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Towards a More Comprehensive View of Parenting: An Investigation of Parental Cognitions

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ABSTRACT

Problems with parent training programmes, such as high attrition rates and poor skills maintenance, indicate that this approach is inadequate. This dissertation proposes that the difficulties surrounding parent training may be due to limited conceptualisations of parenting. The literature review paper highlights that parent training programmes have failed to consider individual differences. Research on parenting attitudes and attributions is reviewed and conclusions drawn suggest that these factors do not explain parenting behaviour. More recent research has emphasised parental beliefs as having a significant impact upon parenting. However, methodological difficulties, including the lack of an operational definition of the term "belief", have made it difficult to draw conclusions. The empirical paper addresses these weaknesses and represents an original attempt at exploring the range of parental cognitions in relation to child behaviour between a clinical group of parents and middle class and working class controls. It was hypothesised that the clinical group would have significantly more negative cognitions than controls, that they would have a greater number of dysfunctional attitudes and would be less able to take a child-centred perspective. Results indicated that hypotheses were partially supported. Recommendations are made for targeting parental beliefs in future parenting interventions.

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Parenting: The Role of Parental Cognition

TOWARDS A MORE COMPREHENSIVE VIEW OF PARENTING: THE ROLE OF PARENTAL COGNITION

ABSTRACT

Parent training programmes have emerged as a popular clinical intervention for treating childhood Conduct Disorder and are based on Behavioural models of parenting. In spite of their popularity, outcome data suggests that these programmes are not successful in meeting most parents' needs given that there are high attrition rates and that change is achieved in only half of the families that complete treatment. This paper argues that these difficulties may be due to simplified conceptualisations of parenting. In the search for a more comprehensive view of parenting, this paper begins by examining the research on parenting differences, namely attitudes and attributions, and then moves on to consider more recent studies on parental beliefs. Although this recent research suggests that parental beliefs may play an important role in parenting, methodological problems make it difficult to draw conclusions and hence directions for clinical practice remain unclear. Challenges for future research are outlined and Beck's (1964) model is suggested as a theoretical framework for further study in this area.

INTRODUCTION

Parenting is a subject that is immediately recognisable as it is something we have all had experience of as recipients. However, in spite of this universality, parenting is often difficult to assess (Reder & Lucey, 1995) because it is difficult to define. Single definitions of parenting are inadequate in that they fall short in capturing the complexities of a variety of family constellations, children's characteristics and environmental influences. For instance, the term "parent" may include mothers/fathers, grandparents, single/divorced parents, foster carers, gay parents, adolescent parents, and sibling caregivers. Child characteristics such as gender, cognitive ability and temperament can affect parenting. For example, aggressive children require different parenting than withdrawn children (Rubin, Stewart & Chen, 1995). Similarly, children with learning disabilities and gifted children demand special parenting skills (Hodapp, 1995; Feldman & Piirto, 1995). In addition, parenting skills do not remain static but are continually being developed according to each stage of the child's development (e.g. compare toddlers vs. adolescents). Finally, the environment is also known to influence parenting, of which one of the most notable factors is socioeconomic status (SES). In a review of the literature on SES and parenting, Hoff-Ginsberg & Tardif (1995) note that consistent patterns have emerged to indicate that parents from different backgrounds do parent differently. For example, low SES mothers have been observed to be more punitive and controlling of their children's interaction than high SES mothers. Hoff-Ginsberg et al (1995) suggest that these findings reflect different communicative styles. High SES mothers tend to be highly verbal, provide more information and use more questions to elicit conversation from their children. Consequently, high SES mothers'

discipline consists of rationalisations and discussions compared to low SES mothers who favour greater use of physical discipline.

In summary, parenting is complex in that it comprises a variety of caregiving situations, is influenced by child characteristics and environmental conditions and repeatedly undergoes change according to the child's development. In spite of these complexities some parents appear to manage the task of parenting while others struggle with it. Parent training programmes have evolved to help parents who are experiencing difficulties to improve their parenting skills. However, high drop-out rates and poor skills maintenance suggests that these programmes are not meeting the majority of people's needs. The aim of this paper is to look at how we can improve clinical interventions by examining the research on parenting differences. Two lines of inquiry have long since dominated the field, namely attitudes and attributions while more recent research has focused on parental cognition. The central thesis of this paper is that parental cognitions play a significant role in parenting that are neglected in parenting models and clinical interventions, and that inclusion of these cognitions would enable us to develop a more comprehensive view of parenting. While the term "parent" is used throughout this review, the reader should be aware that this often refers to mothers as they are frequently the participants in parenting research and unfortunately research on fathers is sparse. The reader's attention will be drawn to studies that include fathers in their design.

PARENT TRAINING

Parent training programmes are most commonly used as an intervention with preadolescent children (aged 3–12 years) who exhibit a range of conduct problems including aggression, excessive noncompliance and temper tantrums. Research has found that such behaviours are developed and maintained by dysfunctional parenting behaviours (Chamberlain & Patterson, 1995). Consequently parenting skills are targeted in programmes which are mostly based on behaviour theory/social learning principles (e.g. Forehand & McMahon, 1981; Webster-Stratton, 1996; Patterson, Reid, Jones & Conger, 1975). Although claims are made that parent training programmes are effective in reducing child noncompliance (Kazdin, 1987), other reviews (Eyberg, Edwards, Boggs & Foote, 1998; Rogers Wiese, 1992; Todres & Bunston, 1993) have highlighted that such research is confounded by serious methodological flaws. Some of these include reporting data about child behaviour changes rather than specific parent behaviour changes, lack of reliable and valid measures, failure to use multiple outcome measures, omission of a control group and limited reporting of follow-up data. In addition, evaluation studies focus almost exclusively on outcome and neglect to specify the content of the programme (Patterson & Forgatch, 1995).

A more elusive problem with parent training involves high attrition rates. Forehand, Middlebrook, Rogers & Steffe (1983) reviewed 45 studies from 1972 to 1982 and found that the overall dropout rate was 28%. Forehand et al (1983) argue that not only is dropout data seldom reported, but even studies that include it do so inadequately, such as failing to specify the number of cases that contacted the clinic or

when dropout occurred and so biases positive outcomes. Spaccarelli, Cotler & Penman (1992) found that 31% of participants dropped out after the assessment phase. They included an attrition analysis in their study and found that less educated parents and parents who reported more child behaviour problems tended to drop out. Not only is drop out a problem but parent training can be impeded by high levels of resistance, poor engagement, incompletion of treatment, as well as failure to maintain treatment gains over time (Miller & Prinz, 1990). Eyberg et al (1998) conclude that while parent training has been shown to be effective in the short-term, long-term follow-up indicates that change is achieved in only half of the families that complete treatment.

Who Benefits from Parent Training Programmes?

The issue of who benefits from parent training was examined by Webster-Stratton & Hammond (1990). They examined four predictors of treatment effectiveness (parent depression, marital adjustment, SES and amount of negative life experiences) at one month and at one year follow-up. They found that the combination of SES and marital status made a significant contribution to mothers' behaviour with their children, while for fathers SES was the most significant predictor. However, Webster-Stratton et al (1990) warn that the variance accounted for predictor variables either singly or when held in combination was small, and suggested the need to look for other predictors that determines a parent's response to parent intervention programmes. Spoth, Redmond, Haggerty & Ward (1995) found that parents' expressed readiness for parenting change and maternal self-efficacy were significant predictors of parenting outcome. These studies suggest that not only are external variables such as SES and marital status

indicative of attrition but so too are parents' beliefs. Spaccarelli et al's (1992) study highlights the importance of incorporating parental beliefs in parent training. Their programme that included problem-solving skills and challenging negative thinking resulted in significant change in parents' perceptions of their children as well as in their attitude towards the parental role. Given these findings, predictors of outcome depend not only on external factors such as SES, but also on internal factors such as parental beliefs and attitudes. This leads us to consider research on parenting differences, namely attitudes and attributions, and we will begin with an examination of the former.

PARENTAL ATTITUDES

The study of parental attitudes has been a major paradigm since the beginning of the 20th century. Researchers have embraced this construct wholeheartedly as a means of understanding parenting. This enthusiasm has resulted in a plethora of studies that have attempted to draw associations between attitudes and parenting behaviour, and child outcomes. The guiding force behind such enthusiasm rests on an assumption that attitudes explain parenting behaviour and therefore are accountable for child maladjustment. However, as Holden & Edwards (1989) point out, this research has been received uncritically and so has contributed little to our understanding of parental social cognition or child development. The following sections will provide a brief overview of research on parental attitudes.

Attitudes and Parenting Behaviour

The claim that parental attitudes are related to parenting behaviour is based on three primary sources. The first comes from studies that have examined the role of SES on parenting. Kohn (1969) found that working class parents had different values compared to middle class parents. The former placed more emphasis on obedience and conformity, while the latter valued the development of independence. Kohn (1969) suggested that these different values are determined by certain life conditions (e.g. educational and occupational opportunities) that are imposed by SES and that these values directly relate to parenting behaviour. In a later study, Luster, Rhoades & Haas (1989) tested Kohn's (1969) hypothesis. Their results produced similar findings to Kohn (1969) but also provided evidence that the different values were related to parenting behaviour. Similarly, Susman, Trickett, Lannotti, Hollenbeck & Zahn-Waxler (1985) found that high SES mothers valued child independence and achievement and reported greater use of encouragement and rational guidance. While low SES mothers valued early training, authoritarian control and control by anxiety induction. In spite of this persuasive evidence, conflicting findings have been noted. Tulkin & Cohler (1973) could not find a relationship between working class attitudes and parenting behaviour, although this was supported for the middle-class group. Hoffman & Youngblade (1998) found that employment status rather than SES alone predicted parenting behaviour for low SES groups. Employed working class mothers were found to be less authoritarian than full-time homemakers. However no relationship was found between employment and parenting style in the high SES group.

In conclusion, these studies have provided compelling evidence that parental attitudes differ between SES groups and that SES groups are known to differ in their parenting styles. However, Hoffman et al's (1998) study suggest that SES alone is not predictive of parenting behaviour but that other factors may be involved.

The second piece of evidence comes from cultural studies. Durrett, O'Bryant & Pennebaker (1975) found that Mexican-American mothers differed from African-American and White mothers in their child-rearing attitudes in that they were more protective of their children but endorsed less authoritative attitudes. Gutierrez, Sameroff & Karrer (1988) found that Mexican-American mothers who were born in the United States had more of a child-perspective than Anglo-Americans. Ideas about parenting have been found to differ between Argentinian, French and American mothers. Argentinians value obedience and dependency, while the French value emotional support and finally the Anglo-American culture places greater emphasis on individual achievement, independence and self-confidence (Bornstein, Tamis-Le Monda, Pascual, Haynes, Painter, Galperin & Pecheux, 1996). Although these studies suggest that parental attitudes differ between cultures, we still do not know in what ways attitudes predict parenting behaviour. For example, Bornstein, Tal & Tamis-Le Monda (1991) compared maternal behaviour among American, French and Japanese mothers and predicted that American mothers would emphasise more autonomy in their interactions whereas French and Japanese mothers would be more socially orientated. They found that contrary to expectations that rates of social stimulation did not differ between the groups.

The final piece of evidence comes from studies on adolescent parents but once again the results are mixed. Some studies have indicated that adolescent parents are more at risk of providing inadequate parenting and that their children are at a higher risk of developing emotional/behavioural problems (Brooks-Gunn & Furstenberg, 1986; Zuckerman, Walker, Frank & Chase, 1986). Adolescent mothers have been found to have more dysfunctional attitudes toward parenting (McKenry, Kotch & Browne, 1991). On the other hand, Baranowski, Schilmoeller & Higgins (1990) found no significant differences between adolescents and older mothers on measures of parenting attitudes. In conclusion, while parenting attitudes have been found to differ between social groups, claims have been made that attitudes predict parenting behaviour. Conflicting findings suggest that the relationship between attitudes and parenting behaviour is complex. Part of the problem in advancing research in this area is due to poor measures (Holden & Edwards, 1989). For example, methodological problems in measuring SES as well as conceptual problems in defining SES have clouded research in this area. Hoff-Ginsberg & Tardif (1995) argue that SES is a composite of multiple variables and that future research needs to look at these separately to determine SES related differences in parenting. In spite of these criticisms, studies continue to draw associations between attitudes and parental behaviour (e.g. Landry, Garner, Swank & Baldwin, 1996).

Attitudes and Child Adjustment

Schaefer & Bell (1958) argued that parental attitudes are related to children's development and so developed the Parental Attitude Research Instrument (PARI) to measure parental attitudes. Since then researchers have rested on the implicit assumption that there is a direct linear relationship between attitudes and child adjustment. For example, Rickard, Graziano & Forehand (1984) claim that their measure of parental attitudes is adept at distinguishing children referred for noncompliance from nonpatient controls. Easterbrooks & Goldberg (1984) examined the relationship between paternal attitudes and child development, specifically looking at attachment. Fathers completed a questionnaire on parenting attitudes and were then observed interacting with their toddler. The authors found that fathers' positive attitudes and behavioural sensitivity were related to optimal child development (i.e. secure attachment, positive affect and task orientation). Other studies have found relationships between parental attitudes and children's social skills (Terrisse, Roberts, Palacio-Quintin & MacDonald, 1998) and IQ (Ramey, Farran & Campbell, 1979). On the other hand, parental attitudes have been found to be only weakly correlated with child adjustment (Robinson & Anderson, 1983).

Criticisms of Attitude Research

The above studies point to the inconclusive findings regarding the relationship between parental attitudes and parenting behaviour and child adjustment. As Fishbein & Ajzen (1975) have pointed out, researchers are mistaken in assuming such linear relationships, as attitudes form only one part of a belief structure, that is an affective

evaluation of an "object". Regardless of Fishbein & Ajzen's (1975) admonitions, conceptual confusion continues to successfully obscure such research as the lack of operational definitions has meant that the term "attitude" has come to refer to beliefs, values, self-perceptions, behavioural intentions as well as attitudes per se. Holden & Edwards (1989) also highlight methodological problems including poorly developed measures. In the 83 attitude questionnaires that they reviewed, only half reported on reliability and validity. The structure of the questionnaires is also concerning with many using single statements as a means of testing complex attitudes. In addition these measures are not based on parenting models in that they ignore the influence of the child on the parent's attitude formation. Child characteristics are neglected as children are viewed as a generic species. The inadequacy of such measures is evidenced by the lack of replicability and the ongoing creation of new measures that continue to present with the problems of the old ones. In short, the methodological difficulties described make it difficult to consider and compare the results from studies on parenting attitudes. The problems themselves are evidence that parenting involves much more complex processes.

