Research Article

Psychiatric Diagnostic Classification System Based on New Forms of Parenting Practices: Narrative Review and Invite for A Rethink

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New styles of parenting, such as hyper, hypo, atypical, and indifferent, have replaced the permissive, authoritarian, authoritarian, and neglectful styles of parenting that characterized child-adolescence psychology in the 1970s and 1980s. New parenting practices such as co-parenting, attachment parenting, positive parenting, LGBTQ parenting, free-range parenting, increased father involvement to support gender equality, and increased use of Assisted Reproductive Technologies, mums-net parenting, and intentional single-mother families, donor-conception, surrogacy, and families with trans-parents have changed the parenting landscape dramatically in recent years. Advances in artificial intelligence, machine learning, genetic testing, and brain imaging are expected to bring about further changes in parenting practices. A rethink of the prevailing child-adolescent psychiatric diagnostic classification system may be called for because it challenges traditional notions of what constitutes "normal" or "healthy" parenting. Researchers and clinicians may need to reconsider how they define and diagnose disordered conditions in light of these changing parenting practices. Parents may have to be moved out of their present position as observers, reporters, and even treatment agents. This evidence-gathering narrative review aims to initiate the idea that parents should be made the focus of a diagnostic classification system as well as treatment instead of children. Overall, the proposed branch of parent and carer psychiatry—where parents, not their children, are made the focus of diagnostic categories—if it happens, would embarrass the rank and file of child and adolescent psychiatry.

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Introduction

Diagnosis is the process of determining the nature and source of an illness. The steps of obtaining information, narrowing the range of possibilities, and forming a diagnosis impression can be summarised as steps in a diagnostic decision-making process. A provisional, primary, differential, additional, and final diagnosis are all different. A diagnosis is always preceded by case conceptualization based on data from clinical assessment/examination, which is known as a clinical formulation or case formulation. A diagnosis allows professionals to communicate effectively with patients. Diagnostic categories are typically defined by clusters of typical behaviors. A diagnosis may also be based on shared etiology, predisposing factors (family history, or personality issues), precipitating factors (sudden illness, medication side effects, or life events), perpetuating factors (housing financial support), maintenance factors (lifestyle), and observations of an individual's behavior as signs and symptoms. It is important to recognize the importance of culture in the entire diagnostic process (Boyle & Johnstone, 2022a; 2022b; Bracken, 2014; Hayes & Bell, 2014; Moncrieff, 2010).

In the West, there are many disease classification systems, such as the International Classification of Diseases (ICD-11; WHO, 2019), the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013), the International Classification of Functioning Disability and Health (ICF-H; 2001), the Diagnostic Classification Systems based on Psychoanalytic Principles (Kotari, Kotan, & Bilgili, 2018), or the systems based on Hierarchical Taxonomy of Pathology (HiTOP; Kotoy, Krueger, & Watson, 2018). Another scheme offers systematic family-based diagnosis and classification (Tseng & McDermott Jr, 1979; Pollak & Brown, 1960). Additionally, there are indigenous and culture-specific systems, such as those based on Indian (including Ayurveda, Yoga, and Naturopathy), Chinese, Japanese, or Islamic systems of Traditional Medicine. Most of diagnostic frameworks for mental health disorders, irrespective of Western or Eastern, invariably target children as objects of nosology, taxonomy, and labeling.

Some Key Questions

Why should children be made the focus of a diagnostic process and systems when their parents or family systems around them are the primary contributors to their situation from infancy through childhood and adolescence? Why is a child seen as the cause and consequence or the beginning as well

as the end of all the problems? Why do children alone need to undergo testing, when their parents are left out of this ambit? Why are treatments or interventions also directed predominantly only at children? Is it possible that the behavioral issues seen in children could be indicative of hidden/ undeserved pathology in parenting? (Rose et al., 2018) Why do mental health professionals typically focus on treating the child's symptoms rather than diagnosing or treating the parents?

Contemporary diagnosis in child psychiatry suffers from several problems. There are no objective fool-proof diagnostic tests. Clinicians have to rely on subjective reports from children, their parents, and teachers. Many mental disorders in children share similar symptoms and co-morbid conditions can be a challenge to make an accurate diagnosis (Kapadia, Desai & Parikh, 2022; Stone, Waldron & Nowak, 2020). As mentioned, causative, predisposing, precipitating, perpetuating, protective, and maintenance factors connected to observations of an individual child's behavior as signs and symptoms can be rooted in parenting practices. However, in clinical practice, parents only serve as observers, reporters, and even treatment agents, while children are made the targets or focus of diagnosis and treatments. The children subjected to harsh, negative, neglectful, and inconsistent parenting, and those with absent family support, for example, cannot be labeled if they develop behavioral issues. Other examples of aberrations in parenting resulting in a diagnosis of the children are carer aggression resulting in disobedience in children, parent anxiety-depression ending as emotional instability or stammering in their children. Incorrect social skills in parents are linked to the child's poor academic performance, shyness, non-assertion, conduct, or opposition defiant disorder (Chen, Dong, & Zhou, 1997). If this is true, the crucial question is why are parents absolved from the brunt of diagnostic labeling, and why is treatment directed only at children?

The Present Narrative

This evidence-gathering narrative review aims to support the idea that parents should be the focus of creating and standardizing a diagnostic classification system as well as treatment instead of children. The available literature on this theme is limited and widely debated. Targeting parents for a diagnosis is viewed as sensitive and an avoidable effort. There are diagnostic classification schemes to record anomalies in parenting.

Children from infancy to age five are included in the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Aspects including mental illness, substance misuse, and parental maltreatment are covered in the corresponding sections (Zero to Three, 2005).

