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PARENTING AND CHILDHOOD BEHAVIOR PROBLEMS: MOTHERS' AND FATHERS' VOICES

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Through thematic analysis of interviews, we explored parents' perceptions of their child's behaviors and their own parenting. A purposive sample of four mothers and four fathers who reported behavior problems for their $7^1/_2$ year-old-child was selected from a larger study. Parents appraised their child positively despite episodic behavior problems, and described parenting in the context of financial difficulties, marital conflict, chronic illness, lack of support for parenting, and abuse in the parent's family of origin. Data suggest a need for timely mental health services to assist parents with managing their child's behaviors within the context of the family's situation.

Childhood behavior problems are a burden on 7 to 26% of families (Caspi, Moffitt, Newman, & Silva, 1996; Earls, 1980; Human Resources Development Canada/Statistics Canada, 1996; Richman, Stevenson, & Graham, 1975; Sawyer, Sarris, Baghurst, & Cornish, 1990). These behavior problems include aggression toward others, noncompliance, temper tantrums, disruptive and annoying behaviors, stealing, and lying

(Eyberg, 1992). Early childhood behavior problems persist for 23%–61% of these children (Angold & Costello, 1995) with a substantial proportion referred to psychiatric services (John, Offord, Boyle, & Racine, 1995).

Considerable literature using quantitative approaches has identified parenting practices as a mechanism related to the persistence of behavior problems in children (Barkley, 1997). The increased demands of parenting a child with behavior problems may disrupt the normal parenting process and have adverse effects particularly when other situational factors stress parenting resources. Family situational factors related to child behavior problems include parenting stress (Moss, Rousseau, Parent, St-Laurent, & Saintonge, 1998; Ross, Blanc, McNeil, Eyberg, & Hembree-Kigin, 1998), marital quality (Harrist & Ainslie, 1998; Mahoney, Jouriles, & Scavone, 1997), and socioeconomic status (Greenberg, Lengua, Coie, & Pinderhughes, 1999; Pettit, Bates, & Dodge, 1997). Most previous research has focused on linear relationships between individual family factors and childhood behaviors, and may fail to capture the complexity of situational influences on parenting and child behavioral development. Few studies have employed qualitative approaches to explore parenting from the perspective of parents (Sidebotham & Avon Longitudinal Study of Parents and Children (ALSPAC) Study Team, 2001) and most include only parents of children who were receiving services for diagnosed behavior disorders (Kendall, 1998; Mikelson, 2000; Rosenzwieg, Brennan, & Ogilvie, 2002). For parents whose child is not in treatment, the greatest amount of stress in the family is associated with their child's behaviors (Sidebotham & ALSPAC Study Team, 2001). Childhood behavior problems, however, develop in the context of the family, which includes the knowledge and experience of the mother and father. There is a need to investigate what mothers and fathers identify as factors in their lives that assist or hinder their ability to parent a child with behavior problems.

The purpose of this study is to understand how mothers and fathers interpret their child's behavior and the impact this has on their parenting in a variety of family situations. The study was guided by the philosophical perspective of symbolic interactionism (Blumer, 1969), which holds that an individual's actions are based on the meaning that a situation has for him or her. As such, parenting is influenced by parental perceptions of the child's behavior and the context of the family situation. An in-depth understanding of parental perceptions is needed to inform clinical practice with families, as well as policy and program decisions for child and family mental health services.

METHOD

Sample

A purposive sample of four families (four mothers, four fathers) was selected from a larger, longitudinal study of childhood behavior problems in a community sample (Benzies, Harrison, & Magill-Evans, in press). Families were selected from the larger study if at least one parent reported a frequency of behavior problems for their child above the clinical cutoff (127) on the Eyberg Child Behavior Inventory, a measure that has been used in other studies of children this age (Eyberg, 1992). None of the study children were currently receiving treatment for behavior problems; thus, their behaviors might be deemed challenging, but not disordered. In order to promote maximum diversity in the families selected, parents varied on age, education level, and socioeconomic status. The Joint Ethical Review Board of the university and the health region approved the research protocol and informed consent was obtained prior to the interview.

