Journal of
Social Behavior and Community Health

The Relationship between Personality Disorders and Parent's Social Capital with the Social Health of Children and Adolescents in Yazd

Nastaran Ahmadi [a], Parvane Rashidpour [b], Mohammad Reza Mohammadi [c], Mohammadhadi Farahzadi [b]*, Javad Ardeshirpey [d], Hossein Abouzari [e], Malihe Mobini [c], Masoud Mirzaei [a], Amir Houshang Mehrparvar [f], Fatemeh Rismanian Yazdi [d]

[a] Yazd Cardiovascular Research Center, Non-Communicable Disease Research Institute,Shahid Sadoughi University of Medical Sciences, Yazd, Iran
[b] Department of Psychiatry, Reserch Center of Addiction and Behavioral Sciences, Shahid Sadoughi University of Medical Sciences,Yazd, Iran
[c] Psychiatry and Psychology Research Center, Roozbeh Hospital, Tehran University of Medical Sciences, Tehran, Iran
[d] Faculty of Education and Psychology, Yazd University, Yazd, Iran
[e] Clinical Psychologist, Shahid Sadoighi University of Medical Sciences, Yazd, Iran
[f] Department of Occupational Medicine, School of Medicine, Shahid Sadoughi University of Medical Sciences, Yazd, Iran

ARTICLEINFO

ORIGINAL ARTICLE

Article History:
Received: 03 Feb 2024
Revised: 01 May 2024
Accepted: 05 May 2024

***Corresponding Author:**
Mohammadhadi Farahzadi

Email:
h.farahzadi@ssu.ac.ir

Tel: +98 9133513197

Citation:
Ahmadi N, Rashidpour P, Mohammadi MR, Farahzadi MA, Ardeshirpey J, Abouzari H, et al. The relationship between personality disorders and parent's social capital with the social health of children and adolescents in Yazd. Journal of Social Behavior and Community Health (JSBCH). 2024; 8(1): 1331-1343.

ABSTRACT

Background: Considering that personality disorders and parents' social capital are two important factors that can affect the social health of children and adolescents, therefore, the present study aims to examine the relationship between personality disorders and parents' social capital with the social health of children and adolescents in Yazd.

Methods: This is a descriptive_ correlational study that was done in the province of Yazd in which 1035 children and adolescents between the ages of 6 to 18 participated. These participants were selected on the base of multi-stage random cluster sampling. The social capital questionnaire and parents' personality disorders (Millon Clinical Multiaxial Inventory - Third Edition (MCMI-III) which parents completed and the lifestyle questionnaire was completed by children and adolescents. Data analysis was done by applying descriptive statistics and calculation of odds ratio with a 95% confidence interval.

Results: A total of 1035 parents children and adolescents were enrolled, participants (44.1%) were males and (55.9%) were females. Millon's test of fathers demonstrates a significant correlation with the average scores of structural social capital, cognitive social capital, communicative social capital, and total social capital (P-value < 0.001). Millon's test of fathers had a significant relationship with total social capital in all age groups (P-value < 0.05). On the other hand, Millon's test of mothers had a significant relationship with total social capital in fathers aged 19-34 years (P-value < 0.001).

Conclusion: Family social capital improves children and adolescent's social health. Consequently, caregivers have a significant impact on the social and psychological well-being of young individuals. Enhancing the level of social capital and promoting mutual understanding among parents is imperative to achieve this goal. It is necessary to strengthen the level of social capital, and mutual understanding between parents. In addition, it can be suggested to pay more attention to the psychological characteristics of parents in the process of diagnosis and therapeutic intervention of children and adolescents.

Keywords: Social capital, social health, adolescents, children, Yazd

Copyright: © 2024 The Author(s); Published by Journal of Social Behavior and Community Health. This is an open-access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0),which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

[Downloaded from sbrh.ssu.ac.ir on 2026-09-07]

[DOI: 10.18502/jsbch.v8i1.15680]

