

Multi-Factorial Measure of Parenting and Children's Psychological Disorders: A Cross-Cultural Study

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Abstract

The association between parenting and child's psychological states has been studied mainly according to Baumrind's model of authoritarian, authoritative, and permissive parenting styles or according to Rohner's acceptance-rejection theory. This study, in contrast, rests on the assumption that since parenting is a complex and dynamic process, it is better studied in terms of parenting profiles comprising several factors than via one or two parenting factors. We administered a questionnaire measuring seven parenting factors that cover various styles of acceptance and control to 975 male and female adolescents together with a scale of psychological states. Our results show that the associations between a parenting factor and psychological states depend on the presence or absence of other parenting factors, thereby justifying the use of parenting profiles rather than parenting factors. The psychological states were associated with the style of control and the parenting profile rather than with the level of control. Two paternal and three maternal parenting profiles were detected, each associated with different levels of psychological states. The profile characterized by *high acceptance, rational parenting, and loving-control parenting, and by low compassion evoking, love withdrawal, inconsistent parenting, and authoritarian parenting* was associated with better psychological states. To learn more about parental profiles and psychological states, further research in different cultures is needed.

Introduction

Copious research on parenting seeks to identify central parental factors that are associated with children's psychological states and adjustment. Baumrind (1966, 1991, 2005) suggests two orthogonal dimensions, high–low warmth and high–low control, and Schaefer (1965) suggests a similar pair (warmth–hostility and detachment–involvement). Rohner (1986, 1999) focuses on the dimension of parental acceptance–rejection in addition to parental control. The literature on these factors maintains that authoritarian and permissive (Baumrind), hostile and detached (Schaefer), and rejecting parenting (Rohner) have a negative impact on children's psychological adjustment. Whatever the parenting style, I suggest inconsistency and incoherent parenting as another important factor associated with children's psychological disorders (Dwairy, 2007; Dwairy, Achoui, Abouserie, & Farah, 2006).

The following introduction reviews the literature on Baumrind's and Rohner's parenting factors and the relationship between them and children's psychological disorders and provides initial empirical indications about the importance of inconsistency in parenting.

Toward Multi-Factorial Studies on Parenting

Thus far, research on parenting and children's psychological adjustment has typically been uni-factorial, testing one parenting factor at a time. This reductionism underestimates the interaction effect and the overlap that exists between different parenting factors (Soenens, 2007) and mistakenly treats each factor as an independent one. Due to this approach, the association found between certain parental factors and children's mental health is inconsistent and, at times, even contradictory. In our multi-factorial study, based on a systemic research approach (Dwairy, 2006), we assume that the association between specific parenting factors and children's mental health varies when it is tested in conjunction with, or without, other parenting factors. For instance, the association between parental rejection and children's mental health will depend on the presence or absence of one or more additional genetic, parental, familial, school, social, and cultural factors. (For more about the flaws of reductionism, see Dwairy, November 2006).

Furthermore, since parenting is obviously a complex continuing and dynamic process, studying such a complex phenomenon via one or two parenting factors may be too simplistic and may omit many parenting practices that occur in the multi-factorial interactions that characterize parenting. Uni- or bi-factorial models of parenting, such as those based on the authoritarian–permissive axis or the acceptance–rejection scale, overlook several common parental practices and do not pinpoint variety in control practices, such as evoking compassion and guilt among children, control in the name of love and the child's welfare, or withdrawal of love and communication when the child misbehaves. These diverse practices may be considered different ways of control or rejection even though they are qualitatively different and may be associated with different children's outcomes. To address this, the present article attempts to combine seven parenting factors in one study. By capturing a variety of control practices, these factors may lead to the identification of parenting profiles of control and the study of their associations with children's psychological states.

Our research questions are:

1. What are the most common parental practices of fathers and mothers?
2. Can we identify different parental profiles of fathers and mothers?
3. How parenting factors and parenting profiles are associated with children's psychological disorders?

Method

Sample

Although we did not deal with cultural issues at this initial stage of our research, we decided for reasons of convenience to start with an Arab sample in the belief that this choice is as legitimate as a decision by a Western researcher to begin with a Western sample. Our research was conducted on 975 Arab adolescents: 304 Palestinians, 205

Algerians, and 466 Lebanese aged 15–16, 51.9% males and 48.1% females. The administration was conducted at classrooms and lasted for about 40 minutes.