ATTRIBUTIONS

Attributions are often placed at the heart of social cognition in an attempt to understand differences in the way people think and act in various social situations. This section begins with a brief overview of different attribution theories and then moves on to how these theories have been applied to parenting research. The evidence is examined in studies that have linked attributions with parenting behaviour and is

further explored in a review summary of attitudinal and attributional research with clinical groups.

Overview of Attributional Models

Four models of attribution have been proposed with each emphasising slightly different aspects. One of the first attributional models was put forward by Heider (1958) that looked at attributions of responsibility. He suggested that people perceive outcomes of events as being attributable to either internal (e.g. personality, ability) or to external causes (e.g. the environment). According to Heider (1958), when someone holds similar attitudes towards two elements (e.g. person and event) then the perceiver assumes that those elements are related. For example, a person with a fiery temper might be held responsible for causing property damage. On the other hand external attributions are made when environmental influences are such that most people would act in that way (e.g. being locked out of the house may result in breaking a window in order to get in). Similarly, Jones & Davis (1965) hypothesised that attributions are made when the perceiver infers that the person was aware of the consequences and had acted with intent. Meanwhile, Kelley's (1973) model, while acknowledging the internal versus external distinction, suggested that attributions were determined by three factors: Consistency, distinctiveness and consensus. In other words, an internal attribution (towards a person) is made when the person's behaviour is consistent, does not differ across situations (low distinctiveness) and that others do not perform the same behaviour (low consensus). External attributions are made when there is high consensus, high distinctiveness and high consistency. For example, if the perceiver

holds the belief that most people would smash a window if locked out of their house (high consensus), that the person doesn't normally go around smashing windows (high distinctiveness) but that in this situation the person would act like this (high consistency), then an external attribution is made. Finally, Weiner's (1979) model expanded earlier models to suggest that behaviour is dependent upon beliefs regarding locus (internal vs. external causes), stability and controllability. For example students who experience exam failure are more likely to drop out of class if they attribute failure to stable internal causes (e.g. "I'm useless") compared to those who attribute failure to unstable, internal and controllable factors (e.g. lack of preparation).

Attributions and Parenting

Dix & Grusec's (1985) review of attribution theories raises the point that despite such expansive research into adult social cognition, the implications for parent-child interaction remain unexplored. They highlight that attribution biases may play an important role in parent-child interaction. These may include the fundamental attribution error whereby the parent attributes behaviour to a child's disposition or trait while overlooking the role of situational variables. Other attributional biases that may occur in parenting include; (a) the self-serving bias (a parent perceives events in ways that are compatible with their beliefs and that protect self-esteem), (b) hedonic relevance (when behaviour has important negative or positive consequences for the perceiver, such that a parent may react more harshly to a child screaming in a shop compared to at home), and (c) personalism (when the person believes that the behaviour was intended for them). Based on their review of attributional models, Dix &

Grusec (1985) proposed several hypotheses about parenting. Firstly, they hypothesised that attributions for child behaviour should depend on the child's age with behaviour seen as increasingly intentional as the child gets older. They suggest that parents' behaviour and attributions should also change as the child develops, and that parents should become increasingly upset with specific behaviours as a child develops the capacity for intent and controllability. Secondly, that parents' responses are mediated by their attributions in that a parent's ability to assess the causes of behaviour will determine their effectiveness in reinforcing behaviours. Finally, that misattributions can result in fraught parent-child interaction.

Dix & Grusec (1985) developed a model of parental attribution based on these hypotheses that suggests that parents make inferences regarding the developmental appropriateness of the child's behaviour and whether the child had the knowledge and intent to produce the outcome. Attributions then affect the parent's affective and behavioural responses that result in socialisation practices such that inaccurate attributions lead to poor parenting practices. Despite Dix & Grusec's (1985) criticisms of attributional models that attribution is not the sole determinant of behaviour, their model (Dix & Grusec, 1985; Dix & Lochman, 1990) fails to account for this. In addition, their model suggests that parents' attributions remain stable and do not change as the child develops. Nor does their model include the influence of the child's characteristics upon the parent's attributions. Dix & Grusec (1985) tested their hypotheses by asking mothers and fathers to read vignettes of child misconduct and then to rate the importance of four causes, lack of self-control, lack of knowledge,

personality traits and situational factors. They found that parents viewed children's misconduct as intentional and dispositional and that these attributions increased as the age of the child increased.

Other researchers have attempted to demonstrate that attributions are related to parenting behaviour. Bugental & Shennum (1984) proposed that parents' attributions about caregiving outcomes act as selective filters to child behaviour that then determines parental behaviour. In their experimental study, 96 mothers were randomly assigned to unrelated 7-12 year old boys who were trained to behave in a responsive or unresponsive manner. They found that mothers with low perceived power perceived unresponsive children as being more difficult than responsive children and behaved differently towards each group. On the other hand, mothers with high perceived power did not differ in their perceptions of both groups of children nor did they alter their behaviour. Gretarsson & Gelfand (1988) examined whether parents make attributional biases toward their children. Sixty mothers who had children aged between four and twelve years were interviewed and asked to recall two positive and two negative episodes with their children. Mothers were then asked to indicate how much each event should be attributed to their child's personality, the situation, responsibility and the frequency of their behaviour. They found that mothers attributed their child's positive behaviour to internal, stable, and dispositional causes while undesirable behaviour was perceived as being unstable and situationally determined. Mothers also viewed their child being more responsible for appropriate behaviour. Their results differed from Dix & Grusec's (1985) study in that misconduct was attributed to

situational rather than dispositional causes and that mothers' attributions appeared to remain stable over time.

Dix & Lochman (1990) compared the attributions of mothers of aggressive and nonaggressive 9-15 year old boys. Mothers watched a video of four scenarios of mothers with their sons in which for each clip the son misbehaved. The scenarios also differed in parenting style; two clips depicted positive parenting and two negative parenting. Mothers were then asked to rate each clip according to attributions of intent, disposition, responsibility, parent evaluation, parent responsibility, affect and forcefulness. They found that mothers of aggressive boys made more negative attribution in that they perceived the child's behaviour as being intentional and dispositional. Smith & O'Leary (1995) looked at the relationship between parenting style and attributions. They hypothesised that dysfunctional child-centred attributions, that is blaming the child, would be related to increased emotional arousal and harsh parenting. While dysfunctional mother-centred attributions, where the mother blames herself, would be associated with lax parenting. They found positive correlations between dysfunctional child-centred attributions and mothers' arousal and harsh parenting. However the relationship between mother-centred attributions and lax parenting was not supported.

Criticisms of Attributional Research and Parenting

While such research has been promising it has been mainly correlational and so does not prove the predictive power of attributions. Smith Slep & O'Leary (1998)

sought to overcome such weaknesses by carrying out an experimental study in order to test the robustness of the relationship between attribution and parenting behaviour. In their study they experimentally manipulated mothers' responsibility attributions for their toddlers' misbehaviour. Mothers were randomly assigned to "child responsible" or "child not responsible" condition. The mothers in the first condition were told that on the basis of the questionnaires that they had filled in previously, that the researchers expected her child to misbehave. Mothers were then videoed interacting with their children and then later assessed for emotions and attributional reactions regarding the interaction. They found that mothers in the "child responsible" condition reported more dysfunctional child centred responsibility attributions whereas the "child not responsible" mothers reported more dysfunctional mother centred attributions. The researchers also found that "child responsible" mothers were more overreactive in their discipline and were angrier than the comparison group. Although the evidence is persuasive, a major shortcoming in this study is a failure to measure mothers' perceptions and expectations of their children prior to conducting the experiment. Therefore it is questionable whether telling a parent that their child would misbehave would indeed change that parent's predetermined beliefs.

Johnston, Reynolds, Freeman & Geller (1998) criticised attribution research for relying on rating scales for measuring attributions. In their study they wanted to assess whether parents made spontaneous attributions for their child's behaviour by using open-ended attribution questionnaires and whether attributions differed among parents of nonproblem children and children with Attention Deficit Hyperactivity Disorder

(ADHD). They found that parents did engage in spontaneous attributional thinking that occurred in 30-40% of their responses. Nonproblem parents attributed positive behaviour to internal, controllable and stable causes. ADHD parents attributed overactivity to internal, uncontrollable and stable causes and were less likely to view prosocial behaviours as internal. In addition ADHD parents attributed the child's behaviour to medication rather than to themselves. An interesting finding from their study showed that parents have more than one way of perceiving causes of child behaviours. Oppositional/defiant behaviours produced both internal, controllable and stable attributions and internal, uncontrollable and stable attributions.

Attitudinal and Attributional Research with Clinical Groups

The role of attitudes and attributions has been examined in clinical groups. Depressed parents have been found to hold more negative perceptions of their children's social competence and adjustment (Fergusson, Horwood, Gretten & Shannon, 1985). Depressed parents tend to rate their toddler's temperament as being more difficult and perceive themselves as having low self-efficacy (Gross, Conrad, Fogg & Wothke, 1994). Milgrom & McCloud (1996) found that mothers with postnatal depression rated their child as being more moody, demanding, less acceptable and less reinforcing than did control mothers. In addition, postnatal depressed mothers perceived themselves as being less competent, less emotionally attached to their child and their partner as being less supportive compared to controls. Interestingly, the partners of the depressed group also rated themselves as being less competent, less

emotionally attached to their child, more isolated and that their child was more demanding compared to fathers in the control group. However, caution must be drawn from this study in that only one measure of parental attitudes was used. While these studies point to the fact that depressed parents hold different attitudes and attributions towards their child, the evidence is not conclusive. Kochanska, Radke-Yarrow, Kuczynski & Friedman (1987) examined mother's satisfaction with child's outcomes and causal influences on child development across three groups of mothers; 30 unipolar disorder, 16 bipolar disorder and 31 controls. They found that there were no differences among the groups in terms of overall satisfaction with their child. However the two clinical groups attributed uncontrollable factors to their child's development.

Links have been made between parental attitudes and behaviour and child outcomes. Depressed mothers have been observed to be insensitive, incompetent, inconsistent, disengaged or intrusive and angry (Cummings & Davies, 1994; Goodman, 1992). In Teti & Gelfand's (1997) review of maternal depression and child outcomes, they point out that while research has shown depressed parents to hold more negative perceptions toward their children, that the evidence is conflicting. For example, Brody & Forehand (1986) found that depressed mothers' reports of child maladjustment corroborated independent home observations. While Conrad & Hammen (1989) found that depressed mothers were better able to distinguish highly deviant children from less symptomatic children from a symptom checklist than were nondepressed mothers. In a later study, Field, Morrow & Adelstein (1993) concluded that depressed mothers' perceptions are driven by reality as their children were found to be more distressed and

sad by both depressed mothers and independent observers. Johnston (1988) points out that maternal depression is often assumed to interfere with parenting but research has only indicated tenuous links as correlations are not always significant.

Research on physically abusive parents (both mothers and fathers) and their preadolescent children has shown that these parents hold different attitudes and attributions compared to normal controls. Trickett & Susman (1988) found that physically abusive parents were less satisfied with their children (aged 4–11 years), perceived parenting to be difficult and less enjoyable, were less likely to encourage independence, were less likely to reason with a child and tended to favour spanking and material punishment more than controls. Holden, Willis & Foltz (1989) found that parents classified as at-risk of physical abuse were found to have high levels of parenting stress, low self-efficacy, a poor relationship with their spouse and perceived their child (mean age 5 years) as being more demanding, moody and less adaptable to change. Physically abusive parents have been found to attribute more behavioural difficulties to their child (Mash, Johnston & Kovitz, 1983; Reid, Kavanagh & Baldwin, 1987). Indeed, Bradley & Peters (1991) have reported that physically abusive mothers have an externalizing attributional style in that they were less likely to hold themselves responsible for poor interactions with their children and gave little credit to their children for positive interactions. Susman, Trickett, Lannotti, Hollenbeck & Zahn-Waxler (1985) compared the parenting behaviour of depressed and physically abusive mothers. They found that both depressed and abusive mothers were similar in terms of reporting inconsistency, hostility, using anxiety and guilt inducing parenting tactics and

not valuing the child's autonomy. However the abusive group differed from the depressed group in that they also reported use of harsh coercive discipline.

While studies have demonstrated that physically abusive and depressed parents hold different attributions when compared to controls, other studies have shown that these clinical groups are not homogeneous. Bugental, Blue & Cruzcosa (1989) examined causal attribution in two groups of abusive mothers and one control group. They found that low perceived control and high attributed control to children rather than abuse predicted more frequent coercive discipline. However as Bugental et al (1989) have failed to specify the type of abuse, it is difficult to determine whether control attributions apply to all abusive groups. Dolz, Cerezo & Milner (1997) found that within their physically abusive sample, high risk mothers displayed more negative behaviours toward their children compared to low risk mothers. Variability within depressed parent groups has also been observed. Teti, Gelfand & Pompa (1990) report that not all depressed mothers make poor parents, as more than half displayed sensitive parenting behaviours. In addition, such attitudes and attributions do not lead to poor child outcomes. As Lee & Gotlib (1989) have demonstrated, there were no significant differences between children of depressed and nondepressed mothers in terms of externalizing problems. In summary, while attitudes and attributions have been found to differ between clinical groups and controls, the heterogeneity within these groups suggest that these variables alone do not predict parenting behaviour.

Conclusions

Attitudes and attributions have been extensively examined as a means of explaining differences in parental behaviour, which in turn have been hypothesised to influence child adjustment. Inconsistent findings suggest that attitudes and attributions alone do not account for parenting behaviour. Indeed as stated earlier, other variables have been found to be associated with parenting, such as SES (Brown & Harris, 1978); marital status (Compas & Williams, 1990; Weinraub & Wolf, 1983); quality of the marital relationship (Erel & Burman, 1995); stress (Holden, Willis & Foltz, 1989; Simons, Whitbeck, Melby & Wu, 1994) and social support (Belsky & Vondra, 1989). However, the research on attitudes and attributions points to the fact that parents differ in terms of their values, beliefs and perceptions. Recent research has started to explore this in more detail by looking at how parents process information based on attachment theory (Bowlby, 1969, 1973 & 1980). According to attachment theory, children develop internal working models of themselves and other people based on their experiences with their primary caregiver. These internal working models then operate as filters that selectively process information from the environment. For example, a child who receives warm and responsive parenting develops a positive self-concept by selecting information from the environment that is congruent with this view.

Recent developments in attachment theory have included an examination of a parent's internal working model through measuring attachment styles and their association with parenting behaviour. For example, Spieker & Booth (1988) found that mothers' perceptions of themselves and others were related to attachment relationships.

