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Research paper



Parenting Styles and Their Impact on Anxiety and Depression Symptoms Among Higher Secondary Students

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Abstract

Background: Parenting styles play a critical role in shaping adolescent mental health. Authoritative parenting is generally associated with positive psychological outcomes, while authoritarian, permissive, and neglectful styles are often linked to increased emotional distress. Amid growing academic and social pressures, understanding how parenting approaches impact higher secondary students is essential for effective mental health support.
Objectives: This study examined the relationship between parenting styles and levels of anxiety and depression among higher secondary school students.
Methods: A total of 72 Odia-medium students (48 boys, 24 girls) from Bhubaneswar, Cuttack, and Puri in Odisha participated. All were from middle socio-economic backgrounds. Parenting styles were assessed using the Parenting Style Questionnaire, while anxiety and depression were measured using the Hamilton Anxiety Rating Scale and Hamilton Depression Rating Scale. Data were analyzed using ANOVA, post-hoc comparisons, and chi-square tests.
Results: Significant differences in anxiety [$F(2, 71) = 9.41$, $p < .001$] and depression [$F(2, 71) = 9.08$, $p < .001$] were found across parenting styles. Permissive parenting was associated with the highest levels of anxiety and depression, while authoritative parenting showed the lowest. Chi-square analyses confirmed strong associations between parenting style and severity of both conditions.
Conclusion: Authoritative parenting may protect adolescents from anxiety and depression, highlighting the importance of fostering supportive parenting practices.
Key Highlights:

- A significant association was found between parenting style and adolescent mental health.
- Authoritative parenting is linked to lower anxiety and depression levels.
- Permissive parenting correlated with the highest mental health risks.
- Strong statistical relationships confirmed through ANOVA and chi-square analysis.
- Implications for parental guidance and adolescent support programs.

Keywords: *Parenting Style; Anxiety; Depression; Adolescents; Authoritative Parenting; Permissive Parenting.*

1. Introduction

Adolescence is the transitional phase between childhood and adulthood in which major physical, physiological, psychological, and behavioural changes occur[1].This stage of biological development lasts from the commencement of puberty, leading to the end of growth [2] The prevalence of behavioural and mental health needs among these populations is significantly higher than that among adults and children [3]However, role expectation mismatch from parents, other significant family members, teachers, and demands and pressure from peers play a significant role in moulding and affecting their mental health and personality [4]. Other than the expectations and demands from parents and society, parenting also plays a crucial role in shaping the personality and affecting the mental health of adolescents [5]. There exist complex bio-psychosocial risk factors that operate on the lives of adolescents. It includes home, school, peer group, neighbourhood, and self, and it can be associated with mental health issues[6].
Research studies indicate that these changes in this phase and other family factors like parent-child relationship, family disruption, poor couple functioning, parenting distress, etc., can bring a state of mental health imbalance within children, and if not properly addressed, these subclinical abnormalities may require clinical attention. There is confusion regarding role expectations, both from the parental and adolescent perspectives, at this stage. These confusions about the role and responsibilities create an identity crisis in the adolescent's mind, resulting in problematic personality development of the adolescent [7].
Based on various research evidence, it is becoming increasingly clear that the origins of many mental health problems lie in childhood. Family factors, including the quality of care that parents provide their children, can make a huge difference to children's early life pathways, for better or worse. It is now observed that adolescents are experiencing several mental health problems because of growing academic

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pressure and increasing demands of family as well as of society to face the new challenges of life. The prevalence of such psychosocial issues in the current society is on the rise, threatening the welfare of the family and society at large. Therefore, there is a need to carry out evidence-based research in this area to find out the nature of psycho-social issues and their roots in child-rearing practices as manifested in their personality characteristics and approach behaviours in critical life situations. The evidence, it is hoped, would not only make people aware of the crucial life issues that adolescents experience but also can be used to counsel adolescents and train parents to effectively deal with and manage adolescent problems at home and outside.

