The Exploration of Maternal Perception of Compliance in Adolescents

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List of Abbreviations

1) SES – Socioeconomic status
2) MPCAM – Maternal Perception of Compliance in adolescents Model
3) EDC – Evaluative-descriptive cognitions
4) DC – Descriptive cognitions
5) PCDAIF concept - physical and cognitive developments, and autonomy and identity formation concept.
6) AH – Asian/High SES
7) AM – Asian/Mid SES
8) AL – Asian/Low SES
9) WH – White/High SES
10) WM – White/Mid SES
11) BL – Black/Low SES
Abstract
**Objective:** To explore ‘Maternal Perception of Compliance in Adolescents Model.’ The purpose of the model is to explore interrelated factors outside adolescents’ agency, but which contribute to maternal perception of severity of compliance in adolescents. This model was originated from reflections on the practice of psychology.

**Methodology:** This inquiry began with pilot studies consisting of a focus group with four parents and an interview. The pilot assisted the fine-tuning the instrument, addressing ethical concerns, forming analytical strategies and gathering *a priori* themes for the analysis of data from the thesis. The thesis is a qualitative inquiry, data was collected through interviews and utilised a ‘maximum variation sampling’ of ethnicity (Asian, White, and Black) with socioeconomic status (SES) (low, medium, and high), to recruit six mothers who had adolescent children.

**Analysis:** There was a hybrid approach to the thematic analysis: a) in ‘confirmatory analysis,’ *a priori* themes were deductively confirmed and b) in ‘exploratory analysis,’ new emergent themes were inductively identified. In the first part of the analysis each participant’s data was individually analysed, using the hybrid method, to explore the factors that contributed to the model. The second part of the analysis was a ‘cross-case analysis,’ in which factors identified as contributing to the model, in the first part of the analysis were consolidated to further explore the model.

**Results:** Various types of knowledge (self-reflective, observational, academic, transgenerational, maternal), notions of an ideal child, expectations, style of parenting, style of attribution, maternal anxiety, SES, and single-motherhood were identified as having an effect on the model.

In terms of exploration of the model:

a) The expectations were largely affected by maternal ideals and standards about adolescents. b) These ideals and standards were derived from their previously acquired knowledge. c) Mothers used the resources at their disposal based on their SES and authoritative parenting style to nurture the child toward their notion of an ideal child. d) The maternal anxiety/single mother/permissive parenting style and some types of knowledge affected the expectation of degree of compliance. e) Mothers often rationalised or justified children’s noncompliance through a system called the ‘mediating mechanism.’ f) Some types of knowledge, mixed parenting style, and external attribution were involved in the ‘mediating mechanism.’ g) Maternal perception of the extent of adolescents’ compliance was based on their degree of expectation of compliance, i.e. the more divergence between the expectations and perception of compliance, the more severe or problematic the perception of compliance. h) Maternal views on compliance varied between mothers, based on their parenting styles.

**Conclusions:** Maternal perception of severity of compliance is not entirely based on children’s actual behaviour; rather it is influenced by number of factors that are outside the children’s agency. The model, which illustrates how maternal perception of severity of compliance is formed, could have a significant impact on diagnosis and treatment options for compliance related disorders. The subjective diagnostic criteria for evaluating compliance in the DSM-5, augment this complexity in diagnosis and treatment. A larger scale replication of the study is warranted to elicit generalisation.
Declaration

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Dedication

Ealan James and Aryan James
Chapter one:
Introduction
The Rationale

In the US, I studied behaviour analysis, a sub field of behaviour psychology, and became a certified behaviour analyst. Subsequently I began practising behaviour analysis for children with behavioural problems, such as autism. This included assessing children, developing individualised curriculum and behavioural interventions; teaching parents how to implement those interventions, and monitoring their progress.

During the time I practised behaviour analysis, a common concern that parents had about their children was ‘noncompliance,’ such as “I can’t make him do anything,” or “she is not listening.”

My assessment and reflections would indicate some children were functioning at age appropriate levels, in terms of compliance. Yet some parents would complain about those children’s compliance and ask me to design an intervention. For example, a mother indicated that her eight year old son ‘does not listen,’ referring to the fact he cannot continuously study for longer than three hours during weekdays. The mother was very upset about his ‘noncompliance,’ and asked me to develop an intervention to increase his compliance.

I began to reflect on the parental perception of compliance. It appeared that, regardless of the child’s actual behaviours, each parent perceived those behaviours differently. Therefore, when the parents approached the practitioner to ask for clinical interventions to increase the ‘compliance’ of their child, and if the child’s behaviour was found to be typical in nature, then the treatment should focus on the parent, not on the child. However, in practise some practitioners in private practice often intervened to increase compliance, which in my reflection is maltreatment of children.

Adolescence is a period where children develop autonomy seeking behaviours, which can be viewed as noncompliance, even though it is a normal part of development. Therefore, parents should appraise children’s behaviours accordingly. However, parental complaints about noncompliance tend to increase when the children reach adolescence, according to the literature (as elaborated in the literature review). Also, disorders associated with
compliance, such as Conduct Disorders and Oppositional Defiant Disorders tend to increase among adolescents in the US and in the UK (APA, 2000; Maughan, Rowe, Messer, Goodman, & Meltzer, 2004; NICE, 2006).

This led me to reflect on the disparity between actual compliance and parental perception of adolescents’ compliance. In my reflections, parental perception being inconsistent with child’s actual behaviours, may account for why the diagnosis of compliance related disorders are at their peak during adolescence. This speculation would become particularly true if practitioners rely too much on data from parents during a diagnosis. I developed a model to explain this hypothesis about potential misdiagnosis and maltreatment of children in figure 1. This model was based on my reflections and experience.

The practitioners’ understanding of the problem is further complicated by lack of normative data on age appropriate levels of compliance in both typically developing children and among the clinical population. The latest edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM-5) (APA, 2013), did not define compliance but it stated the child must be ‘often’ noncompliant as one of the diagnostics criteria for compliance related disorders such as Conduct Disorder and Oppositional Defiant Disorder. The concept of ‘often’ is influenced by parental perception. These complexities may lead to misdiagnosis and maltreatment in compliance related disorders, if parents were to provide biased reports to practitioners.
Fig 1: Illustration of contribution of parental perception of compliance in misdiagnosis and maltreatment of children.

The exploration of the above model was warranted as it may highlight potential misdiagnosis and maltreatment in clinical settings. Also this may explain why compliance related disorders peaks when children reach adolescence.
The evolution of the model

After conceptualising the model in figure one, I performed a literature review to identify which factors could potentially affect parental perception of adequate levels of compliance. This review suggested that the following factors may be responsible: parental age, gender of a parent, whether they were involved in joint-play with children, parenting style, whether they are from an individualistic or from a collectivist culture, and the extent to which parents know about child development.

In figure two, I integrated the findings from the literature review into the previously conceptualised model above in figure one. According to the newer model, the factors identified in the literature review may influence parental ‘perception of the severity of compliance.’ This in turn can affect practitioners’ understanding of the problem, particularly if they relied heavily on parental reports.

Fig 2: Illustration of misdiagnosis and maltreatment, due to factors affecting parental perception
I wanted to explore the model presented in figure two for my thesis. However, this exploration was perceived to be challenging, as the model was too broad for a doctoral thesis and it would require additional ethical approval to collect data from the clinical population. This additional ethical approval is typically time consuming. Therefore, I decided to focus on the highlighted part of the model, which was adequate scope for a doctoral thesis and did not particularly involve clinical sampling.

The model highlighted in figure two in blue, which was meant to be focus of the investigation for this thesis, was further expanded to explain how the parental perception of compliance may be formed, in terms of beliefs and expectations. This expansion was based on reflections and literature. This is illustrated in figure three below. This amended model illustrates how perception of severity of compliance may be formed, in blue highlights. The non-highlighted part of the model illustrates how parental perception can contribute to practitioners’ understanding of the extent of the severity of the problem in children. This amended model was published without support of the data as a potential model in James (2013).
Kalb and Loeber (2003) suggested that ‘perception of how problematic behaviours are’ is likely to influence ‘perception of severity and frequency of compliance.’ The diagnostic criteria in DSM-5 for compliance related disorders have been presented in terms of ‘severity’ and ‘frequency.’ Therefore in figure three, it was necessary to divide the perceptions into two distinct categories. It was postulated that ‘perception of how problematic behaviours are’ is likely to influence ‘perception of severity and frequency of compliance.’ The parental perceptions was separated into the categories above, to correspond to the subjective terminology in the DSM-5.

In order to highlight the impact of the model in clinical settings, figure three has divided the perceptions into two categories. Since the investigation in this thesis was proposed to be on non-clinical samples, it was no longer necessary to focus on ‘perception of severity and frequency of compliance,’ as this cognition was purely created to correspond to terms used in the DSM-5. After discussing this with colleagues and practitioners, I decided to merge these two types of perception into ‘perception of severity of compliance,’ as shown in figure four.

*Fig 3:* Illustration of how various types of cognitions may contribute to misdiagnosis and maltreatment of children.
The model in figure four was created prior to the literature review. The aim of the thesis was to explore this model, which will be the primary contribution to knowledge. The transformation of this model due to piloting, single-cases analyses and variable oriented cross-case analysis and reflections have been illustrated sequentially in this thesis.

I used the term ‘model’ over the term ‘framework’ to refer to the conceptualisation of perception of severity of compliance:

Models allow scholars to carefully develop and empirically test relationships among variables in order to explain a phenomenon of interest....a framework unlike models, does not specify relationships among variables in order to predict and explain phenomena of interest. A framework provides different roles in developing knowledge. It provides the most general list of variables that should be used to analyse different types of phenomena of interest and represents an effort to identify the universal elements that any theory relevant to the same kind of phenomenon would need to include (Ostrom, Cox, & Schlager, 2014)

Since this explorative thesis was empirical, and attempted to illustrate a relationship between the variables, the term ‘model’ was better suited than ‘framework.’

The model that was explored in this thesis is called ‘Maternal Perception of Compliance in Adolescents model’ (MPCAM). This model was initially intended to focus on parents, due to difficulties in recruitment of fathers in a timely manner; half way through the thesis, the scope of the investigation was limited to maternal perception. Therefore, in the beginning of the thesis, specifically in the literature review and in piloting, references were made to parents - as ‘parents’ were focus of the literature review and piloting. However, from chapter five (data collection) onwards, the participants were exclusively identified as ‘mothers’ and their cognitions were limited to ‘maternal’ perception.

I will briefly summarise each chapter in the thesis below.
Noncompliance is one of the major concerns for parents and has often been associated with various disorders, especially in children from the clinical population. Also among the non-clinical population, noncompliance in children is liable to cause stress for parents and predispose a negative parent-child relationship.

Compliance in children had often been studied within a behaviourist tradition, using a medical model, where the locus of the problem was considered to be within the child. This had led to a ‘third party’ using ‘arbitrary’ criteria to define compliance and subsequently apply those criteria in the clinical population. This approach created technical problems in conceptualisation of compliance as the other party involved (i.e. parental perception) was unaccounted for.

A ‘discrepancy in cognitions’ flow chart was created to explain possible ways in which expectations and perception can be studied within a parent-child agency. The aim of the flowchart was to juxtapose with other possible ways in which these discrepancies can be studied, and to provide a foundation for conceptualisation of the primary model investigated in this thesis. This model, Maternal Perception of Compliance in Adolescents Model (MPCAM) is an exploratory model, formulated to explain how parental perception of severity of compliance was formed. This model hypothesises that parental perception of severity of compliance is based on parental levels of expectation of compliance. This in turn was based on parental beliefs about ideal levels of compliance. The parenting style, culture, socioeconomic status (SES) and parental knowledge were hypothesised to influence this model.

According to this model, compliance has a significant impact on the compliance aspect of the adolescent-parent relationship, relative to the non-adolescent-parent relationship. In order to explain this impact I created a concept: Physical and Cognitive Development, and Autonomy and Identity Formation concept (PCDAIF concept). This explains adolescent development, as it relates to the model, which also provided the foundation to define adolescence during sampling, which is outlined later in the thesis.
Chapter 3: Planning of Research

In this relatively ‘mini’ chapter, pragmatic epistemology was discussed. The exploration of this model was the primary objective and its contribution to knowledge. The model provided the basis to produce the research questions.

A focus group was an ideal tool to effectively gather various views. Therefore, it was planned to complete the thesis using a focus group methodology. Accordingly, a focus group schedule was generated from the research questions.

If the focus group schedule did not comprehensively answer the research questions, the model may not be comprehensively explored. Therefore, the rationale for piloting the focus group schedule was discussed. This discussion also focused on enhancement of overall trustworthiness, and addressing potential ethical issues by conducting a pilot of a focus group.

Inclusion and exclusion criteria for participants and the rationale for maximum variation sampling to recruit participants were discussed. Since culture and SES were hypothesised to affect the model, participants from diverse SES and cultures were found to be appropriate to be included in a maximum variation style.

Chapter 4: Piloting of a Focus group

The objective of the piloting was to modify the focus group schedule if necessary, assess ethical issues, explore effective ways to facilitate participants’ participation, and to explore analytical strategies.

This was conducted with four colleagues, who are also parents. The data was thematically analysed.

The themes that were deductively identified to affect the perception of severity of compliance were:
• expectations of levels of compliance,
• beliefs on ideal levels of compliance,
• parenting style,
• religio-culture,
• parental knowledge and
• socioeconomic status (SES).

This deductive aspect of the analysis is called confirmatory analysis. Since comprehensive exploration of the model also requires identification of emergent themes, data also underwent an exploratory analysis, using an inductive approach. This resulted in two emergent themes:

• transgenerational knowledge and
• maternal anxiety.

The focus group schedule was considerably modified, based on the results; other objectives identified earlier were also addressed.

Chapter 5: Piloting of an interview

The original ethical approval was sought for recruitment of parents through schools. I was unable to get any positive responses from schools that could agree to be an intermediate medium to recruit parents. Therefore, it was decided to change the recruitment approach to recruiting participants through acquaintances and noticeboards. Accordingly, a minor modification to ethical approval was sought and granted.

I experienced a further setback in conducting focus groups in London, due to difficulty in recruitment of participants. At that point I decided that the thesis should contain only
interviews. Recruitment of participants for interviews was more practical, relative to a focus group, as I could conduct the interview at a time and place convenient to participants. Since interviews became my primary instrument of data collection, I wanted to verify whether I could utilise the focus group schedule as an interview schedule. I piloted an interview with a single participant, using the focus group schedule, and amended the schedule appropriately to make the instrument more suitable for interviews. This piloting did not involve data analysis.

After piloting the interview, it emerged that it may not be possible to collect data from both mothers and fathers within the timeframe for the thesis. Subsequently I began collecting data from mothers. If time permitted I intended to collect data from fathers. After collection of data from two mothers, it became apparent that it was infeasible to collect data from fathers as well, within the proposed timeframe. Therefore, the development of the thesis changed its course from ‘parental’ to ‘maternal’ perception.

Chapter 6: Data Collection

I planned to recruit nine mothers for interviews, who would represent: three categories of socioeconomic status (low, medium and high) and three major ethnicities in the UK (Asians, Whites and Blacks), as categorised by the Office for National Statistics (ONS). This maximum-variation sampling was utilised to explore the effects that SES and culture may have on maternal perception. However, I was only able to collect data from six mothers, out of the nine proposed participants, within the timeframe. The data from those six participants were sent to TranscribeMe®, a United States based company that provides transcription services.
Chapter 7: Data Analysis

The data was thematically analysed case-by-case, a total of six cases. Themes that were used in the confirmatory analysis and emergent themes in the focus group piloting became part of confirmatory analysis in the single case analyses. For example, transgenerational knowledge was an emergent theme in the piloting; this was deductively confirmed in the single-case analyses. Simultaneously, each case also contained an inductively based, exploratory analysis. The emergent theme(s) in exploratory analysis in each case, were included in the confirmatory analysis in subsequent cases.

Unlike the hypothesis, the confirmatory analysis did not support the notion that mothers had either ‘ideal levels of compliance’ or ‘levels of expectation of compliance.’ Instead data indicated that mothers had a ‘notion of an ideal child,’ and ‘expectations of compliance.’ Culture *per se* was not identified as part of the confirmatory analysis in single case analyses. The explorative phase of the analysis identified these emergent themes:

1) self-reflective knowledge
2) observational knowledge
3) academic knowledge
4) type of attribution
5) single-mother

The single-case analyses were followed by cross-case analysis, where themes were compared and contrasted against each case. In this variable-oriented analysis, the model was rearranged based on further reflections through comparing and contrasting each of the themes.

The maternal views of compliance were also compared across participants. This was followed by a discussion on trustworthiness.
Chapter 8: Discussion

In this chapter all four research questions were discussed in relation to the literature review, findings, and further reference to additional literature. The MPCAM was remodelled, based on the discussion and reflections, which included the addition of a temporal dimension: present, past and future.

Other discussions include:

- Reflections on etic and emic.
- Contribution to knowledge.
- How this thesis helped to develop the author as a researcher
- Limitations of the study
- Implications
- Recommendations for future direction of study.
Chapter Two:
Review of Literature
Introduction

This chapter is divided into four parts, and they are briefly introduced below.

Part 1

A severe and persistent noncompliance leads to a diagnosis of compliance related disorders, which can be stressful for parents. Also a lesser degree of noncompliance remains a challenge to parents at home.

Part 2

Early research on compliance focused primarily on the medical field, which studied compliance to treatment regimen, applying the ‘medical model.’ Subsequently, the behaviourists adopted this model to conceptualise compliance. The failures in the behaviourists’ approach led to the emergence of a cognitive approach to understand compliance; many other models were concurrently established around compliance. None of the models, however, focused on the compliance aspect of the parent-child relationship, particularly focusing on parental agency.

Part 3

A ‘Discrepancies in Cognitions Flowchart’ was formulated to explain various ways in which cognitive discrepancies in compliance could be studied; the thesis could then be juxtaposed in relation to other ways in which cognitive discrepancies can be conceptualised. Subsequently, the Maternal Perception of Compliance in Adolescents Model (MPCAM) was proposed, and hypothesised how the perception of severity of compliance is formed. Culture, parenting styles, socioeconomic status (SES) and parental knowledge were found to affect the MPCAM.

Part 4

Since the thesis focused on perception of ‘adolescents’ compliance,’ ‘Physical, Cognitive developments, Autonomy and Identity formation’ (PCDAIF) concept of adolescents was developed parallel to the MPCAM. This concept highlights the significance of focusing on perception of adolescents’ compliance.
Part one

Effects of compliance in various settings

Clinical Settings

Adults complain that noncompliance is an important and common problem with children (Feinfield & Baker, 2004; Kalb & Loeber, 2003; Strand, Wahler, & Herring, 2000). This had led to noncompliance of children accounting for the majority of referrals to psychologists, by parents, in the United States (Hakman & Sullivan, 2009; McMahon, Forehand, & Foster, 2005). The prevalent rate of noncompliance, in clinical samples, ranges from 65% to 92% (Achenbach & Edelbrock, 1981 cited in Kalb & Loeber, 2003). Moreover, severe noncompliance has the potential for the child to be diagnosed as having ODD (oppositional defiant disorder), CD (conduct disorder) (Hakman & Sullivan, 2009) or misdiagnosed as being severely mentally handicapped (Alborz, 1993). It is also associated with ‘attention deficit hyperactivity disorder’ (ADHD), mood disorders, psychotic disorders and autistic disorder (McMahon & Forehand, 2005).