The DSM-5 (APA, 2013) includes a section on "other conditions that may be a focus of clinical attention," which covers conditions related to parenting, such as "parent-child relational problems" and "child maltreatment." Other related conditions mentioned therein are deviations in parenting, such as Disinhibited Social Engagement Disorder (F94.2), Reactive Attachment Disorder (F94.1) and the proposed-not yet include “Parental Alienation Disorder.” The International Classification of Diseases (ICD-11; WHO, 2019) includes a section on "disorders specifically associated with stress" which includes conditions related to parenting, such as "parental over-protection" and "neglect of child." The Parental Bonding Instrument (PBI, Parker, Tupling & Brown, 1979) is a self-report questionnaire to assess an individual's perception of anomalies in a relationship with one's parents, such as neglect or over-protection. Another tool, The Young Parenting Inventory (YPI-R3; 2022; Loius, Louis, & Lockwood, 2022) is also available to measure deviant variations in parenting. These upcoming systems drive home the point that parents need to be primarily targeted for diagnosis than their children.

Need for a System of Classification of Anomalies in Parenting Instead of Their Children

A system for the classification of anomalies in parenting from theoretical frameworks to practical tools for assessment and intervention would be beneficial in identifying and addressing problematic parenting behaviors that lead to negative outcomes for children. It can help professionals develop targeted interventions and support for families in need. Examples of such types of interventions are already available from Kazdin & Rotella (2009), the emotion-coaching parental program (Lauw et al. 2014), and the Goodenough Parenting Early Intervention Program (Louis et al. 2021). Such a parent diagnostic system could help identify potential cases of child abuse or neglect, allowing for early intervention and prevention of harm. Parent-centered interventions will replace the current child-centered systems of consultation, diagnosis, and treatment. Much of the sources of harm or stigma experienced by children have their roots in dysfunctional parents' methods.

Carers having parenting problems must be labeled in a considerate and non-judgmental way. Otherwise, it could result in many unpleasant outcomes. If parenting is diagnosed, some of them may experience stigma, guilt, hurt, or reluctance to seek support or assistance. Such a system might be used by professionals to blame parents who are already struggling to care for the problematic child or to highlight the shortcomings of the carers. This strategy could result in branding parents as having

disorders rather than concentrating on their assets and remedies. Additionally, it could ignore social and systemic variables like poverty, a lack of resources, or trauma exposure that cause parenting challenges. Last but not least, it can result in a restricted focus on diagnosis and treatment rather than a more all-encompassing strategy that incorporates early intervention, prevention, and support for the entire family (Holden, 2019; Teti, 2016; Arnold et al. 1993).

New forms of parenting have gained popularity in recent years, such as co-parenting, attachment parenting, positive parenting, and free-range parenting. There is now a greater emphasis on involving fathers in parenting roles to promote gender equality. With the increased use of Assistive Reproductive Technologies, LGBTQ parents or same-sex parent families (families with lesbian mothers or gay fathers), mums-net parenting, intentional single mother families, donor-conception families, surrogacy families, and families with trans-parents, parenting practices have changed drastically in recent times (Imrie & Golombok, 2020; Smetana, 2017; Pederson & Smithson, 2013). Future directions in alternative methods of diagnosis and classification are factored in advances in artificial intelligence, machine learning, genetic testing, and brain imaging to bring many more changes to parenting in the future (Read, 2021; Livingstone & Blum-Rodd, 2020).

There are some notable differences between Eastern and Western approaches to parenting. In general, Eastern parenting tends to be more authoritarian, with a focus on obedience and respect for authority figures. Western parenting tends to be more permissive, with a focus on independence and self-expression. However, these are generalizations and there is significant variation within both Eastern and Western cultures when it comes to parenting styles and beliefs that need to be accommodated in any proposed systems of classification (Foo, 2019; Bornstein, 2012).

Additionally, there are fears that these diagnostic tools may be wrongly utilized for self-diagnosis when they are designed for use by qualified specialists only. The challenges a child faces are a result of a complicated phenomenon called parenting, which has numerous facets. To create the necessary system of diagnostic classification based on variations in parenting behavior that affect their children, a complete approach may be necessary. A diagnostic system for parents could benefit parents themselves more than their children (Venkatesan, 2020; Walker & Shapiro, 2010).

The future system of diagnosis in psychiatry is expected to be based on high-precision genetic, neuro-imaging, or other bio-markers along with tailor-made treatments of individual patients. Digital diagnostics involving the use of mobile apps, wearables, machine learning algorithms, and other digital technologies are expected to collect data on patients' behavior to aid in diagnosis. The

integration of traditional and modern medicine will also be explored for psychiatric diagnosis in the future (Kirmayer & Minas, 2023; Frances, 2013).

There is scope, need, and basis for conducting a more in-depth comprehensive exploration of the topic of diagnostic classification of parents. The objective of this inquiry was to track, enlist, or summarize the significant events, topics, and trends in the history of diagnostic classification of parenting that have resulted in various clinical conditions of their children.

The scope and delimitation of this study are to include only parents (mothers and fathers) in the proposed system for diagnosis for parents and to exclude grandparents, elder siblings/extended family/other carers/ecological systems/ or surrogates of parenting, at least for now. The research questions posed in this study were: How many publications on the above topic are available in what formats, across what periods, or on which issues? Is there a common structure, content, or time frames in the publications? Do these publications suggest any future avenues of research based on previous engagements? The research questions were posed using the methodology of what-where-when-how-which-and-why. During this study, a historical-cum-cross-sectional exploratory design was implemented using a literature search within the available secondary data.

