



Hyper-parenting in Children with Intellectual and Developmental Disabilities

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ABSTRACT Parenting styles are often measured following Baumind's theory as authoritarian, authoritative, uninvolved, and indulgent styles. In the contemporary scenario, this approach appears insufficient. There are growing complexities in parenting resulting from socio-cultural inter-breeding across nations. There is a need to address critical problems and issues related to contemporary parenting. This cross-sectional study uses a descriptive survey design to empirically profile taxonomy of prevailing parent practices. The 35-item hyper-parenting domain of the 'Parental Opinion and Practices Scale' was administered on 89 parent respondents of children with intellectual and developmental disabilities. Results show a trend towards hyper-parenting, which is significantly different across socio-demographic variables like gender, or age of the child, parent education, and socio-economic status, as well as size and type of family. The norms, reliability, validity, and item-wise instances of over-parenting are highlighted. The findings have significant implications for parent training programs in the future interests of children with special needs.

INTRODUCTION

Parenting is the activity of bringing up children. The word is derived from Latin '*parentem*' meaning 'to breed or bring forth'. Parenting involves procreation along with its later duties and responsibilities toward the offspring. It is also to do with how the behaviour and development of the child are influenced (Chao and Tseng 2002). Darling and Steinberg define parenting practices as "constructs [that] include parent involvement, monitoring, while having goals, values, and aspirations" (cited in Spera 2005: 127). Parents target the physical, social, and intellectual development of the child from infancy to adulthood. Although biological parents are the most common caretakers, any other person or group can also take up that role in certain instances. Morrison (1978) defines parenting as "the process of developing and utilising the knowledge and skills appropriate to planning for, creating, giving birth to, rearing, and providing care for offspring". The universal goals of parenting are ensuring the physical health and survival of children, developing behaviour capacities for economic self-maintenance, and maximising cultural values, such as morality, prestige, and achievement.

Culture plays a crucial role in parenting practices (Lee et al. 2014; Selin 2014). Culture deter-

mines one's opinions, beliefs, attitudes, and practices in parenting. How much verbal or non-verbal communication is to be used by men or women? Which strategy is used, when, where, by whom, or to what extent for disciplining children? How much emotions or affections, positive or negative, is allowed? When, where or by whom to whom, and where not permitted? The answers to these questions vary across cultures (Rubin and Chung 2006).

Following liberalisation, privatisation, and globalisation, India is witnessing the rapid socio-economic change that has impacted the structure and functioning of its families and parenting (Kapadia 2005). An emerging middle class, quick conversion of small towns into cities, copious inflow of foreign money, an upswing in gated communities, and preoccupation of people with a virtual world have all resulted in various shades and intensities of what is now being dubbed as affluenza (Hamilton and Dennis 2008; Sherman 2006). The large joint and extended family systems have given place to dyadic nuclear families and single-parent households, geographically separated homes, virtual, online, and weekend parents.

While early parenting typologies did not account for hyper-parenting, currently posited conceptual and theoretical foundations suggest

that over-parenting may cut across as a continuum in all the types. It may not be that one is dealing with a new type of parenting. It may be only a unique patterning of the basic dimensions of parenting. *Family enmeshment theory*, which posits that parents use their children to satisfy their own incomplete goals, regrets, or anxieties, provide a motivational basis for over-parenting. *Attachment theory* puts forth insecure parenting behaviour, such as, over-parenting is associated with negative outcomes for children including increased anxiety, stress regulation, and low self-efficacy (Sideridis and Kafetsios 2008). The broader socio-cultural context of modern parenting exerts powerful influences on many over-parenting behaviours. Munnich and Munnich (2009) suggested that over-parenting is a micromanaging response to expectations associated with contemporary standards of achievement and academic success.

A relatively unexplored territory of everyday conversations, interactions, and routines within families is, undoubtedly, raising a child with special needs. It is a challenging and stressful experience. It impacts mothers more than fathers. Family cohesion, stigma, and isolation, finances, marital relationships, and sibling issues are themes under investigation. The diagnosis of childhood developmental disorders is a recent phenomenon. It is yet to catch up in several clinical circles—especially in the east. A variety of clinical conditions, such as cerebral palsy, epilepsy, Down's syndrome, autism, attention deficit disorders, cognitive disabilities, and global developmental delays, are part of this lengthy list. A long drawn-out itinerary of shopping for professional help follows (Venkatesan 2007). Some parents experience helplessness, inadequacy, anger, shock and guilt. Others go through disbelief, depression, and self-blame. The siblings experience guilt, shame, and embarrassment (Venkatesan 2004). Given the stigma and adverse reactions to diagnostic labels, what would be the parenting experience in raising a child with special needs but without a diagnosis? Some parents vacillate between over-appeasement and excessive use of physical punishment, punctuated in between with a state of indecisiveness or ignorance about how to manage the problem behaviours in their children (Venkatesan and Lokesh 2016). It was the gener-

ic aim of this study to investigate patterns of hyper-parenting in children with IDD.

Objectives

The objectives of this study are:

1. To identify, compile, and prepare a provisional taxonomy of different types and subtypes of parenting.
2. To develop a scale for the measurement of at least any one of the identified subtypes of parenting.
3. To administer the prepared scale on a representative sample of parents of children with IDDs.
4. To determine the overall nature, extent, intensity or extensity of the measured subtype of parenting as well as in relation to specific child and respondent variables.
5. To establish the reliability and validity of the developed scale on parenting children with IDDs.

This cross-sectional study uses mixed research design to combine a questionnaire-based survey, reflective clinical practice procedures, and open-ended interview techniques, analysis of case records, focus group discussions, as well as the perusal of clinician diary notes or log-books as an inductive approach to empirically profile taxonomy of currently prevailing parent practices. The 35-item hyper-parenting domain of the larger 100-item four-domain 'Parental Opinions and Practices Scale' being developed was administered on 89 parent respondents of children with IDDs.

