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A PARENTAL HANDLING QUESTIONNAIRE

SAVITA MALHOTRA[1]

SUMMARY

Parental Care and Control, which are two major parental handling, variables are significantly related to psychological morbidity in children where high care-low control is associated with healthy development and low care-high control is related to psychiatric disorder. Parents by & large do not differ in their patterns of handling with regard to age and sex of the child, rural-urban living and SES except that younger children are given more care and those from high SES exercise less control among normal children. However, low care for younger children, high control for older children; low care and high control for males, rural background and higher SES families was associated with psychiatric morbidity in children.

A number of factors, relating to child rearing practices have been found to have bearing on the psychological development of children. Although many adjectives are used to describe the various types of parenting but very few studies have been done to examine the most significant dimensions of this parent-child relationship. In a routine case work-up ir child psychiatry it is mandatory to enquire into the parental handling methods. However in most instances this assessment is largely subjective without any clear guidelines into the content and method of eliciting valid information on the reported characteristics.

Rutter (1972)stated that for adequate mothering, a loving relationship leading to an unbroken attachment to one specific person in the family who provides adequate stimulation is necessary. Roe and Siegiman (1963) had studied the parental behaviour during childhood in several independent samples of children and adults. Factor analysis yielded three factors. (1) Affection, warmth Vs coldness and rejection (2) casual Vs demanding relating to strictness of regulation, intrusiveness and demand for high accomplishment and obedience. (3) protective concern not necessarily affectionate. Shaefer (1965) in a similar study of parental behaviour in children and adults found three classes : first factor related to acceptance versus rejection; second factor involved psychological autonomy versus psychological control; and third factor was of firm control versus lax control. Cameron (1977) studied the parental characteristics such as degree of parental conflicts, tensions, degree of warmth, protectiveness, permissiveness, degree and form of discipline employed. Cluster analysis yielded light parental clusters, described in that order of the amount of matrix variance assumed.

1. Parental disapproval, intolerance, and rejection, 2. Parental conflict regarding child rearing; 3. parental strictness Vs permissiveness; 4. maternal concern and protectiveness; 5. depressed living standards; 6. limitations on the child's material support; 7. inconsistent parental discipline; 8. large family orientation.

Parker et al. (1979) in their Parental Bonding Instrument studied two parenting variables i.e. care & overprotection. They summarized that care has been identified theoretically and supported empirically

1. Additional Professor, Deptt. of Psychiatry, Postgraduate Institute of Medical Education and Research, Chandigarh–160012

by factor analytic studies, as the major parental dimension. The significance of an over-protection dimension has received little theoretical consideration despite findings from factor analytic studies. Starting from that basis, they defined both dimensions empirically and produced two scales of parental care and over protection, with acceptable levels of reliability and validity combined under the name of Parental Bonding Instrument.

Basically accepting the theoretical model of Parker et al. (1979) who suggested that parental contribution to bonding comprises of two main source variable i. e. one of care dimension and the second of psychological control over the child Vs autonomy, it was thought to devise an instrument that would measure current parental handling in Indian setting. The Parental Bonding Instrument had the limitation of making subjective judgement in a retrospective manner by the respondent.

Moreover simple adaptation of the Parental Bonding Instrument would not have been sufficient because the items were not culturally relevent and elicited information retrospectively from the subject himself rather than on current handling patterns from the parent.

It was decided to develop an instrument for measuring current patterns of parental handling in children which would be simple and relevant to local socio-cultural conditions. Three main areas of parental handling were chosen for assessment.

1. Care/emotional nurturance to include level of need gratification, emotional climate whether positive or negative and frequency of adult contact.
2. Psychological control Vs autonomy to measure the strictness of discipline, permissiveness in decision making and inconsistency of behaviour.
3. Tolerance of deviance.

Item selection

Items were chosen from the multiple sources that included Parent Bonding Instrument (Parker et al., 1979); Home stimulation Inventory (Caldwell, 1975); Parental Interview variables from New York Longitudinal Study which define 8 parental clusters as reported by Cameron (1977); Parent Interview Schedule on Child Rearing practices (Sears et al., 1957); and Parent Attitude Research Instrument (PAR I) by Schaffer and Bell (1958). None of these scales individually were considered adequate, though they formed important sources of items.

Pre-test :

20 items that appeared to logically to the above three areas of parental handling were chosen from various sources already mentioned. Questions enquired into general pattern of parental handling of their children from the parents preferably the mother. Items were worked in a manner that elicited a response in terms of 'Yes' sometimes' or 'No' to be rated as 0, 1 and 2 respectively. Standard probes were made to use it in an interview form and to make the questions explicit. The rating was based on the interviewer's judgement of the response.

