



# The Impact of Changing Parenting Styles on the Advancement of Pediatric Oral Health

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**ABSTRACT** Behavior management is significant to delivery of dental care to the child. We must be able to elicit cooperation of the child for dental procedures, and of child and parents, for adherence to a preventive home care regimen. However, society has changed, affecting the ability of dentists to influence children and their parents. The purpose of this paper is to review changes in parenting styles that have impacted the nature of oral care in the child.

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**T**he way in which any individual chooses to parent can involve a wide variety of positive and negative parenting behaviors which, when taken together, indicate a parenting style. Developmental psychologists consider a continuum of two elements to define parenting styles, which would be considered within the normal range.<sup>1</sup>

Parental responsiveness, which can also be referred to as parental warmth or supportiveness, is the first element, which is “the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children’s special needs and demands.”<sup>2</sup> The second element is termed parental demandingness, or behavioral control, which is defined by “the claims parents make on children to become integrated into the family whole, by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys.”<sup>2</sup> Determining whether these two elements are high or low results in a typology of four parenting styles (**TABLE 1**).

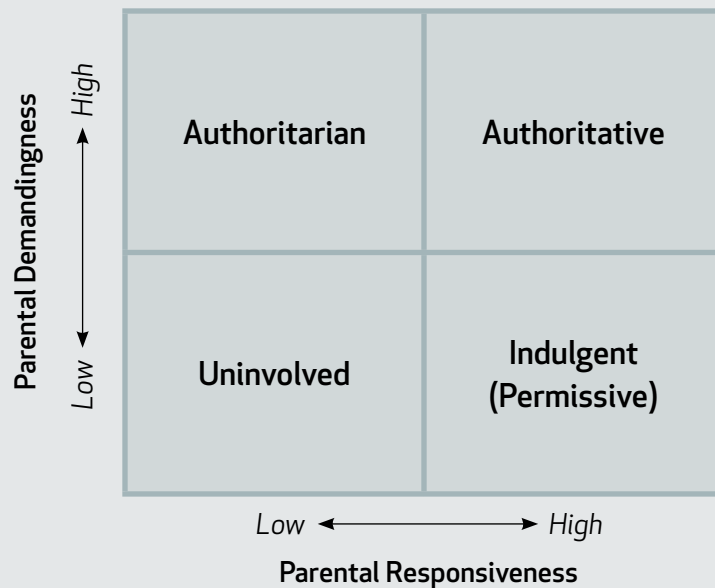
These four styles exclude that which would be considered deviant parenting.

High parental responsiveness and high parental demandingness result in a parenting style termed authoritative. Authoritative parents “monitor and impart clear standards for their children’s conduct. They are assertive, but not intrusive and restrictive. Their disciplinary methods are supportive, rather than punitive. They want their children to be assertive as well as socially responsible, and self-regulated as well as cooperative.”<sup>2</sup>

The high parental responsiveness and low parental demandingness type is categorized as the indulgent type. This is also often referred to as a “permissive” parenting style. These parents are “non-traditional and lenient, do not require mature behavior, allow considerable self-regulation, and avoid confrontation.”<sup>2</sup> This style can be further characterized as nondirective, often described as “parenting by default,” with minimal control by the parent, or democratic, marked primarily by leniency, but with a higher level of commitment to interfacing with children.

TABLE 1

## Typology of Parenting Styles



Low parental responsiveness and high parental demandingness is considered to be the authoritarian style of parenting. These parents are “obedience- and status-oriented, and expect their orders to be obeyed without explanation.”<sup>2</sup> Families with this parenting type tend to be highly structured, with clear rules. This type has two sub-types. The nonauthoritarian-directive type of parent is directive without being autocratic or intrusive. The authoritarian-directive parent tends to be intrusive with his or her parental authority.

The final parenting style consists of low parental responsiveness and low parental demandingness. This type is considered to be the uninvolved parent. This style is still within the normal range of parenting, with an aspect of neglect or rejection that may border on the deviant range of parenting.