Operational Definitions

The key terms used in this study are hyper-parenting, hypo-parenting, and atypical parenting. *Hyper-parenting (or over-parenting)* is here-in defined as an over-involved parent trying too hard, by all means, to ensure that no time or opportunity is missed in providing utmost care and attention to ensure success or progress in their child. By contrast, *hypo-parenting (or under-parenting)* is the failure to interact sufficiently or adequately with their child. Parenting situations, wherein the 'regular', 'normal', or 'mainstream' conditions do not exist, are termed '*atypical*'. It does not fall as a representative in the type, group, or class of what forms parenting.

The term '*Intellectual and Developmental Disabilities*' (IDDs) are conditions usually present at birth or little thereafter, but within the so-called 'developmental period' (or 18 years) and manifesting as a definite lower-than-age slowness and difficulties in some regions of life, such as intelligence, adaptive behaviour, language, mobility, learning, self-help and independent living. It also includes children 'at risk' or those having a strong predisposition towards developing one or the other disability in due course of time.

METHODOLOGY

Sample

The study involved use of a convenience sampling technique by recruiting a sample of 89 parents seeking intervention services from the Department of Clinical Psychology in the investigating institution. All available, approachable, and agreeable parent respondents were taken into the study. The term 'parent' refers to father, mother, and any caregiver who accompanies the child with IDD. The mean age of the parents was 36 years (SD: 5.74). Among the respondents were undergraduates (UG; N: 34), graduates (G; N: 36), and postgraduates (PG; N: 19). They belonged to low (N: 25), middle (N: 42), or high socio-economic status (SES) backgrounds. Concerning family density, some parents had a single child, and others had two or three children. The sample distribution is shown in Table 1.

Tools

The 35-item tool pertaining only to the hyper-parenting domain from the overall 3-domain 100-item Parents Opinions and Practices Scale (POPS) under preparation is used in this study. The POPS begins with a section to secure details of the child (age, condition, and gender), parent (educational qualifications), and family (siblings and socio-economic status). All the statements about over-parenting practices in the following section are to be answered by parent respondents along a 4-point rating scale, with options for strongly agree, agree, disagree, and strongly disagree. The direction of the individual items in the tool is considered before giving appropriately weighted scores from 1 to 4 points.

A high score on this tool indicates a greater tendency toward hyper-parenting. The minimum score attainable on this instrument is 35, the maximum is 140, and the assumed median is 70 for an individual child or respondent.

The segment on SES is adapted from the original format of NIMH SES Scale (Venkatesan 1999, 2016) by taking into consideration the highest occupation, education, property, annual family income, and per capita income to derive a three-tier stratification of high-middle-low levels in a given instance.

Procedure

The sequence of inter-related yet distinct steps followed in the study are:

1. Identification and compilation of available types of parenting
2. Preparing a taxonomy of different types/subtypes of parenting
3. Designing the scale for the measurement of hyper-parenting
4. Try out of the prepared tool
5. Establishment of reliability, validity and norms of the tool

Data was collected in a milieu, which was free from disturbances or distraction. The respondents were helped with clarifications only where-in they did not understand specific items in the tool. A reverse translation procedure was adopted using subject experts familiar and proficient in both languages. Then, the prepared tool in the local language was used only by parents who expressed difficulty in using the English version. The translation-retranslation correlation coefficient was estimated at 0.96.

RESULTS

This section is presented in the same sequence as the objectives are enunciated in this study.

Identification and Compilation of Available Types of Parenting

A comprehensive review of online and offline literature on parenting from various sources, including the world wide web, blogs, text-

books, research papers, magazines, and newspaper reports, was undertaken. Additionally, the individual case-records, clinician diary notes, and daily activity log-books regularly maintained by the author-clinician was perused. The minutes of parent-group meetings, focus-group discussions, and transcripts related to open-ended interviews with parents or children during clinical practice were also examined.

Taxonomy of Different Types/Subtypes of Parenting

Following the above step, three broad domains along with their sub-types of parenting were identified, namely, hyper-parenting or over-parenting (with five subtypes), hypo-parenting or under-parenting (with 14 subtypes), and atypical parenting (with 28 subtypes). A sum of 42 sub-types were included in the final taxonomy of parenting (Box #1). The domains in this taxonomy were determined *a posteriori* since they were not from an already established framework or theory guiding the classification.

Scale for the Measurement of Hyper-parenting

Despite the identification of such a vast array of sub-types in parenting, for ease of this initial phase of the investigation, only the first domain of 'hyper-parenting' was chosen for developing a scale for its measurement. The items or question statements were generated based on the operational descriptions or definitions of the domain characteristics. Both deductive and inductive methods were used. Thus, items were drawn from already available texts or tools as well as from verbatim responses of parents during direct observations, interviews, case reports, or focus group discussions.

The form of the items, the wording of the statements, their length, and directional valence were uniformly maintained. The questions were meant to capture the lived experience of parenting phenomenon by the respondent population. Care was taken to word the items simply and unambiguously in a conversational style without being offensive or potentially biased in terms of gender, caste, creed, religion, race, or economic status.