All parents were European Canadian, married, and lived in the same household as their spouse and the study child. The mothers ranged in age from 29 to 46 years. One mother had not completed high school; of the remaining three mothers, two had university degrees. Two mothers worked part-time outside the home, one worked full-time caring for other children in her home, and one mother was a full-time homemaker. Fathers ranged in age from 28 to 52 years. One father had completed high school and three had completed postsecondary education. Three fathers were employed full-time outside the home; the other father was a student. Parental occupations ranged from unskilled laborer to major professional (Hollingshead, 1975). Parents were caring for one or two other siblings in addition to the study child.

The average age of the study child was $7^1/_2$ years. Two were boys and two were girls. Parents reported their child's current general physical health as fair to excellent; one child had chronic health problems. Two children were in first grade as they had repeated kindergarten and two were in second grade. Currently, none of the children were receiving professional services for academic problems. According to parents, their study child had average to excellent performance at school and got along well to very well with their peers.

Data Collection

Parents were interviewed individually in a setting of their choice, usually their home. The interviews used a semi-structured approach and lasted 1–2^1/$_2$ hours. Parents were asked about their experience of parenting. They were asked questions about aspects of parenting their child that were fun and challenging; how their child's behavior affected the family; and what was helpful to them in parenting their child. Interviews and researcher observations of the physical environment and nonverbal behaviors were audio taped. Demographic information was available from the larger study (Benzies et al., in press).

Interviews and field notes were transcribed verbatim and checked for accuracy. A thematic analysis was conducted (Tesch, 1988). Data analysis was an iterative process. Initial interviews were reviewed to identify themes that required more in-depth exploration in subsequent interviews with other parents. Data analysis began with an immersion in the whole interview of each parent, identifying descriptive expressions that were at the "center of the experience" (Tesch, p. 232). Subsequently, similarities and differences between the experiences of parents of the same child were identified. Finally, the data were analyzed to identify relationships among the themes in all the interviews and to develop an understanding of how parenting differs depending on the family situation and the behaviors exhibited by the child. The Non-numerical Unstructured Data Indexing Searching and Theory-building (NUD*IST; 1997) Revision 4 software program was used to assist in managing the data.

Creditability of the data was addressed by creating an atmosphere of trust, sensitivity, and authenticity during the interviews, so that parents felt comfortable relating their experiences in an open, honest manner. Once the major themes were established, the researcher returned to the literature to verify whether or not the results of this study were consistent with other findings. Several times during the data analysis, the analysis was presented to other qualitative research experts to explore potential sources of bias and to clarify and confirm the interpretations generated from the data. An audit trail included both theoretical memos that document researcher reflections and insights and process memos to document researcher actions and decision paths regarding the study.

FINDINGS

The two major themes that emerged from the data were making sense of child behaviors and parenting in the context of challenging family

situations. Illustrative examples are provided in participants' own words using pseudonyms.

Making Sense of Child Behaviors

Parents made sense of their experience of parenting by appraising their child's characteristics, comparing their child's behaviors and their parenting to those in other families, and then making a commitment to parenting their child.

"That's Him!"

Although a high frequency of parent-reported behavior problems was a criterion for inclusion in the study, without exception, parents provided a positive general appraisal of their child's characteristics. Parents spoke of being proud of their children and described them as good students, respectful, interesting, and fun to be with. Parents of the same child often provided similar appraisals. Lisa described her child as a "very neat kid," while Kevin, the child's father, said:

> She's very active she likes to know things, ah . . . she tends to wander a little bit on her own but fascinating and really enjoyable. She is just a hoot to be with.

However, the positive general appraisals were consistently tempered with specific challenges to parenting created by extremes of behavior in their child. Parents found these extremes difficult to explain. Greg spoke about his son.

> Like 99% of the time we are very proud of him but he does have days where, [we ask], "Why the hell did you do that?"

Parents described their children's behavior as "pushing limits," "out to prove something," and "doesn't listen." Susan described a situation where she had just reiterated to her son several rules about riding his brother's bicycle. Within minutes her son broke every rule.