This study highlights several critical research gaps in the Indian context, particularly concerning parenting styles and adolescent mental health. Existing literature is heavily skewed toward Western, urban, or English-medium educational settings. There is a noticeable lack of empirical studies focusing on Odia-medium adolescents, especially those from middle socio-economic backgrounds in Eastern India. Most Indian studies fail to account for cultural and linguistic nuances specific to regions like Odisha. This study addresses that shortcoming by targeting students in Bhubaneswar, Cuttack, and Puri, providing culturally grounded insights. Parenting style remains an understudied determinant of adolescent mental health in India, particularly within the socio-cultural context of Odisha. This study brings needed attention to this psychosocial factor. Overall, the research provides a valuable contribution by addressing these overlooked areas and offering regionally specific, methodologically sound insights into adolescent mental health.

1.1. Novelty of the study

This study stands out for its culturally specific focus on Odia-medium higher secondary students from middle socio-economic backgrounds in Eastern India—a demographic largely underrepresented in existing research. By concentrating on adolescents in Bhubaneswar, Cuttack, and Puri, the study addresses a critical gap in the literature, which is predominantly centered on Western or urban, English-medium populations. The integration of standardized assessment tools (PSQ, HAM-A, HAM-D) within this localized context, along with the application of both categorical (chi-square) and parametric (ANOVA) analyses, contributes novel and methodologically robust insights into the influence of parenting styles on adolescent mental health in this region.

2. Objective

The primary objective of this study was to examine the anxiety and depressive symptoms of higher secondary students as key indicators of their mental health, about the parenting styles they perceived during their childhood and adolescent years. The study aimed to generate evidence-based insights to inform counseling practices for adolescents and offer practical guidelines for parents and teachers to support their emotional well-being more effectively.

2.1. Hypothesis

H_1: There will be a significant difference in anxiety levels among adolescents based on their perceived parenting style.
H_2: There will be a significant difference in depression levels among adolescents based on their perceived parenting style.
H_3: Authoritative parenting will be associated with significantly lower levels of anxiety and depression compared to authoritarian and permissive parenting styles.
H_4: There will be a significant association between parenting style and severity levels of anxiety and depression among adolescents.

3. Method

3.1. Sample

The sample consisted of 72 higher secondary students, 48 boys and 24 girls, all studying in Odia-medium schools and drawn from middle SES families with no report of disability or delinquent behaviours. The subjects were students in schools in Bhubaneswar, Cuttack, and Puri towns, and their socio-economic status was assessed through an SES scale.

Inclusion Criteria:

- Students currently enrolled in higher secondary school (classes 11 and 12).
- Students studying in Odia-medium schools located in Bhubaneswar, Cuttack, and Puri, Odisha.
- Students from families of middle socio-economic status.
- Students willing to participate and provide informed consent (and parental consent if applicable).

Exclusion Criteria:

- Students with known diagnosed psychiatric or neurological disorders before the study.
- Students currently undergoing psychological or psychiatric treatment for anxiety or depression.

3.2. Tools

The following tools were administered to them in a semi-clinical interview format by the investigator herself.

Parenting Style Questionnaire (PSQ). PSQ, developed by Robinson and Mandleco in 2001, measures parenting styles such as authoritarian, authoritative, and permissive. PSQ consists of 30 items in total, with authoritative and authoritarian styles consisting of 13 items each, and the permissive style consisting of 4 items. The score on each item ranges from “Never” to “Always” on a 5- point scale. Participants rated 30 items reflecting their parents’ behaviour, using a 5-point scale from 1 (never) to 5 (always). The process of scoring is to add the score at the end of each section and divide it by the number of questions in that section. The calculated score is the score for that category, which ranges from 1 to 5. The highest score indicates the preferred parenting style experienced by the subjects[8].

Hamilton Anxiety Scale (HAM-A)[9]. The HAM-A scale is a psychological instrument consisting of a total of 14 items that are used by clinicians and researchers to rate the severity of a person's anxiety, developed by Max Hamilton in 1959. The subject is asked to respond to each item, and the severity of the symptom as described by the subject is rated by the researcher on a 5-point scale ranging from 0 (not present) to 4 (severe). The maximum score for the scale is 56, with a higher score indicating a higher degree of anxiety. Based on the total score, the anxiety symptoms are classified into three categories: mild (<17), moderate (18–24), and severe (>25).