Box #1: Taxonomy of Parenting

A. Hyper Parenting or Over-Parenting

1. Competitive Parenting
2. Helicopter Parenting
3. Perfectionist, Snow-plough or Tiger Parenting
4. Frenetic Parenting
5. Overprotective Parenting

B. Hypo-Parenting or Under-Parenting

1. Hands-Off or Free-Range Parenting
2. Child-Led parenting, Parentification, or Reverse Parenting
3. Role-Reversed Parents
4. Best Friend Parenting
5. Slow or Idle Parenting
6. Over-Permissive Parenting
7. Proxy Parenting
8. Re-parenting by Grand Parents
9. Weekend Parenting
10. Online Parenting
11. Submissive or Subservient Parenting
12. Insufficient Parenting
13. Avoidant or Dismissive Parenting
14. New Age Parenting or Millennial Parenting

C. Atypical Forms of Parenting

1. Interfaith Parenting
2. Defective Parenting
3. Exploitative Parenting
4. Estranged Parenting
5. Old-Aged Parenting
6. Teenager Parenting
7. Adoptive or Foster Parenting
8. Single Parenting
9. Deviant Parenting
10. Refrigerator Mothers
11. Community Parenting
12. Enmeshed Parenting
13. Parenting by Superstition
14. Parenting in Joint Families
15. Co-parenting
16. Weird Parenting
17. Parentless or Orphaned Children
18. Uninvolved or Neglectful Parenting
19. Orthodox Parenting
20. Prodigies and Parenting
21. Mental Illness and Parenting
 - i. Paranoid Parenting
 - ii. Narcissistic Parenting
 - iii. Apprehensive or Anxious Parenting
 - iv. Schizophrenogenic Parenting
 - v. Parenting and Juvenile Delinquency
22. Parenting with Disability
23. Parenting Endophenotypes
24. Secret Parenting
25. Parent Abandonment or Suicide
26. Pseudo-Parenting
27. Class-Based Parenting
28. Parenting Twins

Try Out of the Prepared Tool

A try-out administration of the prepared 35-item device pertaining only to the hyper-parent-

ing domain of the overall 3-domain 100-item "Parents Opinion and Practices Scale" (POPS) was attempted on a representative convenient sample of 89 parents of children with IDD. A parent respondent in this study means either the father, mother, both, or the escorting guardian or caregiver of a given child. Educational qualifications herein refer to the stated highest requirement of a respondent parent, caregiver, or guardian if it is between them. Data was collected, coded, compiled, and calculated for descriptive and interpretative statistical inferences by using SPSS, PC Version 23.0 (George and Mallery 2016).

Profile of Overall Sample

Wherein the score of 35 is minimum, 140 is maximum and the assumed median is 70 for an individual child or respondent on this 35-item sub-scale on hyper-parenting, it is seen that the derived mean score for this overall sample (N: 89) is 105.43 (SD: 7.56). This is interpreted as being definitely on the higher side tending toward over-parenting as reported by parents in their children with IDDs (Table 1). A relatively new phenomenon of 'overparenting' (Locke et al. 2012), or its related terms like 'helicopter parenting' (Padilla-Walker and Nelson 2012), 'intrusive parenting' (Taylor et al. 2013), 'over-protective parenting' (Spokas and Heimberg 2009), 'over-solicitous parenting' (Rubin et al. 1997), 'lawnmower parenting' (Locke et al. 2012), or 'overly effortful parenting' (Locke et al. 2012) are growing in popularity in social and academic circles. Although similar, these terms are often used in conceptually different ways. Researchers have noted that the meanings of these parenting approaches is unclear (Segrin et al. 2013; Taylor et al. 2013).

Relationship with Various Variables

With regard to the **age variable**, parents of younger age children (≤ 6 years; N: 43; Mean: 110.47; SD: 6.68) show greater hyper-parenting (Table 1; $p < 0.001$) than those with older children (6+ years; N: 46; Mean: 101.07; SD: 7.89). Concerning **gender variable**, the parents of boys (N: 41; Mean: 109.44; SD: 7.12) in this sample

evidence greater hyper-parenting ($p < 0.001$) than those of girls (N: 48; Mean: 105.75; SD: 6.88). In relation to the **educational qualifications** of parents, there appears to be a linear relationship between higher education and hyper-parenting (Table 1; $p < 0.001$). Parents with under-graduation (N: 34; Mean: 99.12; SD: 7.66) show the least scores compared to those with graduation (N: 36; Mean: 102.77; SD: 8.44) and post-graduation (N: 19; Mean: 110.07; SD: 6.42).

The **number of children** parents have appears to be a significant variable in influencing hyper-parenting (Table 1; $p < 0.001$). A single child is reportedly over-parented (N: 45; Mean: 111.59; SD: 5.99) than the parents with two (N: 26; Mean: 107.56; SD: 8.46) or more children (N: 18; Mean: 98.56; SD: 8.88). Based on the **type of family**, the same trend of over-parenting (Table 1; $p < 0.001$) is seen in nuclear (N: 49; Mean: 107.77; SD: 5.74) rather than non-nuclear joint or extended families (N: 40; Mean: 102.54; SD: 8.12). Parents from low **SES** (N: 25; Mean: 101.27; SD: 5.80) tend to over-parent (Table 1; $p < 0.001$) less than their counterparts from middle (N: 42; Mean: 107.25; SD: 7.65) and higher SES (N: 22; Mean: 113.57; SD: 8.11).

Results show a definite tilt towards hyper-parenting in children with IDDs, which is significantly different across socio-demographic variables like gender, or the age of the child, parent education, and socio-economic status, as well as size and type of family. On the whole and in brief, from the findings of this study, it can be inferred that over-parenting is typically high in a theoretical profile of a highly educated post-graduate level parent with single male child with IDD from a high-end socio-economic status nuclear family in the contemporary scenario. Similar trends are corroborated in related studies (Gauthier 2015). Among the potential determinants of parenting practices, education level of mothers, number of children, and family socio-economic status were found to be associated (Fox et al. 1995).

