

Daily life and educational parenting practices: the perception of families of children undergoing psychological stress

Cotidiano e práticas educativas parentais: a percepção das famílias de crianças em sofrimento psíquico

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ABSTRACT: Objective: to identify the perceptions of parents of children undergoing psychological stress on the activities they develop together, the educational practices they use in their daily life, and how they see these practices influence the children's behavior. Ten parents of children aged from 6 to 10 years linked to the Occupational Therapy Program for Children's and Adolescent's Mental Health participated in this study. We used a semi-structured interview script, whose results we analyzed using the content analysis technique. We observed that most participants share daily life activities with their children, have a routine with planned activities and schedules, with responsibilities and rules in the family context; parents often adopt affective behaviors and use different educational practices according to the situation. We verified there are no parenting educational strategies that represent all participants, because the relationship pattern depends on the context of each family. These results indicate important points to be considered in actions for children undergoing psychological stress and their respective families.

KEYWORDS: Mental health; Child development; Parenting; Child; Family relations; Activities of daily living

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RESUMO: Objetivo: identificar as percepções de responsáveis por crianças em sofrimento psíquico sobre as atividades que desenvolvem com elas, as práticas educativas que utilizam em seu cotidiano e sobre como compreendem a influência destas no comportamento das crianças. Participaram 10 responsáveis por crianças de 6 a 10 anos, vinculadas a um Programa de Terapia Ocupacional em Saúde Mental Infantojuvenil. Foi utilizado roteiro de entrevista semiestruturado, cujos resultados foram analisados pela técnica de análise de conteúdo. Observou-se que grande parte dos participantes possui um cotidiano de atividades compartilhadas com suas crianças, rotina de atividades programadas e com horários, responsabilidades e regras na família; adotam comportamentos afetivos com frequência e diversificam suas práticas educativas de acordo com o contexto em que ela é demandada. Verificou-se não haver um perfil de estratégias e de cuidado parental comum a todos os participantes, pois o padrão da relação de cada família norteia as ações dos pais com as crianças, a depender da dinâmica de cada contexto. Tais resultados indicam pontos importantes a serem considerados em ações para as crianças em sofrimento psíquico e suas famílias.

DESCRIPTORIOS: Saúde mental; Desenvolvimento infantil; Poder familiar; Criança; Relações familiares; Atividades cotidianas.

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INTRODUCTION

Children's mental health can be understood as several adaptive abilities that comprises emotional, behavior and social aspects^{1,2,3}. However, difficulties concerning mental health, such as psychological stress, can be understood as emotional or behavioral changes that affect the subject negatively at different severity levels, a problem that has been growing among children and adolescents⁴.

Brazilian politics on mental health points out that if a child or adolescent has some degree of psychological stress, several possibilities must be considered as reasons for it such as the child's or adolescents relationship with themselves, with their families or other social institutions⁵.

Hence, studies show that the family context (e.g., domestic violence) is the factor mostly associated with children's mental health^{1,6,7,2}.

Considering families are characterized, among other things, by a relationship of affection and commitment among its members, specifically regarding the one between child/adolescents and their parents, we believe the understanding of parenting styles and practices improves the knowledge on this relational process and its impact on children's mental health^{1,8}.

Parenting Educational Practices are different strategies and techniques used by parents aimed at taking care, educating and developing their children, thus guiding them towards autonomy, responsibilities, and adaptation to the social rules and cultural values accepted in a particular historical time and social context⁹. Some national and international authors have been studying children's mental health based on the parenting practices used by parents and/or legal guardians.

Yu et al.¹⁰, aiming at investigating children with risk of developing social and behavioral problems, as well as the influence of parenting practices and the use of free time in the development of such problems, evaluated 4,936 Australian children aged between 4 and 5 years. The results showed that the main variables associated with social and behavioral problems in children were the use of inconsistent and hostile parenting practices by parents and/or legal guardians when educating these children. The authors discuss this result by pointing out that these parenting practices can promote stress and fear in children, interfering in their mood regulation and leading them to immature and impulsive reactions¹⁰.