About 52.3% of fathers and 58.2% of mothers did not finish high school, 17.7% of fathers and 16.7% of mothers finished only high school (twelve years of education), and 30.0% of fathers and 25.1% of mothers had more advanced schooling: a diploma, a baccalaureate degree, or a higher degree. When the adolescents were asked to rate their family's economic level as compared with their peers' families, 65.2% characterized it as average, 26.5% above average, and only 8.3% below average.

Instruments

Dwairy's Parenting Profile Scale (DPPS):

Development of DPPS: This scale measures seven parenting factors that the primary author (Dwairy) identified and defined on the basis of his clinical experience with parents and children and on the literature on parenting styles and factors. In addition to the well-known factors of acceptance–rejection and authoritarian–permissive, the author identified five more styles of control: *rational parenting*, *loving control*, *compassion evoking*, *love withdrawal*, and *inconsistent parenting*.

Acceptance (Acp), e.g., “My mother usually accepts my conduct with love, without criticism.” This factor resembles Rohner's acceptance factor.

Rational parenting (RtioP): Parents use logic behavioral techniques for control, e.g., “My father explains what he expects of me and uses logic to convince me.” This factor may resemble Baumrind's authoritative parenting.

Loving control (LvCn): Parents control and punish their children in the name of love and the child's welfare, e.g., “When my father punishes me, I know he is doing it for my own good.”

Compassion evoking (CmEv): Parents evoke compassion and guilt in their children, e.g., “My mother often tells me how much she and the family are suffering because of me.”

Love withdrawal (LvWd): Parents retreat from relations with their child, display dissatisfaction, and put on an angry face, e.g., “When I behave in a way my mother doesn't like, she ignores me and stops treating me kindly.”

Inconsistent parenting (IncP): where the child cannot predict h/her parents' response, e.g., “My father's responses to my behavior are unpredictable and inconsistent.”

Authoritarian parenting (AthP), e.g., “My father forces me to do what he wants me to do.” This factor resembles Baumrind's authoritarian parenting.

For each factor, fifteen items were termed. To validate the scale, the seven factors were discussed and defined with three psychologists. Afterwards, the 105 items were presented to them so that each could be related to one of the seven factors. Basing ourselves on this process, we chose ten items for each factor that on which the psychologists fully agreed. Then we formulated a scale that measures seven paternal and seven maternal parental factors composed of 140 items. For each factor, the subjects were asked

to rate ten items for their truthfulness at four grades: 0=very low, 1=low, 2=much, and 3=very much.

We performed two principal factor analyses on the seventy items of the father and of the mother with a varimax rotation, *a priori* seven factors, and a .20 loading criterion. All ten items for each factor were loaded high in the same factor. Some items were loaded, although low, in another factor or other factors. The seven factors together explained 51.8% and 54.3% of the father and mother variance, respectively. Cronbach's alpha coefficients were .82 and .85 for fathers and mothers, respectively. An abridged version of the scale was formulated on the basis of the five highly loaded items for each factor and two additional principal factor analyses were conducted on the thirty-five items of father and mother with a varimax rotation, *a priori* seven factors, and a .20 loading criterion. All five items for each factor were loaded high in the same factor. The seven factors together explained 59.7% and 62.9% of the father and mother variance, respectively.

Final Version of DPPS: For the present study, we used the abridged version of *DPPS*. The means of the five items in each factor elicited seven parental mean scores ranging from 0 to 3 that yielded a parenting profile for the father and the mother.

The psychological states scale (PSS): It includes 15 items that covers three psychological states comprising five items each: *anxiety disorder* (I feel fear and anxiety for no apparent reason), *depression* (I feel sad most of the time), and *conduct disorder* (I always disobey orders and rules). The subjects were asked to rate their level of endorsement of each item on a four-point scale (from 3=always true to 0=not true).

To validate the scale on the present sample, a principal factor analysis was conducted on the fifteen PSS items with a varimax rotation and a .20 loading criterion. The analysis revealed two factors. The first explains 30.1% of the variance and was loaded by all ten items of anxiety and depression. Merging anxiety and depression in one factor was not surprising based on the high comorbidity between the two disorders (Hirschfeld, 2001). All five items of conduct disorder were loaded on the second factor, which explains 21.7% of the variance. The Cronbach's alpha coefficient of PSS in our sample was .88 and .81 for the internalized (anxiety and depression) and externalized (conduct disorder) problems, respectively, indicating good internal validity of the scale.