Method

Both online-offline keyword searches for phrases like diagnostic classification of parents, carers, or caretakers, parenting styles about later onset of psychiatric conditions were undertaken across search engines like Google Scholar, Google Books, JSTOR, PUBMED, PsycINFO, Sci-hub, ERIC, and the Web of Science. The search period ended on July 31, 2023. Only entries with standard publication identifiers (DOI/ISSN/ISBN) were collated, coded, categorized, and classified by title/theme/year/name of author/s/journal. Descriptive essays on the theme in newsletters, periodicals, in-house magazines, proceedings of seminars/webinars/conferences, mimeographs, video or audio materials, and unpublished/internet inaccessible pre-doctoral doctoral or post-doctoral dissertations were excluded. Incomplete, misleading, repeated, and unverified cross references from available full text articles and books were also excluded. Inter-observer reliability checks undertaken by two mutually blinded independent coders for at least a quarter of the entries in the overall sample to minimize the risk of bias yielded a robust correlation coefficient (r: 0.94). Ethical considerations as set out in Venkatesan (2009) were followed. A statistical analysis was carried out using SPSS/PC (Pallant, 2020). Effect sizes

were analyzed using Cohen's guidelines (Cohen, 1992). This review followed as many PRISMA standards as possible.

Results

Adverting to the first research question in this study, the number of publications available on the selected topic, their format, period, or issues are to be studied. Results are presented in the form of harvest plot by their format (book, chapter, original research article, review, or essay), decade-wise publication, to specific topics of study (Table 1).

Variable	N	%
Format		
Original Research Articles	75	81.52
Books	14	15.22
Chapters	2	2.97
Seminars/Conferences	1	1.09
Timelines		
<=2000	10	10.87
2001-2005	6	6.52
2006-2010	8	8.70
2011-2015	15	16.30
2016-2020	35	38.04
2021>	18	19.56
Topics		
Styles	31	33.70
Classification-Diagnosis	24	26.09
Anxiety-Depression	10	10.87
Eating-Elimination	7	7.61
Pathological Lying	5	5.43
Stuttering	2	2.97
Therapy	2	2.97
Others (measures, personality, self-harm)	11	11.96
Total	**92**	**100.00**

Table 1. Harvest plot showing the frequency distribution of compiled literature on parenting practices vis-a-vis diagnostic conditions

The compiled list of published references on parenting practices with a causal or facilitating role in the emergence of symptomatic psychopathology in their children shows that original descriptive essays or data based on empirical papers (N: 75 out of 92; 81.52%) are the highest, followed by books (N: 14 out of 92; 15.22%), chapters in books (N: 2 out of 92; 2.97%) and presentations in seminars/conferences (N: 1 out of 92; 1.09%). The second research question is whether there is any identifiable pattern in the publications in terms of structure, content, topics, or time frames. The timelines show an increment of publications about every five years. As per the topic of research, studies on parenting styles (N: 31 out of 92; 33.70%), vis-a-vis classification-diagnosis (N: 24 out of 92; 26.09%), studies on parental etiology for anxiety in their children (N: 10 out of 92; 10.87%), disorders of eating-elimination (N: 7 out of 97; 7.61%), pathological lying (N: 5 out of 97; 5.43%), stuttering (N: 2 out of 97; 2.97%), and others.

Discussion

The results are discussed under different headings: (i) Evidence in favor; (ii) Conditions arising from faulty parenting; and, (iii) Parental Excesses and coercion.

(i) Evidence in favor

A parent's mental health and that of their children are closely related. Parents who struggle with their mental health issues, such as overcoming anxiety, sadness, or worry, may find it challenging to look after their children (Charles & Fazeli, 2017; Reupert, Maybery, & Kowalenko, 2013). In addition, parents who themselves exhibit antisocial tendencies, poor impulse control, and low self-esteem are more likely to abuse and neglect their children (Farrington, 2005). Parents who experience persistent restlessness, feelings of being wound up or on edge, fatigue, problems focusing their attention, insomnia, irritability, headaches, and body aches tend to keep their children out of challenging situations. Their persistent worry that something bad might happen to their child, or about trivial matters involving the child, and their child's health, socialization, emotional well-being, academic performance, or developmental milestones can all have a telling impact on the child's mental or behavioral status. In short, anxious parents raise anxious children (Ginsberg et al. 2018; Lyons & Wilson, 2013).

When parents show less warmth and care towards their children, criticize them more, and constantly express doubts about the kid's capacity to finish a task, the children also display increased worry. Anger and frustration are fostered in children and teenagers by parental animosity and rejection. Increased levels of antisocial behavior follow from this. These children frequently exhibit higher levels of unhappiness, withdrawal, and mistrust. According to Chang, Schwartz, Dodge, and McBride-Chang (2003), harsh parenting techniques involving coercive acts, negative emotional expressions directed toward their children, as well as physical aggression like spanking or hitting, cause externalizing issues like aggression and violence in their children (Chang et al. 2003).

Among several things, the four main parenting styles recognized in child developmental psychology are based on the theory of Diana Baumrind (1971). They are: permissive, authoritative, authoritarian, and neglectful. A recent classification adds hyper-, hypo-, atypical, and indifferent forms of contemporary parenting (Venkatesan, 2020; 2019a; 2019b). Hyper-parenting involves over-parenting, over-controlling, or micro-managing every aspect of their child's life. This practice is characterized by paying excessive attention to their children always hovering or helicoptering over them. By contrast, hypo-parenting shows their tendency to be neglectful, indifferent, under-involved, and lack interest in the activities of their children. Atypical parenting emerges wherein parents are themselves estranged, exploitative, or defective. They may be single parents, over-aged, teenage, under-aged, or cohabiting out of wedlock, which leaves them to be atypical. New forms of cultural practices like co-parenting, LGBTQ-parenting, and growing demands on the involvement of fathers in parenting roles to promote gender equality, increased use of Assistive Reproductive Technologies, or children born by donor-conception, surrogacy, and families with trans-parents are likely to throw fresh challenges in parenting that may, in turn, affect their children. Each style is characterized by various degrees of parent demand and responsiveness. These new approaches could become the needed ingredients for the proposed diagnostic classification of parenting. Studies on parenting styles used in children/adolescents and their connection to mental health or psychopathology in later life have repeatedly been demonstrated through empirical studies (Azman et al. 2021; Eun et al. 2018).