Mothers of insecure-avoidant infants perceived their children as being difficult and reported high levels of dissatisfaction with their partners. Mothers of insecure-resistant children had positive perceptions of their infants but reported higher levels of depression and low self-esteem, while mothers of securely attached infants had more of a balance between negative and positive perceptions. Rholes, Simpson & Blakely (1995) found that avoidant mothers reported feeling more distant toward their children and were less supportive of them, whereas ambivalent mothers' feelings toward their children were moderated by the quality of the marital relationship. Eiden, Teti & Corns (1995) found that maternal working models were associated with mother-child interaction. Preoccupied mothers exhibited less sensitivity in their interactions than dismissive or secure mothers. On the other hand, Volling, Notaro & Larsen (1998) found no significant relationships between adult attachment style, parenting behaviour and the security of parent-infant attachments. While attachment research has suggested that a parent's internal working model may significantly contribute to parenting behaviour, we have very little knowledge about these models and how they operate in parenting. Instead, attachment research has focused on parental behaviour by measuring attachment style. Although differences have been found between these styles, attachment research has contributed little to our understanding of parental belief systems. We will now turn to theoretical models of parenting and review current conceptualisations of parenting.

PARENTING MODELS

One of the first parenting models was developed by Patterson (1976) to explain antisocial behaviour in children. According to Patterson's (1976) coercion hypothesis, the child's behaviour is contingent on the aversive stimuli offered by the parent. For example, if a parent responds to a child's aggression by yelling or hitting, then the child's behaviour escalates as it is negatively reinforced. This results in increased aversive parental behaviour that is reciprocated by the child until either the child complies or the parent gives up. Although Patterson's (1976) model accounted for the development of childhood aggression, it did not fully explain parenting behaviour. At the same time, Abidin 1976 put forward a model of parenting stress (cited in Abidin, 1986). In this model, the total stress a parent experiences was seen as the combination of parent characteristics, child characteristics, and situational variables. The greater the levels of parenting stress the greater the likelihood that parenting will be dysfunctional. Although this model was influential, later research has shown that this relationship was oversimplified (Abidin, 1992).

In 1984, Belsky argued that individual differences in parent functioning had been ignored and so put forward a model that highlighted various influences on normal parenting behaviour. Belsky (1984) proposed that parenting is multiply determined in that it includes psychological resources of parents (developmental history and personality), child characteristics, and sources of support (e.g. marital relationship, work and social network). However, Belsky (1984) claimed that these three factors are

not equally influential but rather it is parent characteristics that shape parenting behaviour through its direct and indirect influences upon the social context. To support his model, Belsky (1984) cited evidence from research on depressed parents to demonstrate the link between psychological attributes and unresponsive parenting. In addition, Belsky (1984) quoted studies on child abuse to support his claims that parental characteristics are formed from their developmental history and that parents who had been abused are more likely to provide poor parenting. Although Belsky (1984) has outlined a persuasive and comprehensive model of parenting that continues to be cited as a leading theory (e.g. Heinicke, 1995), other researchers have found that the presence of depression or an abusive history does not simply imply dysfunctional parenting (Bugental et al, 1989; Teti et al, 1990). Furthermore, Abidin (1992) has argued that Belsky's (1984) model is limited in that it does not capture the motivations, beliefs and intentions of a parent. Abidin (1992) adapted his earlier model to include a parent's belief system that he represented in the parenting role variable. According to Abidin (1992) "each parent is seen as having an internal working model of himself or herself as a parent" (p.410). The parenting role includes appraisals of oneself as well as of others and so acts as a moderator of distal variables such as the social context, stress or child characteristics. The outcome of such appraisals results in varying levels of parent stress.

In a similar vein, Dix (1991) has recognised that current parenting models are limited. However, unlike Abidin (1992), Dix (1991) claims that the key component to parenting lies not with beliefs but rather with emotions. According to Dix (1991),

emotions play a key part in parenting in that they orient, motivate and organise parental responses. Dix (1991) recognises that further research is needed to explore the role of emotion in parenting and to lend support to her hypotheses.

Conclusion

While parenting models have attempted to capture the complexities of parenting, they have neglected developmental aspects in that parenting skills change as the child develops. In other words, new skills are required for each developmental stage but also the parent is continually developing as they refine their approach through their experiences gained over time. Although all these models acknowledge the dyadic nature of parenting, the broad category of "child characteristics" remains underdeveloped in that children continue to be viewed as a generic entity while ignoring variables such as age, gender and temperament. On the other hand, "parent characteristics" have recently begun to be explored and suggestions have been made that we need to consider a parent's beliefs. Based on current research findings, Johnston (1996) has taken parenting models one step further by proposing a Cognitive-Behavioural model of parenting. In this model, parental cognitions are placed in a mediational role between situational factors (including parent characteristics) and parent behaviour. In spite of the evidence that Johnston (1996) has drawn upon to demonstrate the link between parent cognition and behaviour, her model is largely vague. For under the heading "parent cognition", Johnston (1996) has grouped expectations, perceptions, attributions and self-efficacy but yet little is known about how each of these factors or what combination of these affects parenting behaviour.

Nor is there evidence that each of these variables acts as a mediator between the situational context and parent behaviour. Therefore further research is warranted before such a model can be substantiated. We will now turn to look at the research to date on parental cognitions.

PARENTAL COGNITIONS

Since the late 1970s, psychological research had taken a more cognitive emphasis. However it was not until the early 1980s that parenting research began to consider the notion that what a parent thinks may play an important role in what a parent does. In 1988, Miller carried out a literature review of studies on parental cognition that could be classified into three major areas; the origins of parents' beliefs, the relationship between parental beliefs and parental behaviour; and the association between beliefs and children's cognitive development. Miller (1988) draws attention to the fact that the literature on parental beliefs is diverse. Some studies have focused on parents' general beliefs about child development, while others have been concerned with parents' beliefs about specific abilities in children. The studies reviewed indicate that parents do have definite beliefs about children and that there is considerable variation among parents. However, Miller (1988) concludes that despite the links that have been found between parental beliefs and parenting behaviour and child development, the evidence is not conclusive. Correlations are often small and are not always found. In addition such research has been constrained by measures that have been too specific and variable throughout different studies. Miller (1988) adds that such research has been limited by the researcher's ideas of what constitutes parental beliefs,

with the result that measures have been devised based on the researcher's own definition of parenting rather than as an attempt to capture a parent's thoughts.

In spite of the recent research on parental cognitions, the term "belief" has not been defined. Indeed it has been used as a generic term to refer to different aspects of parental cognition including attitudes, attributions, perceptions, values, knowledge, expectations, self-efficacy and perspective taking. Not only does this mean that the literature is diverse but that it is also confusing. Sigel (1985) draws attention to this in his conceptual analysis of beliefs. According to Sigel (1985), beliefs refer not only to knowledge but involve belief categories or schema, representations of reality and varying levels of awareness. Grusec, Hastings & Mammone (1994) examined the origins of parental cognitions, namely self-efficacy and attributions for children's behaviour. They have argued that these cognitions are affected by the cultural context, the parent's experiences with their child and the parents' experiences with their own parents, however, the studies they reported have produced mixed findings. We will now examine research that has been carried out on parental cognition that has been categorised in the following sections; expectations, perspective-taking, and self-efficacy.

Expectations

Parental expectations have been found to play an important role in predicting parenting behaviour. For example, Azar, Robinson, Hekimian & Twentyman (1984) found that abusive parents hold unrealistic expectations of their children and that this

can trigger abusive behaviour when children fail to meet such expectations. Similarly, Bavolek (1989) has highlighted that abusive parents tend to overestimate the skills and abilities of their children, often demanding their children behave in ways beyond their developmental stage. Examples of this include expecting young children to care for themselves, be toilet trained by 1 years, looking after siblings or carrying out housework. Baranowski et al (1990) found that developmental expectations were the only construct that significantly correlated with parenting quality. Not only are parental expectations indicative of parenting behaviour but they have also been found to impact upon the child's social adjustment. Stoiber & Houghton (1994) in examining parental expectations within a group of adolescent mothers found that such expectations accounted for individual differences in their children's development, namely sensorimotor and reactive behaviours. The authors concluded that parenting expectations rather than early parenthood may present as a risk factor of poor parenting quality.

Perspective Taking

The parent's ability to focus on their child's needs is considered to be a crucial aspect of sensitive parenting that is often emphasised in parenting models (Belsky, 1984; Dix, 1991). Sameroff & Feil (1985) have argued that parental behaviour is determined by the parent's conceptual level of child development. They proposed a model based on Piagetian theory to suggest that parents may be functioning at different developmental levels and devised the Concepts of Development Questionnaire (CODQ) to assess these levels. In their study (Sameroff & Feil, 1985) they compared

high and low socioeconomic status mothers from the United States and England. They found that the U.S. sample was more perspectivistic than the English sample and that the high SES groups had higher perspectivistic scores than the low SES groups.

Since Sameroff & Feil's (1985) work, there has been little research examining the role of perspective taking. Only in the last few years has interest re-emerged on this topic. Mothers with a child centred perspective have been found to be more responsive to their child's needs and have been found to use more attention-directing behaviour (Landry, Garner, Swank & Baldwin, 1996). Gondoli & Silverberg (1997) looked at whether maternal self-efficacy and having a child-centred perspective mediated the relationship between emotional distress and parental responsiveness. They found that parenting efficacy but not parental perspective taking mediated this relationship. Alternatively, Miller-Loncar, Landry, Smith & Swank (1997) found that perspective taking mediated the relationship between maternal resources (i.e. social support, child-rearing history and maternal self-esteem) and parenting behaviours. Child-centred perspectives resulted in more warmth and responsiveness and less restrictiveness in daily activities. In summary, these studies suggest that parents who hold more child-centred perspectives are more sensitive in their parenting behaviour. However, we do not know whether this is in relation to the specific context in which parents were studied or whether child-centred perspectives are generalisable across all parenting situations.

Self-efficacy

The concept of self-efficacy was introduced by Bandura (1977) to explain a person's belief in their own competence to perform tasks well. A person with high self-efficacy strongly believes in their ability to carry out certain activities successfully. In other words, self-efficacy refers to the attribution of success to internal factors (e.g. skills, abilities) rather than to external factors such as the environment or to chance. According to Bandura (1977), self-efficacy is not a stable trait but is changeable depending on situational factors or the perceived difficulty of different tasks. The concept of self-efficacy has only recently been examined in parenting research. Early work by Bugental & Shennum (1984) highlighted that parental beliefs about their own power in caregiving situations influenced their perceptions of children and parenting behaviour. These authors found that mothers with low self-efficacy tended to perceive unresponsive children as being much more difficult compared to mothers with high self-efficacy. In addition, low self-efficacy mothers were observed to alter their communication patterns according to the child's level of responsiveness, such as less assertive voice quality, unlike high self-efficacy mothers who responded in the same way regardless of the child's behaviour. Support was also found for a negative feedback loop, in that unresponsive children continued to behave in an unresponsive manner when interacting with the low self-efficacy mothers but were found to be more responsive when with the high self-efficacy mothers.

In a later study, Bugental, Blue & Cruzcosa (1989) demonstrated that the amount of perceived control over caregiving failure predicted abusive parenting

behaviour. Mothers with low perceived control were more coercive in their interactions with children. Self-efficacy has also been found to play an important role in socialisation. Ladd & Price (1986) found that parents who reported low levels of perceived difficulty in carrying out socialisation tasks had children who had high self-esteem and were more socially competent than children of parents with high levels of perceived difficulty.

Current research considers self-efficacy to play a pivotal role in parenting in that it is viewed as a mediator between parent-child characteristics and parenting behaviour. Teti, O'Connell & Reiner (1996) have suggested that parental self-efficacy mediates the relationship between parent-child characteristics, social factors and parental sensitivity. Drawing on the literature on depressed parents, and on the adjustment difficulties of parents of special needs children, Teti et al (1996) argue that the variable outcomes of children who are at risk are due to individual differences among parents, namely parents' self-evaluations. They proposed a model in which risk factors in the parent (e.g. psychopathology) and in the child (e.g. developmental delay), together with social-contextual factors (such as infant temperament and social-marital supports) affect parental self-efficacy. They regard this as "the final common pathway in the prediction of parental sensitivity" (p. 243). Likewise, Coleman & Karraker's (1997) review of the parenting self-efficacy literature has acknowledged that self-efficacy is a predictor of parenting behaviour as well as acting as a mediator of depression, child temperament, social support and poverty.

Although researchers have made convincing claims that self-efficacy is the key determinant of parenting quality, caution must be exercised in that it is not the only variable known to affect parent behaviour. As outlined in the introduction, parenting is complex and may involve multiple relationships between self-efficacy and other variables. Another shortcoming with self-efficacy research includes the failure to take account of the interactive nature of parenting such as the influence of child characteristics in shaping parental self-efficacy. Lovejoy, Verda & Hays' (1997) examination of the convergent and divergent validity of three most frequently used parenting self-efficacy measures found that each measure may be looking at different aspects of self-efficacy. Therefore in spite of the persuasive studies on the importance of self-efficacy in parenting, further research is needed to explore the construct that may prove to be more complex than a dichotomous dimension. In doing so we may discover more about the self-efficacy of people who fall between the poles (Coleman & Karraker, 1997).

Having looked at the variety of parental beliefs that have been studied to date, we will now examine research that has attempted to show that such beliefs are related to parenting behaviour.

Beliefs and Parenting Behaviour

Several studies have attempted to link parental beliefs with parenting behaviour. For example, McGillicuddy-De Lisi (1982) looked at whether mothers' and fathers' beliefs about child development were related to parents' teaching practices but only

found partial support for her hypothesis. In a later study, McGillicuddy-De Lisi (1985) examined the relationship between parental beliefs, parenting behaviour and children's cognitive competence but yet again results did not support this association. Mills & Rubin (1990) examined parental beliefs about childhood aggression and social withdrawal and postulated that such beliefs predicted parenting strategies. 122 mothers and 67 fathers of 4 year olds were presented with vignettes of peer aggression and social withdrawal and were asked what they would do if their child acted in this way. Parents reported that they would respond to aggressive behaviours with moderate power assertion and to social withdrawal with low power assertion. Although the authors claim that these results suggest a link between parental beliefs and socialization strategies, such conclusions are premature given the lack of observational data. Kochanska (1990) attempted to demonstrate that parental beliefs were related to parenting behaviour by conducting a longitudinal study with depressed and nondepressed mothers. Beliefs were measured when the children were toddlers, while maternal behaviour was measured 2-3 years later. Kochanska (1990) found that mothers who endorsed authoritative child rearing tended to avoid the use of prohibitive interventions with their children. Child rearing philosophy was found to be an important predictor of behaviour for normal mothers while affective attitude predicted depressed mothers' behaviour. However, problems with this study include the time-lag between measuring beliefs and behaviour, such that parents' beliefs could have changed over this time particularly if parents' depression levels had dropped. In summary, research on parental beliefs and parenting behaviour has not produced robust

findings. Similar to the criticisms pointed at attitudinal and attributional research, the links between parental beliefs and behaviour are tenuous.