There is a third dimension of parenting that distinguishes between the authoritative and authoritarian styles. Psychological control “refers to control attempts that intrude into the psychological and emotional development of the child.”<sup>3</sup> Practices that could be considered attempts

at psychological control might include the induction of guilt, the withdrawal of love, or the use of shame. Authoritarian parents tend to be high in psychological control, expecting children to fulfill parental expectations without question, using psychological control to gain that response.

Choice of parenting style has been shown to have some impact on the well-being of children.<sup>2,4,5</sup> In objective measures as well as self-ratings of social and instrumental competence, children of authoritative parents rate higher than the other three types. Children of uninvolved parents rate the lowest. In addition, the authoritative parenting style is also thought to have protective effects on adolescent risk behavior.<sup>6</sup> High parental responsiveness tends to be associated with social competence and psychosocial functioning and high parental demandingness is associated with instrumental competence and behavioral control, often viewed on the spectrum of academic performance versus deviant behavior. Thus, children of authoritarian parents, with high demandingness, but low responsiveness, may do relatively well in school

and demonstrate less problem behavior. However, they may also demonstrate lower capacities for social skills and self-esteem, and may have higher rates of depression.

Children of parents of the indulgent type, in which levels of demandingness and responsiveness are reversed with respect to the authoritarian type, tend to demonstrate more problem behavior and lower academic performance. Yet, these children generally exhibit higher self-esteem, better social skills, and lower rates of depression. Overall, the literature seems to indicate that the authoritative parenting style has the most consistent positive impact on children. However, there is no clear indication of the prevalence of each of the four styles in the U.S. population.

### Perspective of Pediatric Dentists

The change in parenting style over the past decade has become a common topic of conversation among dentists who work with children. To characterize the opinions, a study was conducted targeting 1129 members of the College of Diplomates of the American Board of Pediatric Dentistry.<sup>7</sup> The majority (88 percent) responded either “absolutely” or “probably” that parenting styles have changed since they first started practicing, with older practitioners more likely to indicate a change than younger practitioners. Of this group, 38 percent characterized these changes as “bad,” with 54 percent indicating “probably bad.” In addition, 65 percent responded that parenting changes resulted in behavior that was “somewhat worse,” with 20 percent indicating that it was “much worse.” As a final indictment, 43 percent indicated that their satisfaction in practicing had decreased as a result of changes in parenting.

The survey went on to describe changes in disciplinary methods observed by this cohort of pediatric dentists. Respondents indicated a perceived increase in the use of

positive reinforcement by the parent and talking to influence the child. According to the framework of parenting previously discussed, this shift might indicate an increase in the element of responsiveness. Respondents also indicated observations of less physical discipline, more bribing of the child, and more acceptance of the child's disrespect. These practices might reflect low demandingness. Although changes in the prevalence of any given disciplinary practice must be viewed in its unique context, it appears that the collective change indicated by the respondents reflect an increase in parental responsiveness and a decrease in parental demandingness, consistent with the indulgent or permissive style of parenting. And indeed, the opinions of many pediatric dentists indicate that permissive and uninvolved parenting has increased while authoritarian and authoritative parenting has decreased.

In the same survey of pediatric dentists, subjects reported an increase in the attempts of parents to prevent suffering.<sup>7</sup> Parents also make greater efforts to protect the child's ego, with an increase in general overprotectiveness of the child. The threshold level for parental distress over the reactions of their children appears to be decreasing. It seems as if the possibility of psychological discomfort concerns parents as much as the possibility of physical discomfort during treatment once did. As a negative sequela, this particular shift in current parenting philosophy may potentially result in an eventual decrease in the coping strategies of children for all medical interventions.