Item Analysis

Item analysis was undertaken for the hyper-parenting subscale of POPS in two ways, that is, by calculating weighted rank allocation, and by

Table 1: Mean and SD scores on hyper-parenting domain of POPS in terms of various sub-samples

Variable	N	Mean	SD	Probability	Tukey HSD post-hoc tests
Overall	89	105.43	7.56		
Age					
<= 6 years	43	110.47	6.68	T: 6.0449; df: 87;	
6+ years	46	101.07	7.89	SED: 1.555; p: <0.001	
Gender					
Boys	41	109.44	7.12	T: 2.4819; df: 87;	
Girls	48	105.75	6.88	SED: 1.487; p: <0.01	
Parent EQ					
UG	34	99.12	7.66	F(2, 86) =13.5638,	G1-G2: Diff: 3.65; 95% CI: -0.7728 to 8.0726; p: 0.1263;NS
G	36	102.77	8.44	G1-G3: Diff: 11.55; 95%	CI: 6.2527 to 16.8473; p: 0.0000; VHS
PG	19	110.67	6.42		G2-G3: Diff: 7.900; 95% CI: 2.6557 to 13.1443; p: 0.0016; VHS
Number of Children					
One	45	111.59	5.99	F(2, 86) =21.733, p < .0001	G1-G2: Diff: -7.030; 95% CI: -11.3772 to -2.6828; p: 0.00006;VHS
Two	26	104.56	8.46		G1-G3: Diff: -13.03; 95% CI: -17.9516 to -8.1084; p: 0.0261; S
Three or More	18	98.56	8.88	G2-G3: Diff: -6.00; 95%	CI: -11.411 to -0.5890; p: 0.0264; S
SES					
Low	25	101.27	5.89	F(2, 86) =16.5122, p < .0001	G1-G2: Diff: 5.9800; 95% CI: 1.5676 to-10.3924; p: 0.0049;VHS
Middle	42	107.25	7.65		G1-G3: Diff: 12.300; 95% CI: 7.1937 to 17.4063; p: 0.0000; S
High	22	113.57	8.11		G2-G3: Diff: 6.3200; 95% CI: 1.7228 to-10.9172; p: 0.0043; S
Type of Family					
Nuclear	49	107.77	5.74	T: 3.5524; df: 87;	
Extended/Joint	40	102.54	8.12	SED: 1.472; p: <0.001	

examining the mean and variance score of each statement.

Weighted Ranks

The weighted ranks of each statement were calculated as the percentage product of its frequency. For example, the frequency score of 46 out of 89 respondents for item #1 (Code A1) as ‘strongly agree’ (Score: 4) becomes 51.68 (Table 2). Similarly, the score of 21 out of 89 respondents for the same item as ‘agree’ (Score: 3) becomes 23.60, and so on. An advantage of such weighted scoring is that it brings uniformity and adds precision to raw scores. It is seen that some

of the questionnaire items with high weighted ranks show hyper-parenting than those without them.

Some overrated statements indicate how parents “monitor their child, so that she or he does not meet with an accident” (Item#A7) or “keep a watch from some distance when the child plays with friends”(Item#A7). Stuffing activities to the optimum seems to be preferred by most respondents in this study as evidenced by strongly preferred statements like their wanting “to provide more care and attention than would other parents”(Item #A1), “ensuring that the child does not remain without doing anything during any part of the day” (Item #A5), “keep-

Table 2: Item wise distribution of frequency and weighted ranks on POPS (N: 89) for overall sample

Code	Statement/s	Items				Ranks								Total
		I-SA		II-A		III-D		IV-SD						
		N	WR	N	WR	N	WR	N	WR					
A1	I want to provide more care and attention to my child than would other parents do	1	46	51.68	21	23.60	13	14.60	9	10.11	89			
A3	I ensure that my child's daily schedule is fully packed	2	33	37.08	18	20.22	11	12.36	27	30.34	89			
A5	I guarantee that my child does not remain without doing anything during any part of the day	3	37	41.57	22	24.72	15	16.85	15	12.85	89			
A7	I monitor my child, so that s/he does not meet any accident	4	58	65.17	24	26.97	7	7.86	-	-	89			
A8	I load my child with books, toys or playthings to provide maximum stimulation	5	34	38.20	21	23.60	15	12.85	19	21.35	89			
A11	Since I involve myself fully in every aspect of my child's daily life, I expect him/her to reciprocates in the same manner	6	23	25.84	24	26.97	18	20.22	24	26.97	89			
A14	Be it work or play; my child must be a perfect learner without making any mistakes	7	21	23.60	18	20.22	15	12.85	35	39.33	89			
A16	We must teach a competitive spirit even to preschool children so that they can learn to face the harsh things to come in later life	8	24	26.97	15	16.85	27	30.34	23	25.84	89			
A17	I keep my child engaged even during holidays to avoid wasting time on unproductive activities	9	34	38.20	24	26.97	21	23.60	10	11.24	89			
A20	I leave no opportunity to read articles, books or magazines on parenting	10	18	20.22	17	19.10	24	26.97	30	40.45	89			
A23	I feel sad when I see some parents wasting time instead of training their children	11	34	38.20	27	30.34	15	16.85	13	14.61	89			
A25	I feel 24 hours in a day is just not enough to keep my child fully engaged and ensure his/her development	12	37	41.57	28	31.46	15	16.85	9	10.11	89			
A28	I spend so much time with my child that I cannot pursue my interests or hobbies	13	42	47.19	27	30.34	12	13.48	8	8.99	89			
A29	I continually check my child to safeguard him/her from this harsh world	14	37	41.57	24	26.97	15	16.85	13	14.60	89			
A31	I want to provide all types of craft materials, electronic devices, or everything to keep him/her engaged every moment	15	37	41.57	21	23.60	13	14.61	18	20.23	89			
A34	I remove any or all blocks that come in the way of my child's development	16	34	38.20	27	30.34	18	20.22	10	11.24	89			
A37	I have to prepare and pave a roadway for my child to ensure his/her development	17	36	40.45	29	32.58	15	16.85	9	10.11	89			
A40	My child is kept busy the whole day with art, music, sports, painting, karate, or some such things	18	29	32.58	27	30.34	18	20.22	15	16.85	89			

Table 2: Contd....