Conclusions of Research on Parental Beliefs

Research on parental beliefs has shown that parental expectations, self-efficacy and the ability to take a child-centred perspective can account for some of the differences found in parental behaviour across different groups. However, one of the greatest shortcomings with these studies is a failure to control for SES, and yet we know that parenting style and communication varies between social classes (Hoff-Ginsberg et al, 1995). Therefore, the differences that have been found may be due to SES rather than to parental beliefs. In addition, the majority of this research has been carried out on mothers and we remain uncertain whether the same beliefs are involved in fathers' parenting behaviour. One exception is research examining belief-behaviour links but these few studies have produced inconclusive findings. This is partly due to the fact that these studies are often correlational and that there is no theoretical model guiding research on parental cognition. Consequently, given these methodological difficulties, research on parental cognitions has remained in its infancy. Finally, studies on parental cognition have failed to consider current parenting models that emphasise the interactive nature of parenting. Do parental beliefs remain stable throughout the child's development or do they change as new parenting skills are required to meet the demands of the developing child? Bandura (1977) has suggested that self-efficacy is not a static trait but one that is constantly changing according to environmental influences. The following section will now consider this question by reviewing studies

carried out on cross-cultural and intergenerational beliefs against the background of developmental theory.

Are Parental Beliefs Stable?

Evidence regarding the stability of parenting beliefs comes from two sources; cross-cultural studies and research on intergenerational beliefs. Hess, Kashiwagi, Azuma, Price & Dickson (1980) examined maternal expectations about child development among Japanese and American mothers and found notable differences. Japanese mothers expected their four year old children to be emotionally mature, compliant and courteous, whereas American mothers expected their children to be verbally assertive and socially skilled with peers. Cultural differences have also been found with regard to self-efficacy. High self-efficacy was found to be related to active coping strategies among Americans but was associated with cognitive appraisal among Mexicans (Dumka, Stoerzinger, Jackson & Roosa, 1996). Unfortunately the groups differed in terms of SES so it is difficult to draw conclusions about cultural influences. When SES was controlled in a study that compared parenting ideas between Argentine, French and American mothers (Bornstein, Tamis-Le Monda, Pascual, Haynes, Painter, Galperin & Pecheux, 1996), all three cultures were found to hold similar expectations regarding social interactions. However cultural differences also emerged; American mothers perceived themselves to be more sensitive in their parenting compared to French and Argentine but rated themselves as more didactic than their counterparts. Grusec, Rudy & Martini (1997) conclude in their review of cross-cultural research, that parenting style depends on the goals of the society in question. They point to studies

whereby Western societies value autonomy and hence parenting is designed to promote independence and self-expression. However, for nonWestern societies, the emphasis is on being part of a large group. As a result, parenting focuses on self-restraint and cooperation. Discipline then may take the form of rejecting the child from the social group rather than instigating material consequences.

Studies looking at intergenerational beliefs have suggested that parental beliefs are stable. Langhinrichsen-Rohling & Dostal (1996) looked at pre-parenthood cognitions in college students from divorced compared to intact families, as well as assessing levels of violence experienced during childhood. They found that adults from divorced homes and adults who had witnessed severe father-to-mother violence had the most concerns about parenthood. On the other hand, mother-to-father violence or victimization from mother was unrelated to pre-parenthood concerns. The authors concluded that their study supported the intergenerational hypothesis in that negative pre-parenthood cognitions are associated with relationship dissolution and marital violence. However such claims may be exaggerated in that their results only found partial support for the intergenerational hypothesis and remain unsubstantiated until longitudinal studies are conducted. In summary, while there is some support for the premise that parental beliefs are stable based on cultural and intergenerational studies, conflicting findings suggest otherwise. For example, Brewin, Andrews & Furnham's (1996) study of positive cognitions in undergraduates and their parents did not support the intergenerational hypothesis. Similar to the general debate regarding the intergenerational hypothesis, few studies carried out on parental cognition indicate that

the development of parental beliefs is far more complex and goes beyond mere transmission of values. As Grusec et al (1997) note, the values that are more likely to be transmitted may be those that the parent cares about. We will now consider the transient nature of parental beliefs by reviewing the developmental theory of parenting.

Developmental Theory of Parenting

The notion that parenthood is a developmental phase was first put forward by Psychoanalytic theorists (Benedek, 1958). The birth of a child was thought to re-evoke past preverbal memories in the mother of her own early intrapsychic conflicts that get played out in her interaction with her child and hence further the development of her ego. However, the concept that parents go through developmental stages has been largely ignored in the literature. One of the few theories on parental development was proposed by Galinsky (1981), who suggested that parents go through six developmental stages, beginning with the "image-making stage" during pregnancy when the parent prepares for the future arrival, and ending with the "departure stage" when the teenager leaves home and the parent has to deal with issues of physical as well as psychological distancing. In spite of the dearth of research, there seems to be an acknowledgement that parents do indeed go through developmental phases (e.g. Wapner, 1993). Some support for this premise comes from research carried out on the transition to parenthood and on adolescent parents. Cowan, Cowan, Heming, Garrett, Coysh, Curtis-Boles & Boles (1985) carried out a study that examined the impact of parenthood in terms of the marital relationship, self-esteem and parenting attitudes between first time parents and childless couples that were followed up 18 months postpartum. They found

that parents' self-descriptions differed postpartum with fathers reporting an increased sense of self while mothers experienced the reverse. Self-esteem remained stable for the control group. Other changes noted with first-time parents included taking on more traditional roles, a noticeable decline in role satisfaction and increasing levels of conflict, while childless couples reported equal sharing of household tasks and decreasing levels of conflict. However, first time parents were observed to display more child-centred attitudes while childless couples showed an increase in levels of controlling parenting attitudes.

The suggestion that parental beliefs develop over time comes from research on adolescent parents and the concept of cognitive readiness, defined as "being attitudinally predisposed to being a parent, knowing how children develop and understanding what constitutes appropriate parenting practices" (Sommer, Whitman, Borkowski, Schellenbach, Maxwell & Keogh, 1993, p. 389). Sommer et al (1993) examined cognitive readiness by measuring child development knowledge, parenting style and parenting attitudes across pregnant and nonpregnant adolescents and pregnant adults. The authors found that pregnant adults scored higher on all measures than did pregnant adolescents, and that this difference was maintained postpartum. While pregnant adolescents were found to score higher on parenting attitudes than nonpregnant adolescents. Differences were also noted on maternal-infant interaction between the groups with adolescents found to be less positive in their interactions based on results from the authors' own rating scale. However when the researchers applied a published measure, they found no differences between the groups. In a three

year follow-up study, Miller, Miceli, Whitman & Borkowski (1996) examined cognitive readiness pre- and postnatally among 70 adolescent mothers. They found variability within the group and that higher levels of prenatal cognitive readiness correlated with positive postnatal perceptions of maternal roles.

Conclusions

The research literature on parental cognitions suggests that parents' ideas are likely to change as the child develops (Goodnow, 1988). Certainly, parents' beliefs have been shown to change from one generation to the next (Youniss, 1994). Adolescent parents have been found to differ from adult mothers in terms of their developmental expectations (Baranowski, et al, 1990; Stoiber & Houghton, 1994). Although it is tempting to conclude that adolescent research indicates that parental beliefs change, caution must be drawn in that the results that have been reported above may be attributable to the adolescents' developmental level rather than as evidence that parental beliefs are transient. Consequently, more research is needed to substantiate developmental theories as well as to explore what cognitions do change as the parent develops their parenting skills in relation to their developing child.

Clinical Implications of Research on Parental Cognitions

The research studies cited above demonstrate that parents differ in terms of their beliefs. They have also shown that such beliefs are related to parenting behaviour and that this in turn may have an effect on the child's development. Therefore, it is important that future clinical practice incorporates an examination of parental

cognitions in any parent intervention. For example, parents of noncompliant children are thought to have a cognitive set that anticipates their children to be more aggressive and that then acts as a filter through which all child behaviour is interpreted (Mash & Johnston, 1990). Already, therapeutic work with nonoffending parents of sexually abused children includes a treatment programme that specifically looks at identification and challenging of parents' dysfunctional thoughts (Deblinger & Heflin, 1996). Cognitive Behavioural Therapy, however, is only beginning to be considered in work with abusive parents and with parents of aggressive adolescents (Stern & Azar, 1998). Research on parental cognitions suggests that an examination of such beliefs may benefit parent training, particularly as parents' expectations and attributions can affect therapeutic engagement (Prinz & Miller, 1996). On the other hand, given that research on parental cognition is still in its infancy the directions for clinical practice remain unclear. Until we understand more about the role of parental cognition it is difficult to draw up treatment programmes. Also, it is uncertain what beliefs are modifiable. Should interventions target self-efficacy, expectations or perspective taking, while at the same time being aware of cross-cultural and intergenerational beliefs or should we focus on the beliefs held at each developmental stage of parenting? Finally, there is the question of monitoring clinical effectiveness. If parental cognitions are incorporated into parent training programmes we need to be able to measure outcomes. This brings us to the problem of quantification that is discussed in the next section.

Research Implications

The recent interest in parental cognition has produced a variety of studies looking at different aspects of parental beliefs. In spite of this enthusiasm there is a notable absence of a conceptual model of parental beliefs in which to ground these studies. Similar to the criticisms aimed at research on parental attitudes, the term "belief" is frequently referred to but lacks adequate operational definition. Beck's (1964) cognitive model provides a framework for studying beliefs and identifies three levels of thinking; core beliefs (fundamental beliefs about oneself and the world in general that are largely unconscious), dysfunctional attitudes (rigid rules or assumptions that are developed from core beliefs) and cognitions (automatic thoughts and images that are conscious and hence amenable to change). Perhaps researchers need to explore each of these levels of thinking in parents.

Once we have a clear definition of parental beliefs and a framework from which research can be guided, the next question is how do we measure beliefs. As Holden & Edwards (1989) have pointed out, existing parenting measures are riddled with psychometric difficulties. In addition they do not take account of the interactive nature of parenting, such as the influence of a child's characteristics upon the parent's thinking. Variables such as the child's age and temperament are not captured by questionnaires. Instead, Holden & Edwards (1989) recommend that future study needs to consider alternative methods of measurement such as the use of computers or videos that can be used to provide more realistic interaction and hence more spontaneous

responses. In addition, future research on parental cognition needs to control for SES, a factor that is often ignored in current studies and yet we know SES has a significant impact upon parenting.

Finally, not only are there problems with conceptual models of beliefs and measurement but there is a serious question raised by McGillicuddy-De Lisi & Sigel (1995) regarding the appropriateness of the research paradigm. In other words is parental cognition best studied by quantitative or qualitative methods. This in itself evokes controversy and questions are raised regarding the reliability and validity of data. In addition, the majority of research on parental beliefs is correlational. We still do not know what role parental beliefs play in parenting nor do we know much about fathers' beliefs. Therefore, the challenge is for researchers to consider designs that take account of these issues. In doing so, parenting models can then be developed and targets for clinical intervention identified as we learn about what factors maintain inappropriate parenting behaviour. Consequently, we can begin to steer towards a more comprehensive view of parenting.

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Investigating Parental Cognitions About Parenting: Are There Differences Between Clinical and Nonclinical Groups?

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INVESTIGATING PARENTAL COGNITIONS ABOUT PARENTING: ARE THERE DIFFERENCES BETWEEN CLINICAL AND NONCLINICAL GROUPS?

ABSTRACT

Problems with parent training programmes, such as high attrition rates and poor skills maintenance, suggest that this approach is inadequate. Recent research has highlighted that parental beliefs may impact upon parenting but methodological difficulties have made it difficult to draw conclusions. The present study aimed to explore the range of parental cognitions in relation to child behaviour between three groups of parents; a clinical group (N=24), a middle class control group (N=24) and a working class control group (N=24). It was hypothesised that the clinical group would have significantly more negative cognitions than controls, that they would have a greater number of dysfunctional attitudes and would be less able to take a child-centred perspective. Results indicated that hypotheses were partially supported. In addition, the clinical group was found to have higher negative belief ratings. Recommendations are made for targeting parental beliefs in future parenting interventions.

KEY WORDS: parental cognition; parent training; dysfunctional attitudes; perspective-taking

INTRODUCTION

Early parenting models (e.g. Patterson, 1976) were devised in an attempt to explain antisocial behaviour in children. These models are based on Behaviour theory in that child misconduct is conceived to be the outcome of parental antecedents and consequences. According to Patterson (1976), if a parent gives a child a command and then withdraws it following the child's protests, then the child is negatively reinforced for their behaviour. Similarly, if a parent responds to a child's inappropriate behaviour by yelling or hitting, and the child responds by increased aversive behaviour, the parent in turn may become increasingly coercive until the child complies. In this way, the parent is negatively reinforced for their behaviour. The consequence of this reciprocal aversive cycle is that both parties are reinforced for their behaviour and the child learns that relationships are ultimately based on coercion. This conceptual framework has since led to the development of parent training programmes as a clinical intervention for treating families who have a preadolescent child exhibiting conduct problems, in which parents become the target for change (e.g. Forehand & McMahon, 1981; Patterson, Reid, Jones & Conger, 1975; Webster-Stratton, 1996).

Although parent training programmes have become popular interventions for treating childhood aggression, to the extent that they have been hailed as "one of the more promising treatments for conduct disorders" (Kazdin, 1987, p.191), reviews (Rogers Wiese, 1992; Todres & Bunston, 1993) suggest otherwise and point to methodological difficulties in outcome studies that bias results. In addition, a more

elusive problem with parent training is high attrition rates (as much as one-third of parents, Forehand, Middlebrook, Rogers & Steffe, 1983), although this figure may be higher as drop-out rates are often underreported in research studies. Finally, poor skills maintenance is another difficulty. Long-term follow-up studies indicate that change is sustained in only half of the families that had completed treatment (Eyberg, Edwards, Boggs & Foote, 1998). Studies that have examined predictors of treatment effectiveness have found that socioeconomic status (SES) and marital status can impede outcomes, although the variance is small, suggesting the role of other predictors (Webster-Stratton & Hammond, 1990). Spoth, Redmond, Haggerty & Ward (1995), for example, found that parents' expressed readiness for parenting change as well as maternal self-efficacy were significant predictors of positive outcome. In conclusion, problems with engagement, high attrition and poor skills maintenance suggest that Behavioural conceptualisations of parenting are insufficient in explaining parenting behaviour, and point to the need to take account of potential individual differences.