Problems with diagnosis of noncompliance related disorders is that there is insufficient information on normative levels of compliance (McMahon et al., 2005). This leads to the healthcare professionals’ subjective opinion about what constitutes normative levels of compliance being incorporated into their assessment, diagnosis and intervention (James, 2013). The perception of what are normative levels of compliance would vary from one practitioner to another, producing an inconsistency in diagnosis and intervention, among noncompliance related disorders.

This problem is further complicated by ambiguous diagnostic criteria used by the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). It recognises that one diagnostic criterion for ‘oppositional defiant disorder’ (ODD) is that the child “often actively defies or refuses to comply with requests from authority figures or rules” (APA, 2013, p. 462). It is unclear what is implied by the term ‘often’ and it is problematic for practitioners to decide what is a normative level of compliance
DSM-5 also uses similar ambiguous diagnostic criteria for other noncompliance related disorders, such as conduct disorder. The complications associated with these diagnoses of compliance amount to what is known as ‘clinical complexities’ (Mezzich & Salloum, 2008).

Fundamentally compliance remains a significant factor in the clinical population with regards to the parent-child relationship. This relationship is further impacted by clinical complexities, where children are sometimes misdiagnosed or undiagnosed.

**Domestic Settings**

Psychologists and teachers place a relatively greater emphasis on parental involvement to elevate children’s performance (Jeynes, 2007). Meta-analysis studies that investigate parental involvement and academic outcome have found that parental involvement has a positive impact on the academic outcomes of their children (Hill & Tyson, 2009; Jeynes, 2007). Parental involvement in homework aides a child’s academic performance (Bryan & Burstein, 2004). In fact, Rogers, Theule, Ryan, Adams, & Keating (2009) found that ‘school-focused’ parental involvement at home is related to better academic achievements at school. There is a paucity of literature disassociating parental involvement to children’s academic outcome and the promotion of their safety. Since parental involvement is important in children’s academic outcomes, and promoting safety of the children, there has to be a degree of compliance to parental instructions (Hornby & Lafaele, 2011).

There has been a growth in research dedicated to parent-child interaction, which investigates the facets of compliance (Kotler & McMahon, 2004; Wachs, Gurkas, & Kontos, 2004). Children are reported to have higher levels of noncompliance at home compared to school (McMahon et al., 2005) and it remains a recurrent problem for parents (Kalb & Loeber, 2003). Noncompliant behaviours in children cause significant challenges to parents, including increased parental stress and an adverse effect on the parent–child relationship (Hakman & Sullivan, 2009; Kalb & Loeber, 2003). It also makes the children prone to maltreatment (Hakman & Sullivan, 2009). Results from empirical studies indicate that abusive parents are more likely to ‘respond negatively’ and ‘provide another
command’ in response to noncompliance from their children (Borrego, Timmer, Urquiza, & Follette, 2004).

Compliance is an ‘interactional’ process between parents and children (McMahon et al., 2005). The research suggests that parents’ behaviour plays a crucial role in the compliant behaviour of their children (Bryce & Jahromi, 2013). Strand, Wahler, & Herring (2001) found that a variety in parental consequences for varieties of children’s behaviour were linked to how likely children complied in the future. Particularly, they found parents’ inappropriate behaviours are more important than appropriate behaviours in determining children’s compliance in the future. Even though it is a correlational study, they suggested that how parents responded to children’s ‘social approaches’ served as ‘setting events’ for future compliance in children. In addition, McMenamy, Sheldrick, & Perrin (2011) found that manipulation of parental behaviours through training can increase compliance in toddlers. However, lack of a control group precludes any direct causal relationship. In another study Hakman & Sullivan (2009) found that the children of parents who exhibited low verbosity were more compliant than children of parents who expressed high verbosity. This evidence suggests that children’s compliant behaviour is to some extent determined by parents’ behaviour.

Severe noncompliance would identify the child as confrontational by parents and may lead to clinical intervention. This also has an impact on their relationship with their family members. Individual perception of compliance plays a crucial role in these areas rather than third party’s construction of behaviours as compliant, noncompliant or severely noncompliant. In order to examine perception of compliance, the initial focus should be on how compliance has been conceptualised.
Part 2

Early conceptualisation of compliance

Historically, researchers investigating ‘medical compliance’ preferred the term ‘adherence’ due to the coercive connotation associated with the term ‘compliance’ (Blackwell, 1976; Johnson, 1993). However, the term compliance continued to be used in other areas of research. Research on compliance in children peaked in the 1970s to mid-1980s (Dunbar-Jacob, Dunning, & Dwyer, 1993). Houlihan et al. (1992) pointed out, “despite the interest and energy devoted to the study of noncompliance in children in the 1970s, it appears that the research into this important area has diminished ...” (p. 71).

There were two possible explanations for the eclipse in research on compliance. The study of compliance (excluding medical compliance) was a primary interest of behaviourists. However, behaviourism flourished predominantly in the US (Miller, 2003), due to the cognitive revolution in 1950s (Greenwood, 1999) behaviourism lost its popularity by the 1990s (Schultz & Schultz, 2011). As psychiatry declined in popularity during the 1980s and 1990s in the US, the American Psychiatric Association favoured a pharmacological approach, whilst inhibiting the development of behaviourism (Wyatt, 2013). These factors contributed to the decline of behaviourism, which may have indirectly affected the study of compliance.

The second reason was that traditionally, compliance has been studied in terms of the ‘medical model.’ This model conceptualises the locus of behavioural problems as residing within an individual (Gold & Shuman, 2009). However, the 1980s witnessed a campaign by disabled people around the world and in Britain (Mercer & Barnes, 2004), which gave rise to the ‘social model’. The former model was challenged in 1980s by the emergence of the ‘social model of disability’. The emergence of the new model may have challenged the way compliance has been traditionally studied, thus affecting research into compliance.
**Behavioural model of compliance**

Compliance in children has primarily been studied within the behaviourist tradition, which follows a positivist paradigm and emphasises empiricism. This is evident in the definitions, which can be traced back to Forehand (1977), who summarised pre-1977 studies and concluded that compliance can be defined in terms of ‘latency’ and or ‘duration’. Applying temporal dimensions to behaviours, such as latency and duration is closely compatible with behaviourism (Cooper, Heron, & Heward, 2007). Latency refers to the time elapsed between asking the child to perform a task and the initiation of that task by the child. Duration, on the other hand, refers to the total time taken to complete the requested task.

Since Forehand’s review, researchers investigating compliance in the behaviourist tradition, continued to define compliance in terms of latency and, or duration (e.g. Allison, Wilder, Teo, Flynn, & Myers, 2011; Belfiore, Basile, & Lee, 2008; Bullock & Normand, 2006; Dawson et al., 2003; Ducharme, Davidson, & Rushford, 2002; Ducharme, Sanjuan, & Drain, 2007; Humm, Blampied, & Liberty, 2005; Kotler & McMahon, 2004; Normand, Kestner, & Jessel, 2010; Pitts & Dymond, 2012; Riviere, Becquet, Peltret, Facon, & Darcheville, 2011; Stephenson & Hanley, 2010; Zuluaga & Normand, 2008).

**The drawbacks of the behavioural model of compliance.**

These definitions are primarily concerned with whether the child is doing as an adult instructed, which Karoly (1993) calls a ‘practitioner-centeredness problem’. A certain level of refusal behaviour in children is adaptive and functional and in some cases a total refusal behaviour is completely acceptable (Gerhardt, 2009; Stephenson & Hanley, 2010). The conceptualisation does not incorporate the contextual factors such as culture, or ability of the child to perform the task requested. The behaviourists’ conceptualisation, which was based on the ‘medical model,’ has the hallmark that the locus of the problem is within an individual (Gold & Shuman, 2009). Therefore, it is sufficient for a third party to set the criteria for compliance, without considering the perception of the concerned party.
In terms of internal mechanisms, such as perception and cognition, it is problematic to categorise behaviour as compliant or noncompliant by an arbitrary person using arbitrary criteria. Refusal or uncooperative behaviours can take several forms, such as ‘breaking a curfew’ to ‘failing to do homework’. Each parent may have a different ‘value’ for each refusal or uncooperative behaviour, which may be socio-culturally shaped (Livas-Dlott et al., 2010). For example, parents from a certain culture or religion may be more concerned with their daughter ‘breaking the curfew’ than ‘failing to do homework’. Compliant and noncompliant behaviour is based on the perspective of adults and it may not reflect a child’s actual behaviour.

The majority of the empirical studies on treatment for compliance, from a behavioural perspective, were carried out with a single-participant design; this approach is less popular outside behaviourism. Therefore, I have explored a single study from this domain, to highlight the conceptualisation of compliance and methodological issues in empirical studies from a behaviourist background.

Dawson et al. (2003) wanted to evaluate the effectiveness of an intervention that was popular among behaviourists for treatment of compliance, called ‘high-p.’ They stated, “Food refusal may be conceptualised as a form of noncompliance in which the child refuses to eat a sufficient volume or variety of food” (p. 105). In their conceptualisation, they failed to take into account of the context in which the child refuses food. The only participant in their study was a three year old girl who had: prematurity, gastroesophageal reflux, delayed gastric emptying, developmental delays, and gastrostomy (G) tube dependence. A child refusing to eat food, especially in the context of ‘gastrostomy (G) tube dependence’ is expected, from a clinical point of view. The researchers did not ask the parents whether they considered her food refusal as noncompliant in that context. Instead, in their conceptualisation of noncompliance, they excluded parental perception and the context in which the behaviour is prevalent.

In their intervention, the items the child can perform, such as ‘touch red’ or ‘give me five’ at least 80% of the times have been classified as the child compliant with those items. However, in the context of a three year old with developmental delays, these items are better conceptualised as ‘capabilities’ than ‘compliance.’ Because, if a child cannot ‘touch green’ this does not mean the child is noncompliant, rather the child may be unable to distinguish green from blue.

In terms of measurement of the dependent variable, i.e. compliance, they counted the behaviour as compliant if the child initiated eating within five seconds of being presented with food. As
pointed out earlier, this criterion is arbitrarily set by a third party, without considering the context of a three year old with gastrostomy (G) tube dependence.

Social validity is a concept that people outside of receipt of treatment view the nature of the medical care (Carroll & Peter, 2014). The introduction of an intervention to increase compliance in this context is likely to threaten social validity, particularly when the vomiting of the three year old girl was ‘ignored’ and force-feeding was continued under these conditions.

Now I will discuss the methodological issues in the study. The advantage of the single participant design is that each participant also serves as his or her own control (Cooper et al., 2007), which eliminates the need for random assignment to a control group. Since each person also serves as a control, any bias introduced in assigning participants to the control group is eliminated. Therefore, in a methodological sense, it has a stronger internal validity, relative to traditional experiments. However, this advantage comes at a cost to external validity, as there is only one participant in the study (Alnahdi, 2015). Therefore, generalisation of the effectiveness of the intervention is highly problematic to apply to others.

The researchers’ objective was to evaluate the effectiveness of the intervention called ‘high-p,’ with or without escape extinction. In behavioural terms, extinction refers to withholding reinforcement. The problem with any studies on extinction is that during the extinction phase, the behaviour temporarily increases, called ‘extinction burst’ (Cooper et al., 2007); the researchers have failed to account for extinction burst in the study.

A multi-element design is sufficient to evaluate the effectiveness of the treatment, or its components (Cooper et al., 2007). However, the authors used an unusual combination of multi-element and reversal design instead, which is seldom discussed in the literature. It appears that the inclusion of reversal design is to visually compare the results between ‘high p’ and ‘no high p’ conditions. However, ‘high-p’ conditions could have been included in the multi-element design in an alternating fashion, for visual comparison (Cooper et al., 2007). This will simplify the graphs produced in the study. A clear and simple graph display of very important in single participant study design, as the only way of interpreting the results is the visual interpretation of graphs in single-participants studies.

When there is a high variability in graphs in a certain condition, often a confounding variable is present, which accounts for variability (Cooper et al., 2007). This is a threat to internal validity; the variability within a condition is up to ‘30% compliance,’ which is likely to indicate the presence of a confounding variable. High variability, within each condition, makes the visual interpretation of
results between conditions problematic. It is difficult to conclude that the difference between each condition is due to a change in an independent variable or the presence of confounding variable(s). Also visual results from ‘escape conditions’ overlapped with results from ‘escape extinction’ conditions. Despite these problems, the author’s visual interpretation of the study was that compliance increased only during the condition of ‘escape extinction’.

The study did not take baseline data on food refusal. Therefore, it was impossible to compare the overall effectiveness of the treatment relative to no treatment. The aforementioned conceptual and methodological limitations were not discussed in the study.

**Motivational model of compliance**

As the behaviourists’ era faced a decline, it should be noted that polarised definitions from cognitive schools surfaced. For instance, cognitivists proposed that compliance should be conceptualised exclusively in motivational terms (Lubinski, 2009). Kochanska & Aksan (1995) and Kochanska (2002) conducted series of studies to explore the construct of compliance. They concurred with Lubinski, arguing against the quantitative perspective of a behavioural view of compliance. They advocated that compliance should be viewed in terms of motivation. They proposed two different types of compliance, based on motivation. A *committed* compliance where a child complies ‘wholeheartedly’ and ‘willingly embraces parental values.’ The child’s behaviour, in committed compliance, is smooth and self-sustained and does not require parental control. The motivation to comply comes from inside the child. Whereas in a *situational* compliance, even though a child complies, he or she does not embrace the parent’s agenda wholeheartedly. Here the compliance is ‘shaky’ and based on parental control.

**The drawbacks of a motivational model of compliance**

This bi-conceptualisation of compliance was a prominent view among researchers who focused on internalisation and motivation; such conceptualisation may be useful to study the role of internalisation. Outside of this theoretical domain, this view of internalisation has limited applications.
This model was based on a series of experiments with infants and children. Upon scrutinising the experiment, the credibility appears to be jeopardised by the presence of a confounding variable. The confounding variable may have contributed to the outcome of the dependant variable. For example in Kochanska and Aksan (1995), children were asked to put away the toys after free play time, as one of the measures of compliance. Putting away the toys after playtime is a ‘natural chain of events’ that children are taught at that age. A child putting away the toys cannot be attributed to compliance, since this may be due to that child simply responding to a natural chain of events.

These studies were carried out on infants under three years of age. There is insufficient data available on whether the results can be generalised to other milestones of child development, such as adolescence. Like the behaviourists’ view, this conceptualisation is also proposed deductively, without the perception of the concerned party (i.e. parents) within a parent-child dyad. In essence, the third party has defined the construct without involving parental perception.

**Other models of compliance**

Kalsher and Williams (2006) describes multiple models of compliance that were presented in the literature: Health Belief Model, Theory of Planned Behaviour, The Role of Command Form, Third Person Effect, Reactance Theory, Prefectural Thoughts and Emotions. La Greca and Mackey (2009) described another model: the Transtheoretical Model of Change. The compliance facet of parent-child relationships, however, was not the locus of these models.

The existing models do not incorporate the compliance facet of parent-children relationships. This leaves a vacuum in the literature in this area, warranting an alternative model.

**A new conceptualisation of compliance**

Researchers have used various definitions of compliance, based on the context of their studies. Defining what is meant by compliance is probably the most challenging task for the
investigators (McMahon et al., 2005). Therefore, compliance has come to be seen as idiosyncratic to the investigators (La Greca & Mackey, 2009; Van Hecke, Grypdonck, & Defloor, 2008). Thus, Karoly (1993) points out that “...compliance has come to be seen as a technical problem, one that is pursued largely in a theoretical vacuum” (p. 12).

Defining criteria should not set by a third party or be arbitrary. The definition of compliance should be based on the perception of the party involved. Any attempt to define ‘actual’ compliant behaviour, without examining how those perceptions are formed, is problematic since there may be disparity between actual behaviour and parental perception. This will produce a theoretical vacuum in the study of compliance, which in turn produces technical problems for its conceptualisation. Figure five below illustrates the relationship between ‘actual behaviour’, ‘parental perception’ and ‘conceptualisation of compliance’.

Fig 5: Relationship between actual behaviour, perception and conceptualisation.
Part 3

**Discrepancies in Cognitions Flowchart**

This section explains possible ways in which discrepancies in cognition could be conceptualised and studied, by proposing ‘Discrepancies in Cognitions Flowchart.’ This flowchart juxtaposes this thesis in relation to other possible ways in which discrepancies in cognitions can be conceptualised.

One of the components that researchers have focused on in child-parent relationships is a discrepancy in perception. Literature seldom focuses this discrepancy based on parental agency. In order to explain my proposed model, in contrast to overall discrepancy in perception, I have conceptualised the discrepancy in the parent-child context in two ways: interpersonal and intrapersonal discrepancies.

**Interpersonal perception discrepancy**

‘Interpersonal perception discrepancy’ is where parents and children have discrepancy in their perception of a ‘common element’. For example, a parent requests her daughter to dress ‘appropriately.’ In this scenario, the parental view on what is appropriate may vary from the daughter’s. The parent may perceive the dress as ‘revealing,’ while the child may have the opposite view. Various factors contribute to discrepancy in interpersonal perception (Pronin, Gilovich, & Ross, 2004). The ‘common element’ refers to elements that are *external* to both parties and involves both parties’ perception. It does not refer to internal conflict or perception of the other party. In this example, the dress code is a ‘common element’.

**Intrapersonal perception discrepancies**

This thesis will focus on this second form of discrepancy. This discrepancy in perception is related to oneself, parents’ perception of child and vice versa. In order to explain this category better, I have divided this into three categories.
1) Self-perception: this relates to discrepancy in perception of themselves and not others. For example, there may be discrepancy between how child perceives himself or herself and the child’s perception of what others think about him or her. Early theorists such as Higgins (1987) studied the self-discrepancy in actual ‘ideal,’ and ‘ought’ selves. Some scholars such as, Lawton, Schuler, Fowell, and Madsen (1984) extended self-discrepancy to a familial context.

2) Common elements of intrapersonal discrepancy: here the discrepancy in perception of child or parent is in relation to a common element. For example, a parent imposes a strict rule at home that their child must keep his or her room clean all the time, so that the child will learn good domestic skills, the child will keep the house tidy and provide health benefits. The child on the other hand, may perceive that intention as authoritarian and a desire to control him or her. Here there is a discrepancy in the perception of parents’ actual intention and child’s perception of that intention, with regards to the common element: keeping the room clean. It is noteworthy, that there is a subtle but crucial difference between discrepancies in ‘interpersonal perception’ and ‘common element intrapersonal perception.’ In the former category both parties have a distinct perception of a common element, i.e. whether the room is actually clean or not, or how clean is the room. In the latter category, discrepancy is in one party’s perception of other party, in relation to a common element, i.e. the intention behind why the room should be kept clean.

3) Intra-interpersonal perception: as the name suggests, this refers to intrapersonal discrepancies in perception, regarding other family members. For example, Siah (2013) explored the discrepancy in children’s perception of ideal and actual parents. On the other hand, Blacklock, Weiss, Perry, & Freeman (2012) investigated the parental perspective of their children’s progress in an behavioural intervention and child’s actual progress. In particular, the thesis focused on this aspect of cognition; it will explore parental perception of ideal and actual child’s compliance.