In the first tryout, 20 items questionnaire was administered on the 50 subject and subjected to principal component analysis with varimax rotation, to derive factors with eigen value greater than one. Seven factors emerged accounting for 75.71% of total variance. Four items showed very low correlation values & low commonality which were discarded. The remaining 16 items were again subjected to factor analysis. Five factors with eigen values greater than one

emerged accounting for 66.44% of total variance. Five items had significant loading ($\pm$ .4) on more than one factor indicating some interdependence in these five factors.

Second tryout :

Data was collected on 91 subjects using 16 items questionnaire and was subjected to second order factorisation. Two factors emerged accounting for 66.60% of total variance. Factor loading of $\pm$ .4 or more were considered significant & two items which did not meet this criteria were dropped. There was no overlap of items at second order factorisation. Thus, finally 14 items were left which met the statistical criteria and measured two parental handling variable labelled as Care & Control. The first variable comprised of 10 items and measured psychological nurturance/care. The second variable comprised of 4 items measuring psychological control/disciplining. The items were worded in such a fashion that the higher scores for both the variables indicated low levels of care as well as control. These two parental handling variables were similar to the ones described by Parker et al. (1979).

The items were rated on a three point Likert scale giving a possible range of scores as 0-20 & 0-2 (see Appendix) for Care & Control respectively. These two factors were largely independent with very low correlation values of 0.13 in 34 normal subjects (p=ns) and of 0.23 in 57 emotionally disturbed subjects (p=ns).

STANDARDIZATION

Reliability :

Two measures of reliability were studied. Correlalion co-efficients are given below which are all significant (p<.05).

	Care	*Control*
Test-retest after 2-4 weeks (N=15)	.68	.76
Inter-rater (N=10)	.82	.66

Validity :

Apart from factorial validity two other measures of validity were examined.

(1) *Coustruct validity* : According to the scoring method of PHQ, there is an inverse relationship between the scores and amount of care and control exerted by the parents. It was hypothesized that emotional disturbance in the children would be associated with faulty handling patterns. PHQ was used to validate this hypothesis. Data on 57 emotionally disturbed and 34 normal children was subjected to discriminant functions analysis.

On discriminant functions analysis the derived functions discriminated significantly the two groups. Given below is the classification function of the two variables.

TABLE 1—*Discriminant Analysis*

Actual group membership	Predicted Membership group		Total
	I (ED)	II (N)	
I (ED)	*34	23	57
II (N)	9	*25	34

*Correct classification rate was 64.8%, X^2=9.41 (p<.01).

It indicates that 2 PHQ variables under study could discriminate significantly between the emotionally disturbed and normal groups of children thus confirming the hypothesis.

(2) *Concurrent validity* : An independent clinician was asked to do the ratings on

the two predefined parental handling variables as high, average and low which were correlated with the PHQ scores on 19 subjects. The correlation coefficient were +.67 and +.64 for Care and Control respectively which are statistically significant ($p<.05$).

Parker et al. (1979) gave general population norms for their Parental Bonding Instrument. They did not find any association between the sex of the child and the social class, and parental care and overprotection.

Norms :

PHQ was administered to the parents of 100 emotionally disturbed children attending the child guidance clinic of the Deptt. of Psychiatry at PGIMER, Chandigarh and 100 normal children in the age range of 5-10 yrs. Emotionally disturbed children were those who were diagnosed by a consultant psychiatrist after thorough clinicial examination and history to be suffering from any of the neurotic or adjustment disorders, disturbance of emotions specific to childhood and adolescence and special symptoms (excluding mental retardation, epilepsy and psychoses). Normal children were screened through the Reporting Questionnaire for children by Giel et al. (1981). Data on age, sex, rural-urban status & socio-economic status was collected. Scores on the two parental handling variables i. e. Care & Control were analysed for different socio-demographic variables. Sample characteristics are described below.

The groups were comparable on the variables of age aud rural-urban status. However, there were significantly more males and less number of children from the high socio-economic groups in the disturbed groups. This sex difference is in accordance with known pattern of disease distribution with higher proportion of males having psychiatric disorders. With regard to the difference in socio-economic characteristics, it may simply be a sampling bias where more children from the upper socio-economic status may have been included in the normal control group. Scores on the variables of care and control are given in the tables.