Code	Statement/s	Items				Ranks				Total	
		I-SA		II-A		III-D		IV-SD		N	WR
		N	WR	N	WR	N	WR	N	WR		
A42	I love attending seminars, meeting experts, browsing the net, reading WhatsApp messages or being part of social network groups for improving my parenting skills	19	15	16.85	21	23.60	33	37.08	20	22.47	89
A47	I am always anxious whether my style of parenting is benefiting my child	20	37	41.57	32	35.96	15	16.85	5	5.62	89
A49	Ever toddler/preschooler must be made to follow a fixed curriculum or time table for their good development	21	21	23.60	15	16.85	19	21.35	34	38.20	89
A51	Too much play than bookish studies can damage the child's academic development	22	25	28.09	22	24.72	19	21.35	23	25.84	89
A54	When I see another child in some activity for which my child is not yet exposed, I make it a point to enquire how or when to enroll my child also into that course	23	27	30.34	24	26.97	13	14.61	22	24.72	89
A56	I frequently compare my child's performance with his/her peers	24	41	46.07	27	30.34	15	16.85	6	6.74	89
A58	I feel extremely happy seeing my child perform things (like playing on cell-phone or speaking English) which I could never do at his/her age	25	19	21.35	22	24.72	24	26.97	24	26.97	89
A62	Sometimes, I argue with teachers or neighbors to protect the rights of my child	26	15	16.85	27	30.34	33	37.08	14	15.73	89
A64	I keep a watch from some distance when my child plays with friends	27	46	51.69	27	30.34	16	17.98	-	-	89
A67	I make sure that my child gets enough food or sleep for each day	28	44	49.44	32	35.96	11	12.36	2	2.25	89
A72	When my child gets ignored in a group, I ensure that s/he is given recognition or appreciation at least from my side at that time	29	33	37.08	24	26.97	17	19.10	15	12.85	89
A74	I often say: "Stop!" "No!" "Don't do!" or some such controls to protect my child	30	37	41.57	24	26.97	15	16.85	13	14.60	89
A80	I take great care to sure my child does not get dirty, a scratch, or catch a cold	31	37	41.57	24	26.97	18	20.22	10	11.24	89
A82	As far as possible, I ensure that my child does not experience defeat, frustration, emotional pain, and disappointments	32	24	26.97	20	22.47	18	20.22	27	30.34	89
A86	I prefer always accompanying my child for his/her protection	33	37	41.57	26	21.21	21	23.60	5	5.62	89
A88	Sometimes, I experience 'telepathy' or 'intuition' about my child even though s/he does not express it by actions or words	34	21	23.60	18	20.22	9	10.11	41	46.07	89
A90	I get angry and cannot tolerate seeing my child fail right in front of me	35	24	26.97	31	34.83	21	23.60	13	14.60	89

Table 3: Item analysis of responses on POPS (N: 89) based on mean and SD

<i>Code</i>	<i>Item</i>	<i>Statement/s</i>	<i>Mean</i>	<i>SD</i>
A1	1	I want to provide more care and attention to my child than would other parents do	3.76	1.1
A3	2	I ensure that my child's daily schedule is fully packed	3.00	0.9
A5	3	I ensure that my child does not remain without doing anything during any part of the day	2.96	1.2
A7	4	I monitor my child, so that s/he does not meet any accident	3.09	0.8
A8	5	I load my child with books, toys or playthings to provide maximum stimulation	2.45	0.7
A11	6	Since I involve myself fully in every aspect of my child's daily life, I expect him/her to reciprocates in the same manner	2.18	0.7
A14	7	Be it work or play; my child must be a perfect learner without making any mistakes	3.80	1.2
A16	8	We must teach a competitive spirit even to preschool children so that they can learn to face the harsh things to come in later life	2.44	0.7
A17	9	I keep my child engaged even during holidays to avoid wasting time on unproductive activities	2.87	0.5
A20	10	I leave no opportunity to read articles, books or magazines on parenting	1.48	0.7
A23	11	I feel sad when I see some parents wasting time instead of training their children	2.56	1.0
A25	12	I feel 24 hours in a day is just not enough to keep my child fully engaged and ensure his/her development	2.95	0.8
A28	13	I spend so much time with my child that I cannot pursue my interests or hobbies	3.14	0.7
A29	14	I continually check my child to safeguard him/her from this harsh world	2.94	0.8
A31	15	I want to provide all types of craft materials, electronic devices, or everything to keep him/her engaged every moment	2.93	0.6
A34	16	I remove any or all blocks that come in the way of my child's development	2.76	1.2
A37	17	I have to prepare and pave a roadway for my child to ensure his/her development	2.85	0.4
A40	18	My child is kept busy the whole day with art, music, sports, painting, karate, or some such things	1.71	0.5
A42	19	I love attending seminars, meeting experts, browsing the net, reading WhatsApp messages or being part of social network groups for improving my parenting skills	1.21	0.6
A47	20	I am always anxious whether my style of parenting is benefitting my child	2.47	0.7
A49	21	Ever toddler/preschooler must be made to follow a fixed curriculum or time table for their good development	2.23	0.5
A51	22	Too much play than bookish studies can damage the child's academic development	1.58	0.4
A54	23	When I see another child in some activity for which my child is not yet exposed, I make it a point to enquire how or when to enroll my child also into that course	1.87	0.6
A56	24	I frequently compare my child's performance with his/her peers	3.10	1.3
A58	25	I feel pleased seeing my child perform things (like playing on cell-phone or speaking English) which I could never do at his/her age	2.11	1.1
A62	26	Sometimes, I argue with teachers or neighbors to protect the rights of my child	1.76	0.4
A64	27	I keep a watch from some distance when my child plays with his/her friends	3.76	0.9
A67	28	I make sure that my child gets enough food or sleep for each day	3.20	1.3
A72	29	When my child gets ignored in a group, I ensure that s/he is given recognition or appreciation at least from my side at that time	2.56	0.7
A74	30	I often say: "Stop!" "No!" "Don't do!" or some such controls to protect my child	2.92	0.8
A80	31	I take great care to sure my child does not get dirty, a scratch, or catch a cold	2.90	0.7
A82	32	As far as possible, I ensure that my child does not experience defeat, frustration, emotional pain, and disappointments	1.55	0.3
A86	33	I prefer always accompanying my child for his/her protection	2.11	0.6
A88	34	Sometimes, I experience 'telepathy' or 'intuition' about my child even though s/he does not express it by actions or words	2.09	0.7
A90	35	I get angry and cannot tolerate seeing my child fail right in front of me	2.14	0.7