It has been suggested that contemporary parents appear to be moving away from the traditional parent role of setting limits and saying no.<sup>8</sup> They seem more ambivalent about certain disciplinary practices and less likely to enforce discipline as rigorously as in the past. Instead,

parents seem to be more focused on being friends to their children, with a decrease in the sense of responsibility to establish boundaries, maintain discipline, teach self-control, and instill respect for others. Contemporary parents might be generalized as being more permissive, demonstrating a greater range of acceptability for child behaviors.<sup>8</sup> Overall, even though more psychological problems may be diagnosed because of increased awareness of mental health issues, there is also a decrease in the amount of accountability parents take for behavioral control and discipline, with a higher expectation that the condition will be handled medically or psychologically.<sup>8,9</sup>

### Elements Precipitating the Current Shift

Overall, there has been an increased emphasis on parenting in the United States over the last decades. A perusal of the parenting or family section of any bookstore will reveal hundreds of titles covering a diverse range of topics affecting parents. As one author quoted, "Raising children has rated very near to sex — and to success — as an American fixation."<sup>10</sup> Recent polling data suggest that parents feel that it's harder to be a child in today's climate than in previous times.<sup>11</sup> The rate of criminal activity has increased, the Internet has opened the way to new predatory activity targeting children, and there is an increase in diagnosis of psychological disorders, among many other pressures on contemporary children. The response of parents has been to invest more in developing their children. In addition, sociologists, psychologists, pediatricians, and other child health specialists have demonstrated an increased interest in studying the impact of early childhood experiences on adult outcomes. The expanding knowledge base has resulted in policy changes and advocacy at the federal level. Public activity at this level increases the pressure on parents

to be more proactive in their parenting.

In addition to the increased emphasis on parenting are signs of an increase in the strength of opinions about parenting. Before the beginning of the 20th century, parenting practices in the United States were generally passed from generation to generation with a focus on practices that worked with the daily routine of the whole family. In the early 20th century, behaviorists proposed the theory that children were molded by environmental factors. Outward structure would result in emotional control. Thus, mothers during this era were encouraged to shape their children with specific and controlled care. As for feeding, they were encouraged to follow a strict schedule. This practice became known as hyperscheduling or clockfeeding. Although the suggested level of responsiveness is not known, and probably varied from family to family, the underpinning philosophy seemed to emphasize a call for high demandingness. In general, this era of parenting has a reputation for being a time when the authoritarian parenting style was the norm.

In the 1940s, the theories of Sigmund Freud were adapted, swinging the pendulum to the opposite side. The neoprimitivist theory held that birth trauma disrupts the in utero mother-child harmony. Nurturing the emotional and instinctive qualities of the infant was considered more important than structure at re-establishing this harmony. Feeding met nutritional as well as psychological needs. Mothers were encouraged to feed children at the first sign of irritability. However, this theory was dismissed within the decade. Baumrind's typology would classify the resulting parenting paradigm as being low in demandingness and high in responsiveness — the indulgent parenting style.

In 1946, Dr. Benjamin Spock published his first book, "The Common Sense Book of Baby and Child Care."<sup>12,13</sup> With his con-

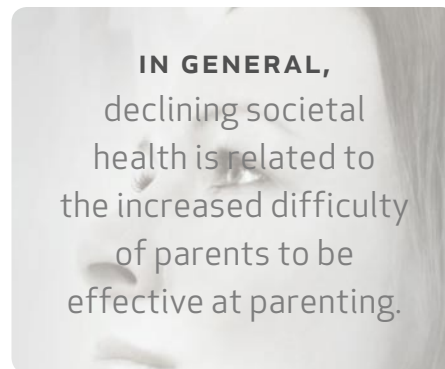
cept that parents should pursue a healthy balance of structure and flexibility, Dr. Spock began a decades-long career as one of the foremost experts in baby care in the United States. This approach presented a style that balanced demandingness and responsiveness. This most prevalent style of parenting under this influence would likely be the authoritative style.

By the 1980s the theories of attachment proposed by the neoprimitivistic school of infant care began attracting more attention, resulting in a parenting philosophy called “attachment parenting.”<sup>14</sup> Dr. William Sears, one of the strongest advocates of the parenting style, lists seven tools intended to help parents bond with their infants:

- Birth bonding — bonding with the child during the early days after birth,
- Breastfeeding — for nutrition as well as encouraging an understanding of the infant,
- Babywearing — keeping the baby close to the caregiver to promote familiarity and sensitivity and decrease fussiness and crying,
- Bedding close to baby — co-sleeping, sharing a family bed minimizes nighttime separation anxiety and facilitates nursing during the night,
- Belief in the language value of your baby’s cry — to develop trust in the baby as the parent responds to his or her needs increases communication,
- Beware of baby trainers — considers schedule feeding and crying it out approaches to be “convenience” parenting with short-term gains and long-term losses by promoting distance between the parent and child, and
- Balance — promotes maintaining a healthy marriage and time for self.