Introduction

In numerous middle-income nations, including Iran, the child and adolescent population comprise a substantial portion of the overall population (Mohammadi, M. R., et al. 2019). Children and adolescents make up a large part of the Iranian population structure that has multiple physical, psychological, and social needs that must be met (Heffernan, S., et al. 2024). The family can be considered the first place that creates a link between the parent-child and the surrounding environment (Safari, K., & Shayeste, S., 2015). Personality is essential for understanding the evolution of cooperation and conflict in behavior (Martin, J. S., et al. 2023). Parents, with their personality traits, create situations that provoke specific behaviors in their children, provide them with role models, or encourage a specific set of behaviors (Cervone, D., & Pervin, A. L., 2015). Personality disorders are characterized by a consistent and lasting pattern of cognition, relationship, and perception with both oneself and the environment. This pattern is pervasive, maladaptive, and inflexible, impacting significant aspects of an individual's life functioning. Extensive research in the field indicates a significant heritability rate for personality disorders and underscores the influence of parental personality disorders in the child's development, including the emergence of psychopathology (García, L. F., et al. 2024). Untreated personality disorders remain constant over time and are thus resistant to treatments (Kramer, U., 2022). Studies in this area show that a notable correlation exists between the childhood experiences of parents and their psychopathology, specifically borderline personality disorder, during their children's adolescence (Shams Esfand Abad, H., 2018). Yazdkhasti and Ghasemi showed in research that a strong and meaningful association exists between parental personality and the dimensions of social capital related to children's acceptance and rejection (Yazdkhasti, F., & Ghasemi, S., 2011). In general, studies show the existence of a relationship between personality disorders and psychological characteristics of parents with psycho-social problems in children and adolescents (Brummelhuis, I. A., 2022; Kluczniok, D., 2018). Another factor that can affect the health of children and adolescents is the social capital of parents. Social capital has gained an important place in the scientific literature of the world due to its ability to explain many phenomena of modern society (Afshani, S., & Forghany, M., 2017). Social capital exists both in the family and outside the family and within the community. The familial social capital is the relationship that exists between children and their parents, and it is associated with several important factors such as the presence of parents at home, the number of children, and the appropriate relationship between parents and children (Safari, K., & Shayeste, S. 2015). A strong relationship between father and mother and also parents with children can be a very important factor in social capital for the development of family members (De Silva, M. J., et al. 2005). Studies in this area show that the greater the family social capital is, the less likely children are less likely to be exposed to high-risk social behaviors and have more social health (McPherson, K. E., et al.2013; Westphaln, K. K., et al. 2022). One of the axes of evaluating the social health of various societies is the social health of the people of that society, especially children and teenagers of that society. Social health has a fundamental role in guaranteeing the dynamism and efficiency of children and adolescents in any society. Since the growth and prosperity of any society require the presence of knowledgeable, efficient, and creative people, there is no doubt that the physical and mental health of the society's future leaders plays a colorful role in this direction. The existence of injuries and social problems in any society exposes children and teenagers to more harm than other groups (Santos, V. S., 2023). Social health encompasses an individual's capacity to establish meaningful connections with others, as well as

[Downloaded from sbrh.ssu.ac.ir on 2026-09-07]

[DOI: 10.18502/jsbch.v8i1.15680]

CCBY-NC 4.0

their ability to adjust and thrive in various social contexts. Every social relationship should encompass essential elements such as effective communication skills, empathy towards others, and a sense of responsibility. Stress poses a considerable risk to the health of relationships, and it should be effectively managed using established techniques like engaging in regular physical activity, practicing deep breathing, and engaging in positive self-talk (Taekema, D. G., et al. 2010). It is recognized that being raised by a mentally ill parent is linked to negative psychological and physical outcomes in adulthood; however, the available evidence in this area remains limited (Hofmann, V., & Müller., 2018). The social health of children and adolescents is related to the personality traits of parents, and since children, as a result of their growth, in the context of the family, imitate their parents and reproduce their behavior. Also, parents who have personality disorders can affect their mental health in interpersonal relationships and the way they raise their children, in previous research, very few links have been found between child and adolescent psychopathology and parents' personality, and sometimes in the presence of several variables. There is a difference of opinion, and so far no comprehensive study has been conducted in Iran to answer the ambiguities in this regard. Therefore, the present study aimed to investigate the relationship between personality disorders and parents' social capital with the social health of children and adolescents in Yazd.

Methods

This study is the result of a cross-sectional survey that has been carried out simultaneously at the national level in all provinces of Iran. The preliminary investigation was conducted four years before the study. The foundation of this study lies in an experimental epidemiological survey conducted on a sizable sample (N = 2000) of Iranian children attending schools. Additionally, epidemiological investigations were carried out to examine the epidemiological issues present in five other provinces. (Tehran, Khorasan, East Azerbaijan, and Fars province).

The project involved a kind of semi-structured interview called K - SADS - PL, with the primary aim of studying some mental disorders among 1035 teenagers and children aged between six to eighteen in Yazd Province. The size of the sample was determined based on a prevalence of psychiatric disorders of 0.3, a type 1 error rate of 0.05, and a margin of error of 0.05, resulting in a calculated sample size of 825 individuals. In our study, we used multi-stage random cluster sampling to select 1174 participants. Then,167 blocks were selected randomly. six cases were selected in each cluster out of which three were boys and three were girls and they were put in three different groups (six-nine years,ten-fourteen years,fifteen-eighteen years). In the end, 1035 children and adolescents were randomly selected to make a comparison between urban and rural areas out of this 90%participants were from urban areas, and 10%from rural.

Inclusion and Exclusion Criteria

Inclusion criteria were as follows: Iranian people, people who lived in the province for at least one year, and between the ages of six to eighteen years. The study did not include adolescents and children who had severe physical illnesses.

Scales

SCQ or Social Capital Questionnaire (Ghoshal and Nahapyt, 1998):

The questionnaire consisted of 28 items that pertained to social, structural, and cognitive capital. the questionnaire consisted of seven items: trust, networks, mutual understanding, cooperation, relations, and commitment (Mooghali, A., 2015). content validity and values according to the professors ' corrective opinions to determine the validity of the questionnaire and Cronbach's alpha coefficient for its reliability evaluation. The reliability factor of the questionnaire was done using the social

[Downloaded from sbrh.ssu.ac.ir on 2026-09-07]

[DOI: 10.18502/jsbch.v8i1.15680]

CCBY-NC 4.0

validation coefficient of 0/85 and the coefficient of the correlation coefficient of social capital (0.89) the correlation coefficient of bonding social capital 0/9 and structural social capital of 0.8 (Abdollahi, B., 2015). Also, Naz Mohammad (1384) in a research obtained the reliability coefficient of this questionnaire in Iran at 0.93.