Within the child-parent dimension, this discrepancy can be studied from the perspective of agency of either parents or children. For example, investigation from a point of view of children’s agency could reveal a discrepancy between their perception of ideal and actual parents (Siah, 2013).
There is little research dedicated to discrepancy in intra-interpersonal perception of children from a parental agency. Parental perception plays a crucial role in interaction with their children (Ercegovac, Ljubetic, & Pericic, 2013). An examination of intra-interpersonal perception from a parental agency could focus on any given facet of the parent-child interaction, such as compliance, child obesity, or children’s academic progress. In this thesis it is focused on compliance, I have outlined a discrepancy in perception with a comprehensive flowchart and juxtaposed this thesis in relation to the overall flowchart, as shown in figure six below.
Fig 6: Illustration of conceptualisation of discrepancies in perception in parent-child relationships. The figure juxtaposes the discrepancy that is being examined, which is highlighted in red, in relation to spectrum of cognitive discrepancies.
The Parental Perception of Compliance Model (PPCAM)

Research dedicated to parent-child interaction, which investigates the facets of compliance is largely focused on evaluating the effectiveness of various interventions for noncompliance, with less attention paid to examination of how parental perception of severity of compliance was formed. Below, I discussed a model of how parental perception of compliance can be formed.

**Family related cognitions** - Family related cognition has been defined and explored from various viewpoints. Bugental and Johnston (2000) summarised existing family-related cognition into following four different components:

1) The way things should be, *ideally*, in a family (evaluative-descriptive cognitions),

2) The way things are *perceived* in a family (descriptive cognitions),

3) Convergence or divergence from the way things are and the way things *should* be in a family (efficacy cognitions),

4) Perceived reasons for family related events (analytical cognitions).

I utilised the first two types of cognitions as a skeletal structure to explain the proposed model, and its primary contribution to knowledge. As indicated in the introduction, the model was already formed before the literature review. The literature review attempted to connect the already formed model to the literature.

It is natural for parents to have beliefs about ideal levels of compliance for adolescents (Buchanan & Holmbeck, 1998). In other words, parents have a notion that an ideal adolescent should have a certain level of compliance. The parental beliefs about what should constitute ideal behaviours in adolescents varies between parents (Gfellner, 1990). For example, an authoritarian parent may like their children to always do as they are told, relative to permissive parents (Baumrind, Larzelere, & Owens, 2010). Here I used the term
notion and belief interchangeably to refer to the same idea of an ideal level of compliance in adolescents. The pivotal point is that this idea refers to ‘general’ ideas about adolescents, rather than their own child.

Our beliefs have an impact on our expectations (Casati & Pasquinelli, 2007). Parental beliefs about an ideal child are likely to be affected by various other factors, as described in factors that contribute to the MPCAM. In accordance with that belief, parental expectations for their child, in terms of compliance, is also likely to be influenced. For example, if a parental notion of ideal adolescents is that he or she must comply with everything asked of him or her, their expectation of their child will also be high in terms of compliance. On the other hand, if parents believe that ideal levels of compliance should be low in adolescents, they will also probably have lower expectations of compliance from their own children.

The ‘evaluative-descriptive cognition’ refers how the way things ‘should be’ in a family. The parental beliefs of ideal levels of compliance and an expectation of level of compliance in their own child are based on cognition of how things should be in a family. In this proposed model, these two cognitions will be conceptualised as ‘evaluative-descriptive cognitions.’

**Actual behaviour and perception**

The parental perception of levels of compliance in their children is the ‘descriptive cognitions’ – the things that are perceived. Kalb and Loeber (2003) point out that parental perception does not reflect the child’s actual behaviour, rather it will be skewed, based on their perception of how problematic this behaviour is. The perception of how problematic a behaviour is likely to be based on expectations of our own children. The disparity between the actual behaviour and perception is likely to be affected by expectation. Sometimes children modify their levels of compliance, according to parental expectation (Li, Yamamoto, Luo, Batchelor, & Bresnahan, 2010). For example, the Social Expectation Model proposes that parental expectation is a key factor in children’s perfectionist behaviours (Flett, Hewitt, Oliver, & Macdonald, 2002).

When expectations and perception of level of compliance converge, parents are less likely to perceive their children’s behaviour as problematic. On the other hand, when children’s level of compliance is not in accordance with expectations, parents are more likely to
perceive that behaviour as problematic (McMahon & Forehand, 2005). Consistent with this view, scholars agree that parental expectations affects how they perceive their children’s behaviour to be ‘problematic’ (Buchanan & Holmbeck, 1998; McMahon & Forehand, 2005).

The model, MPCAM, explored in this thesis hypothesises, that parents have a notion of an ideal level of compliance in adolescents, based on the factors discussed in the next section. Their expectation of compliance for their children is affected by their notion of an ideal level of compliance. The perception of severity of compliance, in turn is affected by their expectations. This is illustrated in figure seven.

![Diagram](image)

**Fig 7.** Illustrates how parental beliefs about ideal levels of compliance (evaluative-descriptive cognitions) affect their expectations (evaluative-descriptive cognitions), which affects their perception of severity of compliance (descriptive cognitions). The parental perception of severity of compliance is likely to vary from the child’s actual levels of compliance.
Exogenous factors that may affect MPCAM

The notion of ideal levels of compliance in adolescents, expectations and perception are the key components of the MPCAM. Any other factors affecting the first two components are likely to have an impact on the perception of severity of compliance. I identified the following potential factors that may have an impact on these components.

Culture

When studying children’s compliance it is essential to examine the cultural effect to accurately understand compliance (Abe & Izard, 1999; Chen et al., 2006; Chen & Eisenberg, 2012; Lim, Rodger, & Brown, 2010). One of the prominent views of culture is that it can be categorised as individualism and collectivism (Brewer & Chen, 2007; Triandis, 1995). This conceptualisation helps to illustrate the contribution of culture in perception of compliance in the MPCAM. In a collectivist culture, the people are interdependent and emphasis is placed on the group and its norms. On the other hand, people from an individualistic culture, place the emphasis on one’s self over the group. In the former culture, such as in Japan, children are encouraged to conform to the norms of society. In the individualist culture, such as in the US, children are encouraged to conform less frequently but encouraged to ‘be themselves.’ This distinction could be better illustrated with the proverbs used in these countries. An adage in Japan states, ‘nails that stick out get hammered,’ and in US, the adage is ‘the squeaky wheel gets the grease.’ The opposite actions are encouraged to achieve the same objectives in these adages.

Members of a collectivist culture are distinguished from one another in terms of ‘collective phenomena’, which is approximately shared between the members (Fischer, 2009). In other words, people from collectivist societies approximately share similar beliefs, which will vary from individualistic societies. In addition, individuals from each category of culture have varied degrees of collective phenomena of collectivism or individualism (Triandis, 1995). Therefore, members of an individualist culture have collective evaluative–descriptive cognitions such as ‘a shared system of beliefs’ and ‘expectations of compliance’
which are distinct from individualistic culture (Bond, 2004). I will now focus on how these categories of culture affect the evaluative-descriptive cognitions.

The collectivist society, as opposed to the individualistic society, tends to promote the value of ‘cooperation’ and ‘compliance’ through emphasis on ‘group harmony’ and ‘social obligation’ (Chen & French, 2008). The belief system of parents from collectivistic cultures emphasises compliance, compared to their counterparts. This is likely to affect their view of what should be an ideal level of compliance in adolescents. Children from an individualist society are more likely to be confrontational and noncompliant with their parents (Sugimura, Phinney, Yamazaki, & Takeo, 2009).

In contrast, people from an individualist society emphasise independence (Triandis, 1995). The belief system in this group is less likely to emphasise compliance, and more likely to promote independence (Sugimura et al., 2009). Therefore, parental belief systems among these parents, about an ideal child, would be that he or she does not have to be relatively compliant. Accordingly, numerous studies have in fact demonstrated that whether a culture is collectivist or individualist has an impact on children’s compliance (Chen & French, 2008).

According to the proposed MPCAM, parents have belief systems of ideal levels of compliance, corresponding to their equivalent bi-conceptualised culture. This generates expectation for their child, and this in turn affects the perception of severity of compliance. Accordingly Nisbett and Miyamoto (2005) argued that culture is known to have an effect on human perception, which corresponds to the effect of culture in the MPCAM.

**Parenting Styles**

Baumrind (1971) formulated her theory on parenting styles through a series of studies. In her theory she divided the styles of parenting into three distinct categories: authoritarian, authoritative, and permissive. Later, Maccoby and Martin (1983) expanded on the research of Baumrind by operationalizing the parenting styles by two orthogonal constructs: ‘demandingness’ and ‘responsiveness.’ Baumrind et al. (2010) describe demandingness as “parents’ readiness to confront a defiant child and to require mature behavio[u]r and
participation in household chores;” and responsiveness as “emotional support, warmth, and actions that intentionally foster individuality and are acquiescent to the child’s needs and demands” (p. 161). By conceptualising parenting styles through these orthogonal constructs, Maccoby and Martin (1983) were able to increase the transferability of Baumrind’s work (Darling & Steinberg, 1993). As a consequence of this transformation a fourth type of parenting style, neglectful/indifferent, was added to Baumrind’s typology.

The parenting style has come to be known in terms of a parent’s high or low in demandingness and responsiveness. Therefore, this refers to “the overall emotional climate of the parent-child relationship - an affective context, of sorts, that sets the tone for the parent’s interactions with the child” (Steinberg & Silk, 2002, p. 121).

The descriptions of parenting styles, according to Hughes, Power, Orlet Fisher, Mueller, and Nicklas (2005) are:

(1) The authoritative style (high demandingness/high responsiveness) characterized by parental involvement, nurturing, reasoning, and structure;

(2) The authoritarian style (high demandingness/low responsiveness) characterized by restrictive, punitive, rejecting, and power-assertive behaviours;

(3) The permissive style (low demandingness/high responsiveness) characterized by warmth and acceptance in conjunction with a lack of monitoring of the child’s behaviour; and

(4) The neglecting style (low demandingness/low responsiveness) characterized by little control and involvement with the child.

Figure eight illustrates the relationship of each parenting styles in relation to demandingness and responsiveness.
Fletcher et al. (2008) point out that authoritarian styles of parenting can have higher expectations in terms of compliance. They found that authoritative and authoritarian parents are more coercive than permissive and rejecting-neglecting parents. This demonstrates the link between evaluative-descriptive cognition (i.e. expectation), and parenting style.

The parental beliefs and expectations are evaluative-descriptive cognitions, as described in the MPCAM. If the parenting styles have any impact on the evaluative-descriptive cognitions, it may also affect the descriptive cognition, affecting the perception of compliance in their children. Accordingly, Fox, Platz, and Bentley (1995) found that parental perception affected the parenting discipline strategies; which demonstrates the link between parenting style and the descriptive cognition (i.e. perception).
**Socioeconomic Status (SES)**

According to the ‘American Psychological Association’s Task Force on socioeconomic status,’ “socioeconomic factors and social class are fundamental determinants of human functioning across the lifespan, including development, well-being, and physical and mental health” (Saegert et al., 2007, p. 1). Various definitions of socioeconomic status were mentioned in the literature, but the underlying theme of SES remains one’s wealth (Sirin, 2005).

A modified version of Hollingshead (1975) was favoured in the US to measure SES (Callahan & Eyberg, 2010). In the UK, the Office for the National Statistics (ONS) have replaced formerly used ‘Social Class based on Occupation (SC) and Socio-Economic Groups (SEG) with National Statistics Socio-Economic Classification (NS-SEC) in 2001 (ONS, 2010) to measure SES. For practical reasons, researchers in England used the location of the participants or whether they received ‘free school meals’ as indicators of SES (Hobbs & Vignoles, 2007). The bottom line is that there is no consensus in literature on how to measure SES, but income and associated factors remains SES’ core elements.

Lavigne et al. (2010) found that SES was associated with not completing the treatment for oppositional defiant disorder (ODD). Similarly, Gardner, Ward, Burton, & Wilson (2003), referring to the results of an existing study, suggests that people from higher SES may engage in more ‘joint play’ and this may account for fewer ‘conduct problems’ in children. Noncompliance is one of the defining criteria for conduct disorders (APA, 2000). Vittrup & Holden (2010) found that in self-reporting from parents and children, spanking to discipline the child or to increase compliance was much higher in lower SES.

Bernier, Carlson, Deschenes, & Matte-Gagne (2012) found that ‘parenting’ and ‘attachment’ was linked to ‘impulse control’ in three year old children. However, they explain this link by variance shared by the SES. The ‘impulse control’, as an internal mechanism, may play a role in children’s compliance. For example, Lim, Rodger, & Brown (2010), when defining compliance as a construct, included ‘self-control’ along with other variables.
Alexander, Entwisle, and Bedinger (1994) found that parental expectation of children’s academic outcomes were dependent on the SES. If SES were to affect evaluative-descriptive cognitions of compliance, as described in the MPCAM, then it is feasible that its influence would also have an effect on descriptive cognition, i.e. parental perception of compliance.

The above evidence collectively suggests that there is an indirect link between SES and children’s compliance. However, the exact nature of this link in relation to the MPCAM remains unclear.

**Parental Knowledge**

There is no consensus on what is meant by parental knowledge, as each researcher defines this concept differently. This concept is used interchangeably with many terms, including parental accuracy, parental monitoring, and parental beliefs, in the literature (Tazouti, Malarde, & Michea, 2010). Firstly, I wish to distinguish the meanings of these terms. Tazouti et al. (2010) point out that parental accuracy is the difference between parents’ prediction of child behaviour and the child’s performance. A similar concept to this is parental monitoring: the extent to which parents are perceived as knowledgeable about their children’s whereabouts (Lippold, Greenberg, & Feinberg, 2011; Soenens, Vansteenkiste, Luyckx, & Goossens, 2006). The thesis will apply the term of parental knowledge as defined by Benasich and Brooks-Gunn (1996) as this conceptualisation is relevant to the MPCAM. They refer to parental knowledge as parents’ knowledge of developmental norms, milestones and processes of child development.

Steinberg and Morris (2001) corroborate with evidence and conclude that “... simply because a problem may be displayed during adolescence does not mean that it is a problem of adolescence” (p. 86). Parental appraisal of compliance in adolescence does not only reflect the child’s actual behaviour, rather as Ehrensaft et al. (2007) point out, it also reflects parental knowledge about what constitutes ideal behaviour for adolescents. Therefore, if parental appraisal of a child’s behaviour is consistent with developmental norms and milestones, there should be a decrease in parental complaints about
adolescents’ behaviours (Ehrensaft et al., 2007). However, as I will elaborate in the section below, the parental complaints tend to increase when children reach adolescence. When parents have poor parental knowledge, such as a lack of awareness of age appropriate norms for their children and their beliefs of what constitutes an ideal level of compliance for a specific age group would also deviate from the normative range. If parental knowledge were to have an impact on evaluative-descriptive cognition, it is likely to also affect parental perception, according to the proposed MPCAM.

The literature suggested that culture, parenting styles, SES and parental knowledge were likely to have an impact on the proposed model. Accordingly these four factors were incorporated into the model.
Human development has been extensively studied, focusing on various aspects of psychological and biological developments. Notable scholars who studied and theorised adolescent development include: Freud (psychoanalytic perspective), Piaget (cognitive perspective), Erikson (psychosocial perspective), Vygotsky (psychosocial and cognitive perspective) and Levinson (seasons of life theory), Marcia (identity development in adolescents) (Feldman, 2006), and Jesser (Adolescent problem behaviour theory) (Donovan, Jesser, & Costa, 1991). These developmentalists attempted to produce universal and parsimonious theories on adolescent development, which do not have consensus among all the scholars, and emerging empirical evidence conflicts with at least some aspects of each of these theories (Feldman, 2006; Steinberg, 2005). For example, Piaget’s theory of ‘formal operation’ on adolescents’ cognitive processing is more or less abandoned due to the emergence of conflicting empirical data and the shifting of studies of cognition of adolescents to different models (Steinberg & Morris, 2001).

Development of a new concept, consistent with the MPCAM, based on recent empirical and consensual evidence is consistent with the pragmatist epistemology. This approach is more trustworthy and a stepping stone for contribution to knowledge instead of reliance on a theory by a particular developmentalist, with the rationalisation that he or she ‘said so.’ Therefore, in this section, I explained the effect of compliance on adolescent development and developed a new concept consistent with the MPCAM.

From a biological perspective, two unique changes are apparent during adolescence:

a) Changes in the body, which include growth spurts in skeletal and muscular developments, puberty, and

b) Brain transformation.
Visible hallmarks of adolescence are growth spurts in skeletal and muscular development associated with elevated production of hormones during puberty (Lightfoot, Cole, & Cole, 2009). The research is consistent that every adolescent has an ‘internal model’ for the onset of puberty and growth spurts of the individual (Bee & Boyd, 2002). This internal model, however, changes over time so that children are experiencing puberty at an earlier age across generations, a concept called a ‘secular trend’ (Bee & Boyd, 2002; Dahl, 2004; Feldman, 2006; Kaplowitz, 2006). I elaborated the ‘secular trend’ at the end of this section, ‘adolescence’.

Evidence indicates that surging hormones, during puberty, have a negative effect on children’s mood and the parent-child relationship (Marceau, Dorn, & Susman, 2012). While parents continue to expect (evaluative-descriptive cognition) the same from the child, the new hormones surge in their system. As described in the MPCAM earlier, when the expectations are not in accordance with their perception (descriptive cognitions), more than likely the parents will perceive those behaviours as problematic (McMahon & Forehand, 2005).

Copious hormone production in puberty is linked to physical hallmarks of brain transformation (Giedd et al., 2006). These transformations occur in two stages. In the first stage over supply of grey matter begins to prune and myelination of white matter accelerates (Giedd, 2004), also the cerebral cortex becomes thick around age 13 (Bee & Boyd, 2002). These transformations in the brain, during the beginning of adolescence, makes the neural pathways more efficient (Bee & Boyd, 2002; Feldman, 2006) and enhance cognitive abilities. The second growth spurt of the brain occurs in the prefrontal cortex, at around age 17 (Bee & Boyd, 2002). This development transforms the adolescents, to allow them to control their impulses rather than react to emotions, it enhances their logic and planning skills (Bee & Boyd, 2002; Giedd, 2004; Lightfoot et al., 2009). The overall brain transformations contribute towards the optimisation of adolescents’ cognitive abilities.

As indicated earlier, each child has a unique ‘internal model’, which affects the timing and size of their physical and cognitive maturity. Sometimes a physical growth spurt may be asynchronous to cognitive development (Steinberg & Silk, 2002). For example, if a child has developed to be an adult looking person, a parent may expect the child to function like an
adult. These expectations derive from their existing schema that adults usually think and behave like adults. This schema is similar to another form of evaluative-descriptive cognition - beliefs, described in the MPCAM. Due to asynchronous cognitive and physical maturity, the parents may perceive (descriptive cognitions) that the child is not acting or thinking like an adult.

