Psychiatric Diagnostic Classification System Based on New Forms of Parenting Practices: an Invite for a Rethink

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Abstract

New types of hyper-, hypo-, atypical, and indifferent parenting styles are replacing earlier well-known ones, such as permissive, authoritative, authoritarian, and neglectful types, in the child-adolescent psychology of the 1970s. Newly introduced terms like co-parenting, attachment-parenting, positive-parenting, LGBTQ-parenting, and free-range parenting, greater involvement of fathers in parenting roles to promote gender equality, increased use of Assistive Reproductive Technologies, mums-net parenting, and intentional single mother families, donor-conception, surrogacy, and families with trans-parents have drastically changed the scenario of parenting practices in recent times. The ongoing advances in artificial intelligence, machine learning, genetic testing, and brain imaging are likely to bring many more changes to parenting in the future. 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. Instead, their children must be made the targets or focus of diagnosis and treatment. This evidence-gathering narrative review aims to initiate the idea that parents should be 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

The determination of the nature and origin of an illness is referred to as a diagnosis. The actions of acquiring information, limiting the possibilities, and creating a diagnostic impression can be summed up as steps in the diagnostic decision-making process. A provisional, primary, differential diagnosis, 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. Professionals can effectively communicate with patients using a diagnosis (Johnstone, 2022). While diagnostic categories are defined by groups of typical behaviors, a diagnosis may 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 supports), maintenance factors (life style), and observations of an individual's behavior as signs and symptoms. It is crucial to acknowledge the significance of culture in this entire diagnostic process (Boyle & Johnstone, 2014; Bracken, 2014; Hayes & Bell, 2014; Moncrieff, 2010).

In the West, there are many systems for disease classifications, 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. All these systems have their diagnostic frameworks for mental health disorders. Irrespective of Western or Eastern, all these systems 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? Cannot the behavior issues seen in children be a sign of unrecognized or untreated

pathology in parenting? Why do mental health professionals typically focus on treating the child's symptoms rather than diagnosing or treating the parents?

Contemporary child psychiatry diagnosis is beset with 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 anomalies 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. If this is true, the crucial question is why are parents absolved and the brunt of diagnostic labeling, and treatment is directed only on 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 anomalies 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. However, none of these systems primarily targets parents in their diagnostic nomenclature.

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. Such a 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 for the benefit of the children. When some of the guilt or hurt is transferred to their parents, it can significantly lessen the stigma associated with such children. However, carers who are having parenting problems must be labeled in a considerate and non-judgmental way. Otherwise, it could result in many unpleasant outcomes. When a parent 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, and 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, Tal & Tamis-LeMonda, 2013).

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 anomalies in parenting behaviour 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; Rose, 2013; Frances, 2013).

Evidence in Favor

Parents' 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. In addition, parents who themselves exhibit antisocial tendencies, poor impulse control, and low self-esteem are more likely to abuse and neglect their children. 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). Each style is characterized by various degrees of parent demand and responsiveness. These new approaches could become the needed ingredients for the diagnostic classification of parenting that is proposed for the future. 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 alternative 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 (Chen, 2022; Konopka et al. 2018).

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).

Conditions Made Possible by 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).

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 apparently linked to dysfunctional mother-child interactions, whereas poly-somatic presentations are supposedly linked to dysfunctional father-child interactions. Parents with 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 in order 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). Parents of such children have themselves reported greater self-blame or self-degradation and poor parental self-efficacy as compared to their peers whose children did not stutter. Although not true, as reported, many parents of children who are “late talkers,” or show “speech-language delays,” feel guilty or tend to believe that they are somehow responsible for the problem.

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 a legal way to accomplish their objectives. 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 lack the ability to 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. 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; Hampshire, Mahoney, & Davis, 2022; 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 have been shown to be 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) as well as 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.

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

Overall, the proposed branch of parent and carer psychiatry—where parents, not their children, are made the focus of diagnostic categories—would embarrass the rank and file of child and adolescent psychiatry by the meager number of publications it produces 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. In fact, 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 own interests over those of their children. These parents frequently become violent, abusive, and neglectful behaviors. They also expect complete obedience while intimidating others to follow their command. They must manage, monitor, watch over, and control their child—for good or ill 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.

Family therapy, child and adolescent psychiatry, and associated subjects are the focus of several professional organizations and organisations. 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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