In Brazil, Salvo et al.¹¹ have developed a research aimed at raising which of the parenting practices evaluated

by Gomide's Parenting Styles Inventory affect mental health negatively. A total of 30 children, aged between 11 and 13 years, from public schools, and one parent and/or legal guardian participated in this study. The results showed that parenting practices, such as positive monitoring and moral behavior, are variables that promote prosocial behaviors, and that its lack when added to other negative practices contribute to complications in mental health¹¹.

It is worth observing that, in Brazilian literature, Gomide's study¹³ is very well known in the field of parenting educational practices. This author divides parenting styles in *Estilo Parental Positivo e Estilo Parental Negativo* [Positive Parenting Style and Negative Parenting Style] according to seven education practices also divided in positive educational practices (positive monitoring and moral behavior) and negative educational practices (neglect, physical and psychological abuse, lack of discipline, inconsistent punishment, negative monitoring).

The authors indicate that it is possible that families use both positive and negative educational practices, combining several strategies according to different situations¹⁴. However, what will determine whether the parental style is risky or not for the children's mental health is the frequency and the context in which the different practices are used by parents when interacting with their children¹⁵.

Thus, it is not possible to say that certain practices and styles are better than others without considering the complexity of family relationships and the variables that influence the parents' practices regarding the care of their children⁹.

Some of these aspects were considered and investigated in the study of Cid and Matsukura², who estimated the prevalence of mental health problems in students of the first cycle of elementary school, and explored the risk and protection factors represented by parents social support, practices and parenting styles, the parent's mental health and variables concerning the family's structure and context. Results showed that the children's mental health was significantly associated with risky parenting practices and styles, the presence of at least one mental disorder among parents and of fights in the family. Moreover, responsibilities and rules known and followed by all family members were associated with prosocial behavior of children.

Considering the results, the authors point out to the need to understand children's mental health from a broader context that considers several factors of the families' daily lives in promotion, prevention and treatment actions in mental health and that such actions may be developed

from intersectoral articulation between different public sectors that attend children and adolescents².

Brazilian recent national literature on parenting education practices has been expanding^{3,16,17}; however, there are few studies on the perception of parents regarding the parenting practices they adopt with children undergoing psychological stress beyond the established by standard instruments.

Considering the aforementioned aspects and the importance of knowing the understanding that the parents have on children's psychological stress, parenting, family, and care; and also the importance and possible connection of these practices with mental health, this study aims at identifying, from the perspective of parents of children undergoing psychological stress, the activities they develop with their children in daily life; the commonly used parenting educational practices; and the positive and negative influences of such practices in the children's behavior.

METHOD

A total of ten parents of children who attended the Occupational Therapy Program for Children's and Adolescents' Mental Health located in the state of São Paulo, nine mothers and only one dad among them, all aged between 25 and 47 years, participated in this study. Eight participants were married, one was single and another one was in a common-law marriage. All participants have direct parental relationship with the child (mother/father) referred in the study and also live with them.

When it comes to the children, ages ranged between 6 to 10 years and there were nine boys and one girl. All children attended the first year to the 5th grade of elementary school.

Children manifested psychological stress when showing difficulties in behavior, in personal relationships, and in the expression of affection and emotions, although they have not been diagnosed yet. Children attended the service formally guided by health services, schools, and other social facilities or even by spontaneous demand.

The process of participants identification and data collection occurred between August 2014 to July 2015. For the location and identification of participants, the researchers contacted the referred service that attends children and adolescents with psychological stress. The project was presented and authorized to take place in the dependencies of the institution, as well as approved by the Human Research Ethics Committee of UFSCar (CAAE no. 19413013.5.0000.5504).

Then, professionals who deal with the children were contacted, the objectives of the study were presented, and the identification of children that attended the service was requested only to those who followed the participation criteria: aged between 6 and 10 years; guided to the Occupational Therapy Program for Children's and Adolescent's Mental Health because of behavioral, emotional or relational difficulties without necessarily undergoing diagnose yet; those who were parents of children with more severe difficulties, such as autism, for example, were excluded.

After identifying the children, their families were contacted through the phone and asked to participate in the study and schedule an interview. The scheduling of interviews was carried out during service, preferably in the days in which children attended the institution. It is worth mentioning that the researcher responsible for contacting the families and for data collection was associated with the health service.