Children reared under an **authoritative parenting style** frequently show signs of emotional stability, independence, and self-assurance. They outperform children raised with less healthy parenting styles in terms of academic performance, social skills, and active coping mechanisms. Authoritarian and emotionally distant parenting styles, on the other hand, were linked to adverse developmental

outcomes, including increased symptom distress, low self-esteem, and the emergence of avoidant coping mechanisms (Konopka et al. 2018; Chen, Dong, & Zhou, 1997).

Children of **permissive parents** exhibit immaturity with their peers and in the classroom (Johnson & Kelley, 2011). They are less likely to accept accountability for their conduct. Adolescent aggressiveness is shown to be strongly connected with parental support, negative controls, and neglect in both offender and non-offender adolescents (Llorca, Richaud, & Malonda, 2017). Such children are frequently left bitter and easily provoked to use violence in self-defense against the bitterness of their parents (Njagi, Mwania, & Manyasi, 2018).

(ii) Conditions associated with faulty parenting

The onset of paranoid personality disorder is linked to inadequate parental nurturing, mistreatment through sexual or emotional abuse, poor parent-child connections, and insecure parent attachment (Ni & Wang, 2022). Even when their children are of legal age, paranoid parents do not let them engage in unsupervised activities like going out on their own. It could be out of fear that they would be abducted by strangers or that they would get involved in vehicle accidents (Brown, Waite, & Freeman, 2021). Schema therapy is exclusively designed and developed to address people who are affected by such characterological problems (Temple, 2003; Young, Klosko, & Weiahaar, 2006).

The ineffective parent-child attachment has been linked to **bipolar disorders, depressive disorders, and schizophrenia** (Abbaspour et al., 2021). A child's likelihood of growing up with a personality disorder has been connected to parenting techniques during the early years of life, according to research by Johnson et al. (2006). There is much debate over whether these parenting practices are the cause or effect of later mental health problems.

The parenting styles of both fathers and mothers are perceived negatively by children and adolescents with conversion disorder (Imran, Hussain, & Amjad, 2015). Affected children have revealed how they were forced to compromise a combative parenting style to appease their parents and manage their worries about parental rejection, hostility, anger, and displeasure through forced compliance (Kozlowaka, 2001).

Parent-child relationships are important in the emergence of **somatization symptoms and conversion disorders**. In children between the ages of 9 and 14, mono-somatic presentations are linked to dysfunctional mother-child interactions, whereas poly-somatic presentations are supposedly linked to dysfunctional father-child interactions. Parents of children with conversion

disorders and somatic complaints scored higher on measures of parental possessiveness, rejection, intrusiveness, inconsistent discipline, and instilled persistent anxiety compared to matched healthy controls (Singh et al. 2015). Children and adolescents with conversion disorder had poor perceptions of both fathers' and mothers' parenting methods (Imran, Hussain, & Amjad, 2015). Affected children have described how they were coerced into giving up on their confrontational style to please their parents and cope with their fears of rejection, hostility, wrath, and disapproval by being coerced into doing what was expected of them (Kozlowaka, 2001).

Parents have a critical role in the onset, maintenance, and remediation of **speech fluency problems** in their children. This can be done by talking slowly to them, looking and listening, using more waiting time, encouraging turn-taking during interactions, and acknowledging the child's difficulties during a conversation. Children who stutter are known to perceive their parents as showing a significantly lower attachment, particularly about trust (Lau et al. 2012), covert parental rejection, excessive maternal control, and high expectations of obedience than parents of children without stuttering (Bodur et al. 2019; Quarrington, 1974). Many parents are inadvertently induced with guilt, self-blame, self-degradation, or feel somehow responsible for the speech impairments in their children.

According to Tulloch, Blizzard, and Pinkus (1997), inadequate parent-adolescent communication is associated with **teen self-harm**. Studies show that authoritarian and negligent parenting styles inhibit teenagers from developing their identities and instead lead to identity dispersal, confusion, foreclosure, and conflicts (Giri, 2020). Sharing family stories, customs, and values with children while also showcasing their talents and skills promotes the growth of a positive sense of self (Embalsado, 2021; Degefe, 2018; Rezvan, Gowda, & D'Souza, 2017; Ahadi, Hejazi, & Foumany, 2014).

Although lying to children is a common parenting approach, children who frequently see such situations while growing up learn from their parents that lying is an appropriate way to preserve their self-esteem and protect their interests. Children's dishonesty can be quickly and easily increased by adults telling outright lies (Jackson et al. 2021; Setoh et al. 2020; Santos et al. 2017). There is evidence of a link between parenting and **pathological lying** in children and teenagers. Children who experience less maternal warmth lie more. Parents who are perpetually angry, yelling, stiff, and domineering typically confront children who lie compulsively. More honest communication is facilitated by giving people the option to reach a compromise, listening before making charges, and speaking softly. Bad parental examples might also encourage habitual lying. Children, who cannot differentiate subtleties, are forced to imitate their parents when they tell white lies, make thoughtless pledges, or consciously

and deliberately distort the truth. Prohibitions that are too strict can encourage kids to lie. Although it's a frequent parenting strategy to tell lies, children who frequently witness these events as they grow up learn from their parents that lying is a moral means to achieving their goals. Adults who speak open lies to children can readily and swiftly escalate their dishonesty (Jackson et al. 2021; Setoh et al., 2020; Santos et al. 2017).