TABLE 2 —

	Emotionally disturbed (N=100)		Normal (N=100)
Age (in yr)			
5-6	23		34
7-8	41		45
9-10	36		21
		$X^2=4.50$, N. S.	
Sex			
Male	72		57
Female	28		43
		$X^2=4.91$, $p<0.5$	
Residence			
Rural	68		78
Urban	32		22
		$X^2=2.54$, N. S.	
Socio-economic status			
Low	25		22
Middle	55		38
High	20		40
		$X^2=9.97$, $p<.01$	

Emotionally disturbed children were characterised by low care and high parental control.

Distribution of scores according to socio-demographic characteristics is given below :

Within group comparisons showed that in the normal group, younger age children got more care (lower score on Care dimension). Inter-group comparisons revealed that emotionally disturbed children received lesser care as compared to normal children particularly in younger

TABLE 3—*Comparison of ED & NC groups on PHQ scores*

Variable	Range	Mean	S. D.	Range	Mean	S. D.	't' ratio
1. Care	0-15	6.32	2.73	0.12	5.11	2.07	3.52*
2. Control	0-7	2.40	1.65	0,8	3.14	1.67	3.14*

*p<.01

TABLE 4—*Distribution of scores on Care according to socio-demographic characteristics.*

	ED (N=100) Mean (S. D.)	NC (N=100) Mean (S. D.)		't' values (across group)
Age (in yrs.)				
4-6 yrs	6.39 (2.13)	4.79 (2.28)	t=2.16* (bet, 4-6 yrs	2.67**
7-8 yrs	5.85 (2.61)	4.93 (2.05)	vs. 9-10 yrs.)	1.84
9-10 yrs	6.83 (3.10)	6.00 (1.52)	t=2.14* (bet 7-8 yrs. Vs. 9-10 yrs.)	1.15
Sex				
Male	6.43 (2.71)	5.12 (2.11)		3.13**
Female	6.04 (2.82)	5.09 (2.03)		1.67
Residence				
Rural	6.13 (2.39)	5.59 (1.62)		1.66
Urban	6.41 (2.93)	4.97 (2.17)		1.97
Socio-economic status				
Low	6.04 (2.47)	5.86 (1.83)		0.28
Middle	6.44 (2.92)	4.89 (2.32)		2.76**
High	6.35 (2.60)	4.90 (1.88)		2.43*

* p<.05 ** p<.01

age group, male sex and middle-high socio-economic status.

Within group comparisons were all insignificant except that higher control was found in children from low socio-economic status in the normal group. Inter-group comparisons revealed relatively higher control in emotionally disturbed children in the categories of 9-10 yrs age, male sex, rural living and higher socio-economic status, as compared to normal group.

Discussion :

The review of litrature suggested that among a large number of parental behaviours described to be relevant in the psychological development of children, two dimensions namely parental care/nurturance vs lack of it; and parental control/overprotection vs autonomy; have been consistenly found to be significant contributors to child development and psychopathology. To some extent, these two factors represented a common thread across studies on different population samples derived from different socio-cultural backgrounds. Therefore, these two dimensions of Care and Control were identified for further study in our population, and development of a simple, short, and clinically relevant tool for measuring

TABLE 5—*Distribution of scores on Control according to socio-demographic characteristics*

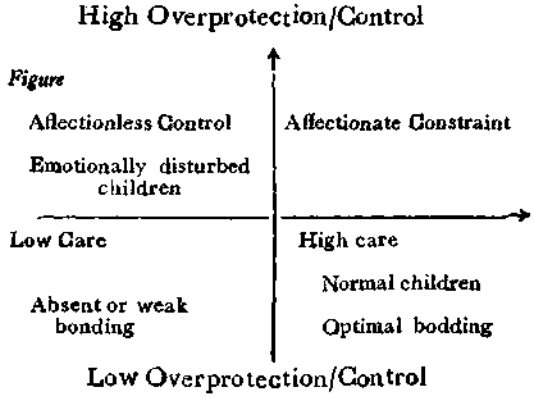
	ED (N=100) Mean (S. D.)	NC (N=200) Mean (S. D.)		't' values (across groups)
Age (in yrs.)				
5-6	2.70 (1.77)	3.06 (1.76)		0.78
7-8	2.44 (1.67)	3.01 (1.58)		0.67
9-10	2.17 (1.56)	3.38 (1.75)		2.71**
Sex				
Male	2.32 (1.68)	3.09 (1.65)		2.61**
Female	2.61 (1.59)	3.21 (1.73)		1.15
Residence				
Rural	2.34 (1.66)	3.23 (1.74)		3.15**
Urban	2.43 (1.66)	3.12 (1.67)		1.5
Socio-economic status				
Low	2.16 (1.77)	2.41 (1.40)		0.533
Middle	2.45 (1.72)	3.16 (1.87)	t=2.85**	1.89
High	2.55 (1.32)	3.53 (1.52)	(bet. low vs High)	1.46*

* $p<.05$ ** $p<.01$

these reliably was attempted. The tool has been named as Parental Handling Questionnaire.