Hamilton Depression Scale (HAM-D)[10]. The HAM-D scale is a psychological instrument consisting of 21 items, out of which only the first 17 are scored, and the rest of the items provide additional clinical information to be obtained by the clinician. Eight of the 21 items (items 1, 2, 3, 8, 9, 10, 11, 15) are scored on a 5-point scale from 0 (none or not present) to 4 (high degree of severity) and nine items (items 4, 5, 6, 7, 12, 13, 14, 16, 17) are scored on a 3-point scale from 0 (none or no difficulty) to 2 (high degree of severity). The scale yields a maximum score of 50. The higher the score, the more severe the depression symptoms. Based on the total score, the depression symptoms are classified into different categories, such as mild (8–13), moderate (14–18), severe (19–22), and very severe (> or = 23).

3.3. Procedure

The sample for the present study was selected from Odia-medium schools in Bhubaneswar, Cuttack, and Puri towns of Odisha. Initial discussion and the purpose of the study were shared with the authorities and parents. Subjects were informed about the research purpose, and appropriate instructions were given to respond to the tools. The subjects were individually administered the tools, which they completed in the presence of the investigator, with the latter providing them help as and when necessary. An orientation programme on mental health was organized for the teachers and the parents. The major focus of these programmes was on the importance of the period of adolescence and how modification in parents' behaviour can bring change in the personality of their children. The investigator, a clinical psychologist, interacted with the subjects regarding their other life-related issues and suggested a few psychological tips.

3.4. Statistical analysis

Data were analyzed using SPSS version 25. Descriptive statistics were first computed to summarize demographic and clinical characteristics. The Perceived Stress Questionnaire (PSQ), Hamilton Anxiety Rating Scale (HAM-A), and Hamilton Depression Rating Scale (HAM-D) scores were treated as continuous variables. To examine differences in mean scores across groups, one-way Analysis of Variance (ANOVA) was conducted. For categorical variables, chi-square tests were used to assess associations between group membership and clinical characteristics. Where significant main effects were found, post-hoc comparisons using Tukey's HSD test were performed to identify specific group differences. Statistical significance was set at $p < 0.05$. This multi-tiered approach using validated psychometric tools and complementary statistical methods enhances the robustness and reliability of the findings.

4. Results

The major focus of the study was to explore anxiety and depressive symptoms of higher secondary students about the parenting style to which they were exposed. Table 1 presents the means of anxiety and depression symptom scores of students with a parenting style. Means are plotted in Figures 1 and 2 for easy visual inspection of the trend in scores across three parenting styles. Anxiety levels varied notably across parenting styles. Participants who reported being raised under a Permissive parenting style exhibited the highest mean anxiety score (M = 21.61, SD = 4.72), followed by those from Authoritarian households (M = 17.97, SD = 4.27). The lowest mean anxiety score was observed among those who experienced an Authoritative parenting style (M = 15.70, SD = 4.14). Overall, the total sample had a mean anxiety score of 18.15 (SD = 4.83). These findings suggest that permissive parenting may be associated with increased anxiety, while authoritative parenting might serve as a protective factor. Similarly, depression symptoms were most pronounced in individuals who experienced Permissive parenting (M = 10.00, SD = 3.34), compared to those raised under Authoritarian (M = 7.74, SD = 1.67) and Authoritative (M = 6.98, SD = 1.88) styles. The overall mean for depression symptoms in the sample was 8.10 (SD = 2.50). These trends indicate that permissive parenting may also be linked to elevated depressive symptoms, whereas authoritative parenting may be associated with lower levels of depression. (See table 1). The data suggest that Permissive parenting is associated with the highest levels of both anxiety and depression symptoms, while Authoritative parenting is linked to the lowest levels. Authoritarian parenting falls in between but leans closer to permissive in terms of negative outcomes.