MCMI-III or Millon Clinical Multiaxial Inventory - Third Edition :

This questionnaire is the last version of a questionnaire, A psychological assessment tool used to evaluate personality traits and psychopathology encompasses specific mental disorders as identified in the DSM-IV. This method is designed for a person with at least an intermediate reading level. Specifically, it is designed and tailored for use with clinical samples. In the Persian version of this questionnaire, the validity level is between 0.58 and 0.83 and its reliability level is between 0.61 and 0.79. (i.e., Individuals who seek psychiatric care or present with clinical symptoms in healthcare settings) (Millon, T., 2015). The publication of MCMI-III took place in 1994 and was reconsidered in DSM-IV. MCMI-III comprises a total of 14 personality scales, 10 clinical syndromes, and five reform scales. The third edition includes 175 items that are designed to be answered correctly, taking approximately 20 to 25 minutes to complete. The questionnaire is administered in an almost automated manner (Millon, T., & Grossman, S. D., 2006). Researchers, such as Blais et al. (Blais, M. A., 2003). have found that the MCMI-III scale demonstrates greater reliability. (r = 0.89). The reliability of the MCMI-III anxiety scale was also found to be satisfactory, with a correlation coefficient (r) of 0.78. (Blais, M. A., 2003). According to Dayer (1997), MCMI-III demonstrates superior content validity when compared to other personality assessment instruments, particularly DSM-IV. (Dyer, F. J. 1997).

Lifestyle Questionnaire (LSQ):

The questionnaire was made by Lali et al., (2012), The LSQ questionnaire was utilized to assess the level of psychological well-being in Iran, and its validity was confirmed through factor analysis and the use of the internal consistency method. Ahmadi Ardakani, et al., (2016), reported Cronbach's alpha values ranging from 0.79 to 0.89 for different scales, indicating high internal consistency. Comprising a total of 70 items distributed across 10 subscales, it encompassed sport and fitness, physical health, health care, health prevention, mental health, prevention of drugs, alcohol and drugs, and prevention of environmental accidents and health. Participants responded to all items using a Likert scale with four points, ranging from 0 (representing "never") to 3 (indicating "always"). A higher score on the scale denoted a higher level of psychological well-being and a more favorable lifestyle (Millon, T., 2015).

The data were subjected to analysis using SPSS version 21. A significance level of 0.05 was employed to determine statistical significance. For this study, t-tests and one-way analysis of variance (ANOVA) were employed to examine the variations in personality disorders based on factors such as gender, age, educational level, economic status, and parental education. Also, the correlation coefficient was used to determine the relevance between personality disorders and social capital and its dimensions in families. Furthermore, regression was used to control the wrong variable.

Results

A total of 1035 parents, children, and adolescents, who gave consent were enrolled in this cross-sectional descriptive and analytic study, **Table 1**. Of them, 456 participants (44.1%) and 579 persons (55.9%) were males and females respectively. The majority of participants (94.7%) were born in the town. Five hundred and forty fathers (61.4%) were self-employed and 73.9% of mothers were unemployed and housewives. The majority of parents (39.5% of fathers and 41.3% of

[Downloaded from sbrh.ssu.ac.ir on 2026-09-07]

[DOI: 10.18502/jsbch.v8i1.15680]

CCBY-NC 4.0

mothers) had a high school diploma. The majority of the families (68.4%) had a private house and also a good or very good lifestyle and community health (**Table 1**).

Table 1. Distribution of respondents according to demographic characteristics

Variables		Number (percentage)	
Gender	Male	456 (44.1)	
	Female	579 (55.9)	
The place of residence	Town	980 (94.7)	
	Village	55 (5.3)	
Age of parent's children	6-9 years old	402 (38.8)	
	10-14 years old	324 (31.3)	
	15-18 years old	309 (29.9)	
		Mother	**Father**
Parent's job	Free job	74 (8.4)	540 (61.4)
	Employee	155 (17.7)	327 (37.2)
	Unemployed / Housewife	649 (37.9)	13 (1.5)
Parent's education level	Non-educated and elementary	59 (6.7)	65 (7.4)
	Middle school and high school	121 (13.8)	143 (16.3)
	Diploma of high school	362 (41.3)	347 (39.5)
	Bachelor	302 (34.5)	242 (27.6)
	Master of Science and higher	32 (3.7)	81 (9.2)
House	Private	68.4%	-
	rent	31.6 %	-

The average scores for lifestyle, structural social capital, and also cognitive social capital, were 15.86 ± 4.1, 13.15 ± 2.7, and 11.76 ± 2.3 respectively. There is a significant relationship between the average score of communicative social capital (CoSC), cognitive social capital (CSC), structural social capital (SSC), and also total social capital (TSC) with clinical patterns of the mother's personality (P-value < 0.001), **Table 2**. On the other hand, there was a considerable relationship between the average score of social health, and also structural social capital, communicative social capital, and total social capital with the mother's severe syndrome (P-value < 0.05). As seen in Table 2, there are statistical relationships between social health with severe damage to the mother's personality and the mother's clinical syndrome, as also the average score of communicative social capital, total social capital, structural social capital, and cognitive social capitals with million test of mothers (P-value <0.001).