It was found that the two variables studied i. e. Care and Control had no correlation with each other in the normal subjects as well as in the emotionally disturbed group indicating that these were to a great extent independent dimensions. Most significant findings were observed on comparing the data on two subject groups of emotionally disturbed and normal children. Scores in the emotionally disturbed group depicted low Care and high Control contributed to the cause of emotional disturbance or was it a consequence can not be made out in this study. Parker et al. (1979) have identified four clusters of parental bonding which have been depicted in the figure below. Healthy group in the present study was characterised by high Care and low Control which corresponded to optimal bonding as conceptualized by Parker et al. At the opposite end was the high Control - low Care configuration construed as affectionless control, by Parker et al. which characterized emotionally disturbed children in our study. The other patterns of high Control - high Care (affectionate constraint) and low Care - low Control (absent or weak bonding) are also pathological and may be associated with certain other psychiatric disorders of childhood like conduct disorders, delinquency etc. This difference in the parental handling patterns between the two groups was statistically significant as has been borne out of results of discriminant analysis (Table 1). This finding can be taken as the supporting evidence for construct validity of the questionnaire. In addition there has been evidence for satisfactory factorial

and concurrent validity as well. Reliability figures were also satisfactory.



There were certain differences between and within group comparisons in Care and Control across socio-demographic characteristics (Tables 4 & 5). It was found that in the normal group of children care was highest for younger children and it went on decreasing as the age increased (higher score meant low care and vice-versa). This inverse relationship between level of care and age of the child is understandable as well as consistent with the need. However in the emotionally disturbed group, this inverse relationship was not seen. On the contrary, youngest children (5-6 yrs) received much less Care as compared to normal children of the same age. Therefore, it appears that lack of Care, due to any reason, specially in younger children may be a factor contributing to psychopathology. Apart from age, level of Care provided did not differ amongst children of different sexes, rural-urban status or socio-economic status within groups. However, there were few differences across groups like younger children, males and those from middle and high SES families were cared less in the emotionally disturbed group. It is likely that these groups of children have greater need for Care or else they may be more sensitive to lack of it. The common notion that in India, male children are given greater Care in preference over female children is not supported by the findings of this study.

Similar analysis done for variable of Control was quite revealing (Table 5). As evident from within group comparisons, Control was not a function of child's age, sex, rural-urban status or even socio-economic status except that lower SES families exercised greater control in the normal group.

Since greater control meant lesser autonomy, these findings may indicate that either there may be greater conflict over autonomy among the families of these children or these children may be more sensitive to parental control that has bearing on emotional disorder in them.

Autonomy is a desirable developmental goal in the West. In India, it seems to be related to certain socio-cultural expectations. Although all the children in the sick group experienced parental over control but those who were older, who were males and were from high SES were perhaps most affected. This is a very significant observation which needs to be studied further in depth.

Parker et al reported that there was no clear association between social class and age of the child with parental Care and Overprotection. Patterns of parental handling are likely to vary across cultures which has been partly observed in the present study.

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APPENDIX

Parental Handling Questionnaire

Below is a set of questions inquiring about the way you deal with your child. Every parent has his own way of handling his/her child. So, please circle 0 if your answer is 'yes' : 1 if your answer is 'sometimes' and 2 if your answer is 'No'.

1.	Do you frequently smile at your child ?	0	1	2
2.	Do you praise your child often ?	0	1	2
3.	Do you help your child as much as he needs ?	0	1	2
4.	Do you often talk to (spend time with) your child ?	0	1	2
5.	Are you able to make the child feel better when he is upset ?	0	1	2
6.	Does your child come to you whenever in distress ?	0	1	2
7	Do you let your child do things he likes doing ?	0	1	2
8.	Do you let him make his own decisions ?	0	1	2
9.	Do you try to control everything the child does ?	0	1	2
10.	Do you often reprimand your child ?	0	1	2
11.	Do you think that the child cannot look after himself unless you are around ?	0	1	2
12.	Do you feel that your spouse is unduly strict/lenient towards the child ?	0	1	2
13.	Do you (or some other family member) often console or protect the child when he is reprimanded by the other parent ?	0	1	2
14.	Do you get very angry when the child does not behave well ?	0	1	2

Items 1, 2, 3, 4. 5, 6, 7, 8, 11, 12 measure Care
Items 9. 10, 13. 14 measure Control