ing the child engaged even during holidays to avoid wasting time on unproductive activities” (Item #A17), “keeping the child busy the whole day with art, music, sports, painting, karate, or some such things” (Item #A40), “feeling that 24 hours in a day is just not enough to keep the child fully engaged and ensure his/her development” (Item #A25), “frequently comparing their child’s performance with peers” (Item #A56), “preferring to always accompanying their child for protection” (Item #A86), etc.

Mean and SD Score of Each Statement

Another way of item-analysis was undertaken by calculating the mean and SD scores of each item statement for the overall sample (N: 89). Note that the individual ratings for each report can vary from 1 to 4. However, in this sample, they range from the least mean score of 1.21 (Item #19) to the highest mean score of 3.80 (Item #7), respectively (Table 3). It is seen that many statements with high mean scores are identical to those with high weighted scores.

Interpretative Norms

The derived raw scores were normalised to Z scores to obtain interpretative norms. To begin with, only overall interpretative norms are given (Table 4). As per the criteria adopted for deriving interpretative conclusions for individual respondents in the use of this scale, the conventional standards of the population between +2.00 SD and -2.00 SD (4.55 % of the population) were designated as critical for ‘over-parenting’. Thus, for example, if a parent scored 120 or more out of the maximum of 140 on this sub-scale alone, it was to be interpreted as ‘severely hyperparenting’. The score at or below 90 is within the acceptable range of parenting. It must be

noted that this scale does not claim or makes no pretensions of “diagnosing” parents of children with IDD.

Reliability and Validity

An in-house 2-week test-retest reliability check for hyper-parenting domain of POPS on a sub-sample (N: 41) showed a correlation coefficient of 0.91. The face validity for the tool was high for clarity of wording, layout, and style, and the likelihood that the target audience would be able to answer the questions as indicated. This exercise was undertaken by seeking expert opinion from three fellow professional colleagues, not below the rank of postgraduates in psychology with minimum three years of clinical experience. A five-point Likert type response scale was opted to derive their choices. However, the respondents were instructed to avoid using the “undecided” category. Hence, the results or norms do not show this kind of sorting. Content validity established through evaluation by the tripartite inter-examiner agreement as measured by Fleiss Kappa for multiple raters (contrasting Cohen’s Kappa applicable only for two raters) (Fleiss 1981; Fleiss and Cohen 1973) was 0.93 which is interpreted as ‘almost perfect agreement’ (Landis and Koch 1977; Table 5).

Table 5: Inter-Correlations Matrix across examiners on the hyper-parenting domain of POPS between examiners

	Examiner 1	Examiner 2	Examiner 3
Examiner 1	-		
Examiner 2	0.94	-	
Examiner 3	0.90	0.89	-

[p: <0.001]

Additionally, content validity of the statements or questionnaire items was assessed

Table 4: Interpretative norms for hyper-parenting domain of POPS (N: 89)

S. No.	Interpretative description	SD range	Raw score range	Conclusion
1	Strongly agree	+2.00 and above	120+	Severely hyperparenting
2	Agree	+1.00 to +2.00	105-113	Moderately hyperparenting
3	Disagree	-1.00 to +1.00	98-104	Mildly hyperparenting
4	Strongly disagree	-2.00 to -1.00	91-97	Hyperparenting

[Score Range on POPS: Minimum-Maximum is 35-140]

through another random sample of ten parent respondents by using the Delphi method to arrive at a consensus on their actual form or content. Items were either accepted, rejected or modified based on their majority opinion.

DISCUSSION

This study sought to empirically profile taxonomy of currently prevailing parent practices. Going beyond the age-old Baumind's theory as autocratic or authoritarian, democratic or authoritative, uninvolved, and indulgent or permissive styles of parenting, this study has compiled three broad domains along with their sub-types of parenting, that is, hyper-parenting or over-parenting (with 5 subtypes), hypo-parenting or under-parenting (with 14 subtypes), and atypical parenting (with 28 subtypes). A sum of 42 sub-types was included in the final taxonomy of parenting. This was followed by the development and validation of 35-item tool focussing only on hyper-parenting domain of 'Parental Opinion and Practices Scale' being developed for parent respondents of children with IDD.

Studies on parenting in general and parenting of children with Intellectual and Developmental Disabilities (IDDs), in particular, have focussed on mindful parenting (MacDonald and Hastings 2010), maternal stress and psychological functioning (Estes et al. 2009), resilience and their course of daily parenting stress (Gerstein et al. 2009), factors related to positive perceptions in mothers (Hastings et al. 2002), mothers' expressed emotions (Beck et al. 2004), and so on. Some studies have focussed on investigating the traditional taxonomy of Baumind's parenting styles (Phillips et al. 2017; Lokoyi 2015; Woolfson and Grant 2006). There are grounds to believe that over-parenting (or hyper-parenting) is on the increase. If competition between parents, helicopter parenting, perfectionist parenting, anxiety-ridden parenting, and over-protective parenting is pulling children at one end, there can be neglect, role-reversed, weekend, online, or proxy parenting at another end.