> He just wants to know that you see him sitting on the road on his brother's bike after [hearing the rules], and he just really wants to see how you are going to handle it . . . that's him!

She goes on to state that to be a "good parent," she had to drop what she was doing and discipline her son.

Although parents expected that their child would continue to push the rules and guidelines established by the parent, parents described their child's testing behaviors as predictable.

> There will never be a given or an opportunity where she wouldn't try and just sort of see if she could sneak it past me. (Lisa)

Despite episodic behavior problems, all parents provided positive general appraisals of their children.

"I Always Make that Comparison"

In trying to make sense of their child's behavior, parents compared their child to other children and their competence as parents to other parents. Parents indicated that while their child had some behavior problems, they did not view the behavior as different from the behavior of other similar-aged children. They attempted to normalize and accept their child's behavior.

> You might think [of] your child, "Oh, I don't know why he does that. He's got to be the only kid on earth that does that." And then you find out well, no, there is [sic] hundreds of kids that do exactly the same thing and then you feel a lot better. (Martha)

Mothers and fathers also used comparisons to evaluate their competence as parents. Susan compared her parenting of a son with behavior problems to the parenting of her sister and chose to be different.

> I've got two nephews that nobody ever takes care of. They have to do all their own stuff . . . School is started, [my son] doesn't have to worry about where his shoes and his clothes and his backpack are coming from, and it's all done and ready. He gets to help me with the label stuff, that's the fun part. . . . this other set of children [nephews] the day before school they are still worried about where their stuff is coming from. . . . I think that's a very bad parenting step and I think that if you can avoid those things that you see unhealthy to other children, I think it makes you a little bit better of a parent.

Martha compared her repeated requests to her children to the immediate compliance of her older brother's children to try and determine where the differences lay:

> There's such a contrast between his children and mine. His [children] listen really, really well, he never raises his voice. She never raises her voice. They [children] are told to do something and bang, it's done, and I marvel at that and, "My God, How do you do that?" . . . I am a very loving parent and I try not to raise my voice. I see you guys just handle everything so . . . I don't get it.

Martha hypothesizes that the difference in children is due to consistent parenting because her sister-in-law's work schedule allows her to be at home with her children.

"This is My Job"

Most of the parents reflected on their child's behaviors, their abilities as parents, and the implications of accepting the parenting role. They described a long-term commitment to parenting their child.

> I think it makes it a lot easier if you accept the fact that you are going to be a parent for this long. The children aren't going anywhere. (Susan)

The parents who accepted parenting as a long-term investment of their time, energy, and financial resources tried to manage parenting the best way that they could.

> This is my job [parenting]. There are days where it's not fun and there are days where it's fun. . . . you don't get to choose the days that are going to be fun or the days where it's not going to be fun, so you just do it. . . . There always, always are ways, and I don't do well just throwing up my hands and it's like, "I give up!" I don't give up, and I don't want to teach my kids that it's easy to give up either. You find ways. . . . there are ways to do things. (Lisa)

Making a commitment to parenting meant that parents had to identify and mobilize personal resources to accomplish their parenting. However, the parents did not describe exactly what personal resources were required to be an effective parent.

Parenting in the Context of Challenging Family Situations

The parents were knowledgeable about effective approaches and strategies for parenting such as consistency, the use of praise, avoidance of harsh discipline, the importance of family stability, and effective communication. They admitted that they embraced these ideals for parenting, but reported they could not always meet these ideals because of stress related to parenting in the midst of challenging family situations. The challenges parents faced included financial difficulties, marital conflict, chronic illness in the family, abuse in the parental family of origin, and lack of support for parenting.

Financial Difficulties

For families with major financial difficulties, spending time with their child was problematic as they did not have the energy, time, or resources

to share with their children:

> Sometimes I feel like a bully because I am only with them a short time
> during the day when I am working. . . . if they are misbehaving or they
> have a certain thing that needs to be straightened out then you feel like
> you spent the whole weekend lecturing your child, or something, you
> know. (Martha)

The need to support his family forced one father to continue employment in an unsupportive work environment. Greg described the work environment as a place where verbal abuse of coworkers was required to gain respect and demonstrate that you "can handle it [job]." He had lost one job because he was "too nice of a guy" and refused to adopt the language and attitude of his work place. While he tried not to bring his work place language and deprecating attitude home to his children, he admitted he was not always successful. Inconsistencies between behavioral expectations in the work place and societal expectations for socially adept children contributed to parenting difficulties, particularly for fathers.