[Downloaded from sbrh.ssu.ac.ir on 2026-09-07]

[DOI: 10.18502/jsbch.v8i1.15680]

CCBY-NC 4.0

Table 2. There is an association between social health, structural social capital, cognitive social capital, communicative social capital, and total social capital with the mother's personality

		LSQ	SSC	CSC	CoSC	TSC
Clinical patterns of the mother's personality	No (N=508)	15.82±4.4	12.76±2.6	11.27±2.3	13.99±2.7	3.20±0.63
	At risk (N= 179)	15.87±3.8	13.89±2.6	12.50±2.1	15.18±2.7	3.51±0.60
	Yes (N= 288)	15.91±3.6	13.95±2.6	12.50±2.2	15.11±2.9	3.51±0.63
	P-Value	0.980	<0.001	<0.001	<0.001	<0.001
Mother's severe syndrome	No (N=957)	15.94±4.1	13.30±2.7	11.87±2.3	14.57±2.8	3.36±0.64
	At risk (N= 15)	12.66±4.1	12.56±2.5	11.13±2.5	13.20±3.1	3.10±0.67
	Yes (N= 3)	10.33±3.7	10.16±2	10.16±2	11.33±2.3	2.66±0.51
	P-Value	0.001	0.08	0.22	0.028	0.059
Severe damage to the mother's personality	No (N=952)	15.95±4	13.29±2.7	11.88±2.3	14.57±2.8	3.35±0.64
	At risk (N= 17)	13.05±4.3	12.84±3.1	10.79±2.6	13.45±3.3	3.12±0.74
	Yes (N= 6)	11.83±4.3	12.58±3	11.66±2.2	13.22±2.8	3.14±0.65
	P-Value (95% confidence)	0.001	0.63	0.16	0.14	0.25
Mother's clinical syndrome	No (N=908)	16.04±4	13.27±2.7	11.86±2.3	14.57±2.8	3.35±0.64
	At risk (N= 39)	14.38±4.2	13.71±2.4	12.19±1.9	14.7±2.5	3.42±0.55
	Yes (N= 28)	12.57±4.2	12.82±3.1	11.26±2.6	13.41±3.2	3.15±0.72
	P-Value	0.001	0.40	0.28	0.10	0.21
Million tests of mothers	No (N=501)	15.87±4.3	12.68±2.6	11.27±2.3	14±2.7	3.32±0.64
	At risk (N= 183)	15.86±3.9	13.85±2.5	12.46±2.1	15.11±2.7	3.49±0.6
	Yes (N= 291)	15.87±3.7	13.95±2.5	12.49±2.2	15.11±2.9	3.5±0.63
	P-Value	0.99	< 0.001	< 0.001	< 0.001	< 0.001

Structural Social Capital (SSC), Cognitive Social Capital (CSC), Communicative Social Capital (CoSC), total capital social (TSC), social health (LSQ).

There is a statistical relationship between the average score of cognitive social capital, structural social capital, total social capital, and also communicative social capital with clinical patterns of the father's personality (P-value < 0.001), **Table 3**. On the other hand, there is a considerable relationship between the average score of social health with the father's severe syndrome and also the father's clinical syndrome (P-value <0.05), **Table 3**. As is seen in Table 3, the average score of communicative social capital, structural social capital, cognitive social capital, and total social capital have a significant relationship with the Millon test of fathers (P-value < 0.001).

Table 3. There is an association between social health, structural social capital, cognitive social capital, communicative social capital, and total social capital with the father's personality

		LSQ	SSC	CSC	CoSC	TSC
Clinical patterns of the father's personality	No (N=360)	16±4.4	12.46±2.6	11.14±2.3	13.79±2.6	3.16±0.63
	At risk (N= 296)	15.91±3.9	13.67±2.7	12.15±2.3	14.94±2.9	3.44±0.65
	Yes (N= 196)	15.61±3.6	13.81±2.7	12.32±2.3	14.86±2.9	3.45±0.64
	P-Value	0.546	< 0.001	< 0.001	< 0.001	< 0.001
Father's severe syndrome	No (N=835)	15.96±4	13.18±2.7	11.76±2.3	14.45±2.9	3.33±0.65
	At risk (N= 16)	12.37±5.5	13.46±2.5	11.71±2.2	13.41±2.6	3.32±0.58
	Yes (N= 1)	9	13.5	12.5	15.66	3.53
	P-Value	0.001	0.91	0.95	0.33	0.8
Severe damage to the father's personality	No (N=794)	15.97±4	13.16±2.7	11.75±2.4	14.46±2.9	3.32±0.66
	At risk (N= 32)	14.71±5.3	13.39±2	12.01±2	14.47±2.5	3.36±0.53
	Yes (N= 26)	14.73±3.4	13.78±2.3	11.86±1.8	13.78±2.7	3.30±0.55
	P-Value	0.08	0.48	0.81	0.50	0.94