There are competing theories among developmentalists about the exact nature of cognitive change during adolescence. As indicated, each theory has its own drawbacks. Consensus in the literature on cognitive transformations during adolescence, is that this enables them to think in a more advanced manner. This includes metacognition, abstract and hypothetical thinking (Steinberg & Silk, 2002). These developments are a challenge to harmonious equilibrium in parent-adolescent relationships. For example, “...the transition from childhood into adolescence represents an important turning point in the realignment of the parent-child relationship, when rules and communication patterns begin to shift from being unilateral and parent-directed to being more bi-directional and child balanced” (Kuhn, Phan, & Laird, 2014, p. 246). Adolescents begin to question absolutes and rules (Steinberg & Morris, 2001; Steinberg & Silk, 2002), this is likely to lead to noncompliance. Parents may be annoyed that cognitive maturity, during this period, allows adolescents to skilfully win arguments over parents (Hendry & Kloep, 2012), which may lead to parental perception of the behaviour as noncompliance. These developments may not be in line with the expectations (evaluative-descriptive cognition) parents used to have for their child. As predicted in the MPCAM, when the evaluative-descriptive cognitions and descriptive cognitions diverge, the parents tend to perceive these behaviours as problematic. The perception of the behaviour as problematic contributes more to filial conflicts than the actual behaviours (Bögels & Melick, 2004). Even though adolescents, and not the parents, experience these transformations, the parents are more distressed than the adolescents during this transformation (Dekovic, 1999). Consistent with these propositions, adolescence is a period that is prone to evoke conflict with parents due to noncompliance (Bee & Boyd, 2002; Feldman, 2006).

The other significant development, during this phase, is seeking autonomy. The physical and cognitive developments prepare adolescents for ‘autonomy’ (Fleming, 2005), which is essential for adaptive psychological functioning (Petegem, Beyers, Vansteenkiste, &
Fleming (2005) argues that this new development manifests among adolescents in the form of a rebellious nature. Overstaying curfews, leaving home and challenging parental authority are some of the notable noncompliant behaviours during this period. The parents assume that they have the authority to regulate the rules governing children’s ‘leisure time activities’ and ‘peer relationships’. In contrast, adolescents view these particular matters as outside parental jurisdiction (Kuhn et al., 2014). Adolescents tend to perceive adults as barriers to their independence; on the other hand, this will be a challenge for parents, as they have had to revise the rules and levels of compliance to accommodate the development of autonomy in adolescents (Holmbeck, Paikoff, & Brooks-Gunn, 1995).

The autonomy seeking behaviours can be asynchronous with parental beliefs on children’s compliance and affect the parents’ expectations. For example, as part of becoming autonomous, children spend less time with their parents and more time with their peers (Lightfoot et al., 2009; Steinberg & Silk, 2002). Parents may believe that it is inappropriate for children to spend more time with their peers. This belief may affect their expectation of how much time their child should spend with their peers and the onset of curfew time. However, when they see the children spending more time with their peers (descriptive cognitions), it could result in conflict with their children. In other words, autonomy enhancing behaviours could be seen as defying parental expectations of the children to comply with parental requests and rules; this occurs when parents are hesitant to accommodate the child’s autonomy during adolescence (Fleming, 2005; Phinney, Kim-Jo, Osorio, & Vilhjalmsdottir, 2005; Steinberg & Silk, 2002). The bottom line is that perception of autonomy-seeking behaviours may result in varying degrees of compliance and related conflicts with their children, which is dependent on their expectations and beliefs.

The development of autonomy is closely linked to another significant transformation during adolescence: identity formation (Fleming, 2005). During adolescence, “identity development is the process through which the individuals achieve a sense of who they are, what moral and political beliefs they embrace, the sort of occupation they wish to pursue and their relationship to the communities and culture” (Lightfoot et al., 2009, p. 560). Thus the origin of adolescence is rooted in biology, however, it ends with ends with development of ‘self’ which is shaped by the context of their development (Smetana, Campione-Barr, &
Metzger, 2006; Steinberg & Morris, 2001). Their behaviours such as dressing and manner in which they think begins to conform to their forming identity. These new behaviours and manner of thinking may begin to conflict with parental beliefs about adolescence and expectations for their child. For example, if a child were to adopt a ‘Goth’ identity, then that lifestyle may conflict with parental values and beliefs. The parents may ask the child to modify their behaviours and thinking, in line with their expectation. Noncompliance to parental requests begins to form familial conflicts. The parental perception of this severity of compliance will be dependent on the degree of deviation from their expectations, according to the MPCAM.

In the MPCAM, parents have beliefs on how an ideal child should comply and expectations for their child based on those beliefs. These expectations, however, may be asynchronous with transformations that the adolescents experience as a result of physical and cognitive developments, autonomy seeking and identity formations. When parental expectations deviate from their perception of their children’s behaviours, they perceive those behaviours as problematic and more conflicts result during adolescence, as illustrated in figure nine. I call the concept of adolescence development presented here: ‘Physical and Cognitive Developments, and Autonomy and Identity Formation’ concept (PCDAIF concept).

This section described adolescence as a period of increased parent-child conflict. Consistent with this argument, research also points out that, disorders associated with compliance, such as Conduct Disorders and Oppositional Defiant Disorders tend to increase among adolescents in the US and in the UK (APA, 2000; Maughan et al., 2004; NICE, 2006). It is noteworthy that, despite this period being difficult, some adolescents have a fairly non-confrontational relationship with their parents. (Dahl, 2004; Paus, 2005; Steinberg, 2005). This variation in the extent of confrontation during this period is likely to be due to a variation in culture, parenting styles, SES and parental knowledge. I will discuss the contribution of these factors below, as they relate to adolescence development.
Fig 9: ‘Physical and cognitive developments, and autonomy and identity formation’ concept (PCDAIF concept)
**The effect of factors on adolescent development**

This section will explain the effect of culture, parenting style, SES and parental knowledge on the development of adolescent.

**Culture**

In individualist nations, such as England, where autonomy and individual identity are valued, adolescents tend to seek autonomy and individual identity at an early stage, compared to adolescents from collectivistic societies. In contrast, in collectivistic societies, adolescents feel a greater obligation towards family and society (Chen, Wang, & Liu, 2012; Feldman, 2006). Phinney et al. (2005) found that American adolescents who were from collectivistic upbringing complied more than their White counterparts. These adolescents from the collectivistic background attributed their compliance to the values they placed on their family. Trommsdorff (1995) also found that adolescents from collectivistic societies accepted parental control, and valued compliance compared to adolescents from individualistic societies. Culture appears to be a factor that affects the extent of parent-adolescent conflicts.

**Parenting Style**

The literature is consistent in noting that authoritative parenting, where ‘demandingness’ and ‘responsiveness’ are balanced, has positive outcomes among adolescents (Baumrind et al., 2010; Smetana et al., 2006; Steinberg & Silk, 2002). Gradual transition into adolescence is greeted with an appropriate amount of independence and encouragement of responsibility in authoritative parenting, resulting in a well-balanced relationship and less conflict with parents (Steinberg & Silk, 2002). In contrast, authoritarian styles of parenting remain highly demanding, neglecting the need for increased autonomy in the transition to adolescence. These types of parents perceive autonomy as noncompliance and children gets frustrated with the attitude of parents, which results in conflict (Smetana & Daddis, 2002). Low demandingness, which is characteristic of permissive and neglecting
parenting styles, are theoretically less likely to result in less conflict with parents. Consistently, Smetana (1995) found permissive and neglecting parents constructed much broader boundaries of adolescents’ personal jurisdiction. This evidence indicates that the parenting styles play a role in the extent of the parent-adolescent conflicts.

**Socioeconomic Status (SES)**

From parental agency, financial hardship affects parental mood and is prone to elicit an irritable mood, which could affect parent-adolescent conflicts (Steinberg & Silk, 2002). Li, Zou, Liu, and Zhou (2014) found that in China, SES is linked to adolescent-parent conflict. Early adolescents from high SES are more likely to be non-compliant when parents tend to regulate personal issues (Smetana, 2000). However, credibly analysing the effect of SES on child development is challenged by cofactors, such as disability and recent immigrant status being associated with SES (Bradley & Corwyn, 2002).

**Parental Knowledge**

The extent to how much parents know about child development and milestones contributes to a degree of parent-child conflicts during adolescence. Collins (1990) found a greater discrepancy between parents’ perception of ideal and perceived child behaviours among children who are going through the transition to adolescence, in comparison to younger or older children. This discrepancy may be due to the fact that parents may continue to expect adolescents to comply, as younger children, even though adolescents are going through a stage of acquiring autonomy (Holmbeck et al., 1995). When the second born transitioned to adolescence there was no increase in frequency of conflicts, compared to first-born (Shanahan, McHale, Osgood, & Crouter, 2007). This phenomenon may be due to parents learning from the experience of their first born, that the milestone of adolescence is characterised by children going through transformations and the parents then modifying their expectations accordingly.
Chapter Three:
Planning of Research
This chapter will discuss epistemology, research questions, proposed methodology, rationale for piloting a focus group and sampling.

**Epistemology**

Guba and Lincoln (1994) conceptualised ‘paradigms’ as sets of beliefs based on one’s ontological, epistemological and methodological assumptions and received consensus from the majority of scholars. Scholars who favoured pragmatism, however, did not agree with Guba and Lincoln (1994)’s paradigm model (eg. Morgan, 2007; Tashakkori & Teddlie, 2003; Teddlie & Tashakkori, 2012). Their tripartite conceptualisation is based on the idea of an ‘incompatibility thesis’ that it is theoretically inappropriate to mix qualitative and quantitative research. Some scholars rejected this incompatibility on the basis of a ‘paradigm pluralism,’ the belief that multiple paradigms can serve as underlying philosophies in mixed methods research (Teddlie & Tashakkori, 2012). Consequently a new paradigm, pragmatism was born, which is now recognised as a major paradigm among researchers (Mertens, 2010). The bottom line is that the social research paradigms can be imperfect, but it is important that researchers improve performance within the paradigms at their disposal (Pascale, 2010).

Further readings suggested that the research questions should influence the paradigm, and the inquiry should not be led by the paradigm. Tashakkori and Teddlie (2003) concur with this idea and argue that finding answers to the research questions are the most important aspects of research, whereas paradigm issues are secondary. The pragmatist paradigm is consistent with the notion of research being led by the research questions (Mertens, 2010; Tashakkori & Teddlie, 2003); accordingly this thesis adopted the pragmatic paradigm.

**Ontology** - This refers to our view of the ‘nature of reality’ – what is real and how reality is constructed. The ontology is explained here as it relates to the researcher, and to the Maternal Perception of Compliance Model (MPCAM).

An inquiry paradigm is about what the researcher believes, and not about perspectives of the spectators from outside the inquiry (Guba & Lincoln, 1994). So, questions that concern ontology are:
• does the researcher assume there is a reality?

• is it is socially constructed, or

• how does it differ from the researcher’s perception of reality?

The pragmatic paradigm emphasises a single reality, but each individual has their own interpretation of that reality (Mertens, 2010; Morgan, 2007).

The fact that the researcher is attached to this world inherently produces some bias in the perception of the participants’ data. Every individual’s behaviours are influenced by their history of reinforcements, through operant conditioning (Cooper et al., 2007). The behaviours that are added to individual’s mental repertoire as a result of reinforcement history affects the individual’s future choices. These choices affect the type of information that is accessed and received from the world. For example, if a child’s noncompliance is severely and consistently punished and studying is consistently reinforced, the child is prone to develop as obedient and studious. This in turn affects the social environment the child chooses and the type of materials he or she prefers to read. These factors in turn affect the type of news that a child chooses to watch and the child’s choice of news channel and medium. The news channel has an agenda that they subscribe to and the medium has an impact on the news that the person receives. All these factors function as a filter in conveying mass information to that child. These filters are prone to produce an inductive bias in the perception of qualitative data. The fact that the researcher chose to explain this analogy, using operant conditioning and media, over other types of analogy is itself due to these filters. The mere fact that the researcher is attached to this world inhibits the researcher from objectively knowing ‘true reality’; rather the researcher has a subjective ‘version of reality’. A researcher is prone to introduce some extent of bias into the study, despite taking measures to achieve objectivity. Therefore, the researcher accepts that his findings are his version of reality.

The overall model explored in this thesis was also consistent with pragmatic ontology. The MPCAM proposes that descriptive cognition, i.e. parental perception of severity of compliance differs from children’s actual compliance. Parental perception is affected by their beliefs and expectation, which in turn are affected by the milieu of parents, as shown
in figure 10 below. In other words, each parent would perceive severity of compliance differently, despite the actual degree of compliance exhibited by the child.

Fig 10: The figure illustrates that parental perception of severity compliance are not entirely based on child’s actual compliance, rather influenced by these factors according to the MPCAM.

Epistemology - This concept refers to the relationship between the researcher and what he or she intends to find out, and the nature of knowledge (Guba & Lincoln, 1994). Unlike other paradigms, where the paradigms dictate the epistemology, in pragmatism, the researcher has the liberty of selecting any epistemology that the he or she thinks is appropriate (Mertens, 2010).
It is essential for the investigator not to influence the participants and remain objective, to obtain data that is trustworthy, regardless of the methodology adopted in a study. This objectivity, which is comparable to confirmability in qualitative research (Shenton, 2004) would be pivotal to minimise any bias in a study’s outcome and enhances overall trustworthiness. Therefore, throughout the entire inquiry the researcher attempted to maintain objectivity, where possible. For example, taking appropriate measures, as discussed in the methodology sections in the selection of samples, and maintaining objectivity in the process of collecting data (such as avoiding leading questions).

**Methodology** – At the proposal stage, I decided on a quantitative methodology, and adopted a post-positivist paradigm. As quantitative inquiry involves a higher degree of deduction (Morgan, 2007), the construct of compliance had to be pre-conceptualised, this should have been from the literature and the parents would rate their agreement on a Likert scale. This resulted in the thesis being incoherent and antithetical. The proposal panel\(^1\) pointed out that the preconceived notion of compliance was being measured in my proposal (i.e. from literature) rather than parental perception. The panel favoured a qualitative approach to the inquiry, to allow me to inductively explore the concept; accordingly the thesis was transformed into a qualitative methodology.

In pragmatism, the methodology is chosen through selection of the most appropriate approach to answer the research questions (Morgan, 2007; Tashakkori & Teddlie, 2003). This is an explorative project where parental beliefs, expectations and perception of compliance are explored. A qualitative approach, which generally involves inductive data collection, is most suited for this explorative project.

In order to acquire knowledge, some scholars, such as Rayner (2010), argue that researchers should be deliberately involved in ‘theory-building’ in the methodology, even before the data collection and then inform the theory, based on data and results.

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\(^1\) A proposal panel is where the doctoral candidate presents his or her proposal in front of group of academics and defend his or her research proposal. This practice varies between departments and universities.
Consistent with this view the exploration of the model of MPCAM remains a key aspect of this thesis.

**Axiology** – the nature of ethics has been included as one of the dimensions of a paradigm, extending the conventional tripartite dimensions. The level of ethics involved in pragmatism is to gain knowledge in pursuit of desired ends, as influenced by the researcher’s ‘values’ and ‘politics’ (Mertens, 2010). My values and politics, in relation to research, begin with my training as a Board Certified Behaviour Analyst. In my training and practice, I had to adhere to the Board’s own ethical guidelines, which are similar to the ethical guidelines of the British Psychological Society. These guidelines have a separate section on ethics in research. I also had to accrue ethics credits every year to renew my license.

My views on ethics have transformed over time. For example, in my undergraduate studies, I conducted cognitive psychological experiments where deception was used, with appropriate university ethical approval. At the end of the experiment, participants were debriefed and told the true nature of the experiment. This was to avoid bias and ensure internal validity was not compromised. However, now I do not condone deception in research unless in exceptional circumstances, where the benefits of the study substantially overweigh the risks of using deception. The discourse of the term I used to describe the ‘subject’ also changed to ‘participant,’ which exemplifies my transformed ethical values.

**The research questions**

The model presented in the literature review in figure 7 included ‘child’s actual compliance.’ This was included to visually highlight the disparity between the perception and the child’s actual compliance. However, an exploration of parental perception of severity of compliance, does not involve examination of the ‘actual’ levels of compliance. This is because the intention of the model is to investigate: how the ideal levels of compliance, expectations of levels of compliance, parenting style, culture, parental knowledge, and socioeconomic status (SES) contribute to perception of severity of
compliance, and to explore other factors involved in that perception. Accordingly the model has been modified in figure 11, eliminating the ‘actual level of compliance.’ This modified model was the focus of the investigation and was explored in this thesis.

**Proposed Model (MPCAM)**

![Diagram of Proposed Model](image)

Parenting style, culture, parental knowledge, and SES.

EDC = evaluative-descriptive cognitions. DC = descriptive cognitions

**Fig 11**: Parental beliefs on ideal levels of compliance generate expectations of levels of compliance. This expectation is responsible for perception of severity of compliance. Parenting styles, SES, parental knowledge and culture have an impact on this model.

In order to explore the above model, the following research questions were formulated:

1) How are parental views formed in relation to the compliance of their adolescent children?

   The literature suggested that the parental views on compliance may vary between parents. This question allows exploration of the underlying mechanism behind this variation in views. The overall objective is to explore the model further. In order to comprehensively explore the model, it was necessary to understand how parental views on compliance are formed.

2) How are parental beliefs formed about ideal levels of compliance in adolescents?
The model hypothesises that the parental perception of severity of compliance is affected by their expectation, which is in turn influenced by their beliefs on ideal levels of compliance. This question was intended to understand how these beliefs were formed, including the exploration of any contributing factors that may contribute to these beliefs.

3) How are parental expectations of compliance formed?

This question was aimed at an exploration of how the expectation of compliance is formed, including exploration of any new factors that contribute to this. This will also help to explore the relationship between expectations and perception.

4) How are parental perceptions of severity of compliance manifested?

The model suggests that expectation of compliance affects perception of severity of compliance. However, it may emerge from this explorative thesis that factors other than expectation may account for this perception. Therefore, the scope of this question was broadened to encompass not only expectations but also other emergent factors that may be responsible for these perceptions. This also addresses the mechanism behind the perception of severity of compliance.

All of the research questions were ‘how’ questions. The nature of ‘how’ questions, enable me to explore the model comprehensively, while exploring other potential emergent factors, and any underlying mechanism.
Proposed Methodology

A focus group is an ideal tool to efficiently explore a wide range of ideas, ‘differences in perspective between groups’ and ‘why they have those perspectives’ (Gill, Stewart, Treasure, & Chadwick, 2008; Krueger & Casey, 2009; Liamputtong, 2011). This is exactly the aim of the research questions, thus I decided to explore the MPCAM through focus groups.

In order to answer the research questions, the following focus group schedule was formulated:

• Opening question: Tell us your first name and something about you?
• Introductory question: As you all know, today we are going to discuss compliance as it relates to your (adolescent) child. When I say the word, ‘compliance’ what is the first thing that comes to your mind?
• Key questions: What do you think about compliance and why? What do you believe should be the ideal level of compliance for an (adolescent) child? In reality what level of compliance do you expect from your (adolescent) child? I see that some/most/all of you indicated that there is a difference in level of compliance between an ideal child and your child. Could you please explain why?
• Ending question: We are wrapping up now. Does anybody want to add something in relation to our discussion?

Rationale for piloting a focus group

It is essential to learn from the flaws and imperfections during piloting. The extrapolation not only enhances the trustworthiness of the data, but also benefits research participants (Gudmundsdottir & Brock-Utne, 2010). First, I will discuss how the data and the analysis can be made to be more trustworthy by the piloting, and then discuss associated advantages related to ethics.