Marital Conflict

The quality of marital relationships appeared to relate to child behavior and discipline practices. One family with a strong marital relationship used praise and minimal harsh discipline. In another family where the marital relationship was less positive, the father referred to the use of harsh discipline and shouting matches to manage escalating behavior problems, particularly with older children. In yet another family, both parents described episodes of marital conflict that influenced their children's behaviors. Their daughter's behavior actually improved during episodes of marital conflict. This child had many classmates who had experienced divorce and would always question her mother about divorce when the parents argued. Lisa speculated that her daughter attempted to avoid losing one parent by improving her behavior:

> If [father] and I have had a fight she won't push the limits, she'll . . . she's
> more than accommodating. . . . you know, if tension's going on around
> here she acts very, very, good. She doesn't push.

The parents seemed to recognize the impact of marital conflict on their children. Kevin was concerned that conflict between the children was learned behavior resulting from observing parental marital conflict:

> Something that I've observed, is that we are passing on some of our bad
> habits and some of our upbringing to them, which I'd rather not do.

However, the parents were not always able to change their behaviors to represent positive role models.

Chronic Illness in the Family

Chronic illness was associated with behavior problems in two ways; ill parents had less ability to deal with problem behavior, and parents of ill children found it difficult to be consistent with discipline. Ruth had a major physical illness requiring extensive hospitalization and frequent visits to the physician, along with an associated depression. She had little energy to parent her active 7-year-old and adolescent children and depended on her children to help around the house. She described her situation and frustration in parenting:

> When you are with them they are misbehaving, they seem like the rottenest kids in the world. And if you compare it over the long term and especially if you are tired and run down and you've been busy that day you say, "Jeez, just take these kids and . . . out the window!"

The father's response to the high degree of stress in this family was to withdraw into activities outside the home, which exacerbated problems. In another family, parents covered for each other but as Martha noted, this is not possible if one parent was absent:

> When Greg [husband] is home we know each other's moods and we know each other's routines and when one of us is a little out of whack the other one just automatically picks up and pulls the extra so the kids don't really notice much of a difference . . . But when Greg is gone, it's only me, me, me, all the time.

The second way in which chronic illness has an impact is described by Lisa. She stressed the importance of consistent discipline in parenting but described how difficult this was when her child was repeatedly ill or in hospital:

> When they're sick, you tend to let them push the limits sometimes, you do because you know what? You feel bad, you feel sorry for them, you feel guilty, it's all those things and so you let them push. "Just this one time." And it's much easier to be less consistent.

Chronic illness in the child influences parenting by creating a situation where the parent may modify usual patterns of discipline while the child is acutely ill.

Abuse in the Parental Family of Origin

One of the themes that emerged from the initial interviews was the parents' experiences in their family of origin. As the transgenerational influence on parenting became evident as a theme, a question was added to the interview guide. Only two parents related positive experiences of growing up. Three parents described abuse. In describing her own parenting, Lisa vehemently stated that she knew in her "gut" that what her parents did was wrong and to parent her children, she had to parent differently.

> If mom had a bad day my dad would walk in the door and my mom would say, "Kill them!" So, you know, I mean, I guess I always coped with things because when I knew that my mom was in a bad mood I would run upstairs and put on five pairs of underwear and two pairs of pants so that way it wouldn't hurt so bad.
>
>   . . . this is going to sound horrible, but part of it was like if my mother did it one way then I knew I had to do it the other way 'cause I knew it made me feel bad so why would I make somebody else feel bad.

All parents who had been abused in their family of origin had reflected on the parenting they received and made conscious decisions to parent their children differently. Most parents who decided to parent their children differently also acknowledged they were not always successful in doing so.

