptible individuals who are exposed to environmental factors. Among the environmental factors, parental personality and parenting strategy may play an important role in the causation of schizophrenia. But, very few studies have been done regarding the association of those factors. Moreover, it is very difficult to find out those associations separately. With this background, a clinical case of schizophrenia with problematic parenting style may add some evidence in this issue.

Case summary
A 21 years old Muslim unmarried medical student was forcefully admitted in the emergency department of the National Institute of Mental Health (NIMH), Dhaka; with the complaints of odd belief, occasional violent & aggressive behavior, verbal abusiveness, and sleep disturbance for about six months. He had history of having high interest to explore astrology, numerology & spirituality for the previous 6 months. Gradually, he became devoted to learning a lot about their terminologies & theories through the internet. Reading science fiction, he gathered the idea that humans were descendants of aliens named the lyrians who lost in the battle with another group of aliens the vegas, and came to the earth. Gradually, he started to believe those theories & ideas, to share it with others, to post regularly about them on social media. Finally, he started to apply those ideas and procedures in his real life in an extensive manner. Later, he also started to believe in a previous birth. He told one of his female batchmates that he was her husband in the previous birth. He proposed her and said that if they had been together, they would have been more powerful to promote humanity. He anticipated to take her to the 5D galaxy of aliens. He claimed himself as the ‘Big boss’, a character of a video game which he had been playing since childhood. He reacted violently, used abusive words & threatened to commit suicide when his internet connection was cut off.

He had less attachment with his father & relationship with him was not very warm. As a doctor, his father was very busy & could not provide enough time for the family. The boy was mostly guided by his doctor mother who was an authoritative, impulsive, and oversensitive woman with poor ability of controlling anger. She had some circumstantiality in speech & thought. As a mother, she was found as very overprotective who used to monitor every activity of her. She barely allowed him to go outside alone. Although having a good understanding and a fairly good relation, sometimes, she supported some peculiar activities of her son like following an unusual routine, instant decision of skipping an exam, etc. She allowed her son to play computer games to keep him under control. There was a gross lack of agreement in views between his parents. Besides, they often used to quarrel even in front of their children.

As a result, the boy became introverted, with a marked lack of interest in social relationships and a tendency towards a solitary lifestyle. He had few friends and relations with them were not that close. He did not play much with them and had little chance to meet them other than in school. He used to play different types &
versions of computer games and imagined the characters & stories of them. He was arrogant with less remorse in his childhood. He had little interest in academic and extracurricular activities. He was a very irregular student though sometimes he performed well in examinations. His religious view was complicated & sometimes he committed crimes like stealing. He had no plan for life regarding academic carrier or personal matters. His mental status examination (MSE) revealed that he had a delusion & his insight was impaired. He was diagnosed as a case of Schizophrenia & was treated with risperidone, procyclidine, and flurazepam, and his condition was getting improved.

Discussion

Like other mental disorders, the etiology of schizophrenia is very complex. Biological, psychological, and social factors are thought to be important in the causation of this disorder. Among them, parental psychopathology, parenting style, and intrafamilial relationships pattern is related to the mental health outcome of a child. But an unstable childhood upbringing environment may cause additional risk of developing schizophrenia in a genetically susceptible individual. The rearing environment of our case was not very stable. His both parents were doctors. They often quarreled in front of him. Moreover, he had a very poor relationship with his father.

Maternal psychology may be an important influence and a determinant of parenting behavior. Some connections between low levels of maternal neuroticism and psychopathology and high levels of maternal agreeableness and adaptive parenting were also found. Individual, whose first-degree relative has a personality problem has a higher chance to develop schizophrenia. There is an association between overprotective parenting in preadolescence and a higher frequency of psychotic experiences and delusions at adolescence. A parenting style of affectionless-authoritative-overprotective may add more risk for a person at ultra-high risk for psychosis. High levels of peculiarity and neuroticism are also linked to schizophrenia. The more extrovert person has less chance to develop schizophrenia. Moreover, it was found that introversion was more pronounced in boys with schizophrenia. The more passive babies, become isolated from peers with less social play and show greater hostility have more chance to develop schizophrenia in adulthood. The babies who have delayed milestones with speech problems or reading difficulty have additional risk to develop schizophrenia later. The neurodevelopmental disturbances created by those factors may be manifested as premorbid developmental delay, behavioral changes, cognitive deteriorations, abnormal social interactions, and biological changes as well as active symptoms of schizophrenia.

In our case, the mother was very authoritative and she had a defective personality. Though she loved her son very much, she tried to restrict him as much as she could. The case was very unhappy with that restricted life. His speech development was a bit delayed. As a child, the case was introverted and had lesser social interactions. He mostly engaged himself in playing computer games and sometimes used to follow unusual routines. Those activities were very much reinforced by her mother. He was an irregular student without any particular plan and ambition about life. He did not bother stealing something as a child. He liked to imagine too much in his childhood and those fantasies became the components of his delusions in the latter part of his life.

Though both of his parents were affectionate, the case had a critical rearing environment with a defective maternal personality, cold relationship with father, and some defective parenting strategies. Preventive measures are possible to be taken if those associations are found reliable.

Conclusion

This case report may add some more evidence to the association between parenting style and adverse childhood environment with the psychopathology of schizophrenia. It is of great importance in a country like Bangladesh, where parenting is one of the least discussed topics. More epidemiological research should be undertaken to validate those factors which might be preventable.

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