The core purpose of the above focus group schedule was to ensure that it yields comprehensive answers to the research questions. The purpose of the research questions was to provide comprehensive data to confirm and further explore the MPCAM. If any error
is made in conceptualisation of the focus group schedule or research questions, the obtained data may be somewhat compromised to explore the MPCAM, as shown in figure 12 below. The piloting process adds rigour and trustworthiness of the data, and ensures that focus group schedule and research questions are appropriately worded and fine-tuned to ensure that comprehensive answers are obtained to fully explore the model.

The topic of discussion, such as their beliefs and expectations of their children, may be prone to make the participants reluctant to disclose information. Probing strategies, seating arrangements, strategies to facilitate discussion, and willingness to participate are factors that may affect discussion and participation during a session. Piloting would help to identify the effective strategies.

The thematic analysis can be analysed deductively, inductively or can utilise both approaches, depending on the purpose of the analysis (Boyatzis, 1998; Guest, MacQueen, & Namey, 2012). The thesis requires a hybrid approach, where pre-existing themes could be confirmed deductively, and emergent themes can be identified inductively (Guest et al., 2012). Analysis of the piloting data allows me to reflect and learn about the deductive approach. Secondly, the emergent themes in the piloting allow me to prepare for the subsequent analyses in the main data collection.

One of the potential ethical issues that was identified at the conception of this project, was that the topic of discussion that may, in rare circumstances, upset some participants. In order to minimise this risk I intended to exclude participants at the recruitment stage if they believe that their participation will cause them any harm, and obtain ongoing verbal consent, during participation, from those who are willing to participate. Extrapolation of ‘lessons learnt’ from piloting can ensure that these precautions are sufficient, or whether any additional measures should be taken to tackle this risk. This will benefit the subsequent larger scale research participants.
Research Questions

1) How are parental views formed in relation to the compliance of their adolescent children?

2) How are parental beliefs formed about ideal levels of compliance in adolescents?

3) How are parental expectations of compliance formed?

4) How are parental perceptions of severity of compliance manifested?

Focus Group schedule

Key questions: What do you think about compliance and why? What do you believe should be the ideal level of compliance for child? In reality what level of compliance do you expect from your (adolescent) child? I see that some/most/all of you indicated that there is a difference in level of compliance from an ideal child and your child. Could you please explain why?

In addition to key questions, there are opening, introductory, and ending questions.
Participants

A number of issues arose while selecting appropriate parents to answer the research questions, and credibly examining the model:

1) According to PCDAIF concept, from the literature review, adolescence is the period when parent-child conflict is high. The literature indicates that the parent-adolescent conflict is elevated when adolescents are between 10 - 17 years old (Laursen, Coy, & Collins, 1998; Shanahan et al., 2007; Smetana et al., 2006; Yau & Smetana, 2003). Literature on adolescence categorises age 10 onwards as early adolescence. It is feasible that ‘late bloomers’ may not begin transition to adolescence until slightly later, due to variation in ‘internal mechanism’, as described in PCDAIF concept in the literature review. Therefore to increase the credibility of conceptualisation of adolescence, I included children from 11 years onwards to accommodate for the late bloomers. Therefore, parents of children aged 11-17 will be included; this includes parents who have at least one child in this age group.

2) Mothers and fathers may have different views on compliance. Literature advises against mixing genders in focus groups as this is prone to the Peacock Effect, where fathers tend to dominate the session and mothers’ views are ignored (Hollander, 2004; Krueger & Casey, 2009). Therefore, a separate focus group should be held for mothers and fathers.

3) This led to another issue - whether to conduct focus group with mothers first, or fathers. In England, fathers are relatively more likely to be engaged in employment, compared to mothers (Dugan, 2014). This could be a hurdle in recruitment of fathers. However, it is unclear whether this notion is real or perceived (Sherr, Davé, Lucas, Senior, & Nazareth, 2006). At least, in England, there is some evidence that it is difficult to recruit fathers from minority backgrounds (Page, Whitting, & Mclean, 2007). From a practical point of view, it would be efficient to recruit
mothers and continue to recruit fathers, whilst analysing data from mothers, as it may take more time to recruit desired number of fathers.

4) The Office for the National Statistics (ONS), based on the recent census, identified three major categories of culture in the UK: White (86 %), Black/Caribbean (3.3 %), and Asian (7.5 %) (ONS, 2012). These three major cultures should be represented in the ‘maximum variation sampling,’ as described in the next section.

5) Parents representing low, middle and high socioeconomic status (SES) should also be included, as it was hypothesised to affect the model as discussed in the literature review.

**Purposive sampling: Maximum Variation**

In a qualitative study, sampling choice for a specific purpose to answer the research questions is called ‘purposive sampling’ (Teddlie & Yu, 2007). The maximum variation of culture and socioeconomic status (SES) is a necessary criterion for a thorough investigation of comparison of these factors’ attributed effects on the MPCAM. The subtype of ‘purposive sampling’ that would be consistent with this objective is ‘maximum variation sampling.’ This type of sampling provides comparability to the population in the UK as major races and range of spectrum of SES are incorporated into the sample, and enable the researcher to compare the data within this variation (Etikan, Musa, & Alkassim, 2016; Teddlie & Yu, 2007). This involves recruiting parents from the major cultural backgrounds with low to high SES.

In an ideal maximum variation sample pool, the selected attributes of culture and SES must be represented. This requires a minimum of nine participants, as shown in the matrix in table one below.
<table>
<thead>
<tr>
<th>Race</th>
<th>Socioeconomic Status (SES)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
</tr>
<tr>
<td>White</td>
<td>1</td>
</tr>
<tr>
<td>Black</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 1: The above table details the number of participants assigned to each attribute of race and SES.

The next step

The parents who send their children to the same school live in the same catchment area. Recruitment of parents through schools has an advantage of accessing parents from the same locality, which is conducive for conduction of a focus group at a place convenient to participants. Therefore it was decided to recruit participants through schools.

An ethical approval was obtained before data collection as shown in Appendix A. This ethical approval included interview methods, in addition to focus groups. The reason for asking for ethical approval for interviews was that if participants have to be interviewed after a focus group to gather more data, then I do not have to apply for separate ethical approval.

Due to the benefits of conducting the piloting before actual data collection, I decided to proceed to piloting - next chapter. The piloting data and its analysis could lead and inform the main data collection and analyses.
Chapter Four:
Piloting of Focus Group
The Objectives:

The following objectives were identified for the piloting:

- To explore whether the proposed research questions and focus group schedule yielded comprehensive data to explore the MPCAM.
- To use the preliminary results to modify the model, research questions and focus group schedule, if necessary.
- To explore whether any participants were distressed or upset during the discussion and to evaluate the effectiveness of strategies to minimise this risk.
- To explore the effectiveness of strategies used to facilitate participation in the discussion.
- To explore the strategies for effective analysis.
- To explore efficiency of recruitment strategies.

Methodology

Sample

The inclusion criteria of participants were ‘parents of adolescent children (11 to 17) from low to high socioeconomic status and from Asian, White and Black ethnic backgrounds’ as described in detail in the previous chapter. However, recruitment of participants with these criteria is time consuming and may contaminate the potential sample in the main data collection. Therefore, I decided to modify the inclusion criteria for the piloting phase.

I recruited senior colleagues who are parents, regardless of their ethnicity, SES or whether they had ‘adolescent’ children. The only requirement was that they must be a parent. This approach was taken because this was convenient, and saved time. In essence, this pilot utilised a ‘convenient sample’ (Etikan et al., 2016). Senior colleagues are students who have
completed more years of studies towards their doctorate than I have. It was anticipated that this group of people would be able to provide me with valuable feedback on how to conduct a focus group. I decided to recruit four participants, as it was suggested as a minimum number required to conduct a focus group (Krueger & Casey, 2009; Liamputtong, 2011). I recruited colleagues who have children who are, at least over the age of five. If the children were under the age of five, then it may be difficult for parents to discuss compliance and parental expectations, and their contribution may not be useful.

Recruitment

I approached one colleague in person and three others via the Facebook® instant messenger facility. All these colleagues had children over the age of five. I asked them whether they were interested in participating in a pilot project involving a focus group, and they agreed to it.

Participant #1 was a White mother who had a boy (5), participant #2 was an Asian mother and had a girl (8) and a boy (10), participant #3 was an Asian mother and had three boys (9, 14 and 15), and participant #4 was an Asian father who had a girl (15) and a boy (17).

I sent them an email with the information sheet, as shown in Appendix B. I also asked them, whether they believed that discussing their children’s compliance would upset them; they were all happy to participate in the focus group.

Since the topic of conversation could potentially upset some parents, I asked another colleague to be an assistant. The assistant was advised that if any of the participants felt distressed or wanted to withdraw their participation, then she should escort him or her out and provide comfort and any necessary assistance, so that the focus group could continue.

I asked the participants whether they were unable to attend the focus group on any specific dates. I booked a room to conduct the focus group at the University of Manchester, based on their availability and informed all the participants of the date and time. This location was convenient for all participants.
The Pilot Focus Group

Four small desks were put together in the middle of the room and the chairs were arranged around the desks. I chose this seating arrangement, so that the Dictaphone could be kept in the middle of the table to record everybody’s voice, and it would also create a comfortable environment, so that participants could rest their hands on the table. It was essential for participants to feel comfortable, as it facilitates group discussion. In order to achieve this, it was recommended to engage in ‘small talk’ before the start of the session. Accordingly, I provided finger-food type refreshments to encourage ‘small talk’ (Liamputtong, 2011). Leaving the refreshments on the desk could encourage participants to consume them during the discussion, which could also affect the quality of the recording. I therefore placed them in a different table in the corner of the room.

All four students participated in the focus group. The assistant arrived slightly earlier to help me prepare for the session. When the participants arrived, I greeted them and pointed them to where the refreshments were. Then participants were given the information sheet and asked to sign the informed consent form. A sample copy of the informed consent is attached in Appendix C. One participant arrived slightly late, she offered to sign the consent form at the end of the focus group, but I politely insisted that it should be signed before her participation. Since most participants knew each other, the participants greeted each other and they socialised. I also participated in the socialisation, so we were all relaxed and comfortable. After that, I thanked the participants for attending and began the session with the focus group schedule generated in the previous chapter.

I indicated to the ethics panel that the entire session should take about one hour and 30 minutes and I was able to complete it within one hour and 20 minutes. After the session, I informally asked the participants for their feedback. The participants provided feedback, which was discussed wherever appropriate.
**Data Analysis**

I listened to the recordings on the Dictaphone three times with a day’s interval between each listening. This allowed me to be more familiar with the data, reflect on the data, and form preliminary ideas on analysis.

I sent the recording to a US based company called TranscribeMe®. I had an option to specify that the recording was with a British accent and provide a small description of the recording when submitting it. I described the discussion as: four parents discussing parental beliefs, expectations and perception of compliance. Degree of detail in TranscribeMe®’s transcription included chuckles, pauses, and cross talking; but not the length of pauses and voice intonation.

I simultaneously read over the transcript and listened to the recording a few times. While listening to this, I corrected any mistakes the transcriber had made and assigned participant’s initials to each discussion. Knowing which participant said what is crucial to understand the data. This allowed me to get the ‘feel’ of the words in the transcription, and provide paralinguistic context for each sentence by associating the transcript with chuckles, pauses, volume and laughs. Understanding the context is crucial making sense of the data at a deeper level (King & Horrocks, 2010).

**Approach to Analysis:** Thematic analysis is a very versatile and flexible form of analysis (Braun & Clarke, 2006), with various ways of conducting this (ex. Boyatzis, 1998; Guest et al., 2012; Saldaña, 2012). Consistent with the pragmatic paradigm, I chose the most suitable approach, within thematic analysis, to answer the research questions. I chose a hybrid approach: confirmatory and exploratory analyses to confirm *a priori* themes and explore emergent themes respectively.
Confirmatory Analysis

In this type of analysis the researcher is attempting to support his worldview by assigning themes from his view to the data (Boyatzis, 1998). This type of analysis is appropriate as it enables the confirmation of the relevance of themes from the model. Confirmatory analysis can achieve the following objective: to examine whether the data yielded from the current form of focus group schedule is comprehensive enough to capture the proposed themes of the theory.

I used QSR NVIVO® 10 for the entire pilot data analysis. In confirmatory analysis, themes are determined prior to the analysis (Guest et al., 2012), and these are called *a priori* themes (Emmett, Shaw, Montgomery, & Murphy, 2006; Ryan & Bernard, 2003). These themes can then be matched with segments of data that correspond to *a priori* theme. Therefore, the process of coding here is predominantly through deduction.

I identified the following *a priori* themes to be coded deductively based on the MPCAM. These were:

a) beliefs on ideal levels of compliance,
b) expectations of levels of compliance,
c) perception of compliance,
d) culture,
e) parenting styles,
f) SES and
g) parental knowledge.

Due to the versatile nature of thematic analysis, these *a priori* themes could be directly and deductively analysed; or *a priori* codes can be derived from *a priori* themes and then those *a priori* codes can be deductively coded. Creating *a priori* codes from themes are arduous and multistep process (Guest et al., 2012), and is prone to bias as explained in the conceptual tunnel vision section. I chose to proceed with the former approach, as described in the next section.
**Lumper-splitter issue in confirmatory analysis**

Lumper level coding is when codes are minimised and produce larger overarching themes. On the other hand, splitter level coding is where many fine-grained themes are created by maximising the difference between the text passages (Bazeley & Jackson, 2013; Guest et al., 2012). Lumper and splitter are neither *a priori*, nor emergent themes or codes. Rather they refer to ‘levels of detail’ contained in the coding. For example, ‘culture’ is a lumper level coding; this theme can be divided into many fine grained splitter level codes, describing the features of specific types of culture, such as ‘caring about societal norms,’ or ‘respecting tribal leaders.’

I did not create any *a priori* codes at splitter level as this may create ‘conceptual tunnel vision’ and may exclude some features of a theme in a confirmatory analysis.

**Conceptual tunnel vision**

Conceptual tunnel vision

...is the over-categorization of data, assigning more data to one category than actually belongs, or seeing or justifying most things as being related to, or considered examples of, the concept being investigated (Morse & Mitcham, 2002, p. 30).

In deductive coding, splitter level *a priori* codes may add unnecessary information to a concept. For example, when I asked one of my colleagues for an opinion on *a priori* codes for the theme of ‘ideal child,’ the *a priori* code at splitter level she produced was, “physical well-being (e.g. eating habits; exercise; physical activities).” This included information and examples of ‘physical well-being’ on the theme of ‘ideal child,’ which may lead to assignment of more data to one theme than should actually belong when this is coded deductively.

Traditionally, confirmatory analysis does not involve any induction, or little induction in some cases. However, exclusive deductive coding of splitter level codes may exclude some segments of data, which may be very significant. For example, at splitter level, one of the codes she created was: “being safe (e.g. discovering boundaries, such as no drugs, no
crimes, understanding risks and making choice).” It is feasible that this theme may not arise from the data and many other new themes may ascend instead. Therefore, solely relying on splitter level codes for deductive coding may fail to capture key constructs.

The conceptual tunnel vision and exclusion of certain features from a theme affects the credibility of the findings (Boyatzis, 1998; Fereday & Muir-Cochrane, 2008; Guest et al., 2012). Therefore, I coded only at lumper level, to reduce the effect of conceptual tunnel vision. An example of lumper level coding was: ‘expectation of compliance’ per se was used as the theme, and coded deductively to match segments of the data, rather than break this theme into many splitter level codes, such as, ‘do not stay out too late,’ ‘do not hang around with bad crowd’ etc. All a priori themes were deductively used in coding.

Participant: ... I think a lot of parent[al] expectation from me come[s] from my anxiety and worries of my children’s future and that’s related to education and all sorts of things.

This segment was coded under ‘expectation of compliance.’

The Factors

The three main themes in the MPCAM (ideal child, expectation compliance and perception of compliance) were relatively easy to code deductively, without any bias. However, four factors that were identified in the literature review as having a potential effect on the model: parental knowledge, social economic status (SES), culture and parenting styles, were somewhat challenging. This was due to an additional step needed to conceptualise the themes before coding can begin.

For example, literature is often in agreement with Baumrind et al. (2010) who categorise parenting styles into: permissive, neglectful, authoritative and authoritarian. Use of this categorisation, not only makes the coding easy, but also ensures that all aspects of parenting style are coded. Since every aspect of parenting style is coded, the concept is comprehensively coded. Therefore, using style of parenting in this instance makes the data
coding more credible. This approach is less likely to lead to conceptual tunnel vision, as this concept is well defined in the literature. For example:

But at the same time when I see that they are resisting so much because they want something really bad, I think then they have fought their case and they can have it. It might be something very simple as, my daughter wanted to do netball if she wasn’t studying hard in her maths—because she was lacking in it a bit. I thought, "You need to make sure you do that before you go for netball." But, she fought for it. She secretly attended the classes and everything. And when I found out afterwards, I was fine with it. I was like, "That's the way to go."

This attitude does not correspond to neglectful or permissive parenting styles, as this parent is highly demanding. Since her demands were not arbitrary and coercive, this parent in this instance exhibits the characteristics of an authoritative style of parenting (Baumrind et al., 2010). Therefore, this segment was coded for authoritative parenting. The parameters of each type of parenting style are defined in the literature review. Identification of these parameters was the deductive component of the coding. Then I matched the segments of data in an inductive fashion, which may be referring to a particular parenting style.

I coded ‘culture’ when there were explicit references to culture. The subtypes of culture were defined in the literature as individualistic and collectivistic (Triandis, 1995). There may be reference in data to the characteristic of ‘individualistic culture,’ such as ‘I don’t care what others think of me...’ This approach was not followed as the data from Muslim participants suggested a different conceptualisation of culture, as explained in ‘revisiting the objectives section.’

There was no direct reference to SES, this may be due to the type of sampling. All four participants are born abroad and three of them were international students. Certain cultures, such as people from Sri Lanka, do not discuss SES. Rather they discuss similar but distinct concepts such as caste, which can be taboo in an open discussion. The concept of what is low and high SES is mutable over time (Rubin et al., 2014) and may vary from place to place. This makes it difficult to rely solely on literature for coding SES. In the future I will code the data for SES in splitter level. This will allow me to identify implicit references to SES, based on my reflections. I could ask a colleague to provide feedback on my reflections.
and inductive coding of SES. This will increase the dependability of the analytic process and will enable me to capture more references that are not otherwise directly identified.

The literature does not agree on a definition of parental knowledge. The concept of parental monitoring and epistemological aspects of parental knowledge are sometimes interchangeably used in literature, even though they are distinct constructs (Benasich & Brooks-Gunn, 1996; Holmes, Bond, & Byrne, 2008; Lippold et al., 2011). Consistent with the pragmatic paradigm, I adopted the definition that is relevant to the theory: ‘extent to which parents know about developmental norms, and milestones.’ Then I coded it deductively and inductively.

There is a theory that says that during puberty kids have a dip in like most of their executive functions, their abilities to actually control their behaviours and everything and that they also become like less reflective as well, so it's like...

This portion of the script, for example, reflects how much a parent was aware of what is happening at a specific stage of a child’s development and is coded as ‘parental knowledge.’