Rapid scoping reviews of 16 studies from three databases found that the common parenting characteristics noticed in children with **eating disorders** include divorce, marital conflict, domestic abuse, and tight control (Hampshire, Mahoney, & Davis, 2022). Disordered features of food-approaching behavior like food fussiness, slowness in eating, emotional overeating (binge or bulimia), or under-eating (anorexia) were found to be associated with too much or too little parental control as under neglectful parenting (Enten & Golan, 2009; Jáuregui Lobera, Bolaños Ríos, & Garrido Casals, 2011; Leuba et al. 2022; Bürgy, 2022; Robertson, 2020). These symptoms, according to Watson, O'Brien, and Sadeh-Sharvit (2018), were a direct outcome of how the eating disorders of the parents expressed themselves.

According to Alpasian et al. (2016), abusive mother attitudes and childcare practices are strongly associated with elimination issues in children (such as **enuresis and encopresis**). Low levels of authoritative parenting also predicted subsequent enuresis at the age of three. In the absence of appropriate scaffolding, love, encouragement, and clear expectations, such children find it more challenging to learn the skills necessary to master toilet training. Interventions that enhance authoritative parenting dramatically reduce the likelihood that a child would develop enuresis and possibly even the psychopathology that is later linked to enuresis (Kessel et al. 2017).

Children's anxieties—real or imagined—about things like loud noises, animals, or actual people and locations are associated with maternal authoritarian parenting methods (Ahmad, 2021). Authoritarian or fear-based parenting entails parents utilizing their position of authority to punish their children. These children typically worry about adverse results or the perceptions of others, which is why they frequently feel threatened about being spanked, put in time out, or losing a toy. According to Choong, Garcia, Carlton, and Richey (2021), Fliek et al. (2019), Abdallah et al. (2016) and Lieb et al. (2000), such fear-enhancing parenting techniques prevent the child from learning from mistakes, overcoming challenging or uncomfortable situations, developing resilience, and boosting self-confidence. As a result, the child develops **social anxiety disorder** in adulthood.

(iii) Parental Excesses & Coercion

Parental excesses and the use of coercion on behalf of a child's upbringing is another rarely discussed topic in the public. The common themes of parental excesses include over-protection, micromanagement, and unrealistic expectations. Overprotection protects the child from any form of potential harm or failure, which might hinder them from learning how to cope and live their own lives. Micromanagement leaves no room for the child to develop decision-making and independence in thought, feeling, or action. Unrealistic expectations of parents may push their child to achieve at all costs but can lead the child to experience strain and burnout. To achieve their ends, parents are known to use various forms of physical, psychological, emotional, and social coercion. The theme of parent coercion is not discussed in public because it is regarded as a private family matter. Some parents are not aware that their behaviors are coercive, or they may not want to acknowledge them. Some forms of parental coercion could be a part of the prevalent social or cultural norm. In any case, there is a need to bring these issues out into the open to promote mutual respect, positive parenting practices, and healthy parent-child relationships (Venkatesan, 2014).

Conclusion

As for the research question raised, whether there are indications for any potential future avenues for research based on prior engagements, it is hereby proposed that there must be an exclusive branch of parent and carer psychiatry—where parents, not their children, are made the focus of diagnostic categories. This suggestion is likely to embarrass the rank and file of child and adolescent psychiatry owing to the meager number of publications available in comparison to what is needed to soon emerge. This narrative does not intend to denigrate parents or portray them as the root of all the diagnoses associated with their children. Poor parenting is evident when parents fail to monitor or respond to a child's conduct. When parents discipline their children brutally and inconsistently, or when they fail to detect deviant behaviors, it takes place. Such parents prioritize their interests over those of their children. These parents frequently become violent, abusive, and often neglectful. They also expect complete obedience while intimidating others to follow their command. They must manage, monitor, watch over, and control their child—for what they perceive as good reasons.

A diagnosis of poor parenting, whether it be uninvolved, neglectful, negative, problematic, destructive, harmful, poisonous, or unhealthy, can be useful to the parents themselves in addition to removing the stigma connected with the branded child. Parents can concentrate on the best way to

raise their children to become responsible adults before warning signs of poor parenting, such as disregard for a child's basic needs (food, clothing, and shelter), physical or emotional abuse (yelling and beatings), excessive meddling in their day-to-day lives, inconsistent or unpredictable practices, and parental substance abuse emerge. Diagnostic systems of classification that focus on parents can therefore help plan/provide group or family-based therapies, rather than always focusing on the child as their primary focus. However, more clinical research is required and recommended to demonstrate causal relationships between parental practices and psychiatric illness among children and adolescents.

Family therapy, child and adolescent psychiatry, and associated subjects are the focus of several professional organizations and organizations. The World Association for Infant Mental Health (WAIMH), the International Association for Child and Adolescent Psychiatry and Allied Professionals (IACAPAP), and the American Academy of Child and Adolescent Psychiatry (AACAP) are a few examples. Their websites offer tools, discuss problems, or offer details about parenting and caregiver challenges. An International Association for Parent and Caregiver Psychiatry or an Academy for Parent and Caregiver Psychiatry, however, currently do not exist and is the need of the times!