For data collection, we used a semi-structured interview script developed by researchers and composed of 31 questions on the perception of parents regarding the daily activities they develop with their children; parenting educational practices adopted in daily life, and on which things they considered helpful or unhelpful when raising/educating their children.

An informed consent form was signed by all participants of this study.

All interviews were recorded and fully transcribed. The content analysis technique was used to analyze and interpret the results from the reports given using objective and systematic procedures¹⁸.

The reports were divided in similar registration units and later defined according to content categories. Registration units were organized by themes following what had been previously defined by the semi-structured interview script. The elaboration and description of categories in registration units was conducted from their meanings.

RESULTS

From the analysis of interviews, we identified two subjects: **the child's and the family's daily life and routine and parenting educational practices**. We will describe these results and illustrate them with the participant's reports, which we will identify with the letter P followed by a number from 1 to 10.

The subject **the child's and the family's daily life and routine** comprises the activities that participants perform together with their children.

Four participants reported taking the child with them in their daily live activities, including places where the child wanted to go; or that the child goes along with them when accomplishing tasks and attending appointments:

P9: "[...] She likes to go [...] to take a walk at the zoo [...]. If I need to take her to the doctor with me [...] go to the supermarket, she comes with me. [...]."

Other activities conducted with the children are playing, watching TV, going out for a walk:

P1: "[...] They like watching television, they call me to watch a movie, pranks, these are the things they like. In rehearsals also, I go in all of them [...]."

When reporting the activities performed with the child, a parent talks about the difficulties of the child:

P3: "[...] We go out for a walk in the condo, I take him to the park [...] Sometimes he puts something in his mind, but he wants others to do it for him [...], then he gives up. He is good at giving ideas, at giving orders. [...] But he does not do anything [...]."

On the existence of a routine of activities in the daily life of the child, seven participants reported the child had a routine with schedules that included activities outside the home environment such as school, therapy in mental health, meals and daily life activities, and some activities at home (homework, make the bed, take care of pets):

P9: "[...] We defined the time to do homework on Saturdays because on Sundays we go to the church, [...] When she's at home, we have time to eat, time to sleep [...]. Considering her school is rigid and has these schedules, I try to follow the same schedules at home as well. [...]."

Regarding the **parenting educational practices** adopted in the daily lives of families, the following findings emerged: existence of family's rules and responsibilities; existence of child's responsibilities; strategies for rebuking the child and set boundaries regarding a behavior/attitude considered inappropriate; ways of dealing with a child's behavior/attitude considered positive/correct; demonstration of affection for the child; perception of how to educate the child; and the parents' influences when educating the child.

Five participants reported that there are rules and responsibilities in the family that all know and follow, such as rules of coexistence, household chores, family meals, and others:

P7: "[...] They have time to sleep, they have to tidy up their rooms [...]. Clothes always in the laundry basket [...]. I do not let them being rude to me [...]. They have to take care of their rooms, of their books, and of their homework [...]. I don't let them eating in front of the computer [...], I don't let anyone hitting them [...]."

Seven participants reported that the child has responsibilities. From this total, four participants reported that among the responsibilities there are: taking care of the pets, helping with household chores and doing homework:

P7: "[...] I have made a list of chores the two of them can help me with: So I wrote: washing the area, [...] drying the lunch dishes and putting the dinner dishes in place [...], they organize their own room, and their toys. [...], they can't let them everywhere [...]."

Two participants pointed out "taking care of their own things" as part of the child's responsibility:

P9: "[...] On the weekends she has to feed her dogs, that are her own [...]. There is a bird over there, so it is her responsibility to check on it, to see if it has water [...]. If she wants to have animals, she'll need to help taking care of them [...]."

On the strategies that participants use to rebuke the child and set boundaries regarding a certain behavior and/or attitude considered inadequate, two participants indicated punishments:

P1: "I take something from them. I turn off the videogame, I turn off the computer, I take everything from them. They are not allowed to go out and play in the street, got it? I do this type of things. I don't hit them. I let them grounded to think [...]."

Four participants reported using different strategies according to the situation:

P10: "[...] I explain what's wrong in the first time, in the second time I give them a warning, in the third time I ground them, and in the last one I hit them [...]. If even

after all of this they do not do what I asked, I just let them standing there, but they won't play, [...] won't do anything [...]."