The high focus on the attachment of the infant to the parents is certainly indicative of a high responsiveness style although each “tool” allows room for individualized

application. Overall, however, this parenting philosophy does not appear to emphasize demandingness, possibly predisposing an attachment parenting family to the indulgent style. Although the indulgent type can be considered a variant of normal nondeviant parenting, many attachment parents set themselves apart by referring to nonattachment parenting as “mainstream



parenting.” Although the percentage of families choosing the attachment parenting style is not known, the seven tools promoted as elements of this style have increased in popularity, possibly related to the overall shift in parenting style over recent years.

There are other changes that have had an impact on parenting in recent years. Sociologists can measure the “overall well-being” of society, utilizing factors such as drug abuse, unemployment, school dropouts, and homicides to determine the extent of societal health. There are indications that societal health has declined.<sup>10</sup> In general, declining societal health is related to the increased difficulty of parents to be effective at parenting. Thus, even if parents want to be effective, external factors hinder their abilities.

Stress is another factor that affects the ability of parents to make positive impacts on their children.<sup>10</sup> A significant issue for contemporary parents is increased financial

stress. It takes more to support a family than it once did. Work itself is a stressor. Companies expect more of employees than they did in previous years. Job-related stress is related to behavioral withdrawal, emotional withdrawal, and negative emotion spillover. This might result in a decrease in responsiveness, with no real predictions for the level of demandingness.

General parenting stress has been associated with:<sup>10</sup>

- Inconsistent parenting (sometimes lax or overreacting),
- More negative communication,
- Decreased monitoring/supervision of children,
- Setting unclear rules and limits on children’s behavior,
- Being more reactive and less proactive, and
- Increasingly harsh discipline.

Overall, the changes associated with general parenting stress reflect low responsiveness with severe shifts in demandingness, bouncing the resultant parenting style between the uninvolved and authoritarian types.

Finally, there are more homes with two working parents who spend, on average, more time working and less time at home when compared to the norms of the past. In addition, there are increasing numbers of single parents, who must arrange for alternative childcare options. Overall, parents spend less time with family, leaving less time for them to impact their children in a positive manner. What little time parents may have with their children may be impacted negatively by stress. Alternatively, some parents may feel some guilt at not being able to spend much time with their children and may intentionally choose to adopt a more indulgent or permissive parenting style.

A final element that may be playing a role in the changing nature of parenting is


the transformation of the ethnic composition of the United States.<sup>10</sup> American society is becoming more culturally diverse. Different cultures have different traditional values and potentially different parenting styles. Just the addition of more cultural diversity into American society has changed what is considered to be “average” in parenting philosophies and styles.

### Implications of Parenting Changes on the Dental Professional

As dental professionals, one of our activities should be the advancement of oral health through the reduction of caries risk. As we know, caries risk is affected by diet. Thus, the philosophy of feeding in early infancy, which is affected by parenting style, may have an impact on the oral health of a child. After declining in popularity in the years after World War II, breast-feeding has become increasingly common. Pediatricians tout the benefits of breastfeeding on nutrition as well as on passive immunity. However, contemporary philosophies promote breast-feeding as a method of connecting with the infant or soothing the infant during distress, increasing the prevalence of breast-feeding in the absence of hunger. Rather than feeding according to any type of schedule or routine, a growing number of families are choosing to feed on demand well past the first few months of life when the infant needs frequent feedings to thrive. Attachment parenting promotes demand-feeding until the child “wants to quit,” and also promotes co-sleeping and nocturnal breast-feeding as an approach to increase the level of attachment between parents and children.<sup>14</sup> Unfortunately, studies indicate an association between early childhood caries, formerly known as baby bottle tooth decay, and nighttime breast-feeding or breast-feeding in children older than 12 months. There is also an association between early child-

hood caries and bottle-feeding at night as a substitute for the pacifier, as well as with use on demand during the day.<sup>15-18</sup> Thus, contemporary changes in parenting styles and feeding philosophies that increase the duration and frequency of feeding may predispose children to early childhood caries.