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References

- Abbaspour, A., Bahreini, M., Akaberian, S., & Mirzaei, K. (2021). Parental bonding styles in schizophrenia, depressive and bipolar patients: a comparative study. *BMC Psychiatry*, *21*(1): 1-8.
- Abdallah, E. S., Elzeiny, H. H., Abdel-hady, R. F., & El-Sheikh, M. S. (2016). Association between social phobia and parenting styles among secondary school students. *American Journal of Nursing Science*, *5*(3): 96-105.
- Ahadi, S., Hejazi, M., & Foumany, G. E. (2014). The relationship between parenting styles and adolescent's identity and aggression. *Indian Journal of Fundamental and Applied Life Sciences*, *4:* S3.
- Ahmad, J. (2021). Children's fears and their relation to parenting style and demographic variables of children and parents. *Early Child Development and Care*, *191*(6): 963-976.

- Alpaslan, A. H., Koçak, U., Avci, K., & Güzel, H. I. (2016). Association between elimination disorders and abusive maternal attitudes. *Journal of Forensic and Legal Medicine, 40:* 22-30.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5 *(5th ed.)*. Washington, DC: Author.
- Arnold, D. S., O'Leary, S. G., Wolff, L. S., & Acker, M. M. (1993). The Parenting Scale: a measure of dysfunctional parenting in disciplined situations. *Psychological Assessment, 5*(2): 137.
- Azman, Ö., Mauz, E., Reitzle, M., Geene, R., Hölling, H., & Rattay, P. (2021). Associations between parenting style and mental health in children and adolescents aged 11-17 years: results of the KiGGS cohort study (Second Follow-Up). *Children (Basel, Switzerland), 8*(8): 672.
- Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology, 4*(1p2): 1.
- Bodur, S., Torun, Y. T., Gül, H., Dincer, M., Gül, A., Kara, K., Karaman, D., Durukan, I., & Cöngöloglu, M. A. (2019). Parental attitudes in children with persistent developmental stuttering: a case-control study. *Archives of Clinical Psychiatry (São Paulo), 46:* 103-106.
- Bornstein M. H. (2012). Cultural approaches to parenting. *Parenting, Science and Practice*, *12*(2-3), 212–221.
- Boyle, M., & Johnstone, L. (2022a). Alternatives to psychiatric diagnosis. *The Lancet Psychiatry, 1*(6), 409-411.
- Boyle, M., & Johnstone, L. (2022b). A straight-talking introduction to the power threat meaning framework: An alternative to psychiatric diagnosis. Monmouth, UK: *PCCS Books*. Pp. 214.
- Bracken, P. (2014). Towards a hermeneutic shift in psychiatry. *World Psychiatry, 13*(3): 241.
- Brown, P., Waite, F., & Freeman, D. (2021). Parenting behavior and paranoia: network analysis and results from the National Comorbidity Survey-Adolescents (NCS-A). *Social Psychiatry and Psychiatric Epidemiology, 56:* 593-604.
- Charles, J., & Fazeli, M. (2017). Depression in children. *Australian Family Physician*, *46*(12): 901-907.
- Chang, L., Schwartz, D., Dodge, K. A., & McBride-Chang, C. (2003). Harsh parenting about child emotion regulation and aggression. *Journal of Family Psychology, 17*(4): 598.
- Chen, X., Dong, Q., & Zhou, H. (1997). Authoritative and authoritarian parenting practices and social and school performance in Chinese children. *International Journal of Behavioral Development*, *21*(4): 855-874.
- Choong, M. (2023). The effect of parenting styles on the development of adolescents' social anxiety. *Journal of Education, Humanities and Social Sciences, 8:* 1810-1816.

- Cohen J. (1992). Quantitative methods in psychology: A power primer. *Psychological Bulletin*, 112:1155-9.
- Degefe, A. (2018). Adolescents' identity formation and parenting styles in Dire-Sabian Secondary School, Dire Dawa. *Research on Humanities and Social Sciences, 8*(4): 50-58.
- Enten, R. S., & Golan, M. (2009). Parenting styles and eating disorder pathology. *Appetite*, *52*(3), 784-787.
- Farrington, D. P. (2005). Childhood origins of antisocial behavior. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, *12*(3): 177-190.
- Fliek, L., Roelofs, J., Van Breukelen, G., & Muris, P. (2019). A longitudinal study on the relations between fear-enhancing parenting, cognitive biases, and anxiety symptoms in non-clinical children. *Child Psychiatry & Human Development, 50:* 631-646.
- Foo, K. H. (2019). *Inter-cultural parenting: How Eastern and Western parenting styles affect child development.* Abingdon, Oxfordshire: Routledge.
- Frances, A. (2013). The past, present, and future of psychiatric diagnosis. *World Psychiatry, 12*(2): 111.
- Garcia, K. M., Carlton, C. N., & Richey, J. A. (2021). Parenting characteristics among adults with social anxiety and their influence on social anxiety development in children: A brief integrative review. *Frontiers in Psychiatry, 12:* 614318.
- Ginsburg, G. S., Schleider, J. L., Tein, J. Y., & Drake, K. L. (2018, June). Family and parent predictors of anxiety disorder onset in offspring of anxious parents. *Child & Youth Care Forum, 47:* 363-376.
- Giri, S. P. (2020). Influence of different parenting styles on adolescents' identity construction. *Parenting, 17:* 18.
- Hampshire, C., Mahoney, B., & Davis, S. K. (2022). Parenting styles and disordered eating among youths: A rapid scoping review. *Frontiers in Psychology, 12:* 802567.
- Haycraft, E., & Blissett, J. (2010). Eating disorder symptoms and parenting styles. *Appetite, 54*(1): 221-224.
- Hayes, J., & Bell, V. (2014). Diagnosis: one useful method among many. *The Lancet Psychiatry, 1*(6): 412-413.
- Holden, G. W. (2019). *Parenting: A dynamic perspective.* New Delhi: Sage Publications.
- Imran, N., Hussain, S., & Amjad, R. (2015). Impact of parenting styles on self-esteem and depressive symptomatology in young patients suffering from conversion disorder. *Journal of Pakistan Psychiatric Society, 12*(2).