**Exploratory Analysis**

In this type of analysis the researcher searches for new emergent themes from the data through an inductive approach (Boyatzis, 1998; Guest et al., 2012), contrary to the confirmatory analysis from the previous section. The exploratory analysis was needed to achieve two objectives. This analysis was intended to identify new emergent themes that were not previously identified in the MPCAM. Secondly, identification of new themes was pivotal at piloting phase, as they may alter strategies used to probe for those themes, as appropriate, during the main stage of data collection.

I decided to use the following method to identify any new themes. As I read the transcript, I asked myself: *what information is relevant to the MPCAM and why?* Bazeley and Jackson (2013) recommend a similar approach to coding, I modified that approach to fit with my
objectives. Each code was described in the software; this description effectively became my codebook for exploratory analysis.

The inductive codes were either ‘in vivo’ in nature, such as ‘parents know the best’ or attributes of the content that are clumped to make a general category, such as ‘effect of parental image’. The following two portions of the script are examples of the code, ‘parent knows the best,’ as these information relates to theory, particularly to the aspect of expectation, and provides information as to how the notion of ‘parent knows the best’ has an influence on parental expectation.

a) ...parents think they know best because of the life experiences that they've had and you tell your child [chuckles] this is where you done good, and your child will question it because they don't understand and appreciate it as much.

b) ...but I wouldn't ask anything of my children that wasn't for their own good will.

The name of the code, ‘effect of parental image’ was not created in vivo. Parents discussed the effect of how children perceive their parents. For example:

There's a test to also do with their image, how do they see us. Unfortunately for me, they see me-- because maybe the way I talk, sometimes I freak out in front of them. I think, "Oh my God. My mom, I think she doesn't know...". When you see, okay, your mom and dad, you really trust them and you see them. As a parent, you always give this attitude, "Yeah. I know what I'm doing and I know everything, and everything is under control". They give them, "Oh. Okay. I think I'm going to listen to this lady." But when they see me freaking out, "Aaah! I don't know what's happening!" For example, for their education, because they know that I wasn't educated here. I try - I ask them, "Okay, tell me, explain to me. I don't know what's happening." They develop this thing that, "You know what, my mom doesn't know," so if I gave them any kind of advice or anything, like, "Mama. No. Just leave it." I think it has the image, or the way they view the parent, has something to do with listening. So for example, for me, I always thought about - until now - I always see my mom as, she knows better.

The entire reference was coded for ‘effect of parental image’, since this was a potential factor affecting parental perception of their children.

‘Transgenerational knowledge’ and ‘parental anxiety’ emerged as two major themes from exploratory analysis. I refer to ‘transgenerational knowledge’ as a theme, which has an effect on beliefs, expectation and perception of their children but is inherited from their parents. For example, the inherited notion of an ideal child, parents’ expectations, how
parents perceived their children’s compliance, inherited parenting knowledge. During the literature review, one of the studies discussed how parenting practices are passed through generations (Bailey, Hill, Oesterle, & Hawkins, 2009). Since I was unable to locate other literature on transgenerational knowledge, as it relates to beliefs and exceptions, I did not include this as a factor in the model.

The theme, parental anxiety, relates to ‘worries parents have in relation to raising children.’ This theme was to have a great impact on expectations of compliance. I was unable to locate any literature on parental anxiety, as it relates to the model in the literature review, but I was able to inductively identify this theme from the data.

**Approach to lumper-splitter issue in exploratory analysis**

One of the objectives of the piloting is to assess the focus group schedule. I leaned towards lumping rather than splitting, as this provided the essence of categorising the phenomena (Saldaña, 2012), which was suitable to assess whether the focus group schedule yielded comprehensive data. Splitting on the other hand may be an overwhelming process (Saldaña, 2012).

**Organisation of Codes**

I organised all the codes from confirmatory and exploratory analyses in ‘trees’ in Nvivo® to create the appropriate theme. For the theme of ‘ideal child’ for example, the following codes were produced based on the data: academic, enthusiasm, balance, being responsible, caring child, communication, do without telling them, fighting the battle, giving a chance, healthy personality development, logical child, sacrificing child, trying harder, and understanding child. These sub codes were parental descriptions of characteristics of the ideal child.

During this process, I scrutinised the codes with low coverage, i.e. codes that have low content. I recoded them to alternative codes, or deleted them if appropriate. This organisation was straightforward but I am unable to provide examples for reasons
discussed in the section below, ‘what modifications are necessary to make the analysing strategies more effective.’

**Journals and Annotations**

I created six journals with the memo function in Nvivo®, four representing each participant and one to reflect on focus group schedule and the other for coding. The journal for participants was produced to reflect on their discussion while coding and analysing. This was expected to ease the comparison and contrasting process of other participants’ responses and management of reflections. Distinct journals were created for focus group schedules and coding, hence when writing up the section on focus group schedule or coding, it was easier to focus and manage by simply opening the appropriate journal. ‘See also link’ in the software was used to link my reflections in the journal to the source. One of the matters I was particularly focused on was the relationship between beliefs, expectation and perception. Simply identifying the themes in a thematic analysis does not directly provide the relationship between the themes. For example, a theme of ‘expectation of compliance’ and ‘ideal child’ in the data does not directly tell me whether the expectations are formed from the notion of ‘ideal child’ or vice versa. Any references to relationship between these constructs were documented in coding memoranda and linked to the source with ‘see also link.’

Don’t get me wrong, she’s doing really well and I’m pushing her very hard but it’s just a lot. I feel if I was to disappear today, what would she do on her own. So I’m pushing her hard to be independent and she is not taking it. That’s my expectation of her but she is not taking. If she was ideal she would understand that. But I think she is just being a child and this is the way she should be.

For the above reference, I documented in the coding memo for that participant: “Belief of how an ideal child may not cause the expectation, as my model predicted. The disparity between how the child is performing, and their expectation may affect their perception or how problematic the child’s behaviour. The notion of the ideal child may be a fragmentation of disparity between expectation and perception.” It is noteworthy that there are other entries in the journal that are contrary to this interpretation.

The annotations helped me to document interesting segments that are relevant to the objectives at hand.
Participant: For compliance - to me - I know it's tricky. I would think it is something negative, and if I was expecting compliance with all my kids all the time - negative. But I am also guilty of it. That's an honest answer here. I'm probably guilty of it because—

Me: Guilty of it because you're asking them to comply?

Participant: Yes, because I want them to do what I'm asking them to do, and it upsets me when they don't do it in day-to-day life.

For the above reference, I documented in the annotation feature of Nvivo®: “The participant was feeling slightly upset and she paused. I failed to recognise that the participant was upset. I probed the participant with a leading prompt. A leading prompt is a threat to confirmability of the data. Her response also exemplifies a minor degree of distress, which can be manageable by asking an alternative non-leading prompts and questions.” For example, when the participant paused, I could have paused, so that she could continue at her own volition, or directed the discussion towards others to normalise the distressed participant’s feelings, or even to obtain a verbal consent to proceed could also have been appropriate at that point.

**Revisiting the objectives**

1) Did the proposed research questions and focus group schedule yield comprehensive data to test the proposed model?

The factors (culture, parenting style, SES and parental knowledge) are implicitly represented in the research question as it asks, ‘how parental perceptions are formed in terms of beliefs and expectations,’ but these factors are not reflected in the focus group schedule. As indicated in figure 12 from previous chapter, if the research questions are not adequately represented in the focus group schedule, it will produce inadequate data, which affects the credibility, which in turn affects the rigour and trustworthiness of the data.

Participants discussed and provided multiple examples in relation to parenting styles. For example:
“I just tell that, oh my God, I think my relationship with my children are just orders.”

“I actually leave them to do whatever they want to do”

There were sufficient data in the current form of schedule for coding of all types of parenting styles. Therefore, I do not have to actively probe for parenting styles in the next phase.

There was also sufficient information on the effect of culture. Explicit reference to culture came from the only two Muslim participants. The same participants also discussed their beliefs, in terms of their religion, and at times it was difficult for them to separate culture from religion. For example one participant said: “There's a religion aspect of it. So for example my children, and there is also a culture aspect.” Cohen and Hill (2007) argue that this relationship between culture and religion is more intertwined, as some religions play a role in shaping individual beliefs and perception, while other religions have an effect on culture. The current form of schedule produced sufficient data on culture, but some data are on ‘religio-culture’ rather than culture per se. Substituting the concept of religio-culture with culture enhances the credibility of the data in a theoretical sense. Any damage to credibility can be reduced by looking at the effect of religio-culture on the model, which can include culture, religion and or a combination of both.

It is feasible that student-participants were less likely to discuss SES than non-student participants. I cannot rule out the possibility that at this stage that SES failed to emerge as a theme, because it was irrelevant to the model. This assumption, however, is premature at this stage as the maximum variation sampling was not utilised here. I find that SES can be an uncomfortable topic for participants to spontaneously initiate. Therefore, it will be suitable to probe for SES in the schedule.

Initially, approximately 1% of the references were dedicated to explicit parental knowledge. I later found that two other codes ‘children must be children,’ and ‘children are born good’ refer to implicit parental knowledge. Nevertheless more data on parental knowledge is needed to make the data comprehensive. Implicit parental knowledge is difficult to identify during the focus group session, making it difficult to probe. It will be more appropriate to explore this factor by adding a question on this factor to the schedule.
In summary, all the factors except parenting style should be probed for more information, wherever appropriate, and a new question should be added to the schedule about parental knowledge.

2) Is it necessary to modify the model, research questions or focus group schedule?

The model and research questions

Additional data and further analysis were needed to verify specifically how these factors contribute to the model. Since parental anxiety and transgenerational knowledge emerged as new themes during exploratory analysis, these two factors should be added to the factors that were already proposed. Figure 13 below outlines the new model based on piloting data, which outlines these minor modifications. The next stage will utilise a maximum variation sampling, with specific inclusion criteria. Generally the difference in the characteristics of the sample may yield different data themes. The minor modifications proposed in figure 13, do not affect the research questions. Incorporation of the two new factors into the model alone also does not require a modification to the research questions.
Fig 13: The amended model supported by the piloting data. The changes are highlighted.

Focus group schedule

The purpose of the introductory question was to get the participants to begin to think about their connection to the topic and to encourage conversation among participants (Krueger & Casey, 2009). During the piloting, I asked them: ‘when I say compliance what is the first thing that comes to your mind.’ Participants extended their response to follow up key question: ‘what do you think compliance is and why’. The participants may have felt awkward and confused when this key question was asked later, as they have already been
discussing this from the previous introductory question. Also, this approach does not enhance conversation with other participants. In order to avoid this confusion, and enhance participation with others, I proposed the provision of a pen and ‘post-it notes’ to participants, and ask them: In a word or in a sentence, write down what is the first thing comes to your mind, when I say compliance, then share this with person next to you. After their brief discussion, I could proceed to the key questions.

Key questions: The order in which the key questions are asked has an influence on their response. When I asked the participants for feedback at the end, one participant said:

    Compliance to me is almost brings in a negative level. Because you started this discussion straight from compliance, there’s no way we can talk about it without talking about compliance. It’s almost like-- it’s less compliance or more compliance.

Beginning the in-depth discussion with a positive topic may reduce the participatory anxiety and subsequent questions could be gradually increased in intensity. This would also allow me to monitor any distress parents may feel as the questions become more intense. Monitoring any distress is essential from an ethical point of view. This allows me stop and divert the conversation to an alternative participant, if a particular participant is distressed, use alternative probes that are less intrusive, and if necessary remove the participant from the session if appropriate.

The topic of ‘ideal child’ would be a good conversation starter. However, the wording of the question on the ideal child should be changed. The question posed to the parents was: What do you believe should be the ideal levels of compliance for an (adolescent) child? This question has a quantitative aspect, which is unsuitable for a focus group and makes it difficult to answer. The feedback I received from my colleagues also indicated that ‘ideal levels’ may not be the right term as there is an assumption that compliance comes in various levels. An appropriate question would be: ‘Tell me about your ideal adolescent child and why do you think that.’ This will also help to understand the effect of factors in the formation of beliefs on ideal child. I expect that the previous opening question on ‘write something on compliance’ would serve as a ‘primer’ to discuss the ideal child in terms of compliance. The discussion will be prompted and probed, as necessary, in relation to the factors that are being investigated.
Consecutive discussions on ‘ideal child’ and parental ‘expectations’ may produce a biased response. When I asked the parents for their ‘expectations,’ after discussions on the ‘ideal child,’ parents tended to discuss the characteristics that they thought should be in an ideal child, but perceived it as lacking in their child. This resulted in more negative discussion on how children fall short of parental expectations and scanty discussion about children meeting or exceeding parental expectation. For example, one parent responded: “I actually didn’t even think that they were being ideal until you have actually mentioned it to me.”

The second key question should be a ‘barrier’ question separating ‘ideal child’ and ‘expectations,’ such as ‘parental knowledge’ and ‘compliance.’ Discussion of ‘parental knowledge’ will be a smooth transition from ‘ideal child.’ Therefore, the second key question must be: ‘What developmental norms and milestones do children experience when they go through adolescence?’ Parents whose have English as a second language may find this question overwhelming. I will provide examples of developmental norms and milestones on pre-adolescence, if appropriate. The idea is to know whether parents know that these changes are part of typical development. Then, wherever appropriate, I will probe with: is it normal? It will be followed by third key question on compliance: ‘What do you think about compliance and why?’

When discussing compliance, parents discussed this in terms of their expectations. Then the follow up key question on expectations, will be a smooth transition to the next discussion. However, the wording of the question on expectations should be amended to reflect a qualitative approach. The current form of question on expectation is: ‘In reality what level of compliance do you expect from your adolescent child?’ It should be amended to: ‘In terms of compliance, what do you expect from your adolescent child and why do you have that expectation.’ Asking ‘why’ they have those expectations will yield an in-depth response and will also focus on the effect of the factors that are also being investigated, as described earlier.

The final key question was: some of you indicated that there is a difference/similarity between ideal child and your child. Can you explain why? This question caused parents to deeply reflect on their cognition, and most of ‘parental reflections’ was in fact coded in this section. The parents discussed, from their children’s point of view, how children’s behaviour was negatively influenced by imitating negative behaviour from parents.
final question should be kept intact as it provides unique aspects of parental views, compared to other questions. However, I should exercise a high degree of caution, to monitor any degree of discomfort by parents. I documented two annotations referring to a minor degree of discomfort in parents and both of them were documented in this discussion. One parent discussed his child as being similar to the ideal child, I should be prepared to ask participants to explain why they believe that their child is similar to an ideal child, if applicable.

The ending question will give an opportunity for participants to add any information that they think relevant to the discussion. An appropriate way to signal that we are concluding our session would be: We are wrapping up now. Does anybody want to add something in relation to our discussion?

Appendix D summarises the modified focus group schedule.

3) How can I minimise the risk to participants?

I had an assistant to help me in the session. The assistant’s duty was to escort the participant, in case any participant was upset or distressed, and provide necessary comfort, as appropriate. I was able identify a few references from the discussion, which suggest that parents may have experienced minor degrees of distress during the discussion. Earlier, I described one example; here I will add the other examples.

a) I told him whatever good in our children, it's from God. It's not from us. It's not because we raised them to be good [chuckles].

b) Participant 1: I think I am the reason why they're not the ideal child.

Participant 2) You're right in a way, probably every parent.

Participant 1) Everybody blames themselves. [laughter] you are not alone there. I think children are born perfect and parents ruin them [chuckles]. As they raise them they kept ruining them and then you hope that they will survive [laughter].

Reflecting that they ‘did not raise the children good,’ or blaming that they ‘ruined their children’ may have the potential to cause the participants minor degree of discomfort or distress. I have to be attentive to these clues and avoid encouraging a concerned
participant and instead focus my attention onto different participants. Being more vigilant in identifying these clues will also ensure that I obtain ‘verbal consent’ as to whether they wish to proceed.

4) Were the strategies used to facilitate discussion effective?

Participants were enthusiastic in their participation and I had to make minimal prompts to stimulate the conversation. After the conclusion of the focus group, participants provided me with feedback on the session. One of the participants stated “parents would always talk about their children. So you don’t have to worry about parents not saying anything.” Eye contact and pauses were used to obtain elaborate responses from participants, where necessary, and these prompts were effective.

One of the participant’s contribution was minimal at the beginning, I prompted her to contribute more by asking, and ‘so what do you think’. She responded, ‘I agree with others.’ As the session progressed she spontaneously initiated her participation in the discussion. Her spoken English was poor, and in my reflection, this may be the reason behind her reluctance to participate at the beginning. In the future recruitment, I believe it is sensible to include participants whose spoken English is good enough to participate in a group discussion. Including participants who cannot contribute to a group discussion is futile and intimidate him or her, which can be a new ethical issue. Recruitment of participants whose English command is at sufficient level may contribute more, and produce a more conducive environment for participatory group dynamics.

I have to pay attention to leading prompts, so responses are not biased. For example:

Participant: Because there's part of the religion that you have to be good to your parents and you have to listen to your parents and you have to be...

Me: Compliant.

Participant: Yeah. And respect and compliance [chuckles].

For the above segment of the transcript I documented in the ‘focus group schedule’ memo: since there was a pause, I prompted and said ‘compliance’. That prompt was a ‘leading’ prompt, as you can see in her response. Alternative prompts, such as ‘go on’ or even a ‘silence’ may be more appropriate in that situation.
The seating arrangement, discussed in the methodology section, allowed the participants to put their hands on the table in a relaxed manner and I was able to place the Dictaphones in the middle of the desks. The participants appeared to be comfortable and there was a sense of connectedness as they were all seated around the four mini desks placed together. In the actual data collection, two participants could sit on each side, allowing up to eight participants to be comfortably seated in this arrangement.

5) What modifications are necessary to make the analysing strategies more effective?

The confirmatory analysis is appropriate to confirm the proposed theory, and exploratory analysis on the other hand is suited to explore new themes. This hybrid approach is well suited to achieve the objectives of the project. This is consistent with pragmatic epistemology, which emphasises that researchers must choose the most appropriate approach to achieve the objectives of the study (Mertens, 2010). Therefore, I will use this hybrid approach in the next phase but I will make the following changes to make the analysis more effective.

Parental anxiety and transgenerational knowledge were identified here, in exploratory analysis, which is likely to be a contributing theme to the MPCAM in the next phase. Since these themes were already identified here, this should be incorporated as part of the confirmatory analysis in the next phase.

I did not make a copy of the project before starting to organise the codes in the Nvivio®. When I made a mistake, it was difficult for me to ensure that I had rectified the mistake, because I did not know the baseline organisation of codes. Making a copy of the project throughout the procedure will also help reflect on my organisation, as this is the core process in creating a theme. Feedback from my supervisor pointed out organising codes based on ‘word frequency’ search may affect the richness of the data. For example, ‘something may be said a lot but not mean much’. If I have to use a word frequency function in the software during organisation, I will have to supplement this with another approach so the richness of the data is not lost.
6) What modifications are necessary to the recruitment strategies?

I personally knew all four colleagues. Since these participants were colleagues who were also conducting research, the challenges in recruitment in the next phase will be different. I enquired at the University about the availability of a room to conduct the session. Based on the availability, I emailed the participants, and asked whether they could all participate in the session. Some students did not respond to the email in a timely manner. By the time I received responses from all the students, the rooms were unavailable for that date. When I am doing the actual recruitment, I must contact the participants by telephone and ask them about their availability before I book the room for the session. This will help to minimise the nuisance to participants and the venue by not rescheduling the date, and make the process more efficient.