Three participants reported that talking and imposing authority are the most commonly used strategies to set boundaries:

P6: "I explain to him what's wrong, the reason why it is wrong [...], I call him out at first, but in the end it turns into a conversation, you know? [...] Unless I see that he's getting out of hand [...] then my authority comes first."

All participants reported complementing the child on a behavior/attitude considered positive, good and/or correct. From these, four reported that besides complementing them, they also show them affection with hugs, kisses and saying how proud they are.

Q10: [...] If he doesn't understand what he did that I liked, I hug him, put him in my lap, say to him to keep on doing his things [...] All to encourage him to continue [...]. So, if he's being nice, if he is behaving [...] I figure out a way of rewarding him [...] I do something that he likes [...]."

Nine participants reported that, besides gestures of affection, they also show affection by speaking with the child, orienting and complementing them and saying that they love them.

P6: "I kiss him, hug him, play with him [...]. I say that I love him very much [...]. He also says that he loves me too [...]. When he does something really nice I compliment him."

Participants exemplified what is easier and what is harder in the process of educating the child. Seven participants reported that the easier part comprises behavior and family practices:

P6: "[...] Affection, attention, I play with him [...]. With a lot of affection, a lot of attention, a lot of love. So this is the easier part of all [...]."

Regarding the difficulties, four participants reported that they comprise the child's behavior and difficulties concerning psychological stress:

P2: "[...] It is hard to make him understand all of that [...]. It's hard to say that he needs to take the medicine.

It's hard! [...]. When you think that it's working out [...], after 15 days, a month [...] All of sudden something happens and [...] everything gets tough."

Other four participants said that the difficulties involve uncertainty concerning education and the process of handling with the child's behavior:

P6: "It's difficult. Because of the insecurity we feel to know what is right or wrong. Sometimes, no matter how much we try to do everything in the right way, it is impossible [...]. My greatest difficulty when it comes to his education is the fear of making mistakes [...]."

Regarding the way parents guide themselves to educate the child, two participants reported having the education they had as reference, filtering what was positive and modifying the negative aspects:

P6: "[...] I try to think before doing something [...], I try to teach him what I think is right and wrong according to what I've learned, to how I see the world [...]."

Three participants followed strategies, including guidance from a professional (of health or education), TV programs, the way they were raised, readings, and others:

P7: "Everything I went through. The way I was raised. The way my mother in law raised her children [...] Sometimes there's something I see on TV. When I don't know what to do I ask C., she helps me as well [...]. I also ask for the school's guidance [...]. I'm doing for him what I wished my parents had done for me [...]."

DISCUSSION

From the results presented, we identified that all participants do things with their children, these activities being or not part of their routine during the week and on the weekends. These activities comprise accompanying the child to their daily commitments and also leisure activities, such as playing, going out for a walk and watching TV.

We noted that seven of ten children have a structured routine of activities, such as homework, therapy, and household chores; they also have responsibilities and rules in the family context and a routine of schedules.

Some authors point out that promoting family routines, as well as establishing rules, sharing activities with

the child, and supervising such activities, can contribute to children's mental health^{13,19,20}.

Muñoz et al.²⁰ highlight that routines in the family context can positively affect the mental health of young children before they start attending school, because participation in the family's routine is a marker of family organization, establishing expectations in the household environment, and providing a sense of security and belonging, in addition to positively influencing the development of skills considered essential in the child's adaptation to structured school environments, as well as to other environments.

However, such authors reinforce that directly associating the children's participation in the family routine with their mental health is somewhat inconclusive, considering the studies on the issue have its limitations. These limitations are associated with transversality of studies (despite also being common in longitudinal studies), the generalization of small samples, the different ways of dealing with routine variables, and the lack of diversity among the samples under study²⁰.

These authors consider that it is not possible to say that the existence of a routine is responsible for the positive effects on the children's behavior or that the quality of the parent-child relationship during routine is what leads to such association²⁰.

Regarding educational practices and considering the literature in the field, the results obtained in this study indicate that there seems to be a predominance of positive parenting educational practices rather than negative practices among participants. According to Salvo et al.¹¹, when carrying out positive monitoring, characterized by a real interest in accompanying the child, parents show affection (including physically), show to be available, and try to keep a social relationship with their children, making them feel loved and protected.