Based on this analysis, we derived three scores from the scale each ranges from 0 to 3: internalized emotional disorders (the mean of ten anxiety and depression scores), externalized disorders (the mean of five conduct-disorder scores), and general psychological disorders (the mean of all fifteen scores), with a low score indicating better mental health.

Results

When the mean score for each factor was calculated, it was found that *loving control* is the most dominant parenting factor, with a mean of 2.35 and 2.41 for father and

mother, respectively. The next two dominant factors were *rational parenting* and *acceptance*. The least used factor was *compassion evoking* (Table 1). Cross-gender differences will be discussed later.

Table 1
Parental factors means and standard deviation of fathers and mothers

			All (975)	Boys	Girls	Significance
Father	Acp	M	1.95	1.95	1.97	n.s.
		Sd	.71	.71	.71	
	RtioP	M	2.05	2.06	2.04	n.s.
		Sd	.67	.67	.66	
	LvCn	M	2.35	2.37	2.32	n.s.
		Sd	.66	.60	.72	
	CmEv	M	.58	.67	.49	p<.000
		Sd	.63	.64	.59	
	LvWd	M	1.16	1.23	1.09	p<.009
		Sd	.77	.77	.78	
	IncP	M	1.16	1.20	1.11	(p<.082)
		Sd	.78	.77	.80	
	AthP	M	.92	1.00	.83	p<.001
		Sd	.79	.79	.77	
Mother	Acp	M	.92	1.96	1.95	n.s.
		Sd	.81	.72	.71	
	RtioP	M	2.10	2.05	2.15	p<.040
		Sd	.69	.70	.68	
	LvCn	M	2.41	2.38	2.42	n.s.
		Sd	.70	.70	.70	
	CmEv	M	.77	.82	.71	p<.039
		Sd	.78	.81	.75	
	LvWd	M	1.22	1.22	1.20	n.s.
		Sd	.84	.83	.84	
	IncP	M	1.08	1.10	1.04	n.s.
		Sd	.80	.79	.80	
	AthP	M	.92	.97	.83	p<.006
		Sd	.80	.79	.80	
	Externalized	M	.85	.86	.83	n.s.
		Sd	.75	.77	.71	
	Internalized	M	1.00	.90	1.08	<.000
		Sd	.73	.71	.73	
Psy. Dis	M	.95	.89	1.00	<.008	
	Sd	.66	.65	.66		

Note. Acceptance (Acp), Rational parenting (RtioP), Loving control (LvCn), Compassion evoking (CmEv), Love withdrawal (LvWd), Inconsistent parenting (IncP), and Authoritarian parenting (AthP).

Parenting Profiles

To identify specific profiles of parents among our sample, a cluster analysis was conducted on the seven parental factors of father as well as of mother. The analysis identified two profiles among fathers and three profiles among mothers (Figure 1):