I did not anticipate that participants would be unavailable in December, as most participants were on holiday or went back home. Similarly, I should consider the fact the families may take holidays when children are on summer holidays and plan to recruit and collect data before summer holidays begin.

The participants in the piloting session completed the discussion of the schedule in one hour and 20 minutes. The modified focus group schedule is more comprehensive and will take more time to complete. I will inform the participants in the next phase that their participation will take up to 1 hour and 45 minutes. The ethical approval was obtained for focus group session and interviews for up to two hours.
Chapter Five: Piloting of interview
**Proposed Recruitment**

The original plan was to recruit parents through participating schools, and ethical clearance was obtained accordingly. If a school decide to participate in the project, an invitation to attend a focus group could be sent out to parents via a school. The parents who responded to the invitations were intended to be shortlisted, in accordance with the maximum variation sampling.

Brent Borough was reported as the most diverse borough in London, according to the Office for National Statistics (Carvel, 2006), which makes it an ideal site to recruit participants for maximum variation sampling. All the secondary schools in Brent were identified, and faith schools were excluded, as the study was not limited to a particular faith. Since the inclusion criteria for adolescence is 11-17, it was necessary to exclude schools that do not have a sixth form, which comprises ages 16-18 years. However, none of the qualifying schools agreed to participate in the study.

I extended the same recruitment strategy to another borough in London. The population of this borough is also diverse. I found this borough convenient for me to organise the focus group. After three months had passed, I was unable to get agreement from any school within that borough to participate in the project.

Recruitment of parents, through schools and without a link-person was not only challenging, but can also affect the timeline. Also it emerged that that mass mailings of invitations via schools may not adequately attract low SES parents; and personal communication is a better tool to recruit low SES families (Yancey, Ortega, & Kumanyika, 2006). Therefore, it was decided to recruit participants through acquaintances.

Subsequently, a minor amendment to the ethical approval was obtained for recruitment through acquaintances. This request included recruitment through notice boards. This would eliminate the need for submitting another minor amendment, if recruitment through notices boards was needed in the future, thus saving time. This approval was granted as shown in Appendix E.
**Further setbacks**

Some acquaintances were able to refer parents from various parts of London. I found it was unethical, to a degree, to ask the parents to travel far afield to attend the focus group, as it may cause inconvenience to participants. Therefore, I limited the parents to a particular borough in London.

It was difficult to recruit parents for the focus group, as parents were reluctant to travel to a location that was convenient to all participants, even though all these potential participants were from the same borough. Secondly, unlike interviews, focus groups cannot take place until all participants are recruited. This affected the timeline of the research. Therefore, the course of the data collection was changed to interviews.

Due to time constrains in recruiting the desired number of fathers, the exploration of the MPCAM was limited to mothers. Figure 14 below summarises the transformation of the methodology.
Piloting of interview

The focus group schedule which was modified based on the pilot focus group may be unsuitable for interviews. That schedule has to be piloted again as an ‘interview’ to make it more appropriate (Donalek, 2005). Therefore, I decided to conduct a mini pilot of an interview with a single participant.
This mini-piloting of an interview had two objectives:

- Transformation of the focus group oriented schedule into an interview-oriented schedule.

- To address any additional concerns that may arise in one to one interviews that were not apparent in focus group.

I approached an acquaintance and explained that I needed participants for my study. He immediately telephoned one of his friends in my presence and explained to her about the project. I then had an opportunity to speak to her on the phone; she worked as a primary school teacher, potentially from mid SES. She was a single White mother of two children and both of them were between 11 to 17 years old.

Among the ideal sets of participants presented in table one in chapter two, middle SES White mothers were easier to recruit as they were more of a sub-class of the population in London, relative to other races and SES. I decided to pilot an interview with this participant to minimise contamination of the potential sample pool and reserve the harder to reach SES and races for actual interviews.

I emailed the participant with the information sheet, as shown in Appendix F, she appeared very eager to participate. The participant arranged to meet me at a local café and arrived on time.

We were involved in a small icebreaker social chat. I assured her that the information provided would be confidential and I would not be discussing this with anybody, including the referrer, I then proceeded to obtain informed consent. The template of the informed consent is attached in Appendix C. The interview lasted for 32 minutes. She was erroneously sent a previous version of an information sheet, which stated that she would be compensated £15. Accordingly she was remunerated. It is noteworthy that ethical clearance was given for compensation up to £15.
Lessons learnt from the data from the piloting of interview

Appendix D displays the focus group schedule as a result of piloting from the previous chapter. I modified that focus schedule into the following form to create the interview schedule for piloting for interview. The opening and introductory questions in the current form are unsuitable for interview. Therefore, I combined these questions to a single question: Please tell me about yourself. I left the key and ending questions intact.

I did not transcribe or analyse the data in a structured format, as it would be time consuming. Instead I reflected on the audio recording.

I listened to the audio recorder on the same day, reflected on it, then a week later, and another week later. The incubation approach stimulates reflections and various views on data (Hunter, Lusardi, Zucker, Jacelon, & Chandler, 2002). The following points were drawn as a result of incubated reflections.

1) The interview schedule should encompass questions that explore participants’ childhood experiences for the following reasons:

- This participant’s data provided strong support for transgenerational knowledge, which was a factor that emerged in piloting the focus group. For example, when I probed her, how would you deal with adolescent problem behaviours, she responded: “I am going to do what my father did to me. You can do what you wanted to do. It’s your choice. Don’t do anything that you will be ashamed of. Don’t do anything that you will guilty of. It’s your choice.” In another example, when I asked her, where do the expectations you have for your children come from? She swiftly responded, “from my parents. Definitely from my parents.” Transgenerational knowledge, as a theme, flowed through the data. The existing form of the interview schedule does not provide an opportunity to gather comprehensive data of transgenerational knowledge. Discussion of childhood and probing for what their parents expected from the participants and participants’ relationship
to their parents provides an opportunity to gather data on transgenerational knowledge.

- SES fluctuates across generations, for example, the participant said, ‘I come from a high-class family. But now I am just a teacher...’ If the hypothesis is that the transgenerational knowledge is a contributing factor to MPCAM, then SES associated with participants’ parents is equally important. The participants’ beliefs and expectations, inherited from their parents, may be associated with their parents’ SES, which may be different to those of the participants. Asking the participants to describe their childhood and probing for their parents’ career could indicate any fluctuations in SES, if so this will help with the analysis.

- Exploring the participants’ upbringing will facilitate probing for information that relate to culture and religion, where appropriate, in the key questions. This will be done by relating the data from key questions to answers already provided earlier.

- The focus group schedule had opening questions followed by introductory questions. These questions helped the participants to relax while in a group. They also functioned as transition questions, leading to key questions. The same objective will be achieved by asking the participants to discuss their childhood.

2) The ‘why’ questions, in the schedule, were meant to explore a deeper meaning in the data. For example, the current form of the schedule says: in terms of compliance what do you expect from your adolescent child and why? When the ‘what’ and ‘why’ questions were asked simultaneously, the participant provided a response to ‘what’ questions with a relatively minimum degree of reference to ‘why.’ Asking the ‘why’ questions followed by ‘what’ question could provide a deeper understanding of where the root of the expectations originate from. Since I did not get sufficient response to ‘why’ I asked the participant, ‘in summary do you expect your children
to be independent and self-regulating’, why do you expect that? This approach yielded more useful information to indicate where the expectations originated.

3) There were two technical terms that should be avoided:

- The term ‘adolescent’ was slightly technical. It made the participant uncomfortable, when I said, adolescent, she responded, ‘is it like 16 or 17’ and giggled with an ‘uncomfortable’ tone. It is my responsibility to minimise any discomfort to the participant and communicate in a language that is understandable for the participant, such as ‘teenager.’

- Developmental milestone – when I asked for developmental milestones, she did not understand the question. She asked me, what do you mean? When I attempted to explain this, I realised the question on developmental milestones had to be modified as explained in the next point.

4) In the literature review, parental knowledge was hypothesised to affect the MPCAM. Many forms of definitions of this factor exist in the literature, but I adopted the definition as: the extent to which parents know developmental milestones and processes of child development. Subsequently, in the ‘physical and cognitive developments, and autonomy and identity formation’ concept (PCDAIF concept), I argued that behavioural aspects of adolescent transformation is expected to affect the MPCAM. Therefore, the credibility of the instrument is augmented by asking the parents ‘What norms of behavioural transformation are expected during teenage years?’ (Probe for ‘how do you know this?’)

5) At one point the participant discussed abuse she suffered at the hands of her former husband. The distress was not caused by my questions, rather by her elaboration of what happened in the past. The participant may have felt some degree of distress, but it was not apparent. Orb, Eisenhauer, and Wynaden (2001) point out that when participants experience a minor distress and the value of the data outweighs the distress, the researcher should continue with the research. However, I felt some degree of discomfort, as I had to make an instant decision about whether to move on to the next question, or be sympathetic and discuss the abuse. Since I felt it was
unsympathetic to move on to the next question, I began to tell the participant about something similar that had happened to my friend. Even though discussing my friend may swerve the focus of abuse from the participant, this has the potential of the participant elaborating on the issue. Such discussion curtails the time allocated for the interview. In my post interview reflection, this scenario could have been better managed by a neutral feedback, such as, ‘abuse of any sort should not be tolerated and I am very sorry to hear this’ and followed to the next question.

6) The term ‘parental knowledge’ and ‘parental anxiety’ were used previously in the literature review and piloting of focus group, as the thesis was meant to focus on parental perception. Since the thesis has now been limited to maternal perception, those terms should be modified to ‘maternal knowledge’ and ‘maternal anxiety’ to better reflect the current focus of the thesis.
As a result of the above lessons that were learnt, the piloting schedule was transformed into an interview schedule, as shown in table two below.

| Introductory question | Please tell me about your upbringing in your family.  
| Probe for maternal expectation, social status of family, cultural impact, religious impact |
|**Key questions** | |
| 1) Ideal | Tell me about your ideal teenage child and why do you think that?  
| Probe for: culture/religion, SES, parental anxiety and transgenerational knowledge where appropriate |
| 2) Parental knowledge | What norms of behavioural transformations are expected during teenage years.  
| (probe for - how do you know this?) culture/religion, SES, parental anxiety and transgenerational knowledge, where appropriate |
| 3) Compliance | What do you think about compliance and why?  
| Probe for: culture/religion, SES, parental anxiety and transgenerational knowledge, where appropriate |
| 4) Expectation | In terms of compliance what do you expect from your teenage child and why?  
| Probe for: culture/religion, SES, parental anxiety and transgenerational knowledge where appropriate |
| 5) Disparities | You indicated that there is a difference/similarity between an ideal child and your child. Can you explain why?  
| Probe for: culture/religion, SES, parental anxiety and transgenerational knowledge, where appropriate |

**Table 2**: New Interview schedule and probing topics, as a result of piloting of interview.
Chapter six:
Collection of Data
The schedule was modified from the previous chapter as a result of piloting the interview. That schedule was used as a skeletal structure for interviewing, making it a semi-structured interview. During the data collection I incorporated or modified the probing questions, (such as ‘give me an example of compliant and noncompliant behaviours’) appropriately based on my reflections of the quality of the data. This was aimed to make the data more comprehensive and rigorous.

I used the abbreviations (AL, WM etc.) to refer to the participants in this thesis to reflect the maximum variation sampling, as shown in the table three below. I was only able to recruit six of the nine ‘maximum variation sampling’ within the allocated timeframe for this main phase of the data collection. I will discuss possible reasons why it was difficult to recruit these three participants in the discussions chapter.

<table>
<thead>
<tr>
<th>Race</th>
<th>Social Economic Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>Asian</td>
<td>AL</td>
</tr>
<tr>
<td>White</td>
<td>Unable to recruit</td>
</tr>
<tr>
<td>Black</td>
<td>BL</td>
</tr>
</tbody>
</table>

**Table 3:** This table contrasts recruited participants against intended recruitment. The participants are identified by initials of race and SES.

The race of the participant was classified based on their ONS (2012), as discussed in chapter two. The SES was originally planned to be classified according to ONS (2010), as discussed in the literature review. However, later I learnt that utilising this approach compromised the practicality and credibility of SES. Therefore, I switched to a multidimensional approach to classify SES, as recommended by the report of the APA (American Psychological Association) Task Force on socioeconomic status (Saegert et al., 2007), which included wealth, employment, and education.
Collection of Data

The participants were listed below in the order that their data was collected. However, the data was not analysed in the same order, as explained in the next chapter. The categorisation of SES for each participant is also explained in the theme of SES in the next chapter. The information sheet and template for informed consent are attached to the appendices G and C respectively.

1) Participant: WM

I asked an acquaintance to help me recruit participants for the project. He referred his colleague to me who was an English teacher at a community college. She was a married woman with two adolescent children, one biological son and a stepdaughter. She was originally from the United States. I emailed her the information sheet, as shown in Appendix G. We agreed to meet at the college where she was teaching.

She reserved a quiet private room at the college where she teaches for the interview. I casually greeted her and thanked her for her participation. We continued into informal talk to break the ice. Then I obtained informed consent and recorded the interview, which lasted for 50 minutes.

2) Participant: AH

My GP referred me to a support group for a rare genetic disorder. One of the attendees was an adolescent, accompanied by his father. When I socialised with his father at the meeting, I learnt that he is a Dean for a university and his wife works there as a Professor. I asked him whether his wife would be willing to be interviewed for my thesis and he asked me to email the information sheet. I received a reply from his wife, who was very keen on participating in the interview and also wanted to discuss her son’s recent diagnosis.

She asked me to come to a station near where she lived and indicated that she would take me to a nearby location where she usually conducts her research interviews. She took me
to a quiet outdoor public park near the station. She was very keen on discussing the genetic disorder shared by her and her son. That lengthy discussion was a very efficient icebreaker.

After about one hour of discussing the genetic disorder, I proceeded to conduct the interview. She signed the consent form, but asked me not to use her initials when referring to her quotes.

During the interview I realised that some contents of the prior discussion about her son’s condition were relevant data but I could not ethically use that data because the consent was obtained for the interview, after the discussion of her son’s condition. I felt at that time that our prior discussion provided a useful context for me to use probing questions during the interview. Therefore, I incorporated some of the discussions into the interview as a means of either probing or asking new questions. For example, “you mentioned earlier that...” The interview lasted for about 50 minutes.

3) **Participant: AL**

One of my acquaintances passed my telephone number to AL, as she had adolescent children. She called me, indicating her intention to participate. She emigrated from Bangladesh when she was seven years old and had four children, all of whom were adolescents. She and her husband were unemployed and were in receipt of state benefits.

She did not have an email account, so she provided her son’s email account for me to email her the information sheet. She conveniently resided next to a library and I arranged to meet her there. However, she did not read the information sheet. I provided her a copy of the information sheet and she agreed to participate without reading the information sheet. Therefore, I went through the information sheet with her and provided an opportunity to ask questions, then I obtained informed consent.

I felt mildly frustrated during the interview with her brief responses and somewhat colloquial language. I questioned and reflected on the aptitude of my interview skills, along with other factors, as corroborated with the research diary below:
The participant communicated with simple and broken English, despite the fact that she moved to the UK when she was eight years old. Also it was difficult to communicate with her, as her answers were very short. For example, when asked about her ideal child, she said ‘he must be listen to me,’ and was unable to provide examples. She did not understand what is meant by the term ‘compliance,’ despite living most of her life in England (extract from interview reflections of AL).

Since the obtained data were marginally superficial, I contemplated whether to completely ignore her data and replace her with another participant. The uniqueness of the individual case will be missed if the participant is replaced by another, therefore, she was not replaced; the interview lasted for 32 minutes.

4) Participant – AM

This participant worked as a dental technician and was known to my wife. My wife informed me that the woman has an adolescent son who meets the criteria. When my wife went to see the dentist, I accompanied her and privately asked the technician about her willingness to participate. She was delighted to contribute to the thesis. I emailed her the information sheet and arranged to meet at a coffee shop near her office, after work.

I found that the quality of the recording of AH (second case), which was conducted in a public place, was somewhat compromised due to wind as explained in the transcription section in this chapter. Therefore, I decided to take extra precautions and test the quality of the recording before the interview. I went to the location where she worked and explored various coffee shops to find the quietest shop. I tested the quality of the recording in each site and chose the quietest place. Then I brought the participant to the location and we sat in a corner to reduce all background noises. We ordered tea and socialized as an icebreaker; then I proceeded to get informed consent and the interview commenced.

Suddenly the site was full of customers around 4.30 pm, probably workers from the surrounding offices wanting to socialize before they go home after work, this resulted in a surge in the noise level for about 20 minutes. It would have been risky to move to another location in peak hours as it is time consuming, it also may be noisier and seats may not be available elsewhere; therefore, I continued with the interview in situ. It was very easy to interview this participant, she often provided elaborate responses to the questions and her interview lasted for one hour and 15 minutes.
5) **Participant – WH**

StreetLife® is an app (application) where people can post advertisements or messages about the neighbourhood. This app had multiple functions, including posts about neighbourhood social events and discussions regarding the neighbourhood. Since the modified ethical approval included recruitment of mothers from community notice boards, I decided to recruit participants using this platform.

I was reluctant to make any reference to SES in my posts in StreetLife®, as it may potentially upset some participants. Consequently I posted a notice stating that I was looking to interview mothers who have teenage children aged 11-17 as part of my doctoral thesis; I received one response to my post.

I called the participant and had a brief discussion. Her ethnic background was White. I needed either WL or WH as I have already recruited WM. Through her discussion it appeared her SES was high when she discussed her background, such as the street she lived on and her involvement in philanthropy. I arranged to meet her at her local library and conducted the interview in the room where group discussions were permitted. Since I met her through social media, I introduced myself, emphasizing my professional and academic background, in order to gain her trust. She introduced herself, explaining the elaborate contributions she had made to the community and to children with additional needs. This elaborate introduction functioned as an icebreaker and I continued to obtain informed consent and proceeded to the interview, which lasted for 45 minutes.

6) **Participant – BL**

I posted another notice on StreetLife®, similar to WH. I received a response from a Black participant. I knew she was Black from her profile picture. Since I did not have any Black participants at the time, I did not attempt to classify her SES before her interview.

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2 This app is ceased to exist now. It has been replaced with their sister app called Nextdoor®.
She arranged to meet me at her local community centre. I arrived there early to familiarize with the centre and to choose appropriate seats within the centre to conduct the interview. I reserved a quiet table in the common area to conduct the interview. I utilized the same strategy that I used with WH, where the participant was a complete stranger to me and recruitment was through social media. After elaborate introductions by both parties, I obtained consent and proceeded to the interview, which lasted for an hour.

**Transcription**

I sent all the interview recordings to TranscribeMe®, a United States based company who offered transcription of recordings. They have an option to choose various accents and offer various levels of transcription. I chose a high level of service, which provided time lapses between the interviewer and the respondent. I sent each recording one by one after the data collection. In the meantime I began analysing the data that was already transcribed.