Table 1: Means and SDs on Anxiety and Depression of Higher Secondary Students by Parenting Style

Parenting styles Variable		Authoritarian (N = 31)	Authoritative (N = 23)	Permissive (N = 18)	Total
Anxiety	Mean	17.97	15.70	21.61	18.15
	SD	4.27	4.14	4.72	4.83
Depression symptoms	Mean	7.74	6.98	10.00	8.10
	SD	1.67	1.88	3.34	2.50

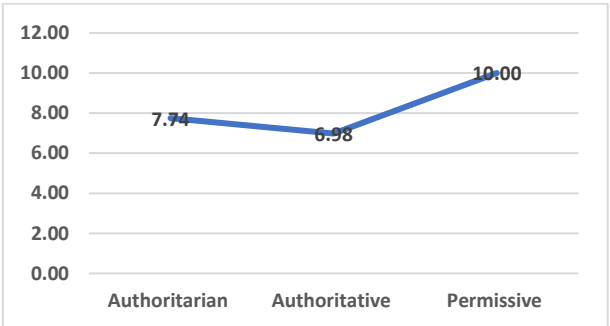


Fig. 1: Mean Anxiety Scores Across Three Parenting Styles.

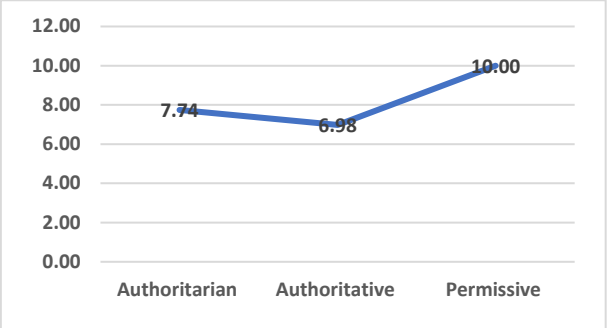


Fig. 2: Mean Depression Symptom Scores Across Three Parenting Styles.

It may be seen that the mean anxiety and depression symptom scores of students exposed to the authoritative parenting style were lower compared to those of the authoritarian and permissive parenting styles. Analyses of Variance (ANOVAs) were performed on the scores to examine the significance of differences among means, which are presented in Table 2. The findings revealed significant differences in the mean anxiety scores [$F(2, 71) = 9.41$, $p < .001$] and the mean depression symptom scores [$F(2, 71) = 9.08$, $p < .001$] as outcomes of three different parenting styles. This indicates that parenting style significantly affects mental health issues related to anxiety and depression. Scheffe post-hoc tests were carried out to examine the location of mean differences. The mean anxiety scores of students exposed to either authoritarian and authoritative parenting did not differ significantly [$F(1, 71) = 3.61$, $p > .05$] and the same trend was also observed in respect of the depression symptom scores [$F(1, 71) = 1.50$, $p > .05$]. However, the mean anxiety score as an outcome of permissive parenting style differed significantly from that of the authoritarian [$F(1, 71) = 8.01$, $p < .01$] and authoritative parenting styles [$F(1, 71) = 20.93$, $p < .001$]. Post-hoc comparisons of means of depression symptoms revealed that significant differences were noticed between permissive and authoritarian parenting styles [$F(1, 71) = 11.40$, $p < .001$] and between permissive and authoritative parenting styles [$F(1, 71) = 18.07$, $p < .001$]. On an overall basis, students exposed to a permissive parenting style had higher levels of anxiety and depression symptoms compared to those exposed to either authoritative or authoritarian parenting styles.

Table 2: Results of ANOVA Showing the Effect of Parenting Style of Higher Secondary Students on Anxiety and Depression

Source	Sum of Squares (SS)	df	Mean SS	F
Anxiety				
Between Groups (Parenting Style)	355.20	2	177.60	9.41***
Within Groups (Error)	1302.12	71	18.87	-----
Total	1657.32	72	-----	-----
Depression				
Between Groups (Parenting Style)	92.56	2	46.28	9.08***
Within Groups (Error)	351.76	71	5.10	-----
Total	444.32	72	-----	-----
Note:p < .001				