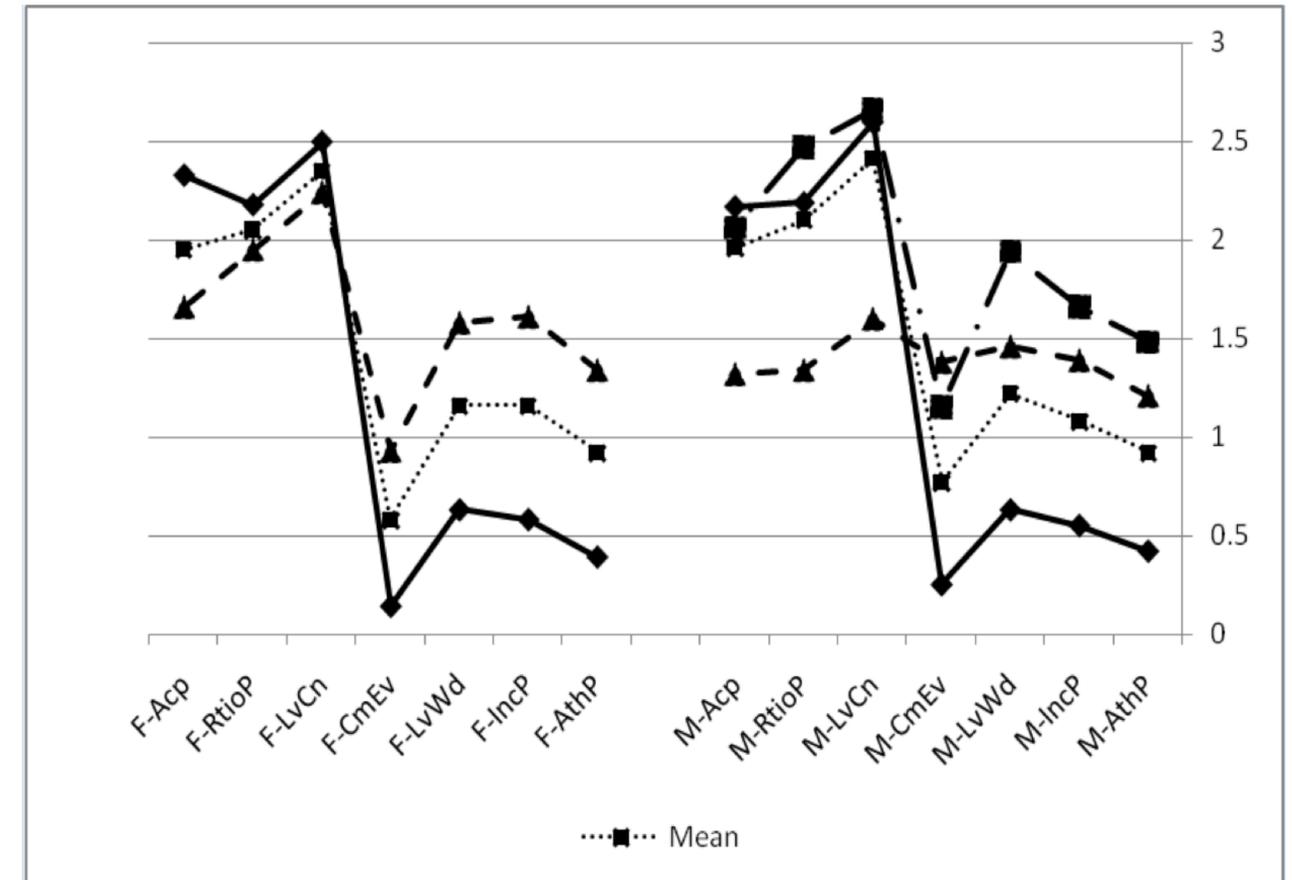


Figure 1
Fathers' (left) and Mothers' (right) Profiles
Note. Acceptance (Acp), Rational parenting (RtioP), Loving control (LvCn), Compassion evoking (CmEv), Love withdrawal (LvWd), Inconsistent parenting (IncP), and Authoritarian parenting (AthP).

Low guidance-high control profile (LG-HC): This profile, identified among 551 fathers and 204 mothers (Cluster1), is characterized by above-mean *compassion evoking*, *love withdrawal*, *inconsistent parenting*, and *authoritarian parenting*, and below-mean *acceptance*, *rational parenting*, and *loving control parenting*. Mothers' guidance in this profile (the left-hand side) is lower than fathers'.

High guidance-low control profile(HG-LC): This profile, identified among 421 fathers and 464 mothers (Cluster 2),is characterized by below-mean *compassion evoking*, *love withdrawal*, *inconsistent parenting*, and *authoritarian parenting*, and above-mean *acceptance*, *rational parenting*, and *loving control parenting*.

High guidance-high control profile (HG-HC): This profile, identified exclusively among mothers (N=307)(Cluster 3),is characterized by above-mean use of all parenting styles together.

All parental factors have significant correlation coefficients with psychological disorders. This finding is elusive because when one regression analysis has been done on all factors together many factors showed no significant relationships with psychological disorders, and altogether explain only 22% of the variance of psychological disorders.

To study the differences between parents with different parenting profiles in terms of adolescents' psychological disorders, an ANOVA was conducted and found that the mean psychological disorders of adolescents of fathers ($M = .71$) and mothers ($M = .71$) with HG-LC profiles was significantly lower than the other profiles: LG-HC, and HG-HC ($F(1, 964) = 100.18, \alpha < .0001$; $F(1, 964) = 63.11, \alpha < .0001$ respectively) (Table 2). Similar significant differences in externalized and internalized disorders were found. No significant differences in psychological disorders between LG-HC and HG-HC of mothers were found.