Lack of Support for Parenting

Support for parenting from various sources such as extended family, the community, and health care professionals, was identified particularly by mothers as a factor that enabled them to have positive parenting practices. Those parents who described effective support for their parenting often obtained this support from extended family members. In some families, parenting support was provided in terms of tangible aid to the family such as the provision of childcare, home maintenance, and monetary aid. One mother remarked on the importance of the information about parenting learned in a speech treatment program. She used many of the parenting strategies and shared the strategies with her husband so they could be consistent. Although she valued previous support for her parenting, Susan suggested that community support was more important right now.

> I think the [speech treatment program] was a huge help to us, but I think in our overall life in where we stand now I think the community is a bigger support here. . . . You know, just the feeling that they belong, I think that's part of the support that I am talking about, too.

Her husband Jim identified the impact that his wife's learning had on his parenting behavior.

> And she's helped me quite a bit with that [parenting skill], you know, tellin' me, "You know, this is the way you should do it, go do it." And I would go upstairs and have a stern talking with him instead of spanking and yelling at him, and it works.

Others spoke about lack of professional support for families, particularly during times of crisis:

> You can't get it in a crisis time. And what better time, that's when people know they need it [professional help].

At times, support came with expectations attached and the benefits of accepting the support had to be carefully weighed against the costs. For example, one father avoided asking for aid from his parents unless there was no other option because of their snide comments about his need to borrow money. However, because of financial difficulties in this family, the father often had no other option and had to approach his parents for help.

DISCUSSION

Both mothers and fathers in this qualitative study appraised their child positively in light of episodic misbehavior and made a commitment to parenting their child. In making sense of their child's behaviors, positive parental appraisal of their child was created through recognition of their child's uniqueness and comparison of their child's behavior with their perceptions of societal expectations. This finding is consistent with a narrative inquiry (Mikelson, 2000) where mothers of school-aged boys diagnosed with behavior disorders described their experiences of parenting. Mikelson reported that the mothers had positive appraisals of their child and a desire to treasure their child's individuality, but tension arose when teachers, psychologists, and psychiatrists focused only on the child's problems in an attempt to "fit" the child into the classroom. The contribution of the current study is the finding that positive appraisals are used by both mothers and fathers.

A positive appraisal of the child may contribute to the ability to persevere with parenting over time. A positive view of the child may create the expectation for a rewarding parent-child relationship despite difficult child behaviors (Sameroff & Fiese, 2000). In this study, parents described their child's problems as somewhat predictable and manageable with discussion, "time outs," and withholding privileges. These

strategies did not ensure that the misbehavior would not reoccur, but usually solved the problem at the time. The positive appraisal in combination with the episodic misbehavior and effective strategies for managing behavior may explain why these parents and children can manage in the community without mental health services.

Despite the small sample size, many of the factors that parents reported as decreasing their ability to manage their child's behavior are similar to those described in the literature as risk factors associated with the development of behavior disorders (Benzies et al., in press; Greenberg et al., 1999; Harrist & Ainslie, 1998; Pettit et al., 1997). The parents in this study described the impact of poor parenting experiences in their family of origin, financial difficulties, marital conflict, illness in the child or the parent, and lack of support. Their descriptions give some insight into the processes by which these factors influence parenting and child behavior problems.

One process illustrated by the study findings is how experiences of abuse in the family of origin may relate to later parenting. In three of the families, at least one parent reported physical or emotional abuse as a child. These parents described how they had engaged in reflection on their childhood experiences and voiced determination to parent differently than they had been parented. Parenting was more difficult in family situations with extreme financial difficulties or marital conflict. Parents also described the influence of a supportive spouse and extended family on their ability to parent effectively. This finding is supported by Rutter (1998) who argued that the acquired marriage network is a major contributor to transgenerational discontinuities in outcomes. For example, resources available in the spouse's extended family in combination with the parent's resolve to parent differently may enable that parent to avoid repeating the patterns of their childhood.