Regarding the strategies used when rebuking or setting boundaries to the child in situations in which a certain behavior/attitude is seen as inadequate, parents reported doing different things depending on the situation, such as speaking with the child, and imposing authority and punishments. Participants also said that the used disciplinary strategies tend to work only in some situations, not showing to be effective at all times.

In this sense, according to the participants, the adoption of certain educational practices depends on the situation, on the child's behavior and on what seems effective at the time. In addition, it is worth considering other factors or situations, besides the parent-child relationship, that can also interfere, such as the mood of parent, marital and work

problems; number of children; household chores; the child's emotional difficulties, among others.

Such findings propose a reflection on the need to be careful when characterizing these educational practices. As pointed out by Macarini et al.⁹, it is not possible to state that certain practices are better than others without considering the family context and dynamics, the parents' and the child's specific characteristics, the parents' educational background and their perceptions on the adopted practices, as well as the sociocultural context they are part of.

Regarding the perception of parents on the high points and low points of dealing with a child, the results point out to questions associated with the child's behavior, the difficulties associated with psychological stress, and also with insecurity when educating and responding to a behavior of a child undergoing psychological stress.

From these results, we believe that the child's psychological stress leads to a situation of physical and emotional overload, especially for family members. According to Colvero et al.²¹, family members that search for the help and support of mental health services and its professionals have different needs, such as the difficulty of dealing with past critical situations and emerging family conflicts, with blame and pessimism, considering they seem incapable of seeing a way out of their problems, such as social isolation, daily life material difficulties, difficulties in the relationship with the person undergoing psychological stress, the frustrated prospect of heal, as well as the lack of knowledge on the disease, among other problems.

In addition, the lack of something that could indicate psychological stress compared with a physical disability hinders the identification and social recognition of the problem in an immediate way. Thus, the child's psychological illness gives place to a moral reading of the problem, this way assigning inappropriate behaviors to poor education, and blaming the parents/legal guardians, as pointed out by Ferreira²².

One way or another, it is important to consider that, regardless of the difficulties and psychological stress that children might have, educating and taking care of a child is something that promotes feelings of insecurity, fear, and uncertainty²³.

For Biasoli-Alves²⁴, changes observed in the last decades regarding the way of understanding the parents/children relationship might result from scientific knowledge in the field, promoting parents' insecurity on the education of the younger generations. In this sense, Ribeiro²⁵ highlights that in recent days, parents have access to a large amount of information from professionals, the media or even from friends and/or family members.

We highlight the question proposed by this study concerning the difficulty, and even the impossibility, of settling a parenting pattern considered feasible for most people. Many studies on parenting educational practices aimed at characterizing these practices in a “positive or negative; beneficial or harmful” bias want to achieve an ideal pattern, producing cause and effect actions. Therefore, we believe that it is important to invest in studies on parenting educational practices from a subjective perspective, considering the particularities involved in the understanding of these questions and the diversity of family relationships.

CONCLUSIONS

We aimed at identifying, from the perspective of parents of children undergoing psychologic stress, their daily activities, their family relationship and their educational practices according to an important variable in the daily lives of these children and their families, which is psychological stress.

We believe this study achieved its objectives and contributed to knowledge production in parenting educational practices, especially regarding families

of children that experience psychological stress, also pointing out elements to be considered in the planning and development of family interventions in children and adolescents mental care.

From the results obtained, it was possible to think about the need to consider, both in research and practices regarding children’s mental health, the complexity of family relationships and dynamics, as well as factors concerning the adoption of parenting educational practices in the daily lives of children undergoing psychological stress, thus increasing the understanding of what is seen as positive or negative.

However, this study showed some limitations, such as the reduced number of participants, the fact that data were based on the reports of only one family member, and that the research was carried out in only one specialized service.

Considering this is an exploratory study and the limitations here presented, we believe that new research focused on this issue are important to promote reflections and the planning of practices with protective focus for children undergoing psychological stress and their families.

Contributing authors: All authors worked in the design and in the final manuscript of the research. The second author was responsible for collection, treatment, and presentation of data.

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