Research examining parenting differences has found that clinical groups hold different attitudes and attributions towards their children than nonpatient controls. Both depressed parents (Milgrom & McCloud, 1996) and abusive parents (Mash, Johnston & Kovitz, 1983) perceive their children as being more difficult compared to controls to the extent that these attitudes appear to be manifested in their parenting behaviour. Depressed parents perceive themselves as having low self-efficacy (Gross, Conrad, Fogg & Wothke, 1994) and hold negative perceptions of their children's social competence and adjustment (Fergusson, Horwood, Gretten & Shannon, 1985). In

addition, depressed mothers have been observed to be insensitive, inconsistent and disengaged with their children (Cummings & Davies, 1994). Physically abusive parents have been found to have poor problem solving skills (Robyn & Fremouw, 1996), as well as an externalizing attributional style in that they are less likely to hold themselves responsible for unsuccessful interactions with their children (Bradley & Peters, 1991). They tend to report less satisfaction with their children (Trickett & Susman, 1988) and attribute more behavioural difficulties to their child (Mash, Johnston & Kovitz, 1983). Finally, physically abusive parents are less likely to reason with a child and tend to resort to spanking and material punishment (Trickett & Susman, 1988).

The outcome of this research has led to the refinement of parenting models to include "parenting characteristics" as an important variable in parenting behaviour (e.g. Belsky's 1984 model). However, attitudinal and attributional research have been criticised for the use of inadequate questionnaires that lack reliability and validity and that use single statements for testing complex attitudes (Holden & Edwards, 1989). In addition, research has found that there is huge variability within clinical groups that suggest that attitudinal research does not fully account for parenting behaviour. For example, more than half of the depressed mothers in Teti, Gelfand & Pompa's (1990) study displayed sensitive parenting behaviour. Similarly, Bugental, Blue & Cruzcosa (1989) found variability with their sample of abusive parents, and reported that self-perceived control rather than abuse predicted more coercive discipline. In conclusion, research examining parental attitudes and attributions has shown that clinical groups differ from controls in the way that they perceive their children and their own parenting

ability. The heterogeneity of beliefs within clinical groups suggests that a parent's beliefs may predict parenting behaviour.

Since the mid-1980s, interest has slowly emerged on researching parental beliefs partly due to the cognitive zeitgeist following the launch of Beck's 1964 cognitive model. Studies carried out to date are largely diverse and can be broadly broken down into parental expectations (Stoiber & Houghton, 1994), self-efficacy (Bugental, Blue & Cruzcosa, 1989), perspective taking (Sameroff & Feil, 1985) and cross-cultural beliefs (Dumka, Stoerzinger, Jackson & Roosa, 1996). Relatively few studies have attempted to make links between parental beliefs and parenting behaviour (Mills & Rubin, 1990). Reviews of research on parental cognition (Grusec, Rudy & Martini, 1997; McGillicuddy-De Lisi & Sigel, 1995; Miller, 1988) have highlighted that in spite of the diversity of studies, the results have not been promising. One of the main difficulties with this research is the notable absence of a conceptual model in which to ground these studies. This is highlighted by the confusion surrounding the term "belief". The lack of operational definitions has meant that this term has been used to refer to attitudes, intentions, ideas, perceptions and knowledge. In addition, there are problems in measuring beliefs as researchers have either relied on past attitudinal measures which are compounded by psychometric difficulties (Holden & Edwards, 1989) or have developed new measures that lack reliability and validity.

Research on parental cognition is also hindered by a failure to take into account the interactive nature of parenting such as the child's influence on parental beliefs (e.g.

temperament, behaviour) as well as developmental aspects such as the changing nature of parenting skills in response to a developing child. Finally, these studies have neglected to control for SES effects such that findings may be attributable to class differences rather than varying belief systems. Hoff-Ginsberg & Tardif's (1995) review of SES highlights that communication style varies according to social class and that this is reflected in parenting styles. Middle class mothers are often highly verbal and tend to deal with inappropriate behaviour through lengthy discussions with the child. On the other hand, working class mothers have been found to speak less to their children and favour greater use of physical discipline.

In spite of the shortcomings of research on parental cognition, these studies indicate that parental beliefs can account for some of the differences in parenting behaviour across groups. However, our current understanding of parental cognitions is limited by the restrictive range and focus of cognitions reported to date. This is due to the fact that cognitive researchers have neglected the topic of parenting, even though parenting beliefs ".....may constitute a uniquely complex class of social cognition" (Holden & Edwards, 1989, p.47). The present study, therefore, provides a unique attempt to gain a broader understanding of the nature of parental cognitions about parenting and turns to Beck's (1964) cognitive model as a frame of reference. According to Beck (1964), cognitions are defined as automatic thoughts or images that are amenable to the person's awareness. Beck (1964) initially claimed that negative cognitions are involved in the development and maintenance of depression but has since expanded his earlier model to propose that negative cognitions underline

psychopathology in general (Beck, 1976). The present study asks the question whether a clinical group of parents who are known to have serious parenting difficulties would have more negative cognitions than controls. This study attempts to address some of the weaknesses outlined above by controlling for SES and by using video rather than questionnaires in order to provide more realistic parenting scenes, as well as highlight the interactive nature of parenting (i.e. the impact of child characteristics on the parent's behaviour).

As research on parenting attitudes has shown that clinical groups hold more negative attitudes regarding their children and parenting ability, the present study will examine whether clinical groups have more dysfunctional attitudes than control groups. Dysfunctional attitudes have been defined as a set of rigid rules that govern a person's behaviour but are dysfunctional in the sense that they are excessive and interfere with the person's day to day functioning and can increase vulnerability to depression (Beck, Rush, Shaw & Emery, 1979). Finally, this study will examine a third level of thinking; that is the ability to take a child-centred perspective. Perspective taking is considered to be a critical aspect of parenting as it involves being able to recognise as well as meet a child's needs. This may involve cognitive shifts in that it requires moving away from a state of self-preoccupation to understanding situations from the child's point of view. Perspective taking has been found to be associated with more sensitive parenting behaviour (Landry, Garner, Swank & Baldwin, 1996), a warm and less restrictive parenting style (Miller-Loncar, Landry, Smith & Swank, 1997) and higher levels of responsiveness (Gondoli & Silverberg, 1997). The present study will look at whether

the clinical group would be less able to take a child centred perspective compared to controls.

In summary, the present study consists of two aims. Firstly, to explore the range of parental cognitions in relation to child behaviour. Secondly, to investigate whether there are differences in parental cognitions between a clinical group of parents and nonpatient controls (middle class and working class groups). The second aim will specifically examine the following hypotheses: (1) that the clinical group have a significantly greater number of negative cognitions and significantly fewer positive cognitions than controls; (2) that the clinical group have a significantly greater number of dysfunctional attitudes than controls; and (3) that the clinical group is less able to take a child-centred perspective compared to controls.

METHOD

Participants

Seventy-two parents volunteered to take part in this study and comprised three groups; a clinical group of parents who were experiencing parenting difficulties (N=24), a working class control group (N=24), and a middle class control group (N=24). Parents were included if they had a child between the ages of 2 years and 8 years. Exclusion criteria ruled out parents who were currently going through child care proceedings or parents who had a learning disability. The clinical group was recruited through local Social Services' family centres. This was a clinically diverse group that consisted of parents who had been referred to family centres by Social Workers and

Health Visitors for a broad range of parenting difficulties (e.g. child management, hygiene, safety, developmental delay). This group also included parents whose parenting was significantly impaired due to their own mental health problems (e.g. postnatal depression) or social isolation. This group consisted of 19 mothers and 5 fathers (mean age = 26.21 years, S.D. = 4.86, range 17 yrs – 41 yrs). 11 parents were married and 13 were single. Socioeconomic status was measured by Hollingshead's Two Factor Index (Miller, 1977) and ranged from class IV to class V. The mean age of their children was 4.53 years (S.D. = 4.06, range = 4 months - 18 years). Control groups were recruited through local schools. The working class control group consisted of 24 mothers (mean age = 31.63 years, S.D. = 5.19, range 22 yrs – 42 yrs). 8 parents were married and 16 were single. SES ranged from class III to class V. The mean age of their children was 7.12 years (S.D. = 4.71, range = 9 months – 19 years). The middle class control group comprised 21 mothers and 3 fathers (mean age = 36.75 yrs, S.D. = 4.35, range = 26 yrs – 46 yrs). 22 parents were married and 2 were single. SES ranged from class I to class III. The mean age of their children was 7.12 years (S.D. = 4.26, range= 4 months – 19 years).

Measures

Thoughts: Thoughts were measured on two levels. Firstly by speaking thoughts out aloud and recording them onto a tape recorder. Secondly by measuring frequency of thoughts and belief ratings via a Thoughts Checklist designed by the researcher.

(a) Spoken Thoughts: Each participant was shown four clips from a parent education video, "Getting Through the Day: A Survival Guide for Parents" (Carlton Television, 1995). Two clips depicted scenes in which the parent displayed inappropriate behaviour towards the child, while the other two clips depicted positive parenting scenes. An inappropriate parenting clip was played first and was followed by a positive parenting clip. Participants' responses to the video clips were tape recorded and verbatim transcripts then made. Data were analysed according to a two step procedure outlined by Davison, Robins & Johnson (1983). Firstly, transcripts were broken down into "idea units" that were defined as a discrete idea or thought which is as small as possible while not distorting the intention of the speaker. Secondly, idea units were then categorised in terms of evaluative thoughts, thoughts about child management and miscellaneous thoughts (appendix 1). Inter-rater reliability was assessed at each stage by a Clinical Psychologist who rated 25% of total transcripts and was calculated by using Cohen's kappa (Cohen, 1960) in order to correct for chance agreement. Kappa coefficients for stage 1 inter-reliability of the idea units on each scenario were as follows; scenario 1 (mean = 0.82, range 0.75-0.94), scenario 2 (mean = 0.86, range 0.76-0.94), scenario 3 (mean = 0.80, range 0.70-0.89), scenario 4 (mean = 0.79, range 0.74-0.86). Kappa coefficients for stage 2 inter-reliability of the categories were as follows; scenario 1 (mean = 0.75, range 0.68-0.94), scenario 2 (mean = 0.83, range 0.74-0.93), scenario 3 (mean = 0.84, range 0.73-0.93), scenario 4 (mean = 0.88, range = 0.72-0.93).

(b) Parental Thoughts Checklist (appendix 2): This consisted of 11 negative and 7 positive thoughts that were selected on the basis of clinical intuition. Each thought was rated on a 5 point scale for frequency (1= thought never occurred – 5 = thought occurred all the time) and belief (0= "I did not believe this thought at all" – 100 "I was completely convinced that this thought was true"). Face validity was assessed by two Clinical Psychologists.

Brief Symptom Inventory (BSI; Derogatis, 1993). The BSI is a 53 item self-report inventory of psychological symptoms that has been designed to reflect psychological profiles of psychiatric and community nonpatients. Each item is rated on a five point scale of distress ranging from "not at all" to "extremely". The BSI is scored in terms of nine primary symptom dimensions and three global indices of distress of which the Global Severity Index (GSI) is the most sensitive indicator of a respondent's distress level. Norms are provided for adult psychiatric outpatients and inpatients, adult nonpatients and adolescent nonpatients. Reliability and validity of the BSI has been found to be high. Internal consistency (range .71-.85), test-retest reliability (range .68-.91 on symptom dimensions, .90 on GSI; Derogatis, 1993).

Concepts of Development Questionnaire (CODQ; Sameroff & Feil, 1985): The CODQ is a 20 item questionnaire that is designed to screen for child- versus parent-centred perspective taking,. Items are rated on a 4 point scale (4 = strongly agree; 1 = strongly disagree) and include categorical items (whereby parents attribute behaviour to the child's traits) and compensating-perspectivistic items (when parents consider situations

from the child's perspective by taking account of environmental influences). A total mean score is produced by adding the amount of agreement to compensating-perspectivistic items and the amount of disagreement to categorical items and then dividing by the total number of items. High scores indicate a more child-centred perspective. Internal consistency is 0.82 (Sameroff & Feil, 1985). Predictive validity has been tested in past studies that have demonstrated relationships between parents' CODQ scores and their children's cognitive development (Sameroff & Feil, 1985) and between CODQ scores and parents' facilitative attention-directing behaviour (Landry et al, 1996).

Dysfunctional Attitudes Scale – Form A (DAS; Weissman & Beck, 1978): The DAS is a 40 item questionnaire designed to measure maladaptive beliefs, including implicit rules for self-acceptance and rigid expectations regarding how others should act, that were originally conceived as being characteristic of depression but since considered to underly psychopathology in general (Beck, Brown, Steer & Weissman, 1991; Hill, Oei & Hill, 1989). Items are rated on a 7 point scale (1= disagree totally to 7= agree totally) and a total score is derived by summing the items, yielding a range of scores from 40 to 280. High scores are indicative of more dysfunctional attitudes. The DAS has established stability (internal consistency 0.93; test-retest reliability 0.84 over 8 week period, Weissman & Beck, 1978) and concurrent validity (Dobson & Breiter, 1983; Eaves & Rush, 1984).

Parenting Stress Index (PSI; Abidin, 1990): The PSI is a 120 item questionnaire designed as a screening tool to measure the magnitude of stress in the parent-child system. Items are rated on a 5 point scale ranging from "strongly agree" to "strongly disagree". The PSI is broken down into two categories, Child Domain and Parent Domain. The Child Domain consists of 6 subscales that measure a variety of children's characteristics that are associated with parenting stress. Similarly, the Parent Domain examines parental characteristics associated with parenting stress and consists of 7 subscales. A total Parenting Stress score is derived by adding the scores from the Child and Parent Domains. The PSI has been demonstrated to be a highly reliable and valid measure, internal consistency of total stress score is 0.95, test-retest reliability over 3 months 0.96 (Abidin, 1990).

Procedure

Local ethical approval as well as University ethical approval was sought prior to conducting the study (appendix 3). Participants were then recruited and seen individually by the researcher. On arrival they read an information sheet and signed a consent form (appendix 4). Participants were then given the following instructions prior to the video being shown. These were as follows:-

"After each clip, I want you to say out loud all the thoughts that went through your mind while you were watching the video, no matter how silly you may feel. It's important that we get an honest picture about what a parent thinks. Remember that this is completely anonymous so please talk freely and give plenty of detail. Then answer

the following questions (1) If you were the parent in that situation what thoughts would be going through your mind? (2) What would you do in that situation?"

A written copy of these instructions was left with the participant. The researcher stayed with the participant while the video was being played and then vacated the room leaving a Sony cassette recorder running to record the participant's thoughts. Participants were given two minutes per clip to record their responses. Next, the participant was given questionnaires to complete in the following order, BSI, Parental Thoughts Checklist, CODQ, DAS and PSI. Following this participants were debriefed and given a chance to ask questions about the study.