It is shown that hyper-parenting is a reflection of the caregiver rather than child anxiety (Clarke et al. 2013). Hyper-parenting can result

in children growing up to become socially awkward, fearful, conceited, emotionally rigid and difficult to control, lowered in physical activity, overly obedient and prone to diseases or depression, as well as becoming an easy target for bullying (Janssen 2015). It is highly likely that children with such behavioural symptoms are mistaken, diagnosed or labelled as being on the spectrum of either autism, attention deficit disorder, opposition defiant disorder, or some such other condition.

The younger career-driven parents are increasingly handing over the charge of parenting their children to residential schools, paid or proxy caregivers, and aging grandparents. Many atypical forms of parenting are beginning to take shape. Teenage parenting outside wedlock and old-age parenting resulting from state-of-the-art fertility treatments, adoptive or foster parenting, same-gender married partners, and divorced, litigious, or estranged partners seeking custody of their wards are all illustrations of those placed in a unique position as parents of some contemporary children. A few parents are likely to turn narcissistic, exploitative, anxious, apprehensive, or even paranoid of their ex-spouse. A constituency of parents believes in myths, misconceptions, magic, and superstition. The available literature on these themes is mostly biographical, recommendatory, do-it-yourself, or anecdotal narratives than evidence-based scientific accounts on parenting in India (Choudhury 2017; Seshadri and Rao 2012; Dange 2010; Pandya 2005).

It is impossible to come across a parent who is wholly and only 'paranoid' as much there is another who is 'perfectionist' or entirely 'narcissistic'. Typically, parents come in a combination of various shades, with diverse intensities at different times. It may also be that one of the parents shows a type of parenting that could be the opposite of the other. The father, for example, maybe an avoidant parent even as the mother is anxious-depressed or helicoptering. Parenting children with IDDs require extra patience. Being a parent is hard. Being the parent of a child with additional needs is extra hard. Periodic consultation with the rehabilitation professionals is needed. However, admittedly, the professionals can at best only guide. The sessions

with cannot replace what is done at home. Parents have to maintain regular records on how it is all going. They have to set small and easily achievable behaviour targets for teaching or training their child. They must split each target into smaller sub-targets with a deadline, in available time or materials needed for training. Therapy is and must be like play.

Of course, there is still pending work on developing and validating the other two sub-scales on “hypo-parenting” and “atypical parenting” to complete this discourse on upcoming forms of parenting in the contemporary scenario of the country. Once this is done, there is need for moving ahead towards periodically undertaking parent skilling programs. Such initiatives are likely to benefit their children with IDD.

CONCLUSION

This study has empirically profiled a taxonomy of currently prevailing parent practices. A ‘Parental Opinion and Practices Scale’ is developed for parent respondents of children with IDDs. Hyper-parenting emerges as the most preferred pattern of parenting although it is not to be assumed that parents exist as per the described discrete types. The scoring, norms, reliability, and validity of the parenting scale is given.

RECOMMENDATIONS

The developed and standardised hyper-parenting domain of the POPS for their children with IDDs must be followed by try-out the other domains as well as on other clinical conditions and typically developing children. The tool will only then likely to help in ascertaining the nature, content, direction, and strength of the prevailing parent opinions and practices. This can, in turn, assist in formulating, planning, implementing, and evaluating appropriate parent training programs.

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REFERENCES

- Beck A, Daley D, Hastings RP, Stevenson J 2004. Mothers’ expressed emotion towards children with and without intellectual disabilities. *J Intellect Disabil Res*, 48(7): 628-638. <https://doi.org/10.1111/j.1365-2788.2003.00564.x>
- Chao R, Tseng V 2002. Parenting of Asians. In: MH Bornstein (Ed.): *Handbook of Parenting, Volume 4-Social Conditions, and Applied Parenting*. Chapter 4. New Jersey: Lawrence Erlbaum Associates, pp. 59-94. doi: 10.1080/03004430.2014.939650
- Choudhury D 2017. *Parenting Tips for Indian Parents: Pre-conception to Adulthood*. Chennai: Notion Press.
- Clarke K, Cooper P, Creswell C 2013. The Parental Overprotection Scale: Associations with child and parental anxiety. *J Affect Disord*, 151(2): 618-624. doi: 10.1016/j.jad.2013.07.007
- Dange G 2010. *ABCs of Parenting: A Parenting Primer*. Delhi: Jaico Publishing House.
- Estes A, Munson J, Dawson G, Koehler E, Zhou XH, Abbot R 2009. Parenting stress and psychological functioning among mothers of preschool children with autism and developmental delay. *Autism*, 13(4): 375-387. doi:<https://doi.org/10.1177/1362361309105658>
- Fleiss JL, Cohen J 1973. The equivalence of weighted kappa and the inter class correlation coefficients as a measure of reliability. *Educ Psychol Meas*, 33(1): 613-619.
- Fleiss JL 1981. *Statistical Methods for Rates and Proportions*. New York: John Wiley.
- Fox RA, Platz DL, Bentley KS 1995. Maternal factors related to parenting practices, developmental expectations, and perceptions of child behavior problems. *The Journal of Genetic Psychology*, 156(40): 431-441. <https://doi.org/10.101080/00221325.1995.9914835>
- Gauthier AH 2015. Social class and parental investment in children. In: RA Scott, MC Buchmann. (Eds.): *Emerging Trends in Social and Behavioral Sciences: An Interdisciplinary, Searchable, and Linkable Resource*. New Jersey: John Wiley & Sons, Inc. 1-14. <https://doi.org/10.41002/9781118900772.etrds0306>
- George D, Mallery P 2016. *IBM SPSS Statistics 23 Step by Step: A Simple Guide and Reference*. New York: Routledge.
- Gerstein ED, Crnic KA, Bacher J, Baker BL 2009. Resilience and the course of daily parenting stress in families of young children with intellectual disabilities. *J Intellect Disabil Res*, 53(12): 955-1041. <https://doi.org/10.1111/j.1365-2788.2009.01220.x>
- Hamilton C, Denniss R 2008. *Affluenza: When Too Much Is Never Enough*. Australia: Accessible Publishing Systems.
- Hastings RP, Allen R, McDermott K, Still D 2002. Factors related to positive perceptions in mothers of children with intellectual disabilities. *J Appl Res Intellect Disabil*, 15(3): 269-275. <https://doi.org/10.1046/j.1468-3148.2002.00104.x>