4.1. Level of anxiety about parenting style

The students exposed to different parenting styles were classified based on their anxiety scores into mild, moderate, and severe categories. Table 3 presents the number of students in each category, which was further subjected to a χ^2 Analysis, which was found to be significant [$\chi^2(4) = 85.15$, $p < .001$]. The findings revealed that a higher number of students exposed to permissive parenting were in the moderate and severe category, as compared to the number of students exposed to either authoritarian or authoritative parenting being in the mild category. Figure 3 shows a plot of the number and percentage of students at three levels of anxiety about their parenting style. The percentages of students in the mild anxiety category were 70%, 52%, and 22% for authoritative, authoritarian, and permissive parenting styles. 30%, 48%, and 78% of students exposed respectively to authoritative, authoritarian, and permissive parenting styles were in the moderate to severe range of anxiety. The calculated contingency coefficient was 0.74, indicating a reliable relationship between parenting style and degree of anxiety symptoms in adolescents. The findings indicated that higher level of depressive symptoms was exhibited by adolescents from families with permissive parenting, while those coming from families with authoritative parenting practices experienced only a mild level of anxiety; the outcomes of authoritarian parenting practices were placed between these two groups of adolescents.

Table 3: Number and Percentage of Higher Secondary Students at Three Levels of Anxiety about Their Parenting Styles

Parenting Styles	Anxiety Mild	Moderate	Severe
Authoritarian	16 (52%)	10 (32%)	5 (16%)
Authoritative	16 (70%)	3 (13%)	4 (17%)
Permissive	4 (22%)	6 (33%)	8 (45%)
Note: $\chi^2(4) = 85.15$, $p < .001$			

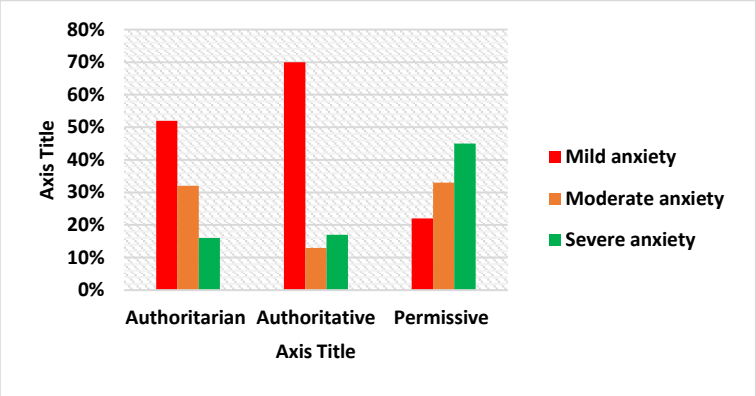


Fig. 3: Number of Students at Three Levels of Anxiety about Parenting Style.

4.2. Level of depression about parenting style

Students exposed to different parenting styles were categorized based on their depression symptom scores into three groups: mild, moderate, and severe. Table 4 presents the number and percentage of students in each category according to their parenting style, with the corresponding percentages illustrated in Figure 4. A chi-square (χ^2) test conducted on the data in Table 4 revealed a significant association between parenting style and depression severity [$\chi^2(4) = 97.15$, $p < .001$]. The results showed that students exposed to authoritative parenting had the highest percentage of mild depression symptoms, while those with permissive parents exhibited the highest percentage of severe symptoms. Specifically, the percentages of students with mild depression were 65% for authoritative, 58% for authoritarian, and 28% for permissive parenting styles. In contrast, the percentages of students with severe depression were 4%, 7%, and 28%, respectively, for authoritative, authoritarian, and permissive styles. A contingency coefficient of 0.76 further indicated a strong and significant relationship between parenting style and the severity of depressive symptoms among adolescents. Overall, the findings suggest that permissive parenting is associated with higher levels of depression compared to authoritative or authoritarian styles.

Table 4: Number and Percentage of Higher Secondary Students at Three Levels of Depression about Their Parenting Styles

Parenting Styles	Depression symptoms		
	Mild	Moderate	Severe
Authoritarian	18 (58%)	11 (35%)	2 (7%)
Authoritative	15 (65%)	7 (31%)	1 (4%)
Permissive	5 (28%)	8 (44%)	5 (28%)