RESULTS

Participant Characteristics

Each group's mean score on the BSI and PSI are shown in Table 1. As the BSI failed the Kolmogorov-Smirnov test for normal distribution, the data was transformed using the square root transformation. One-way ANOVAs were used to compare the groups. Table 1 shows that the clinical group reported significantly higher levels of psychological distress and parenting stress than controls.

Insert Table 1 about here

Hypothesis Testing

Spoken Thoughts: Evaluative thoughts are presented in Table 2.1. Mean scores have been computed for inappropriate parenting and positive parenting clips. As the total number of thoughts varied considerably between the groups, proportion scores were calculated for each variable. Since the data were not normally distributed, the Kruskal-Wallis test was used to compare the means of each group. The Bonferroni method was applied to control for Type I error such that statistical significance was examined at $p<0.01$. The Kruskal-Wallis test showed significant group effects for inappropriate parenting clips. These included, positive evaluative thoughts about the parent [Chi-square = 12.44; df = 2; $p<0.01$]; positive evaluative thoughts about the child [Chi-square = 10.58; df = 2; $p<0.01$]; and negative evaluative thoughts about the parent-child relationship [Chi-square = 8.34; df = 2; $p<0.01$]. No significant differences were found for the positive parenting clips. In order to explore the source of these group effects, Mann-Whitney tests were used. The results indicated that the middle class control group had significantly more positive evaluative thoughts about the parent than the clinical or working class control groups ($z=0.47$); that the middle class group had more positive thoughts about the child than either the clinical or working class groups ($z=2.33$); and that the middle class group had more negative thoughts about the parent-child relationship than clinical or working class groups ($z=2.07$).

Insert Table 2.1 about here

Thoughts Checklist: Table 2.2 displays the means for each group for thought frequency and belief ratings. The Kruskal-Wallis test was used to compare group means. A significant group effect was found for frequency of negative thoughts and for negative belief ratings. Mann-Whitney tests showed that the middle class group significantly differed from both the clinical and working class groups in that this group had fewer negative thoughts. No differences were found between the clinical and working class control group. The clinical group was found to differ significantly from both the middle class and working class controls on negative belief ratings. No differences were found between the control groups.

Insert Table 2.2 about here

Dysfunctional Attitudes: The Kolmogorov-Smirnov test indicated that the DAS was normally distributed. A one-way ANOVA was used to compare group means (Table 3). Planned contrasts showed a significant difference between the clinical group and working class control group. No significant differences were found between the clinical group and middle class control or between the middle class and working class controls.

Perspective-Taking: The Kolmogorov-Smirnov test showed that the CODQ was normally distributed. A one-way ANOVA was used to compare group means (Table 3). Planned contrasts showed a significant difference between the clinical group and middle class control group. No significant differences were found between the clinical group

and working class control or between the middle class and working class control groups.

Insert Table 3 about here

Exploratory Data Analysis

Table 4 displays the range of parental cognitions in response to the video clips. These cognitions have been categorised as miscellaneous thoughts and thoughts about child management. Given the large number of cognitions that have been generated and the subsequent likelihood of making a Type I error, analysis of this data must remain exploratory. Kruskal-Wallis tests were used to compare the means of the groups and group effects were explored by Mann-Whitney tests. Results indicated that there were group differences on a number of variables. The clinical group appeared to differ from both control groups on "safety". It was considered that an explanation for this difference may be due to high anxiety levels within the clinical group. A one-way ANOVA indicated a significant group effect on the anxiety subscale of the BSI [$F(2, 69) = 5.72$; $p<0.005$]. Tukey tests showed that the clinical group had significantly higher levels of anxiety than either the middle class or working class controls. The clinical group also appeared to differ from controls on "expectations" (see appendix 1 for definition of this category). One possible explanation for this result is that the clinical group were less able to identify parenting strategies and so tended to make more assumptions about their own parenting behaviour.

Finally, SES differences between the groups seemed to emerge. The middle class control group seemed to differ from both the clinical and working class groups on child management strategies. In particular, the middle class group appeared to use more rationalisation and less restraint. The middle class group were also found to have more thoughts on the "situation" category.

Insert Table 4 about here

Summary of Results

Both the clinical group and working class control group were found to have significantly more negative thoughts and fewer positive thoughts than the middle class control group. These findings suggest SES differences. On the other hand, the clinical group was found to differ from the working class control group in that they had higher negative belief ratings. In other words, the clinical group was found to believe in their negative thoughts compared to the working class control group. This suggests that this finding is not attributable to SES differences but is specific to the clinical group.

DISCUSSION

The aims of this study were twofold. Firstly, to explore the range of parental cognitions in relation to child behaviour. Secondly to investigate whether there were differences in parental cognitions between a clinical group of parents and nonpatient controls. A wide range of cognitions were generated following video clips that depicted

positive and inappropriate parenting scenes. These cognitions were then categorised in terms of evaluative thoughts, thoughts about child management and miscellaneous thoughts. Evaluative thoughts were then used to test one-tailed hypotheses. Firstly, it was hypothesised that the clinical group would have significantly more negative cognitions and significantly fewer positive cognitions than controls. Results indicated that this hypothesis was partially supported. The clinical group was found to differ from the middle class group in that they had fewer positive thoughts about the parent and fewer positive thoughts about the child. This finding supports past research that has found that clinical groups have fewer positive attitudes about their children as well as their own parenting ability compared to controls (Mash et al, 1983; Milgrom & McCloud, 1996).

On the other hand, no differences were found between the clinical group and working class control group on frequency of positive thoughts that suggests that there may be SES differences. Past research has consistently shown that communication style varies according to SES with middle class parents observed as being more verbal than working class parents (Hoff-Ginsberg & Tardif, 1995). Indeed, the middle class group was found to generate more thoughts than either the working class control or clinical group. Therefore the finding that the clinical group had fewer positive thoughts than the middle class group may be attributable to SES differences, although this study attempted to control for this by calculating proportion scores on the evaluative thought categories. Alternatively, the fact that the middle class group had more positive thoughts may be explained in the light of recent research that has found that positive

cognitions may act as stress buffers (Lightsey, 1994). Indeed, the middle class group was found to have the lowest levels of parenting stress, although this explanation is speculative as little is known about the role of positive cognitions.

Surprisingly, with regard to negative thought frequency, no differences emerged between the groups, with the exception that the clinical group was found to have fewer negative thoughts about the parent-child relationship than the middle class group. This result was contrary to the hypothesis. One possible explanation for this finding is that the middle class group may have been more critical about the parent-child relationship in the video because the video clips focused on obedience and child noncompliance. Research has shown that parenting values differ according to SES. Working class parents have been found to value conformity and obedience while middle class parents tend to encourage independence in children (Kohn, 1969; Luster, Rhoades & Haas, 1989). Therefore, both the working class and clinical groups may have had fewer negative thoughts about the parent-child relationship than the middle class group as the video clips were more congruent with their beliefs. Indeed, analysis of the Thoughts Checklist shows that the middle class group had fewer negative thoughts about their own parenting than both the clinical and working class control groups. In conclusion, it appears that the clinical and working class groups have more negative thoughts and fewer positive thoughts than the middle class group. However, when belief ratings on the Thoughts Checklist were examined, the clinical group was found to have higher negative belief ratings than both control groups. In other words, the clinical group tended to believe their negative thoughts more than either control group. This finding

lends support to past research on parental beliefs that has found that clinical groups differ from controls in terms of their beliefs in their own parenting abilities (Bugental et al, 1989).

The second hypothesis stated that the clinical group would have a significantly greater number of dysfunctional attitudes than controls. Results indicated that this hypothesis was partially supported in that the clinical group had a significantly greater number of dysfunctional attitudes compared to the working class control group. The failure to find a significant difference between the clinical group and middle class group suggests that the middle class group may have been more depressed than the working class group, given that high levels of dysfunctional attitudes can increase vulnerability to depression (Beck et al, 1979). However, an examination of the depression subscale on the BSI yielded no significant differences between the middle class and working class controls. One notable finding on the BSI was that the middle class group had significantly higher ratings on the interpersonal sensitivity subscale than the working class group. This subscale measures feelings of personal inadequacy and inferiority, particularly in comparison with others (Derogatis, 1993). This finding, therefore, may explain why the middle class group had high scores on the DAS. Beliefs of self-doubt and self-deprecation suggest the presence of rigid rules that are characteristic of dysfunctional attitudes. A recent factor analytic study of the DAS (Beck et al, 1991) has reported nine factors as follows; vulnerability, need for approval, success-perfectionism, need to please others, imperatives, need to impress, avoidance of appearing weak, control over emotions and disapproval-dependence. Given the findings from the present

study that the middle class group had high levels of dysfunctional attitudes, further exploration of these dimensions would facilitate understanding of the types of dysfunctional attitudes that are characteristic of this group.

The third hypothesis predicted that the clinical group would be less able to take a child centred perspective compared to controls. Results provided partial support for this hypothesis in that the clinical group was found to have lower levels of perspective taking than the middle class group. This finding supports past research that has found that clinical groups are less able to take a child centred perspective than nonclinical groups (Weissman & Paykel, 1974). However, no differences were found between the clinical and working class groups on levels of perspective taking. This raises questions regarding why it is the clinical group rather than the working class group that has come to the attention of Social Services, particularly as low levels of perspective taking have been associated with less sensitive parenting behaviour (Landry et al, 1996). However, research has shown that emotional distress is also associated with poor perspective taking and low levels of parental responsiveness (Gondoli & Silverberg, 1997). The fact that the clinical group had significantly higher ratings of psychological distress than the working class control may have further impacted on their parenting behaviour and hence precipitated the involvement of Social Services.

Exploratory data analysis suggests that differences in child management strategies are associated with SES effects. The middle class group was found to favour rationalisation while the clinical and working class controls reported greater use of

restraint. These findings supported previous studies that have found that parenting style differs between social classes (Hoff-Ginsberg & Tardif, 1995). Differences noted on the "situation" category also suggests SES effects as the middle class group tended to make more comments about what was happening in the video. This finding supports the research mentioned earlier that communication style varies according to SES. Finally, the clinical group was found to have more thoughts about "safety" than both control groups. One possible explanation for this finding may be due to high levels of anxiety as a result of being in contact with Social Services. Indeed, examination of group differences on the anxiety subscale of the BSI showed that the clinical group had significantly higher anxiety levels than controls. The clinical group was also found to have higher ratings on the "expectations" category than both controls. This finding may be due to the clinical group having less knowledge about how to handle typical parenting situations and so had a greater tendency to make more assumptions about how they would handle the situation.

The finding that the clinical group of parents believed their negative thoughts more than controls has treatment implications. The problems outlined in the introduction with parent training suggest that Behavioural approaches do not produce successful long-term outcomes. Studies examining predictors of positive outcome in parent training programmes have found that self-efficacy beliefs can impact upon treatment effectiveness (Spoth et al, 1995). Consideration of these findings suggests that parental beliefs may need to be explored in future work with parents. Indeed, strongly held beliefs in one's negative thoughts may indicate the presence of thinking errors that

could be targeted by including Cognitive Behavioural Therapy (CBT) in parent training. Support for this suggestion comes from Spaccarelli, Cotler & Penman (1992) who found that the inclusion of problem-solving skills and thought challenging in their parent training programme resulted in significant changes in parents' perceptions of their children as well as in their attitudes towards their parental role.

Further, Miller & Prinz (1990) have suggested that examining a parent's expectations prior to commencing treatment may help overcome problems surrounding engagement of parents. In conclusion, it appears that theoretical models of parenting and parent training programmes need to consider parents' beliefs. The importance of including parental cognitions in treatment programmes is only beginning to be recognised. Stern & Azar (1998) reported including CBT in their work with abusive parents and with parents of aggressive adolescents. CBT has also been reported in therapeutic work with nonoffending parents of sexually abused children involving the identification and challenging of parents' dysfunctional thoughts (Deblinger & Heflin, 1996). More recently, parental cognitions have been considered to play an important part in infant sleep problems (Morrell, 1999).

Although this study has provided new data on the range of parental cognitions, there are limitations with this research that need to addressed. For example, both the clinical and middle class groups included a small proportion of fathers in their samples but the working class group did not due to recruitment difficulties. Therefore, gender effects could not be analysed so it remains unclear whether the differences that have

been reported apply to both mothers and fathers, or whether they apply to mothers only. Another difficulty with the groups lies with the fact that the majority of the middle class group was married compared to the clinical and working class control groups. Research has shown that not only SES but also marital status can affect parenting outcomes (Webster-Stratton & Hammond, 1990). Therefore, although this study took account of SES influences, the failure to control for marital status could have impacted upon results. The samples in this study included a mixture of first-time parents as well as parents who had children ranging from toddlers to adolescents. Developmental theory suggests that parenting skills are likely to change in response to the needs of the developing child as well as experience gained over time (Wapner, 1993). The failure of this study to take account of this developmental aspect may also have had an impact upon results as it is likely that parenting skills would have ranged widely given that many of the parents were at different developmental stages.

In spite of these shortcomings, this research has laid the foundations for future study by this preliminary analysis of parental cognitions. The extensive range of cognitions that have been found suggest that initial attempts at model building (e.g. Johnston's 1996 CBT model of parenting) are premature and that further investigation of these cognitions is warranted. The finding that the clinical group had a greater belief in their negative thoughts suggests that consideration of a parent's beliefs needs to be into account when designing interventions. Finally, there are implications for future research regarding measurement of parental cognitions. As the results have highlighted, the clinical group did not differ from the working class control when thought frequency

was looked at. However, when belief ratings were applied, significant differences did emerge. This finding raises questions about the appropriateness of Davison et al's (1983) approach to measuring cognition, as it only examines thought frequency. Therefore, future research would need to consider carefully measurement issues as well as the need to control for the variables that have been mentioned above that are known to influence parenting behaviour.

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Table 1. Participant Characteristics

Variable	Clinical Group	Middle Class Control	Working Class Control	F
BSI				
GSI	0.91^{a}	0.37^{b}	0.32^{b}	10.46*
Somatisation	0.58^{a}	0.19^{b}	0.13^{b}	5.73**
Obsessive-Compulsive	1.02	0.74	0.58	2.30
Interpersonal Sensitivity	0.88^{a}	0.36^{a}	0.17^{b}	7.26***
Depression	0.77^{a}	0.24^{b}	0.22^{b}	5.59**
Anxiety	0.77^{a}	0.28^{b}	0.26^{b}	5.71**
Hostility	0.81	0.36	0.45	2.76
Phobic Anxiety	0.42^{a}	0.01^{b}	0.06^{b}	10.74***
Paranoid Ideation	1.23^{a}	0.34^{b}	0.34^{b}	11.17***
Psychoticism	0.56^{a}	0.11^{b}	0.06^{b}	10.47***
PSI (total score)	307.96^{a}	216.67^{b}	235.58^{b}	44.14*

*p<0.05, ** p<0.01, *** p< 0.001

Note: Means which share the same superscript are not significantly different from one another. Means with different superscripts are significantly different at p<0.05 or less.