Another health issue linked to poor eating habits that has received much at-



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tention in recent years is obesity. Out of the four parenting styles, obesity is most highly associated with the authoritarian parenting style.<sup>19</sup> In addition, children from indulgent and neglectful or uninvolved parenting styles have twice the risk of being obese than children from authoritative households. Contemporary parents more frequently allow demand-feeding and prolonged breast- or bottle-feeding. Consequently, food no longer serves just to satisfy hunger or nutritional needs, but also to serve emotional needs. Increased consumption is associated with an increased exposure to potentially cariogenic foods, also increasing the risk of caries. Thus, the recent increase in the incidence of obesity in children must be taken seriously by the dental professional, both as a health issue and as an indicator of caries risk.

As mentioned previously, changes in parenting have had direct effects on the physical and oral health of contemporary

children. However, parenting changes have also impacted the ability of the dental professional to deliver oral health care services. An increasing number of contemporary parents demonstrate overprotectiveness, with concerns that their children might experience emotional distress in the dental setting. These parents tend to hover in the operatory and hinder the communication process between doctor and child. Parents with concerns that their child “might be traumatized” have the potential to “over-prepare” their children for the dental visit, making the visit seem much more significant and potentially frightening than it has to be. These parents often express discomfort with seeing their children cry. In some variations of attachment parenting, crying is considered to be a bad thing, to be prevented. Any crying on the part of the child, whether due to a difficult procedure, such as local anesthetic injection, or simply due to the child’s lack of desire to cooperate, might result in a response from the parent that may not promote cooperation by the child. Pharmacologic behavior management options, such as oral or intravenous sedation, have increased in acceptability because many parents don’t want their children to experience standard dental treatment.

The effectiveness of behavior management has also been affected by the changes in contemporary parenting. Most dental procedures require the cooperation of the child patient. With the generalized decrease in demandingness, many children are unaccustomed to being told what to do. Instead, they are often offered unlimited choices and allowed to play significant roles in making important decisions. Some contemporary children are even allowed the choices of deferring treatment or choosing their own alternatives. In this context, with children being allowed a greater level of personal autonomy in decision-making, it is often difficult for the

dental professional to expect cooperation.

Behavior management strategies that require the dentist to exercise authority seem to be less effective than in previous eras. With the decrease in the prevalence of the authoritative and authoritarian styles and the increase in the uninvolved and indulgent types, children appear to be less accustomed to responding to authority figures. Thus, a strategy such as use of voice control may not be effective if the child is not accustomed to responding to an authoritative voice. Even parents show an increasing lack of tolerance for behavior management strategies requiring the use of authority. Again, pharmacologic behavior management strategies are increasingly more acceptable to parents who don't want their child to feel uncomfortable in the dental setting.

A final challenge to the dental professional in the 21st century is related to the advancement of oral health through preventive strategies. In order to decrease the risk of caries and periodontal disease, the family must be committed to increasing oral hygiene and monitoring the diet of the children. This requires the active participation of the parents. If parents are of the uninvolved style, they generally won't be committed to a home-care regimen. If parents are of the indulgent style, they may not be willing to insist on the development of good hygiene habits. Part of the problem of compliance is related to the changes in parenting, but compounding the shift in the parent-child relationship is a change in the parent-doctor relationship. In general, there is a diminished respect for and trust in professionals.<sup>8</sup> Parents have increasingly adopted a consumerist approach to oral health. The dental professional may have no authority in the perspective of many parents to request changes in lifestyle in order to promote oral health.