Note χ^2: (4) = 97.15, p< .001

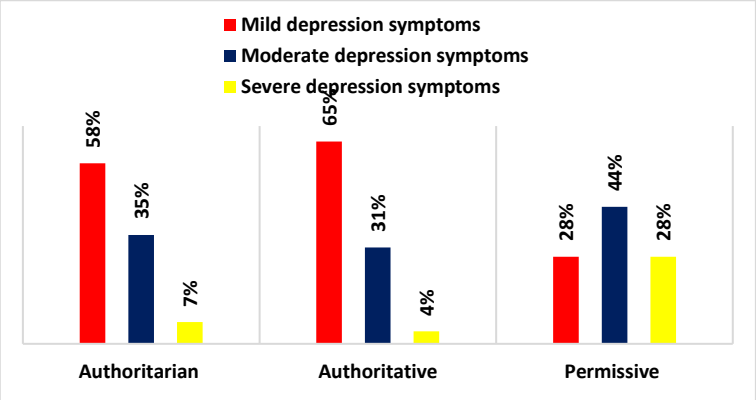


Fig. 4: Number of Students at Three Levels of Depression about Parenting Style.

5. Discussion

The study began with the objective of exploring how different parenting styles – authoritarian, authoritative, and permissive – are related to mental health issues in adolescents at the higher secondary stage in the age range of 16 to 18 years. The two mental health variables were anxiety and depression. The findings revealed that adolescents exposed to permissive parenting displayed higher levels of anxiety and depression symptoms compared to those exposed to either authoritarian or authoritative parenting. Yogesh et al. (2024) study reveals a high prevalence (64.6%) of smartphone addiction among adolescents in Gujarat, India, linked to urban residence, higher SES, non-authoritative parenting, and mental health issues[11]. The outcomes of authoritative and authoritarian parenting styles regarding anxiety and depression of adolescent students were not significant, though authoritative parenting was noticed to be slightly better than authoritarian parenting. The UDO et al. 2025 study found significant correlations between parenting styles and students' mental health in Uyo, Nigeria. authoritative and democratic styles positively predicted better outcomes, while the authoritarian style had a negative effect. It recommends that educational psychologists promote balanced, supportive parenting to enhance student well-being [12].

The interpretation of the findings needs to be done in the context of Odisha culture, taking cognizance of the parenting practices adopted in families in Odisha and adolescents' acceptance of these parenting practices, because acceptance by an adolescent of a particular parenting practice directly influences the mental health problems experienced. The acceptance of a parenting practice is more important than the parenting practice itself in influencing the mental health outcomes of growing adolescents.

In India, particularly in Odisha, there is a scarcity of research on parenting styles and their effects on the mental health of children. Perween et al. (2017) study shows that Comfort, acceptance, and motivation are strongly linked with a child's well-being[13]. Accepting a parenting practice is more important than the parenting practice itself in influencing the mental health outcomes of growing adolescents. Children's examination anxiety was also lowered by their perception of parental affection [8]. Hegde et al. (2017) and Perween et al. (2017) studies show that adolescents who have relatively smooth interpersonal relationships with their parents have better mental health and are less likely to engage in violent behaviours [13], [14]. Li et al.'s (2025) study reveals that a rejective parenting style significantly heightens academic anxiety in Chinese high school students, with stronger effects in urban areas. It highlights the mediating role of self-concept and coping styles, offering crucial insights for targeted educational interventions[15].

Even though in India, adolescents' mental health is now a significant concern, the style of parenting is a major factor in influencing the mental health of adolescents and needs more attention from researchers. Observing these inconsistencies in findings, more studies are needed in the Indian setting to establish a link between management and child outcomes.

5.1. Limitations and strengths of the study

One significant limitation of this study lies in its methodological design—specifically, its reliance on a cross-sectional approach. Cross-sectional studies capture data at a single point in time, which restricts the ability to establish causal relationships between parenting styles and mental health outcomes such as anxiety and depression. While associations can be identified, the directionality of these relationships remains unclear. For instance, while the study may find that adolescents with permissive parents exhibit higher levels of anxiety, it cannot determine whether the parenting style contributes to the anxiety or if adolescent behavior influences parental responses. Additionally, the study's sample is relatively small and limited to 72 students from Odia-medium schools in Bhubaneswar, Cuttack, and Puri. This narrow demographic scope affects the external validity of the findings, as they may not be generalizable to adolescents from different linguistic, cultural, or socioeconomic backgrounds. Furthermore, the study does not account for potentially confounding variables such as academic stress, peer relationships, or family dynamics, which are known to affect adolescent mental health and could mediate or moderate the relationship between parenting style and psychological outcomes.