- Imrie, S., & Golombok, S. (2020). Impact of new family forms on parenting and child development. *Annual Review of Developmental Psychology, 2:* 295-316.
- Jackson, R., Ekerim-Akbulut, M., Zanette, S., Selçuk, B., & Lee, K. (2021). Parenting by lying in Turkey: Associations with negative psychosocial outcomes and psychopathy in adulthood. *Humanities and Social Sciences Communications, 8*(1): 1-9.
- Jáuregui Lobera, I., Bolaños Ríos, P., & Garrido Casals, O. (2011). Parenting styles and eating disorders. *Journal of Psychiatric and Mental Health Nursing, 18*(8): 728-735.
- Johnson, J. G., Cohen, P., Chen, H., Kasen, S., & Brook, J. S. (2006). Parenting behaviors associated with risk for offspring personality disorder during adulthood. *Archives of General Psychiatry, 63*(5): 579-587.
- Johnson, L. E., & Kelley, H. M. (2011). Permissive parenting style. In: S. Goldstein, & A. J. Nagliere. (Eds.). *Encyclopedia of Child Behavior and Development*, 1080-1090. Springer: New York.
- Kapadia, M., Desai, M., & Parikh, R. (2022). Fractures in the framework: limitations of classification systems in psychiatry. *Dialogues in Clinical Neuroscience, 22*(1): 17-26.
- Kazdin, A. E., & Rotella, C. (2009). *The Kazdin method for parenting the defiant child: With no pills, no therapy, no contest of wills*. Boston: Houghton Mifflin Harcourt.
- Kessel, E. M., Allmann, A. E., Goldstein, B. L., Finsaas, M., Dougherty, L. R., Bufferd, S. J., Carlson, G. A., & Klein, D. N. (2017). Predictors and Outcomes of Childhood Primary Enuresis. *Journal of the American Academy of Child and Adolescent Psychiatry, 56*(3): 250–257.
- Kirmayer, L. J., & Minas, H. (2023). The future of cultural psychiatry: an international perspective. *Medical Anthropology, Chapter 8. (Pp. 135-143)*. In Cecil G. Helman. (Eds.). Medical Anthropology. London: Routledge.
- Konopka, A., Rek-Owodziń, K., Pełka-Wysiecka, J., & Samochowiec, J. (2018). Parenting style in family and the risk of psychopathology. *Advances in Hygiene and Experimental Medicine, 72:* 924-931.
- Kotari, V. O., Kotan, Z., & Bilgili, G.O. (2018). Diagnostic classification systems based on psychoanalytic principles. *Archives of Neuropsychiatry, 55:* 91-97.
- Kotov, R., Krueger, R. F., & Watson, D. (2018). A paradigm shift in psychiatric classification: the Hierarchical Taxonomy Of Psychopathology (HiTOP). *World psychiatry: official journal of the World Psychiatric Association (WPA)*, *17*(1): 24–25.
- Kotoy, R., Krueger, R. F., & Watson, D. (2018). A paradigm shift in psychiatric pathology. *Appetite, 52*(3): 784-787.

- Kozlowska, K. (2001). Good children presenting with conversion disorder. *Clinical Child Psychology and Psychiatry, 6*(4): 575-591.
- Lau, S. R., Beilby, J. M., Byrnes, M. L., & Hennessey, N. W. (2012). Parenting styles and attachment in school-aged children who stutter. *Journal of Communication Disorders, 45*(2): 98–110.
- Lauw, M. S., Havighurst, S. S., Wilson, K. R., Harley, A. E., & Northam, E. A. (2014). Improving parenting of emotions using an emotion coaching parenting program: A pilot study of tuning into toddlers. *Journal of Community Psychology*, *42*(2), 169-175.
- Leuba, A. L., Meyer, A. H., Kakebeeke, T. H., Stülb, K., Arhab, A., Zysset, A. E.,... & Lieb, R., Wittchen, H. U., Höfler, M., Fuetsch, M., Stein, M. B., & Merikangas, K. R. (2000). Parental psychopathology, parenting styles, and the risk of social phobia in offspring: a prospective-longitudinal community study. *Archives of General Psychiatry, 57*(9): 859-866.
- Livingstone, S., & Blum-Ross, A. (2020). *Parenting for a digital future: How hopes and fears about technology shape children's lives*. New York: Oxford University Press.
- Llorca, A., Richaud, M. C., & Malonda, E. (2017). Parenting styles, prosocial, and aggressive behavior: The role of emotions in offender and non-offender adolescents. *Frontiers in Psychology, 8:* 1246.
- Louis, J.P. The Young Parenting Inventory (YPI-R3), and the Baumrind, Maccoby and Martin Parenting Model: Finding Common Ground. *Children*, 2022, 9(2), 159.
- Louis, J.P., Louis, K. M., & Lockwood, G. (2022). Development and Validation of the Young Parenting Inventory (YPI-R3) for Measuring Past Deviant and Normal Variations in Parenting. *Children* (Basel, Switzerland), 9(5), 706.
- Louis, J. P., Ortiz, V., Barlas, J., Lee, J. S., Lockwood, G., Chong, W. F.,... & Sim, P. (2021). The Good Enough Parenting early intervention schema therapy based program: Participant experience. *PloS one*, *16*(1), e0243508.
- Lyons, L., & Wilson, R. (2013). Anxious kids, anxious parents: 7 ways to stop the worry cycle and raise courageous and independent children. Florida, US: Health Communications.
- Messerli-Bürgy, N. (2022). The relationship of parenting style and eating behavior in preschool children. *BMC Psychology, 10*(1): 275.
- Moncrieff, J. (2010). Psychiatric diagnosis as a political device. *Social Theory & Health, 8:* 370-382.
- Ni, C., & Wang, Y. (2022, December). Negative Parenting Practices, Childhood Trauma, and Paranoid Personality Disorder. In 2022 6th International Seminar on Education, Management and Social Sciences (ISEMSS 2022) (pp. 2404-2413). Amsterdam, Netherlands: Atlantis Press.