Table 2.1. Spoken Thoughts[1] About the Video

Variable	Clinical Group	Middle Class Control	Working Class Control
Reaction to Inappropriate Parenting Clips			
Total Thoughts	19.58	33.38	16.67
Self-evaluative thoughts	32.69	37.13	39.69
Positive	32.63	40.06	36.81
Negative			
Evaluative thoughts about the parent	31.75[a]	47.06[b]	30.69[a]
Positive	32.15	33.40	43.96
Negative			
Evaluative thoughts about the child	34.00[a]	41.50[b]	34.00[a]
Positive	36.42	42.73	30.35
Negative			
Evaluative thoughts about the parent-child relationship	36.00	37.50	36.00
Positive	34.50[a]	40.50[b]	34.50[a]
Negative			
Reaction to Positive Parenting Clips			
Total Thoughts	15.75	25.83	14.00
Self-evaluative thoughts	29.17	36.90	43.44
Positive	32.81	43.00	33.69
Negative			
Evaluative thoughts about the parent	30.02	41.88	37.60
Positive	35.21	39.35	34.94
Negative			
Evaluative thoughts about the child	34.31	40.40	34.79
Positive	37.56	35.67	36.27
Negative			
Evaluative thoughts about the parent-child relationship	30.52	41.06	37.92
Positive	36.00	37.50	36.00
Negative			

[1]All spoken thoughts except for total number of thoughts are expressed as percentages. Means which share the same superscript are not significantly different from each other. Means with different superscripts are significantly different from one another at $p < 0.01$ or less.

Table 2.2. Thoughts Checklist

Variable	**Clinical Group**	**Middle Class Control**	**Working Class Control**
Thought Frequency Scores			
Positive	35.60	32.75	41.15
Negative	47.90[a]	22.67[b]	38.94[a]
Belief Ratings			
Positive	31.33	41.48	36.69
Negative	50.10[a]	24.94[b]	34.46[b]

Note: Means which share the same superscript are not significantly different from one another. Means with different superscripts are significantly different at $p<0.05$ or less.

Table 3. Group mean scores on the Dysfunctional Attitudes Scale and Concepts of Development Questionnaire

Variable	Clinical Group	Middle Class Control	Working Class Control	F
DAS	139.42^{a}	123.83^{ab}	110.50^{b}	8.28*
CODQ	1.86^{a}	2.08^{b}	2.04^{ab}	3.54*

*P<0.05

Note: Means which share the same superscripts are not significantly different from each other. All other means and superscripts are significantly different at p<0.05 or less.

Table 4. Exploratory Data Analysis

Variable	Clinical Group	Middle Class Control	Working Class Control
Positive Parenting			
Situation	33.85	39.81	35.83
Generalisation	38.42[a]	42.90[ab]	28.19[ac]
Safety	44.85[a]	30.50[b]	34.15[b]
Child Perspective	34.08	38.79	36.63
Parent's Perspective	36.60	37.90	35.00
Expectations	47.19[a]	31.02[b]	31.29[b]
Gender Roles	34.94[a]	41.06[ab]	33.50[ac]
Teaching Child	36.77	40.54	32.19
Child Management			
Commands	34.17	34.35	40.98
Ignoring child	37.13	36.83	35.54
Distraction	33.96	41.92	33.63
Rationalisation	32.04[a]	45.02[b]	32.44[a]
Avoid Conflict	36.46	38.04	35.00
Rewards	37.04	35.31	37.15
Restraint	39.25[a]	26.50[b]	43.75[a]
Other	00.00	00.00	00.00
Inappropriate Parenting			
Situation	29.04[a]	46.79[b]	33.67[a]
Generalisation	35.54	42.08	31.88
Safety	42.90	35.75	30.85
Child Perspective	31.33	44.33	33.83
Parent's Perspective	30.27	39.85	39.38
Expectations	42.33	34.46	32.71
Public vs. Private	33.40	40.29	35.81
Gender Roles	36.50	36.50	36.50
Teaching Child	36.00	37.50	36.00
Child Management			
Commands	41.33	33.71	34.46
Ignoring child	35.29	33.44	40.77
Distraction	34.08	41.96	33.46
Rationalisation	31.52	37.85	40.13
Avoid Conflict	35.31[a]	42.13[ab]	32.06[ac]
Rewards	34.38	40.29	34.83
Restraint	38.79[a]	28.17[b]	42.54[a]
Time Out	37.67	37.33	34.50
Smacking – Agree	38.17	34.17	36.63
- Disagree	38.56[a]	37.44[ab]	33.50[ac]
Other	34.75	44.13	30.63

Note: Means which share the same superscript are not significantly different from one another. Means with different superscripts are significantly different at $p<0.05$ or less.

APPENDIX 1 – CATEGORIES OF SPOKEN THOUGHTS

A) EVALUATIVE THOUGHTS

(i) Positive Self-Evaluative Thoughts: A statement that conveys positive feelings about one's self, abilities and children e.g. "I give my children lots of love", "I always like to do things with my children", "My child always likes to help me out".

(ii) Negative Self-Evaluative Thoughts: A statement that is critical or negative about one's self, parenting skills or children e.g. "Why am I such a hopeless parent", "I'd feel frustrated and embarrassed", "My son's always throwing temper tantrums".

(iii) Positive Thoughts about the Parent: A statement that is positive about the parent in the video, that conveys empathy for the parent and indicates agreement with their parenting approach e.g. "I felt a lot of sympathy for her as a mother", "those parents are being very patient", "It was the right approach to get the child to do as they were told".

(iv) Negative Thoughts about the Parent: A statement that is critical or negative about the parent in the video and shows disagreement with their parenting approach e.g. "she raised her voice a bit too much", "I felt she wasn't handling it correctly".

(v) Positive Thoughts about the Child: A statement that conveys positive feelings toward the child in the video e.g. "the child was well behaved".

(vi) Negative Thoughts about the Child: A statement that conveys negative perceptions and feelings toward the child in the video e.g. "that child is out of control", "the child is completely playing her mother up", "that child needs a lot of discipline".

(vii) Positive Thoughts about the Parent-Child Relationship: Positive statements about the parent-child relationship e.g. "It was a nice domestic mother and daughter scene", "they seem to be getting on well".

(viii) Negative Thoughts about the Parent-Child Relationship: Negative statements about the parent-child relationship e.g. "They didn't seem to be communicating", "It looks like it's always a battle between them".

B) THOUGHTS ABOUT CHILD MANAGEMENT

(i) Commands: A statement in which the parent conveys that they would issue their child with an order to comply e.g. "tell her she has to go", "make her sit in the trolley".

(ii) Ignoring child: A statement in which the parent states that they would respond to the child's behaviour by ignoring them.

(iii) Distraction: A statement in which the parent states that they would manage the child's behaviour by distracting them with objects or by distracting them through asking the child to do something else e.g. "I'd try and distract her by asking her to help me with the shopping", "try distracting them by talking about what we are going to do next".

(iv) Rationalisation: A statement in which the parent states that they would manage child behaviour by talking to the child about their misdemeanours, explaining the consequences of behaving in that way e.g. "talk to her quietly and explain what was going on and why we had to go shopping", "I'd explain why we had to get a move on".

(v) Avoiding conflict: A statement in which the parent expresses that they would avoid having an argument with their child e.g. "I don't think it matters what you do as long as you avoid a conflict", "don't get into that situation until the child is older"

(vi) Rewards: A statement in which the parent makes explicit that they would offer the child either a physical or verbal reward for complying e.g. "she might have a treat if she goes out", "I'd praise her".

(vii) Restraint: A statement in which the parent states that they would manage the situation by restraining the child such as putting them in a buggy.

(viii) Time Out: A statement in which the parent states that they would remove the child from the situation e.g. "I'd put her in her room for a bit".

(ix) Smacking - Agree: A statement in which the parent states that they agree with the parent in the video smacking her child or that they would manage the situation by smacking their child.

(x) Smacking - Disagree: A statement in which the parent states that they disagreed with the parent in the video smacking her child or expressed feelings about it being wrong to smack children.

C) MISCELLANEOUS THOUGHTS

(i) Situation: Comments on what is happening in the video, description of the scene e.g. "the video shows that the mother gave her a slap".

(ii) Generalisation: A statement about parenting in general or comments that this is how all parents behave e.g. "It can happen to anybody", "we all do it".

(iii) Safety: A statement that either picks up on safety issues in the video or an explicit statement that the parent would make sure safety was a priority e.g. "would've been safer for the lady to deal with the cooker than with the child", "you should turn off everything in the kitchen", "I'd make sure the child was safe first".

(iv) Child Perspective: A statement that conveys understanding of how the child feels in the situation or an understanding of the child's needs e.g. "It was crying out for attention", "she feels she's doing something for mummy", "telling a child you're in a rush doesn't make much difference to the child", "they don't understand what 30 seconds means".

(v) Parent's Perspective: A statement that conveys understanding from the parent's point of view, that parents need to set limits on child behaviour e.g. "there are rules that have to be obeyed", "it's difficult to cope when you've got two children"

(vi) Expectations: A statement that conveys an assumption that they would have responded in a similar manner to the parent in the video or an assumption that their child would behave in the manner in which they desired e.g. "I'd probably would've done the same", "The child would get in the buggy anyway after a while", "they would never run off"

(vii) Public vs. Private: A statement in which the parent makes a distinction between dealing with situations in public and in private e.g. "wouldn't deal with it in public", "what goes on in your own home is up to you".

(viii) Gender Roles: A statement that makes a distinction between mothers and fathers' approaches to child management e.g. "The men's way of doing things is more successful".

(ix) Teaching Child: A statement in which the parent conveys that children learn from parenting behaviour e.g. "she was teaching her to make sandwiches", "she's learning to do things for herself".

(x) Other: Unfinished thoughts or any thoughts which were not coded in the above categories.

APPENDIX 2

PARENTAL THOUGHTS CHECKLIST

Below are some thoughts that may have gone through your mind during the video. Please rate each thought from 1-5 using the scale below. Put your rating on the LEFT hand side of each item.

1. **Thought never occurred**
2. **Thought rarely occurred**
3. **Thought occurred about half the time**
4. **Thought occurred most of the time**
5. **Thought occurred all the time**

1	2	3	4	5	Thought	Belief
					Parenting is stressful	
					My child is always demanding	
					I'm good at managing my child	
					Other people think that I'm a bad parent	
					My child likes to show me up in front of people	
					I've had enough	
					If I explain things carefully to my child then they will do what I want them to	
					My child rules the roost	
					When my child refuses to do something there is nothing I can do	
					I'm good at teaching my child new skills	
					It is always a battle with my child	
					I feel that I am a useless parent	
					My child has lots of energy	
					My child deliberately annoys me	
					I would never let my child help in the kitchen as they are bound to make a mess	
					I am good at encouraging my child	
					I am creative with my child	
					I like doing things with my child	

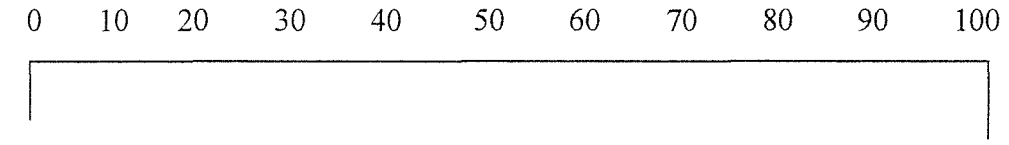
Other thoughts not listed (please describe and rate)

…… …… ……

…… …… ……

…… …… ……

When you were watching the video, how much did you BELIEVE that each of these thoughts was true. Go back to the beginning of the questionnaire and rate each thought choosing a number from the scale below. Rate each thought according to how much you BELIEVED THE THOUGHT AT THE TIME. Put the number for each item in the column marked "Belief".



I did not believe this thought at all

I was completely convinced that this thought was true

APPENDIX 3 – ETHICAL APPROVAL LETTERS

Portsmouth and
South East Hampshire

Health Authority

Finchdean House
Milton Road
Portsmouth PO3 6DP

Switchboard: (01705) 838340
Central Fax: (01705) 733292

/Direct Line (01705) 835092
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E-mail-ethics committee@gw.portsha.swest.nhs.uk
X400: C=GB;A=NHS;P=NHS Portsmouth and SE Hants HA;OU1=GW;G=Ethics;S=Committee

CF/unconapp

22 December 1999

Nicola Connolly
Trainee Clinical Psychologist
Flat 4, 6 St Ursula Grove
Southsea, PO5 1LT

Dear Ms Connolly

REC Proposal No: 12/99/937
Full Title: **Parental cognitions about parenting: Are there differences between clinical and nonclinical groups?**

This is to confirm that the Research Ethics Committee has approved the above study. Approval for the study is only granted until the end of September 2000, if your study continues after this date further Ethics Committee approval will be required.

The Ethics Committee will require a copy of the completed study for its records, you are therefore requested to submit a copy of the completed study to the address above. In addition the Committee must be informed of any untoward or adverse events which occur during the course of the study.

The Ethics Committee must also be informed of, and approve, any proposed amendments to your initial application.

Please note it is the policy of the Committee **NOT** to deal direct with sponsoring companies. All correspondence (including telephone enquiries) **MUST** be from the first named researcher. Enquiries from other sources will be refused.

Ethics Committee approval means that the proposal is ethically sound. It **does not** mean approval of resources, access to data or any other requirement relating to the project. These must be agreed with the organisation where the research / project is to take place.

If you have any further questions please do not hesitate to contact me quoting the Research Ethics Committee Proposal Number given above.

Yours sincerely

Clare Flewellen

Clare Flewellen
Acting Secretary - Research Ethics Committee

NB The committee endorses the Royal College of Physicians Report on "Fraud & Misconduct in Medical Research Practice 1991". This states that all original data (eg Questionnaires, lab books, hard copies of any computer data) are kept for a minimum of ten years in a retrievable form. If storage is to be outside either Portsmouth Hospitals or Portsmouth Healthcare NHS Trust's premises, the committee must be informed of the site of storage. It is a condition of any approval that such storage occurs.

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Email

FAO Nicola Connolly
Clinical Psychology Department
University of Southampton
Highfield
Southampton

10th January 2000

Dear Nicola,

I am writing to confirm you that your ethical application titled, "Parental cognitions about parenting: Are there differences between clinical and non-clinical groups?" has been given approval by the department.

Should you require any further information, please do not hesitate in contacting me on (01703) 593995.