[Downloaded from sbrh.ssu.ac.ir on 2026-09-07]

[DOI: 10.18502/jsbch.v8i1.15680]

CCBY-NC 4.0

Table 3. There is an association between social health, structural social capital, cognitive social capital, communicative social capital, and total social capital with the father's personality

		LSQ	SSC	CSC	CoSC	TSC
Father's clinical syndrome	No (N=908)	16.04±4	13.27±2.7	11.86±2.3	14.57±2.8	3.35±0.64
	At risk (N= 39)	14.38±4.2	13.71±2.4	12.19±1.9	14.7±2.5	3.42±0.55
	Yes (N= 28)	12.57±4.2	12.82±3.1	11.26±2.6	13.41±3.2	3.15±0.72
	P-Value	0.001	0.40	0.28	0.10	0.21
Million tests of fathers	No (N=343)	16.05±4.4	12.47±2.6	11.14±2.3	13.81±2.6	3.16±0.62
	At risk (N= 302)	15.94±3.9	13.57±2.7	12.11±2.3	14.89±2.9	3.43±0.66
	Yes (N= 207)	15.5±3.6	13.83±2.6	12.29±2.3	14.82±2.9	3.45±0.64
	P-Value	0.297	< 0.001	< 0.001	< 0.001	< 0.001

The majority of the fathers and mothers in all age groups had good or very good social health respectively, **Table 4**. There is no significant relationship between social health and with father's classification of age categories (P-value > 0.05).

The average scores for total social capital were 3.22 ± 0.69, 3.41 ± 0.62, and 3.39 ± 0.57 in parents of children according to the classification of father's age in three groups aged twenty-thirty nine years, forty-forty-nine years, and fifty-eighty eight years respectively (*P*-value < 0.001). There were significant differences in the average score for total social capital in participants based on fathers aged 20-39 years compared to 40-49 years and 50-88 years (*P*-value < 0.05), but there was not any difference among the age group category 40-49 years and 50-88 years. The average scores for total social capital were 3.25 ± 0.69, 3.35 ± 0.58, and 3.42 ± 0.66 in participants according to the classification of mother's age in three groups aged 19-34 years, 35-39 years, and 40-58 years respectively (*P*-value = 0.001). There were considerable differences in the average score for total social capital in participants based on the mother's age 19-34 years compared to 35-39 years and 40-58 years (*P*-value < 0.05), but there was not any difference among the age group category 35-39 years and 40-58 years. As is seen in **Table 4**, Millon's test of fathers had a significant relationship with total social capital in all age groups (*P*-value < 0.05). On the other hand, millions of mothers had a significant relationship with total social capital in fathers aged 19-34 years (*P*-value < 0.001).

There was not any significant relationship between the frequency of participants based on social health with the participant's gender (P-value = 0.46). The majority of both male and female participants had very good social health, **Table 5**.

[Downloaded from sbrh.ssu.ac.ir on 2026-09-07]

[DOI: 10.18502/jsbch.v8i1.15680]

CCBY-NC 4.0

Table 5. The comparison of participants' total social capital according to age categories and the score of Millon's test.

		Milon test		
Parents	**Age category**	**Category and number**	**Mean±SD**	**P-value**
Mother N (%)	19-34	No: (N=526) At risk: (N=80) Yes: (N=127)	3.10±0.64 3.45±0.62 3.55±0.63	0.001
	35-39	No: (N=125) At risk: (N=55) Yes: (N=84)	3.31±0.55 3.54±0.57 3.36±0.60	0.53
	40-58	No: (N=120) At risk: (N=48) Yes: (N=80)	3.32±0.66 3.53±0.60 3.58±0.64	0.14
Father N (%)	20-39	No: (N=178) At risk: (N=135) Yes: (N=83)	3.07±0.64 3.34±0.69 3.34±0.68	0.001
	40-49	No: (N=178) At risk: (N=135) Yes: (N=83)	3.29±0.57 3.52±0.65 3.50±0.63	0.006
	50-88	No: (N=178) At risk: (N=135) Yes: (N=83)	3.21±0.64 3.40±0.53 3.60±0.46	0.013

Table 6. The frequency of participants according to gender and situation of social health was from very poor to very good

Gender	**social health (number)**						**P-value**
	Very poor	**Poor**	**Relatively poor**	**Relatively good**	**Good**	**Very good**	
Male N (%)	5 (1.1)	5 (1.1)	30 (6.7)	73 (16.2)	157 (34.9)	180 (40)	0.461
Female N (%)	6 (1)	10 (1.7)	54 (8.2)	76 (14.5)	196 (34.4)	235 (40.4)	

Discussion

The purpose of this study was to investigate the relationship between personality disorders and parents' social capital with the social health of children and adolescents in Yazd. The findings of this research showed that there is a relationship between personality disorders and parents' social capital with the social health of children and adolescents in Yazd city. These findings are consistent with the research of Brummelhuis, I. A., et al. (2022) and Kluczniok, D., et al. (2018).