- Njagi, S. N., Mwania, J. M., & Manyasi, B. (2018). The role of parenting styles in violence among students in secondary schools in Embu County, Kenya. *Asian Journal of Contemporary Education, 2*(1): 8-18.
- Pallant J. (2020). *SPSS survival manual: A step-by-step guide to data analysis using IBM SPSS*. Oxfordshire, England: Routledge.
- Parker, G., Tupling, H., & Brown, L. B. (1979). A parental bonding instrument. *British Journal of Medical Psychology, 52*(1): 1-10.
- Pollak, O., & Brown, R. (1960). A family diagnosis model. *Social Service Review, 34*(1): 19-31.
- Tseng, W. S., & McDermott, J. F., Jr (1979). Triaxial family classification: a proposal. *Journal of the American Academy of Child Psychiatry*, *18*(1), 22–43.
- Quarrington, B. (1974). The parents of stuttering children: the literature re-examined. *Canadian Psychiatric Association Journal, 19*(1): 103-110.
- Read, R. (2021). *Parents for the future.* Norwich: UEA Publishing Project.
- Rezvan A, Gowda R, D'Souza L (2017), Influence of parenting styles and developmental stages on identity formation among adolescents, *International Journal of Indian Psychology, 4*(3): 97-105.
- Robertson, J. (2020). The parent behind the eating disorder: how parenting styles affect eating disorders in adolescents. *Family Perspectives, 2*(1): 3.
- Reupert, A. E., J Maybery, D., & Kowalenko, N. M. (2013). Children whose parents have a mental illness: prevalence, need and treatment. *The Medical Journal of Australia*, *199*(3): S7-S9.
- Rose, J., Roman, N., Mwaba, K., & Ismail, K. (2018). The relationship between parenting and internalizing behaviors of children: A systematic review. *Early Child Development and Care*, *188*(10): 1468-1486.
- Santos, R. M., Zanette, S., Kwok, S. M., Heyman, G. D., & Lee, K. (2017). Exposure to parenting by lying in childhood: associations with negative outcomes in adulthood. *Frontiers in Psychology, 8:* 1240.
- Setoh, P., Zhao, S., Santos, R., Heyman, G. D., & Lee, K. (2020). Parenting by lying in childhood is associated with negative developmental outcomes in adulthood. *Journal of Experimental Child Psychology, 189:* 104680.
- Singh, P., Gehlawat, P., Sharma, B., Gehlawat, V. K., & Gupta, R. (2015). Parent-child relationships in children presenting with somatic complaints: a comparative study. *Journal of Child and Adolescent Behaviour, 3(1):* 1-5.

- Smetana, J. G. (2017). Current research on parenting styles, dimensions, and beliefs. *Current Opinion in Psychology, 15:* 19-25.
- Stone, L., Waldron, E., & Nowak, H. (2020). Making a good mental health diagnosis: Science, art, and ethics. *Australian Journal of General Practice, 49(12):* 797-802.
- Temple, S. D. (2003). Schema Therapy: A Practitioner's Guide. *American Journal of Psychiatry*, *160*(11), 2074-a.
- Teti, D. M. (Ed.). (2016). Parenting and family processes in child maltreatment and intervention. Springer.
- Tseng, W. S., & McDermott Jr, J. F. (1979). Triaxial family classification: A proposal. *Journal of the American Academy of Child Psychiatry, 18(1):* 22-43.
- Tulloch, A. L., Blizzard, L., & Pinkus, Z. (1997). Adolescent-parent communication in self-harm. *The Journal of Adolescent Health, 21(4):* 267–275.
- Venkatesan S. (2009). *Ethical guidelines for bio-behavioral research involving human subjects*. All India Institute of Speech and Hearing, Mysore.
- Venkatesan, S. (2014). Coercion tactics of parents on children with academic problems in India. *International Journal of Psychology & Psychiatry, 2(1):* 42-56. DOI: 10.5958/j.2320-6233.2.1.007
- Venkatesan, S. (2019a). Hyper-parenting in children with intellectual and developmental disabilities. *Journal of Psychology, 10(1-2):* 22-34.
- Venkatesan, S. (2019b). Parenting: A caselets-based narrative. India/Singapore/Malaysia: Notion Press.com
- Venkatesan, S. (2020). Is it time for a parental diagnostic classification system? *Journal of Psychiatry and Psychology Research, 3(3)*, 191-193.
- Venkatesan, S. (2020). Uninvolved parenting in children with academic delays and specific learning disabilities. *The International Journal of Indian Psychology, 8(2):* 961-966.
- Walker, L. E., & Shapiro, D. L. (2010). Parental alienation disorder: Why label children with a mental diagnosis? *Journal of Child Custody, 7(4):* 266-286.
- Watson, H. J., O'Brien, A., & Sadeh-Sharvit, S. (2018). Children of parents with eating disorders. *Current Psychiatry Reports, 20:* 1-11.
- World Health Organization. (2001). *International Classification of Functioning Disability and Health. (ICF-H)*. Geneva: Author.
- World Health Organization. (2019). *International Statistical Classification of Diseases and Related Health Problems, 11th edition. (ICD-11)*. Geneva: Author.

- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2006). *Schema therapy: A practitioner's guide*. New York: Guilford Press.
- Zero to Three (2005). *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised Edition (DC:0-3R)*. Washington, DC: Author.

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