Despite these limitations, the study has a notable strength in its focus on the practical implications of parenting styles for adolescent mental health, especially in a relatively understudied regional context. By identifying authoritative parenting as a protective factor and permissive parenting as a potential risk factor, the research contributes valuable insights to the field of adolescent psychology and parental guidance. This is particularly relevant in the Indian context, where discussions around mental health and parenting practices are often limited due to cultural norms and stigmas. The study's findings can inform the development of targeted interventions, such as parenting workshops and school-based mental health programs, aimed at fostering supportive family environments. Furthermore, the study lays the groundwork for future research, encouraging larger-scale, longitudinal investigations that can explore the dynamics of parenting and adolescent well-being over time. By highlighting both the risks and benefits associated with different parenting styles, the study opens avenues for evidence-based policy-making and community education efforts designed to enhance adolescent mental health outcomes.

6. Conclusion

This study underscores the critical influence of parenting styles on adolescent mental health, with particular attention to the psychological outcomes associated with permissive, authoritarian, and authoritative parenting. The findings reveal a compelling association between permissive parenting and increased levels of anxiety and depression among adolescents, highlighting the potential risks of a lenient approach that lacks sufficient boundaries and guidance. Interestingly, while authoritative parenting showed slightly better outcomes than authoritarian parenting, these differences were not statistically significant, suggesting that no single parenting style can be universally prescribed as superior without considering other moderating factors. The study examines the central role of adolescents' acceptance of parenting practices. Regardless of the specific parenting style, it is the adolescent's perception and emotional reception of their parents' behavior that holds a more direct correlation with their mental well-being. This highlights the importance of the subjective experience of the child, pointing to the nuanced and individualized nature of parent-child interactions. Adolescents who feel understood, respected, and supported, irrespective of whether their parents are more authoritative or authoritarian, are likely to experience better mental health outcomes. The findings gain further importance when placed within the socio-cultural context of Odisha and the broader Indian society. Parenting norms in India are deeply rooted in tradition, familial expectations, and community values, often leaning towards authoritarian practices. In such a setting, where obedience and conformity are emphasized, adolescents may find it challenging to assert autonomy, potentially exacerbating mental health issues when their voices are not acknowledged. The limited research in this cultural milieu makes this study particularly valuable, as it provides contextually relevant insights that can inform future parental education and intervention programs. Furthermore, these results advocate for a culturally sensitive approach to parenting research and interventions in India. Instead of promoting a one-size-fits-all model of parenting, there is a need to consider how cultural beliefs, family structures, and socio-economic conditions influence both parenting practices and adolescent responses.

By focusing on fostering positive parent-child communication, emotional warmth, and mutual respect, regardless of parenting style, parents can better support their children's psychological resilience. Given the rising concerns over adolescent mental health and the evolving nature of family dynamics in modern India, the study calls for more extensive, longitudinal research in diverse Indian settings. Future studies should delve deeper into how variables such as gender, urban-rural differences, socio-economic background, and parental education interact with parenting styles and adolescent mental health. While parenting style remains a significant factor in shaping adolescent mental health, this study emphasizes that the adolescent's acceptance and perception of parenting practices are even more critical. Building awareness among parents about the importance of emotionally attuned parenting and fostering open, respectful communication with their children can pave the way for healthier emotional development. As India continues to navigate rapid social changes, research-driven guidance on effective parenting will be crucial in supporting the well-being and future potential of its youth.

Declaration

We hereby declare that the research article titled "Parenting Styles and Their Impact on Anxiety and Depression Symptoms Among Higher Secondary Students" is an original work carried out by the authors. This research has not been submitted to or published in any other journal or publication, in whole.

Competing of interest

The authors report no conflicts of interest.

Disclaimer

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Credit authorship contribution statement

Snehanshu Dey: Conceptualization, Methodology, Formal analysis, writing - original draft, Writing - review & editing, Funding acquisition. JD,LD and KA: Conceptualization, Writing - review & editing, Supervision.

Data availability

Not applicable because ethical issue.

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