So far, many researches have been done on social capital and mental health, and in almost all of them there has been a positive relationship between these parameters, it confirms the claim that as social capital increases, it promotes the power of appropriate reaction to psychological considered stresses caused by social relationships and activities (García, L. F., et al. 2024). In recent years, increasing social capital has been seen as one of the most important strategies for health promotion. It is not deniable, that the destructive effects of social capital on health have been taken into consideration (Firouzbakht, M., & Tirgar, A., 2017). For example, social networks with their stringent laws hurt mental health, or the spread of unsafe behavior such as smoking and alcohol, consumption, or high-risk sexual behavior that is

CCBY-NC 4.0

[Downloaded from sbrh.ssu.ac.ir on 2026-09-07]
[DOI: 10.18502/jsbch.v8i1.15680]

caused by social participation in certain communication networks (Brummelhuis, I. A., et al., 2022).

One of the findings of this research was the role of parents' social capital in the social health of children and adolescents. This finding is in line with the results of the research of Gal-Jacob, P., & Shoshana, A., (2024) and Irawan, M. H., & Saiban, K., (2024). In explaining this finding, it can be said that parents who have more income are better able to respond to their children's demands and avoid suppressing their children's needs (Vameghi, M., 2016). Recently, it has been reported that family income still affects the health of children, but this effect has declined over time, and this decrease is mainly attributed to the improvement of parenting education (Vameghi, M., 2016). According to our findings, the average score of structural social capital, cognitive social capital, communicative social capital, and also total social capital had relationships with clinical patterns of the mother's or father's personality. We found that there is a considerable relationship between the average score of lifestyle quality and social health, and there is communicative social capital with the mother's severe syndrome and also a strong relationship between the average score of lifestyle quality and social health with father's severe syndrome and father's clinical syndrome. Health behavior encompasses a diverse array of individual behaviors that impact social and personal well-being, disease incidence, and mortality rates. Health behavior accounts for a significant proportion of premature death and disability across various nations. Certain health behaviors, such as physical activity, dietary choices, and adherence to medical treatments, have a preventive effect on illness. Conversely, other behaviors, such as smoking, excessive weight gain, substance abuse, and heavy alcohol consumption, have a detrimental impact on health (Santos, V. S., 2023). Researches on populations suggest that there are possible psychosocial mechanisms for the correlation between social ties and social health. These mechanisms include social support, personal control, and mental health. It is evident that the relationships among these mechanisms are intricate, and it is through these interconnections that the association between social connections and health can be better understood, surpassing the explanatory power of any individual mechanism (Westphaln, K. K., et al. 2022). McPherson, K. E., et al. (2013) have suggested that social capital at the family and community levels has a great influence on the behavior and mental health of young people.

also, It is understandable that there is a significant relationship between personality disorders in Iranian parents with their social capital. Therefore, by improving the parents' social capital, their patterns of personality will be better.

Another finding of the current research was the relationship between parental personality disorders and the social health of children and adolescents. This finding is consistent with the research of Emami, M., et al (2024). In explaining this finding, it can be said The personality of family members, especially parents, is one of the interfering factors in interpersonal relationships. For example, parents whose personality traits such as psychopathy are evident in them use behavior patterns that are ineffective limit the child's social development, and make children unable to develop social skills and capabilities. Also, parents with their behaviors, which are caused by their personality traits, create situations that create specific behaviors in children (Ručević, S., 2022). Put simply, individuals who have parents with severe mental illnesses such as schizophrenia, bipolar disorder, or major depression have a higher likelihood of developing a mental illness themselves in adulthood. Findings from Danish register studies indicate that children born to

[Downloaded from sbrh.ssu.ac.ir on 2026-09-07]

[DOI: 10.18502/jsbch.v8i1.15680]

CCBY-NC 4.0

parents with affective or non-affective psychosis face an elevated risk of various mental disorders during their adolescent and adult years (specifically, from age fourteen up to twenty-eight), particularly if both parents are affected. This susceptibility to mental disorders and illness may be influenced by a combination of environmental factors and genetics (Thorup, A. A., 2018).

Among the limitations of the current research, it can be mentioned that the process of interviewing and completing the questionnaires was long, which in some cases caused the resistance of some people and non-cooperation to complete the questionnaires. In addition, it was not possible to identify and control all the confounding economic and social factors. By taking samples from different urban and rural areas and with almost similar socio-economic conditions, this limitation was minimized. Another limitation is the type of study, which requires studies with a stronger design such as case-control studies to prove the relationship.

Conclusion

The results of this research are a confirmation of other research about the significant impact of personality traits, especially personality disorders and parents' social capital on the growth and social health of children and adolescents, and show that the social health of children and adolescents is an important factor that should be given more attention. take This research and its results were steps for this purpose. Finally, we concluded that there is a significant relationship between personality disorders and the social capital of parents with the social health of children and adolescents. Therefore, it is necessary to strengthen the level of social capital and mutual understanding between parents. Also, if parents have a healthy personality and higher social capital, they can raise children with higher social health.