## Conclusion

Overall, managing the behavior of the 21st century child is proving to be a significant challenge to the dental professional. The average contemporary parent generally has a higher value for responsiveness, but appears to have a decreased value for demandingness. This indicates an increase in the prevalence of the uninvolved and indulgent styles of parenting and a decrease in the authoritative and authoritarian styles of parenting. With these specific shifts in parenting styles, there is an increasing potential for caries risk and obesity to escalate. At the same time, the effectiveness of nonpharmacologic behavior management strategies may be affected by a limited behavioral capacity of the child as well as a diminished willingness of the parents to expect the cooperation of their children. Finally, we may be in an era where adherence to recommended treatment is also limited by the values of contemporary parents. For the dental professional who simply wishes to focus on restoring active carious lesions, the answer may simply be to propose pharmacologic solutions that will be acceptable to parents and children. However, for the dental professional who wants to promote a lifetime of good oral health, the solution is more complicated. The entire family must be engaged in the commitment to advancing oral health. In the current climate, one possible tactic may involve a two-pronged approach. The first component would be to maintain a high level of responsiveness, which will most likely be acceptable to all parents. The second component is to work with parents to achieve acceptance of higher demandingness in the dental setting as well as at home. This might require significantly more effort, but may achieve a better end result. Not only might we promote oral health, but we may be able to promote future shifts in parenting styles that advance psychological and emotional health as well. ■■■■

## REFERENCES

1. Maccoby EE, Martin JA, Socialization in the context of the family: Parent-child interaction. Wiley, New York, 1983.
2. Baumrind D, The influence of parenting style on adolescent competence and substance abuse. *Journal of Early Adolescence* 11(1):56-95, 1991.
3. Barber BK, Parental psychological control: Revisiting a neglected construct. *Child Dev* 67(6):3296-319, 1996.
4. Miller NB, Cowan PA, et al, Externalizing in preschoolers and early adolescents: A cross-study replication of a family model. *Developmental Psychology* 29(1):3-18, 1993.
5. Weiss LH, Schwartz JC, The relationship between parenting types and older adolescents' personality, academic achievement, adjustment, and substance use. *Child Dev* 67(5):2101-14, 1996.
6. DeVore ER, Ginsburg KR, The protective effects of good parenting on adolescents. *Curr Opin Pediatr* 17(4):460-5, 2005.
7. Casamassimo PS, Wilson S, et al, Effects of changing U.S. parenting styles on dental practice: Perceptions of diplomates of the American Board of Pediatric Dentistry. *Pediatr Dent* 24(1):18-22.
8. Sheller B, Challenges of managing child behavior in the 21st century dental setting. *Pediatr Dent* 26(2):111-3, 2004.
9. Harper DC, DAlessandro DM, The child's voice: Understanding the contexts of children and families today. *Pediatr Dent* 26(2):114-20, 2004.
10. Long N, The changing nature of parenting in America. *Pediatr Dent* 26(2):121-4, 2004.
11. Halfon N, McLearn KT, et al, Child rearing in America: Challenges facing parents with young children. Cambridge Press, New York, 2002.
12. Spock B, The common sense book of baby and child care. Duell, Sloan and Pearce, New York, 1946.
13. Spock B, Rothenberg MB, Dr. Spock's baby and child care. Dutton, New York, 1992.
14. Sears W, Sears M, The attachment parenting book: A commonsense guide to understanding and nurturing your baby. Little, Brown and Company, New York, 2001.
15. Douglass JM, Tinanoff N, et al, Dental caries patterns and oral health behaviors in Arizona infants and toddlers. *Community Dent Oral Epidemiol* 29(1):14-22, 2001.
16. Hallett KB, O'Rourke PK, Early childhood caries and infant feeding practice. *Community Dent Health* 19(4):237-42, 2002.
17. Azevedo TD, Bezerra AC, et al, Feeding habits and severe early childhood caries in Brazilian preschool children. *Pediatr Dent* 27(1):28-33, 2005.
18. Sayegh A, Dini EL, et al, Oral health, sociodemographic factors, dietary and oral hygiene practices in Jordanian children. *J Dent* 33(5):379-88, 2005.
19. Decaluwe V, Braet C, et al, The association of parental characteristics and psychological problems in obese youngsters. *Int J Obes (Lond)* 30(12):1766-74, December 2006; Epub April 11, 2006.

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