Yours sincerely,

KMSM

Kathryn Smith
Ethical Secretary

APPENDIX 4 – PARTICIPANT'S INFORMATION SHEET & CONSENT FORM

INFORMATION SHEET

Research Study: "Parents' Thoughts About Parenting"

WHAT IS THIS ABOUT? I am a third year Clinical Psychology trainee at the University of Southampton. As part of my training I am carrying out a piece of research that will look at parents' thoughts about parenting. Although parenting has been extensively researched, we do not know much about what parents think about parenting. Therefore, this study is very important as it will help increase our knowledge about the role parents' thoughts may play in parenting and how this may be related to parenting stress. This study will compare the results of a group of parents receiving parent education with a group of parents who are not in a parent training programme.

WHAT DOES THE STUDY INVOLVE? If you agree to participate in this study, you will be asked to watch a short video about typical parenting situations. You will then be asked to record your thoughts about the video onto a tape in a room on your own. After the video you will be asked to complete a couple of questionnaires. The whole process should take no longer than 30 minutes. **Your responses to the video and the questionnaires will be completely anonymous. No names will be recorded.**

WHAT HAPPENS IF I CHANGE MY MIND ABOUT PARTICIPATING? If you do not wish to participate or if you change your mind about participating at any stage in the study, you are free to do so without giving reasons. Your decision will not affect future treatment.

IF YOU HAVE MORE QUESTIONS ABOUT THE STUDY You can contact me, Nicola Connolly, at the University Tel. 01703 595320.

IF YOU HAVE CONCERNS ABOUT THE STUDY You can contact the Ethics Committee Secretary in confidence, Tel. 01705 835104.

Address: Portsmouth and South East Hants Health Authority,
Research Ethics Committee,
Department of Public Health,
Finchdean House,
Milton Road,
Portsmouth PO3 6DP.

Thank you very much for your time

CONSENT FORM

RESEARCH STUDY: "PARENTS' THOUGHTS ABOUT PARENTING"

Please complete the following questions

Please delete as necessary

Have you read the Information Sheet?	Yes/No
Have you had the opportunity to ask questions and discuss the study?	Yes/No
Have you received satisfactory answers to your questions?	Yes/No
Have you received enough information about the study?	Yes/No

Do you understand that you are free to withdraw from the study:

- At any time?
- Without having to give a reason?
- And without affecting your future treatment? Yes/No

Do you agree to take part in the study? Yes/No

Signed: ..... Date: .....

Name (Block Letters) .....

Please print your name and address below if you would like to be sent a summary of the research findings when the research is complete (September 2000).

.....

.....

.....

BACKGROUND INFORMATION

Mother/Father (please delete)

Age .....

Occupation .....

Marital Status: Single/Married (please delete)

Education (Please tick)

( ) No educational qualifications ( ) GCSE/O Level ( ) A Level

( ) Training Course of 1 year ( ) College/University course leading to a degree

( ) Completed professional training & obtained University degree.

Other (please specify) .....

Number of Children .....

Children's Ages .....

APPENDIX 5 – NOTICE TO CONTRIBUTORS (CHILD DEVELOPMENT)

Child Development

Notice to Contributors

Child Development is the publication outlet of the Society for Research in Child Development for empirical, theoretical, review, applied, and policy articles in developmental research. The SRCD is an interdisciplinary organization, and ***Child Development*** welcomes contributions from all disciplines.

Departments

Child Development has four main departments. Cover letters with submissions should specify the intended department. The Board of Editors welcomes inquiries about prospective submissions to any department.

Empirical Articles. The largest department of the journal is devoted to Empirical Articles. ***Child Development*** sets a preference for innovative and comprehensive reports that advance theory and the empirical base of the field broadly conceived; that have significant theoretical, practical, or interdisciplinary implications; and that involve multiple studies, multiple methods, or multiple settings. All modes of empirical research are welcome: experimental, observational, ethnographic, textual, interpretive, and survey. To facilitate the review process, Empirical Articles must be accompanied by a clear, brief (2- or 3-sentence) statement, on a separate page, that indicates what the study will tell the readership of the journal. This is not the same as an Abstract. The purpose of this statement is to communicate why the study should be reviewed for publication in ***Child Development***.

Reviews of the Literature. Reviews may be empirically grounded or conceptual and theoretical; they should be integrative, scholarly, and timely, synthesizing or evaluating a topic or issue relevant to child development, and they should appeal to a broad base of the journal's audience. Published Reviews are accompanied by a small number of solicited commentaries from specialists in the field as well as from specialists in allied fields.

Essays in Child Development. Essays present an author's original ideas on some fresh concept, alternative method, emerging trend, or hypothesis meritorious of empirical test. Essays should be empirically grounded or tightly reasoned and must be well articulated. Essays should be 1000 to 3000 words in length.

Child Development and.... This department provides the readership of ***Child Development*** with occasional tutorials about some new concept in child development or about some subfield of an academic specialty pertinent to research in child development. These papers crystallize the definition and meaning of the concept or subfield, its major contributions, direct associations with child development, and future directions of application.

Manuscript Submission

Send five copies (typescript or high-quality machine copy) to the Editor at the address given below. Each copy of the manuscript should include a separate cover sheet containing the title of the manuscript, the name(s) of the author(s) and affiliation(s), and the street address,

telephone, fax, and electronic mail numbers of the corresponding senior author for use by the editorial office and by the production office. The title, but not names of the author(s), should also appear on the first page of the text. The manuscript should be double spaced throughout and include an abstract of 100-150 words on a separate sheet. Follow the guidelines on requirements, format, style, and ethics provided in the Publication Manual (4th ed.) of the American Psychological Association. Send only copies of figures on first submission; glossy prints (numbered lightly on the back of each figure) should be submitted only with final revision of the accepted manuscript. Authors should keep a copy of their manuscript to guard against loss.

Manuscripts should be written concisely. A manuscript of more than 60 pages is unlikely to be accepted, but may be referred to the Monographs.

All manuscripts will be acknowledged promptly. Manuscripts may not be submitted simultaneously to ***Child Development*** and to other journals.

Manuscript Review

Child Development has a Board of Editors which is invested with control over manuscript review and publication. Manuscripts are reviewed by the Editor and the Board of Editors and by invited reviewers with special competence in the area represented by the manuscript. Submissions must be judged to be of substantial importance and appropriateness to the broad readership of ***Child Development*** and should meet a high level of scientific acceptability. A first level of review determines the import and appropriateness of submissions to the journal readership at large in conjunction with scientific merit; on this basis, the Board of Editors decides whether the manuscript will be reviewed further. A compelling case for relevance to the development of children needs to be made for manuscripts which do not present child data or directly address theory in child development.

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APPENDIX 6 – NOTICE TO CONTRIBUTORS

(COGNITIVE THERAPY & RESEARCH)

Instructions to Contributors: Cognitive Therapy and Research

1. Manuscripts, in quadruplicate and in English, should be submitted to:

   Dr. Philip C. Kendall
   Editor, *Cognitive Therapy and Research*
   Department of Psychology
   Temple University
   Philadelphia, Pennsylvania 19122

2. Submission is a representation that the manuscript has not been published previously and is not currently under consideration for publication elsewhere. A statement transferring copyright from the authors (or their employers, if they hold the copyright) to Plenum Publishing Corporation will be required before the manuscript can be accepted for publication. The Editor will supply the necessary forms for this transfer. Such a written transfer of copyright, which previously was assumed to be implicit in the act of submitting a manuscript, is necessary under the U.S. Copyright Law in order for the publisher to carry through the dissemination of research results and reviews as widely and effectively as possible.

3. Type double-spaced on one side of $8^1/_2 \times 11$ inch white paper using generous margins on all sides, and submit the original and three copies (including, where possible, copies of all illustrations and tables).

4. A title page is to be provided and should include the title of the article, author's name (no degrees), author's affiliation, and suggested running head. The affiliation should comprise the department, institution (usually university or company), city, and state (or nation) and should be typed as a footnote to the author's name. The suggested running head should be less than 80 characters (including spaces) and should comprise the article title or an abbreviated version thereof. For office purposes, the title page should include the complete mailing address and telephone number of the one author designated to review proofs.

5. An abstract following APA guidelines is to be provided, preferably no longer than 75–150 words.

6. A list of 4–5 key words is to be provided directly below the abstract. Key words should express the precise content of the manuscript, as they are used for indexing purposes.

7. Illustrations (photographs, drawings, diagrams, and charts) are to be numbered in one consecutive series of Arabic numerals. The captions for illustrations should be typed on a separate sheet of paper. Photographs should be large, glossy prints, showing high contrast. Drawings should be prepared with india ink. Either the original drawings or good-quality photographic prints are acceptable. Identify figures on the back (lightly in pencil) with author's name and number of the illustration.

8. Tables should be numbered (preferably with Roman numerals) and referred to by number in the text. Each table should be typed on a separate sheet of paper.

9. List references alphabetically at the end of the paper and refer to them in the text by name and year in parentheses.

10. Use of footnotes should be minimal. When their use is absolutely necessary, footnotes should be numbered consecutively using Arabic numerals and should be typed on a separate sheet at the end of the paper. Use the appropriate superscript numeral for citation in the text.

11. In general, the journal follows the recommendations of the 1994 *Publication Manual* of the American Psychological Association (Fourth Edition), and it is suggested that contributors refer to this publication.

12. Authors are encouraged to condense reports as much as possible and to be ready to provide more extensive details upon request. To assist in the standardization of assessment and treatment replications, authors of clinical outcome studies are required to submit a copy of their treatment manual and specific scoring procedures with the manuscripts. Topical relevance, methodological accuracy, and clarity of reporting (for both procedures and outcome) are of critical importance in experimental studies. Particular attention should be given to such considerations as the maximization of internal and external validity, the optimal use of multimethod assessment, and a comprehensive reporting of results. Authors will be responsible for providing readers with copies of raw data, treatment and scoring manuals, and relevant experimental materials upon request (with incurred expenses accruing to the requestor). Case studies and brief reports should communicate important and heuristic observations, such as replication attempts, innovative techniques, and successful examples of how scientific research can be effectively integrated with clinical responsibilities.

13. Authors requesting blind review should submit the manuscript in a form appropriate to this process (see the APA *Publication Manual*). Every effort will be made to expedite feedback to the author and to effect rapid publication of accepted manuscripts.

14. After a manuscript has been accepted for publication and after all revisions have been incorporated, manuscripts may be submitted to the Editor's Office on **personal-computer disks.** Label the disk with identifying information—kind of computer used, kind of software and version number, disk format and file name of article, as well as abbreviated journal name, authors' last names, and (if room) paper title. Package the disk in a disk mailer or protective cardboard. **The disk *must* be the one from which the accompanying manuscript (finalized version) was printed out.** The Editor's Office cannot accept a disk without its accompanying, matching hard-copy manuscript. Disks will be used on a case-by-case basis—where efficient and feasible.

15. **The journal makes no page charges.** Reprints are available to authors, and order forms with the current price schedule are sent with proofs.

CRITICAL OVERVIEW

This study is an original piece of research that has, for the first time, examined the range of parental cognitions in response to child behaviour. As can be seen from the literature review, there only a few published studies on this topic. These studies have been diverse and have covered various aspects of parental beliefs such as perspective-taking, self-efficacy, expectations, cross-cultural beliefs, intergenerational beliefs, adolescent parental beliefs, and a handful of studies that have tried to look at the relationship between beliefs and parenting behaviour. To add to this diversity, the term "belief" has not been adequately defined and so the literature becomes confusing as "belief" has been used to refer to attitudes, perceptions, values or knowledge. This confusion rests with the fact that there is a distinct lack of a conceptual model in which to ground these studies. The present study has attempted to draw some clarity on the topic by defining beliefs in terms of cognitions according to Beck's (1964) model. Finally, not only is the literature on this topic sparse but there have been very few recent papers published. This is highlighted in the review paper as the most up-to-date reference cited is 1997, in spite of numerous searches of Psyclit as well as hand searches.

Although this study has broken new ground in the field of parenting research, there are a number of weaknesses that the reader's attention is drawn to. Firstly, there is the problem of measurement. It was considered that Davison, Robins & Johnson's (1983) approach to measuring cognition was the most suitable in order to meet the aims of this study. However, it was difficult to collect parents' cognitions and it became apparent that both the clinical and working class groups generated fewer

cognitions than the middle class group who appeared more at ease with the tape recorder. Possible explanations for this include varying communication styles across social classes that has been mentioned in the discussion. However, it could also mean that the middle class group had been used to giving their opinions as many of those parents were heavily involved with school activities. Therefore, rather than leaving the parent alone with the tape recorder, future research might consider using structured interviews which would help the parent feel relaxed in the testing situation as well as facilitate the uncovering of cognitions through probing questions. Secondly, there is also the problem with categorisation of the data. In spite of the high inter-rater reliability, categories may not have been mutually exclusive but in fact may have encompassed several cognitions. Thirdly, this method of categorising data measures thought frequency but does not include belief ratings. As the results show, without including belief ratings the clinical group does not appear to differ from the working class control. However when belief ratings are included differences emerge.

Another problem noted with this method of collecting data is that it does not take into account themes across individual's transcripts. For example, several themes were noted for the middle class group. Some of these included, guilt about not having enough time to spend with their child, beliefs that that they are not a "good-enough" parent, loneliness, the belief that children are an embarrassment in public, and the belief that conflict should be avoided at all costs. For the clinical group, individual themes that emerged centred on shame at having been negative towards their children. For the working class control group, themes included not smacking in public, and generalisations such as every parent behaves in a manner similar to their own. Finally, some gender differences emerged for the middle class group. Fathers spoke

about parenting in business terms, and used phrases such as "it's all about time management" or regarding the parent in the video, "she needs to prioritise". While for a couple of women in the middle class group, they believed that men were better at parenting and that "men make things fun for children". Davison et al's (1983) methodology, therefore, does not enable us to look at these themes or the relationships between cognitions that perhaps qualitative analysis would allow.

Measurement issues also arose with the questionnaires that were used in this study. Parents frequently stated that their responses would differ for each child. This was particularly noted on the PSI as parents commented that they had felt extremely stressed while parenting one child but not with another. This point has been raised by Holden & Edwards (1989) who have drawn attention to the inadequacy of questionnaires that attempt to measure complex attitudes and cognitions but that view parenting as undirectional and children as a generic species, often omitting age and temperament. On the other hand, the present study attempted to overcome some of these difficulties by using video with different aged children displaying various emotions. Parents responded spontaneously whilst watching the video and became involved in what was happening. After the data had been collected, I experienced several parents talking to me about difficult parenting situations that they had to deal with. Unfortunately this interesting data was not captured as the study had finished. On a final note, the samples included parents who had children with various age ranges. Some parents had young children but other parents while meeting the inclusion criteria had adolescent children as well and as a result their skills would have developed and so could have affected their responses. Similarly some parents

had only one child while others had large families and this too could have affected responses.