Acknowledgments

Many thanks to all those who helped us in the implementation of this project.

Conflict of interests

The Authors declare that there is no conflict of interest.

Funding

This article was not financed from anywhere and the expenses were paid only by the researchers.

Ethical considerations

All ethical considerations related to the privacy of respondents were observed and the consent of the children and adolescents was obtained (the consent letter of the participants who were below fifteen years old by parents and those above fifteen was completed by themselves or their parents. Confidentiality was maintained regarding the data of the participants and their families. In cases where children or adolescents were diagnosed with a psychiatric disorder, they received free treatment from an adolescent and child psychiatrist. However, if their families or the participants preferred not to avail themselves of the free treatment, they had the option to seek assistance from other adolescent and child psychiatrists.

Code of ethics

IR.NIMAD.REC.1395.001

Authors' contributions

N. A., Research responsibility in Yazd province and Research design, Edit the final article; P. R., Research Consultant Psychiatrist and Psychiatric interview with samples; MR. M., Study design and Coordination with the Ministry of Health and NIMAD to conduct the study; MH. F., Scientific consultant for research, edited and submitted the final article; J. A., Completion of questionnaires and data analysis and preparing the final research report; M. M., Determination of questionnaires and indicators and Completion of questionnaires; H. A., Research design and sample size estimation and Completion of questionnaires; M. M., Writing a proposal and data analysis and preparing the final research

[Downloaded from sbrh.ssu.ac.ir on 2026-09-07]

[DOI: 10.18502/jsbch.v8i1.15680]

CCBY-NC 4.0

report; AH. M., Coordination with medical centers for sampling and Training of all collaborating forces in research; F. RY., Completion of questionnaires and data analysis and preparing the final research report.

Open access policy

The contents of this article should be made available to all people around the world.

References

Abdollahi, B., Farhadi, R., & Ahmadipanah, M. (2015). Analysis of the impact of social capital and knowledge management on organizational Innovation (Kharazmi University Staff). *World Scientific News*, (5), 18-31. [Persian]

Afshani, S., & Forghany, M. (2017). Comparative study of the relationship between social capital and sens of social security among parents and children living in the city of Yazd. *Strategic Research on Social Problems*, *6*(1), 1-16. [Persian]

Ahmadi Ardakani, Z., Soltani, M., & Imani Moghaddam, M. (2016). A comparative study of the role of life style and identity style and belief system in donating blood in nolunteers and non-volunteers in yazd. *Scientific Journal of Iran Blood Transfus Organ*, *13*(2), 89-97. [Persian]

Blais, M. A., Holdwick Jr, D. J., McLean, R. Y., Otto, M. W., Pollack, M. H., & Mark J. Hilsenroth, M. J. (2003). Exploring the psychometric properties and construct validity of the MCMI-III anxiety and avoidant personality scales. *Journal of personality assessment*, *81*(3), 237-241.

Brown, T. T., Scheffler, R. M., Seo, S., & Reed, M. (2006). The empirical relationship between community social capital and the demand for cigarettes. *Health economics*, *15*(11), 1159-1172.

Brummelhuis, I. A., Kop, W. J., & Videler, A. C. (2022). Psychological and physical wellbeing in adults who grew up with a mentally ill parent: A systematic mixed-studies review. *General Hospital Psychiatry*, *79*, 162-176.

Cervone, D., & Pervin, A. L. (2015). Personality, binder ready version: theory and research. Wiley.

De Silva, M. J., McKenzie, K., Harpham, T., & Huttly, S. R. (2005). Social capital and mental illness: a systematic review. *Journal of epidemiology & community health*, *59*(8), 619-627.

Dyer, F. J. (1997). Application of the Millon inventories in forensic psychology.

Emami, M., Moghadasin, M., Mastour, H., & Tayebi, A. (2024). Early maladaptive schema, attachment style, and parenting style in a clinical population with personality disorder and normal individuals: a discriminant analysis model. *BMC psychology*, *12*(1), 78. [Persian]

Firouzbakht, M., & Tirgar, A. (2017). Workplace social capital and employee health: a systematic review study. [Persian]

Gal-Jacob, P., & Shoshana, A. (2024). Class Consciousness as Cultural Capital among High-SES Parents of Children with Disabilities. *Sociological Inquiry*.

García, L. F., Gutiérrez, F., García, O., & Aluja, A. (2024). The Alternative Model of Personality Disorders: Assessment, Convergent and Discriminant Validity, and a Look to the Future. *Annual Review of Clinical Psychology*, *20*.

Heffernan, S., O'Malley, M., Curtin, M., Hawkins, A., Murphy, R., Goodwin, J., ... & O'Donovan, Á. (2024). An evaluation of a trauma-informed educational intervention to enhance therapeutic engagement and reduce coercive practices in a child and adolescent inpatient mental health unit. *International journal of mental health nursing*.

Hofmann, V., & Müller, C. M. (2018). Avoiding antisocial behavior among adolescents: The positive influence of classmates' prosocial behavior. *Journal of adolescence*, *68*, 136-145.