To test the combined effect of different paternal and maternal profiles on the psychological disorders, a GLM analysis of variance was conducted. It elicited a significant difference between the two paternal profiles ($F(959,1) = 25.39, \alpha < .0001$, Partial $Eta^2 = .03$) and among the three maternal profiles ($F(959,2) = 24.32, \alpha < .0001$, Partial $Eta^2 = .05$). No significant interaction effect was found (Table 2).

Table 2
Means of Psychological Disorders according to Fathers and Mothers Clusters

		FATHER			
		Clst#1 LG-HC	Clst#2 HG-LC	Total	
M	Clst#1 LG-HC	M	1.26	.89	1.19
		SD	.71	.55	.69
		N	165	36	201
H	Clst#2 HG-LC	M	.88	.64	.71
		SD	.53	.51	.53
		N	138	313	451
R	Clst#3 HG-HC	M	1.13	1.00	1.15
		SD	.71	.74	.72
		N	245	62	307
Total		M	1.13	.71	
		SD	.68	.57	
		N	548	411	

Note. Low Guidance (LG), High Guidance (HG), Low Control (LC), and High Control (HC).

The results show that the psychological states of adolescents were worst when both father and mother adopted an LG-HC pattern ($M = 1.26$) and best when both parents adopted an HG-LC pattern ($M = .64$).

Discussion

The purpose of our research was to study seven parental factors together to identify parental profiles and link them to adolescents' psychological states. The seven factors were *acceptance, rational parenting, loving-control parenting, compassion evoking, love withdrawal, inconsistent parenting, and authoritarian parenting*.

According to the adolescents' reports the most common parental practices among fathers and mothers were: *loving control, rational parenting, and acceptance*, indicating that parents apply higher Guidance than Control practices. Thus, the multi-factorial measures of parenting enabled us to know how parents in a collective and authoritarian society, such as the Arab society (Dwairy, 2006), apply their guidance or control over their children.

Although all parental factors have significant correlation coefficients with psychological disorders, when all factors are analyzed together in one regression they explain only 22% of the variance of psychological disorders. This indicates that the parenting factors have a high overlap and work together as one integral system of intervention in response to adolescents' behavior. This finding justifies our approach of studying parental profiles rather than parental factors.

Cluster analysis helped us to identify two paternal and three maternal profiles that were associated with different levels of psychological disorders (Table 2). The profiles that we found vary according to two groups of parenting factors: (a) *guiding parenting that includes acceptance, loving control, and rational control*, which were the dominant factors among both fathers and mothers (Table 1) and were associated with better psychological states (Table 1); and (b) *controlling parenting that includes compassion evoking, love withdrawal, inconsistent parenting, and authoritarian parenting*, which were less dominant and were associated with psychological disorders (Figure 1).

The parenting profile of 43% of fathers and 48% of mothers was the *high guidance-low control profile* (HG-LC), which was associated with better psychological adjustment (Table 3). The remaining 57% of fathers and 21% of mothers exhibited the *low guidance-high control profile* (LG-HC), which was associated with psychological disorders. The remaining 31% of mothers displayed the *high guidance-high control profile* (HG-HC), which was also associated with psychological disorders. This maternal profile is a confusing and inconsistent one that combines high control and high guidance; it reflects desperate and helpless mothers who overuse every possible tool to gain control over their children. This association, of course, may be reciprocal: a maternal HG-HC profile hurts the adolescent's psychological state or more severe psychological disorders render the mother helpless and confused, inducing her to use all possible tools.

Generally speaking, our results indicate that good parenting in Arab society is attained when fathers apply *consistent and rational parenting* and avoid *compassion evoking*, and when mothers apply *acceptance* and avoid confused *rational, compassion evok-*

ing, and *authoritarian parenting*. Psychological disorders were lowest ($M=.64$) when both father and mother adopted an HG-LC pattern and highest ($M=1.26$) when both adopted an LG-HC pattern (Table 2).

The strength of our research is that it captures a variety of parenting factors and differentiates among styles of parental control, enhancing our understanding of the parenting system, and was applied across a large sample from three Arab societies. To the best of our knowledge, this is the first research that studied parenting in terms of profiles and detected specific profiles and their associations with adolescents' psychological disorders. The weakness of our research is that it is based exclusively on adolescents' self-reportage. To validate our findings, we have begun to study parenting profiles via parents' self-reportage and to collect data from a clinical sample. Our research must be applied to other Western and non-Western samples, of course.

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