The parents described one process by which financial difficulties may impact parenting. Due to economic necessity, one father had to work in an environment that encouraged verbally aggressive behavior. He was concerned that this type of behavior could carry over into his family relationships. Previous findings about the impact of socioeconomic status and income on child behaviors are conflicting. Some researchers have reported that low socioeconomic status predicted parent, teacher, and peer report of behavior problems in school age children (Greenberg et al., 1999; Pettit et al., 1997), while others have reported a stronger relationship between parenting stress and child behavior problems than between low socioeconomic status and child behavior problems (Brandt, Magyary, Hammond, & Barnard, 1992). The stability of family income and the type of work environment experienced by parents may have a

stronger influence on families and child behaviors than socioeconomic status measured by education and occupation.

The study also provides some insight into the relationship between marital conflict and child behavior problems. Parents in one family reported that episodes of marital conflict were associated with reduced behavior problems in their child, yet periods of marital harmony were associated with increased sibling conflict. Social learning theory would support a direct mechanism for increased sibling conflict through vicarious social learning of aggressive behaviors modeled by parents (Webster-Stratton & Hammond, 1999) but why this occurs during periods of marital harmony is unclear. Perhaps, children play out aggression observed in marital conflict between their parents, but only when they perceive the crisis is past and the risk of separation is reduced.

The process whereby chronic illness affects parenting practices was illustrated in this study. Mothers reported less consistent parenting practices when either the parent or the child experienced chronic illness. Less consistent parenting of the chronically ill child is consistent with findings by others who suggest that protection of child's safety and well-being takes precedence over the strategies of nurturance and discipline (Ruddick, 1989). The finding about the processes underlying less consistent parenting practices when the mother is chronically ill conflicts with other reports of alterations in parenting due to a chronic illness (Rhem & Cantanzaro, 1998). Using a similar sample of parents, Rehm and Cantanzaro found that when one spouse has a chronic illness (multiple sclerosis) the healthy spouse increases parenting workload and responsibility to maintain parenting consistency and normalize life for their children. In our study, the father pursued many activities outside the family when his wife was ill, which may have limited his ability to assume increased parenting responsibilities. Differences in findings may be related to differing responses to chronic illness by the healthy spouse. Overall, fathers expressed concern about their spouse and children's illnesses, but did not comment on how the illnesses influenced their parenting. Further study is needed to determine how chronic illness in family members may influence fathers' parenting practices.

IMPLICATIONS FOR FAMILY PRACTICE AND POLICY

Health professionals need to be aware of the importance of family-focused services to provide support to mothers and fathers who are concerned about their child's behavior. Although the study involved a small sample of two-parent families that limits transferability of findings to all parents, it does suggest implications for practice. Health professionals

can assist mothers and fathers to recognize their child's positive attributes and reframe the child's behavior as periodically, rather than consistently, difficult. Anticipatory guidance about child behavioral development during well-child clinics and parenting classes may assist parents to recognize age-appropriate behavior. In addition, health professionals need to help parents develop effective parenting strategies that can be used to manage episodic behavior problems and refer children who require more extensive assessment and treatment. Parents who believe they have the requisite knowledge and skill to parent their child may have more confidence in their abilities as parents and be more willing to commit the time and energy required for parenting.

Preventive parent training programs that focus solely on child behaviors and changing parenting practices may be insufficient to address the challenges associated with parenting. When parents report child behavior problems, health professionals should be alert to the possibility of other family stresses, such as the situations in which families live. A wide variety of family situations influence parenting and parental perceptions of their child's behavior. Different constellations of parenting stresses may require specifically designed family interventions. For example, financial difficulties and marital conflict may constitute a different dimension of parenting stresses from financial difficulties and chronic illness and require different interventions. Services to assist parents to manage stress more effectively may be as critical a component of early childhood intervention as programs to teach behavior management strategies. Finally, parents who report behavior problems for their child may experience frequent family crises that affect parenting. Similar to other studies (Mikelson, 2000; Rosenzweig et al., 2002), mothers in this study perceived a lack of support from health professionals to manage child behavior problems during times of family crises. It is important for policy decision-makers to provide timely, effective, and easily accessible mental health services with ongoing professional support to enable families who are living in stressful situations to manage the crises precipitated by their child's behavior.

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