Irawan, M. H., & Saiban, K. (2024). Parenting Patterns of Substitute Parents for Children of Indonesian Migrant Workers: Analysis of Social Systems and Social Norms in Parenting

CCBY-NC 4.0

[Downloaded from sbrh.ssu.ac.ir on 2026-09-07]

[DOI: 10.18502/jsbch.v8i1.15680]

Patterns for Children of Migrant Workers in Donomulyo District, Malang Regency. *International Journal of Research in Social Science and Humanities (IJRSS) ISSN: 2582-6220, DOI: 10.47505/IJRSS*, *5*(4), 8-30.

Kluczniok, D., Boedeker, K., Attar, C. H., Jaite, C., Bierbaum, A. L., Fuehrer, D., ... & Bermpohl, F. (2018). Emotional availability in mothers with borderline personality disorder and mothers with remitted major depression is differently associated with psychopathology among school-aged children. *Journal of affective disorders*, *231*, 63-73.

Kramer, U., Eubanks, C. F., Bertsch, K., Herpertz, S. C., McMain, S., Mehlum, L., ... & Zimmermann, J. (2022). Future challenges in psychotherapy research for personality disorders. *Current psychiatry reports*, *24*(11), 613-622.

LALI, M., ABEDI, A., & KAJBAF, M. B. (2012). Construction and validation of the lifestyle questionnaire (LSQ).

Martin, J. S., Jaeggi, A. V., & Koski, S. E. (2023). The social evolution of individual differences: Future directions for a comparative science of personality in social behavior. *Neuroscience & Biobehavioral Reviews*, *144*, 104980.

McPherson, K. E., Kerr, S., Morgan, A., McGee, E., Cheater, F. M., McLean, J., & Egan, J. (2013). The association between family and community social capital and health risk behaviours in young people: an integrative review. *BMC public health*, *13*, 1-13.

Millon, T., & Grossman, S. D. (2006). Millon's Evolutionary Model for Unifying the Study of Normal and Abnormal Personality.

Millon, T., Grossman, S. D., & Millon, C. (2015). *MCMI-4: Millon Clinical Multiaxial Inventory-4: Manual*. Pearson.

Mohammadi, M. R., Ahmadi, N., Khaleghi, A., Mostafavi, S. A., Kamali, K., Rahgozar, M., ... & Fombonne, E. (2019). Prevalence and correlates of psychiatric disorders in a national survey of Iranian children and adolescents. *Iranian journal of psychiatry*, *14*(1), 1. [Persian]

Mooghali, A., Bahmanyari, H., Daneshvar, B., & Masoumi, R. (2015). The relationship between social capital and knowledge management among staff personnel of Shiraz University of Medical Sciences. *Interdisciplinary Journal of Virtual Learning in Medical Sciences*, *6*(2), 40-51. [Persian]

Ručević, S. (2022). Parental psychopathic traits and its interaction with children's psychopathy features as predictors of perceived parenting behavior five years later. *Personality and individual differences*, *189*, 111512.

Safari, K., & Shayeste, S. (2015). Study of relationships between family social capital and youth's social well-being. *Quarterly journal of social work*, *4*(3), 5-17. [Persian]

Santos, V. S., Siqueira, T. S., Silva, J. R. S., & Gurgel, R. Q. (2023). Spatial clustering of low rates of COVID-19 vaccination among children and adolescents and their relationship with social determinants of health in Brazil: A nationwide population-based ecological study. *Public Health*, *214*, 38-41.

Shams Esfand Abad, H. (2018). The Role of Parent's Personality Traits in the Social Development of Preschool Children. *Quarterly Journal of Child Mental Health*, *4*(4), 93-103.

Taekema, D. G., Gussekloo, J., Maier, A. B., Westendorp, R. G., & de Craen, A. J. (2010). Handgrip strength as a predictor of functional, psychological and social health. A prospective population-based study among the oldest old. *Age and ageing*, *39*(3), 331-337.

Thorup, A. A., Laursen, T. M., Munk-Olsen, T., Ranning, A., Mortensen, P. B., Plessen, K. J., & Nordentoft, M. (2018). Incidence of child and adolescent mental disorders in children aged 0-17 with familial high risk for severe mental illness-A Danish register study. *Schizophrenia research*, *197*, 298-304.

Vameghi, M., Sajadi, H., Rafiey, H., & Qaedamini, Q. (2016). The role of parental education and intermediary determinants on

[Downloaded from sbrh.ssu.ac.ir on 2026-09-07]

[DOI: 10.18502/jsbch.v8i1.15680]

CCBY-NC 4.0

children's health in Iran. [Persian]

Westphaln, K. K., Fry-Bowers, E. K., Birchfield, J. W., Lee, E., & Ronis, S. D. (2022). Examining the relationship of family social capital and use of pediatric primary health care services in the 2016–19 national survey of children's health. *Journal of Pediatric Health Care*, *36*(4), 347-357.

Yazdkhasti, F., & Ghasemi, S. (2011). The Relation between Parents'personality Characteristics and Their Acceptance–Rejection Toward their Elementary School Children in Shahreza.

[Downloaded from sbrh.ssu.ac.ir on 2026-09-07]

[DOI: 10.18502/jsbch.v8i1.15680]

CCBY-NC 4.0