- Janssen I 2015. Hyper-parenting is negatively associated with physical activity among 7–12 year olds. *Preventive Medicine*, 73: 55-59.
- Kapadia KM 2005. The family in transition. In: T Patel (Ed.): *Family in India: Structure and Practice*. New Delhi: Sage, pp. 172–203.
- Landis JR, Koch GG 1977. The measurement of observer agreement for categorical data. *Biometrics*, 33(1): 159-174.
- Lee E, Bristow J, Faircloth C, Macvarish J 2014. *Parenting Culture Studies*. New York, NY: Palgrave Macmillan.
- Locke JY, Campbell MA, Kavanagh D 2012. Can a parent do too much for their child? An examination by parenting professionals of the concept of overparenting. *J Psychol Couns Sch*, 22(2): 249-265.
- Lokoyi OLO 2015. Parenting styles as correlates of aggressive behavior among in-school adolescent with mild intellectual disability. *Psychology and Behavioural Sciences*, 4(3): 94-100. doi: 10.11648/j.pbs.20150403.12
- MacDonald EE, Hastings RP 2010. Mindful parenting and care involvement of fathers of children with intellectual disabilities, *J Child Fam Stud*, 19(2): 238-240.
- Morrison GS 1978. *Parent Involvement in the Home, School, and Community*. OH: Chas E Merrill.
- Munnich RL, Munnich MA 2009. Overparenting and the narcissistic pursuit of attachment. *Psychiatric Annals*, 39(4): 227-235.
- Padilla-Walker LM, Nelson LJ 2012. Black hawk down?: Establishing helicopter parenting as a distinct construct from other forms of parental control during emerging adulthood. *J Adolesc*, 35: 1177–1190.
- Pandya MA 2005. *The Indian Parenting Book: Imparting Your Cultural Heritage to the Next Generation*. Chennai: Meera Publications.
- Phillips BA, Connors F, Curtner-Smith ME 2017. Parenting children with down syndrome: An analysis of parenting styles, parenting dimensions, and parental stress. *Res Dev Disabil*, 68: 9-19. <https://doi.org/10.1016/j.ridd.2017.06.010>
- Rubin KH, Hastings PD, Stewart SL, Henderson HA, Chen X 1997. The consistency and concomitants of inhibition: Some of the children, all of the time. *Child Dev*, 68: 467- 483.
- Rubin KH, Chung OB 2006. *Parenting Beliefs, Behavior, and Parent-Child Relations: A Cross-Cultural Perspective*. New York: Psychology Press.
- Segrin C, Woszidlo A, Givertz M, Montgomery N 2013. Parent and child traits associated with overparenting. *J Soc Clin Psychol*, 32(6): 569-595.
- Selin H 2014. *Parenting Across Cultures: Childhood, Motherhood, and Fatherhood in Non-Western Cultures*. New York: Springer.
- Seshadri S, Rao N 2012. *Parenting: The Art and Science of Nurturing*. Delhi: Byword Books.
- Sherman J 2006. *Affluenza*. New York: Samuel, French.
- Sideridis GD, Kafetsios K 2008. Perceived parental bonding, fear of failure and stress during class presentations. *Int J Behav Dev*, 32: 119-130.
- Spera C 2005. A review of the relationship between parenting practices, parenting styles, and adolescent school achievement. *Educ Psychol Rev*, 17(2): 125–146. <http://doi.org/10.1007/s10648-005-3950-1>
- Spokas M, Heimberg RG 2009. Overprotective parenting, social anxiety, and external locus of control: Cross-sectional and longitudinal relationships. *Cogn Ther Res*, 33: 543–551.
- Taylor ZE, Eisenberg N, Spinrad TL, Widaman KF 2013. Longitudinal relations of intrusive parenting and effort control to ego-resiliency during early childhood. *Child Dev*, 84(4): 1145- 1151.
- Venkatesan S, Lokesh L 2016. Differential perception of problem behaviors between parents, teachers, and therapists. *The International Journal of Indian Psychology*, 3(4): 21-33.
- Venkatesan S 1999. *Readapted Version for 2016: NIMH Socio-economic Status Scale*. Secunderabad: National Institute for the Mentally Handicapped.
- Venkatesan S 2004. *Children with Developmental Disabilities: A Training Guide for Parents, Teachers and Caregivers*. New Delhi: Sage (India) Publications.
- Venkatesan S 2007. Professional help-seeking behaviors in parents of children with developmental disabilities. *Journal of All India Institute of Speech and Hearing*, 26(1): 72–75.
- Venkatesan S 2016. *Readapted Version for 2016: NIMH Socio-Economic Status Scale*. Secunderabad: National Institute for the Empowerment of Persons with Intellectual Disabilities.
- Wolfson L, Grant E 2006. Authoritative parenting and parental stress in parents of pre school and older children with developmental disabilities. *Child Care Health Dev* 32(2): 177-184. <https://doi.org/10.1111/j.1365-2214.2006.00603.x>

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