After correcting errors in transcription I repeatedly read through the transcript, alongside the recording to get a sense of the data. As with my piloting of the focus group, I let the reflections incubate for a week. This measure was taken to enhance the trustworthiness of the analyses (Hunter et al., 2002). I then read the transcript repeatedly and reflected more before commencing data analysis.

I will particularly elaborate on WH’s transcribing as the quality of her data was somewhat affected by the wind, as the session was held outside. For example, there was some ‘hiss’ noise in some segments of the audio. After the interview, I felt that there was a possibility that the transcriber may not be able to accurately transcribe the data, due to interference by the wind. Accurate correction of the transcription requires reliance on my memory. Therefore, I immediately sent the recording to be transcribed. Contrary to my prediction, the transcriber was able to accurately transcribe almost all the data, with some compromise to accuracy in minor segments of the data.

As soon as I received the transcript, I scrutinised the transcript to correct any discrepancies, discontinuity or void caused by the wind during the recording. There were a few segments,
where the transcriber indicated ‘inaudible.’ All of these segments originated from my questions, as the Dictaphone was held near the participant and away from me, as I was seated across the table. I corrected the transcript of those segments by referring to either the interview schedule or recalling what I have asked the participant. For example, the affected transcription said: “Were they religious [inaudible]?“ Recalling from my memory, I was able to correct the transcription to: “Were they religious, your parents?” I scrutinised and corrected any other mistakes. For example, when I said, ‘anxiety,’ it was transcribed as ‘society’.
Chapter Seven:
Data Analysis
Six Single-Cases Analyses
The coding was performed through QSR NVIVO® 10 for some cases and the later version QSR NVIVO® 11 was used for other cases. The coding and analysis in this chapter were similar to the piloting of the focus group, with minor variations. I decided to make minor changes to the approach, as a result of reading further on thematic analysis, and reflecting on the piloting analysis. For example, I applied the guidelines provided by the Sustaining Community (2015), as shown in Appendix H, to conceptualise parenting style. Their guidelines, in my reflection, were based on the literature and were consistent with what I learned in my undergraduate studies regarding parenting style. I extrapolated segments of data, corresponding ‘features’ of a parenting style provided in the Appendix H in the orthogonal fashion to demonstrate credibility of the coding.

I did not describe all the coding aspects in this chapter, as some details were already described in the chapter on piloting of the focus group. For example, I described ‘lumper/splitter’ and ‘conceptual tunnel vision’ in the piloting phase. These discussions were aimed at demonstrating the extent of the reflections and the rigour involved in analysis. However, I described instances where the coding and the approach to analysis had deviated from the previous piloting process, and I have provided justification, where appropriate.

The piloting phase contained two sections: confirmatory and exploratory analyses. The former was to confirm the themes that were already identified in the literature, and the latter was to explore emergent themes. The themes that were already used in the confirmatory and emerged in the exploratory analysis in piloting became part of confirmatory analysis in this chapter, as I am confirming whether these themes were relevant to the MPCAM. These themes are called a priori themes (Ryan & Bernard, 2003). Thematic analysis of each case in this chapter involved a confirmatory (deductive) and exploratory (inductive) analysis. Themes that were identified in a case, in an inductive analysis, became part of the deductive analysis in the subsequent case analyses. Therefore, as I progressed the analyses from piloting, and case-by-case in this chapter, fewer and fewer themes were inductively identified.
The structure of the each single-case analysis was:

1) Introduction – describing the familial context,

2) Analyses (confirmatory and exploratory),

3) Themes to theory - individual themes combined to form the MPCAM and

4) Reflections.
AH
**Introduction**

AH is a Professor and her husband is a dean in a university. Her parents were of high SES background from India, she was born in the UK. They had only one son (16), who was recently diagnosed with a rare genetic disorder, inherited from AH. Due to the son’s condition, he has been receiving home schooling via distance education with American curricula and is intending to pursue his postgraduate studies in the US or Canada.

**Confirmatory Analysis**

The themes that were already utilised in the confirmatory analysis and emergent themes in the piloting of focus group were *a priori* themes used for this confirmatory analysis.

1) **Maternal Knowledge**

This concept consistently emerged as a theme that affected her beliefs on compliance. For example she explained:

> I honestly think teenagers are terribly misunderstood [chuckles]. In terms of brain development, they're just going through exactly the same as they were when they were a baby. The brain develops from the back and they haven't got the executive functions yet. And their bodies make them look much older than they actually are. And so all that's misunderstood. The fact that they need to sleep more-- they actually need to sleep more. So a lot of parents who, "Oh, they're sleeping all the time, or they're--" I used to say that's good because they need it, because their brain's developing.

The participant, who is a Professor in Social Science, described that she constantly researched on things that are relevant to her son’s development. According to her, this type of knowledge was acquired through appropriate reading of literature on adolescents. She was also able to justify child’s ‘misbehaviours’ based on this knowledge. In one
example, her son did not say ‘thank you’ to the waiter at a restaurant at the end. She explained:

I don't think it was because he was rude; I think was because his mind was elsewhere. He's a teenager and his mind was elsewhere, because often he listening to his music or he's-- particularly these days, they're quite introspective, because they've got their phones or their games.

2) **Maternal Anxiety**

This refers to the worries mothers have that contributed to the MPCAM. The participant’s son was diagnosed with a medical condition during his adolescence. This limited the child from performing the same things that the participant was deprived of during her adolescence, due to strict parenting. She stated:

I think this is because of his health. So he's not really gone through a normal teenage in the sense that he's not well enough. He doesn't party. He doesn't experiment, really. He's had to grow up and that makes me feel quite sad really for him because I think this was the playtime in a sense where he could do all those things.

The mother was brought up very strictly and complained that she was not allowed to go to party, experiment and push the boundaries. This anxiety contributed to her expectations of compliance in her son.

3) **Parenting Style**

The participant’s parenting style and had the hallmarks of ‘authoritative,’ exemplified with ‘power-with’ and ‘democratic’ values. For example, she noted:

And if you're suppressed and you’re told, "You have to do this in this way, and you have to do that in that way. You have to do it, because I've said it. You have to do it, because my mother said it--" you have to guide people, of course, but they are here with their own personalities and everything. Right from when you're carrying them, they have that, and I feel-- you know, there's this English saying, "Children are lent, not sent."... And that's what I feel. I feel my child has been lent to me, and like a custodian of a great building or something else, I am the custodian. I obviously must guide him.”
Her self-reflective knowledge influenced her choice of parenting style. Figure 15 below illustrates the data in contrast to Appendix H to demonstrate construct validity.
"Children are lent, not sent"

"I obviously must guide"

"I think if you quash people-- I mean, this time is-- it comes out in the end anywhere…"

"I personally do everything I can to facilitate him to be able to do that"

"I encouraged him to look to the States for education, and Canada actually, because I feel that it broadens your horizons to go"

"I feel my child has been lent to me, and like a custodian of a great building or something else, I am the custodian. I obviously must guide him. I must"

"I do try to protect him"

**Authoritative**

"We have to make the best of that opportunity, that life, and that’s about fulfilling our own potential. And if you’re suppressed and you’re told, "You have to do this in this way, and you have to do that in that way. You have to do it, because I’ve said it. You have to do it, because my mother said it--" you have to guide people, of course, but they are here with their own personalities and everything"

"I bought him a book on the brain, and we talk a lot about the brain and brain development, and so he knows that"

"And I’ve said to [son], "It’s fine to be grumpy. You can’t be happy all the time. But just let me know. Is it just because you’re being grumpy, or is there a serious issue here that I need to resolve? Are you in pain? Do you need a--" this sort of thing”

"I do try to protect him"
4) **Notion of an Ideal child**

Deductively, the theme of ‘belief on ideal levels of compliance in adolescents’ was not derived in AH. However, she had a ‘notion of an ideal child,’ which is a ‘normal child’, and her expectations of compliance for her son derived from that notion of an ideal child as proposed in the MPCAM. Her views of compliance are what a ‘normal child’ should do such as ‘pushing the boundary’:

> An ideal teenage... Ideal. I think that if I'm honest I would like a normal teenage child. And by normal, I mean someone who is pushing the boundaries a bit, someone who is, you know, not necessarily doing what their parents did, someone who is partying a bit, someone who is experimenting a little bit. A little bit; I don't want too much [chuckles].

Accordingly I modified this theme to ‘notion of an ideal child’ as the evidence did not substantiate the theme from the MPCAM: ‘belief on ideal levels of compliance in adolescence.’ This result is also consistent with the results from the piloting of the focus group.

Rationale for given characteristics of an ideal child largely emerged from her extensive maternal knowledge. For example, she continued to describe the ideal child as:

> Because for me that's what you should be doing when you're entering a teenage-- your brain is developing; you're a bit more free to form your identity. And I think that perhaps what one could say is, "Oh, an ideal would be that they would listen to you, and they would do this now." But I don't think that that's good for them, to be honest.

5) **Expectations of compliance**

The MPCAM hypothesised the expectations for her son would derive from the ideal child. This was apparent in her previous theme where she did not distinguish ideal and her expectation as distinct concepts. Instead ‘ideal’ is a normal child and she expects a normal
child’s behaviour. In support of this view, she also added that, “I didn’t have any expectations that my child would be incredibly different from others.”

Her authoritative parenting style in ‘facilitating’ her child was evidenced by her expectation of compliance: “so my expectations are that he will fulfil some of his ambitions, really. And I personally do everything I can to facilitate him to be able to do that. That has meant being radical.” Her parameters of compliance, in terms of expectations, were that he fulfil his ambitions and accept her facilitation and cooperate with her facilitation to discover his potential. When these expectations are unmet, she was willing to take a radical approach to achieve the objective.

She did not have ‘expectations of levels of compliance,’ as suggested by the hypothesis. Rather she had expectations of compliance.

6) **Perception of severity of compliance**

As predicted in the MPCAM, her perception was affected by her expectations. In the following example, her son did not comply as she expected. She rationalized his perception of degree of compliance based on her self-reflective knowledge.

[My son] and I were out the other day. We had some lunch together. As we left, I said, "Thank you," to the restaurant and he didn't. And I said, "[son]." He said, "Oh, thanks," and that was it. I think that sort of thing is polite and decent behaviour, and that was me making him comply, wasn't it? But I don't think it was because he was rude; I think was because his mind was elsewhere. He's a teenager and his mind was elsewhere, because often he listening to his music or he's-- particularly these days, they're quite introspective, because they've got their phones or their games.

7) **Religio-Culture**

She stressed that religio-culture did not impact her parenting, rather that she has different values:

I think values aren't to do with Indian or English or anything: values are values. So there are people with similar values across all cultures... I have
friends, very, very good English friends, who have the same values as me with their children.”

In essence these ‘values’ were part of her knowledge. The values that she inherited from her culture were in the form of knowledge that impacted the MPCAM, rather than religio-culture per se. So the confirmatory analysis was unable to confirm that this theme affected the MPCAM.

8) Socio-economic Status (SES)

I classified her as high SES, based on the fact that she is a Professor, and her husband is the dean of a university. The family often travelled to the US to get medical care for their son, as they believed the care offered by the NHS was inadequate. During the pre-interview discussion, I learnt that the participant had two mortgage-paid houses in an affluent part of London that were rented out and they lived in their third property.

AH’s notion of an ideal child was “someone who is pushing the boundaries.” She realised that due to her son’s limitation he could not attend regular schooling. She utilised her resources to get tutors from the US, so that he could succeed in the US school system, which she thought was more appropriate for him. For example, she stated:

I encouraged him to look to the [United] States for education, and Canada actually, because I feel that it broadens your horizons to go. You seen in England. You’ve been brought up in England but you don't have to study here.

Her aspiration to the prospect of trans-Atlantic education for her son can be seen as ‘pushing the boundary.’ Therefore SES can be seen as a mechanism to acquire the characteristics of an ideal child.

In conclusion, the theme of ‘ideal levels of compliance in adolescence’ was modified to ‘notion of an ideal child.’ The theme of ‘ideal levels of expectations’ was modified to ‘expectations of compliance.’ Transgenerational knowledge and religio-culture did not
contribute, to a meaningful degree, to the MPCAM in the confirmatory analysis. Other themes examined in this type of analysis confirmed their significance to the MPCAM.

**Exploratory Analysis**

The purpose of the exploratory analysis was to inductively identify any new emergent themes, which may be relevant to the MPCAM, but were not included in the confirmatory analysis. The inductive analysis identified the following themes as contributing to the MPCAM: observational, self-reflective, and academic knowledge.

1) **Observational Knowledge**

In this thesis, this notion refers to knowledge she gained about factors (such as parenting styles, age appropriate expectations etc.) relative to the MPCAM, through her experience of talking to other parents about child rearing or observing others. For example:

I've seen it go wrong so many times. Like the person they-- oh, you know, they were the perfect kid. They married. They did their studies on time. They married perfect. He's got the perfect job, and they're so unhappy, because that's not what they wanted. That's what was imposed on them.

I've seen a lot of people throughout my life - families from different backgrounds, different ethnicities and things like that - and I think that sometimes it can be quite harmful if you suppress teenagers. It comes out somewhere in some way somehow, and I don't think that that's healthy, both mentally and physically for them.

In essence, this type of knowledge contributed to her beliefs that children should not be forced to conform to maternal expectations, rather children should be free to discover and form their identities and aspirations. She also distanced herself from authoritarian parenting style, which is characterised by ‘low responsiveness,’ and has a negative impact on child development.
2) **Self-reflective Knowledge**

This notion referred to insights she gained by reflecting on her childhood. A consequence of this self-reflection has affected her notion of an ideal child, expectations, and parenting style.

We didn't have the technology then, but we had other things then. I don't see them [adolescents] as different really, as to how I was then. I was going to say, "We were," but I mean I would say how I was, inside. I wasn't allowed to be that person, but inside I was fascinated with pop culture and all those things, and I think you should be.

As a consequence of this reflective knowledge, she was able to justify her son’s behaviours, such as listening to pop music. Without the reflection, her son’s continuous listening to pop music, with headphones, would be perceived as interfering with basic parameters of life. According to the participant, transgression of basic parameters of life was noncompliance.

3) **Academic Knowledge**

This notion refers to knowledge that was acquired by reading, which affected her beliefs, expectation or perception of compliance. She stated:

There was no issue or problem with him, but being kind of a researcher myself, I'm always reading and I'm-- we talked about the interest in psychology. I've read a lot of psychotherapy books and out of interest. As you say, maybe to work out-- for me, it's been a lot of working out about the world or trying to understand things. That's why I did my PhD, to understand the social world of it. But, when he was about 11, I—[husband] found a book called Raising Boys when he was young and we read that and we found that very helpful. Then, I started reading books on the teenage brain or articles and things.

She also bought a book for her husband on brain development and discussed it with him, so that her husband could better understand their son’s behaviours. I believe that her extensive maternal knowledge was acquired largely through academic knowledge. This concept at occasions begins to overlap with maternal knowledge. For example, she stated:
I honestly think teenagers are terribly misunderstood [chuckles]. In terms of brain development, they’re just going through exactly the same as they were when they were a baby.

She admitted that she acquired this type of knowledge through reading, but these are simultaneously components of maternal knowledge. Therefore, I reflected on how to organise these categories into themes to theoretically make sense of the data.

**Themes to theory**

Her religio-culture and transgenerational knowledge did not have any effect on the MPCAM in the confirmatory analysis. The exploratory analysis identified following emergent themes: observational, self-reflective, and academic knowledge. Her academic and maternal knowledge superseded the values of transgenerational knowledge and religio-culture.

**The effect of ‘knowledge’ on the ‘notion of ideal’**

Her notion of an ideal child was not formed by a discrete single type of knowledge, but a combination of certain types of knowledge: maternal, observational, self-reflective and academic knowledge.

She intensively reflected on her childhood as to what went wrong and what went right. Subsequently she compared her adolescence with others and reflected on other children’s development. As a result of these reflections she formed a distinct belief system and appropriate expectations for her son, in terms of compliance. In other words, she actively chose to ignore the transgenerational knowledge that she inherited from her parents. For example, she admitted that squashing the child by restricting him with her own values would be unhealthy for child development. This notion was derived from her a) self-reflection that her identity formation was somewhat restricted by her parents, b) observing and listening to others’ experience about consequence of squashing children’s aspirations c) ‘maternal knowledge,’ and d) largely derived by her academic knowledge that typical adolescence development involves exploration and new identity formation.
This resulted in the fragment of her notion of an ideal child as ‘pushing the boundary’ and ‘partying little bit.’

She formed a distinct child rearing strategy from her own upbringing. Her strategies were influenced by her acquired ‘knowledge’ (excluding transgenerational knowledge), which formed her notion of ideal children. Due to this knowledge on child development, which was independent of religio-culture and transgenerational knowledge, she was able to accept that it is in the best interest of the child that the child is reared without restricting his aspiration, which was an aspect of an ideal child.

She indicated that the most important aspect of an ideal child was that he or should be “normal,” and “healthy.” This notion should be seen against backdrop of reflections of her child who was ‘less healthy’, due to the genetic disorder.

**The effect of an ‘ideal child’ on ‘expectations’**

Her description of an ideal child was stated in terms of her expectations, i.e. “I would like”: “An ideal teenage... Ideal. I think that if I'm honest I would like a normal teenage child.” The discourse in her description, describing an ideal child, highlights that her expectations for her son derives from her notion of an ideal child. The compliance aspect in her notion of an ideal child was subtly represented in her views of compliance, which was ‘transgression of basic parameters.’ The idea of her notion of an ideal child as a ‘normal’ child can be seen against the backdrop of ‘basic’ parameters in compliance. Similarly these basic parameters were expected from her son, in terms of compliance, such as “manners.”

Her beliefs about the child’s compliance were almost identical to her expectations on compliance. For example, she stated, “so my expectations are that he will fulfil some of his ambitions, really.” In order to fulfil his potential, in one example she said:

I encouraged him to look to the States for education, and Canada actually, because I feel that it broadens your horizons to go. You seen in England. You've been brought up in England but you don't have to study here. But the key reason for that is that particularly to apply to North America is, you don't have to set what you're going to study strictly until you're 20, 20s. And at 16, I didn't feel he was mature enough to decide whether he wants to do whatever it is he wants to do.
As stated under ‘expectations’ earlier, her parameters of expectations of compliance was that her son listens and collaborate with her facilitation to reach his potential. Her expectations were derived from her notion of an ideal child that he must fulfil his aspiration and push the boundaries.

Deprivation from her childhood
She described her upbringing as an ‘obedient’ and ‘boring’ child. She was forbidden from experimenting, and any transgression of boundaries. She later explained that children should not be supressed, but instead, they should be encouraged to explore and form their own identity. She felt throughout the interview that an opportunity to explore her identity and experimenting with various things that are typical during adolescence were deprived from her. These self-reflections consequently transformed the expectations she had for her son, so that he should explore his potential and form his own identity, rather than being contrived by her expectations. This notion was consistent throughout the data:

And my mother has been telling him for years, "You will be a doctor like your granddad," blah, blah, blah. So he thought that's what he wanted to be, but I have always said to him, "You don't know that, So you need to go to-- I don't want you to go straight into medicine or anything like that. I want you to first go to university, explore what fascinates you at university - whether that's astronomy, whether that's film directing, whether that's history, whether that's physics, whatever that is - and then take your path.

Her adolescence was shadowed by suppression. She reflected that, contrary to her adolescence, an ideal child should be ‘pushing the boundaries’ and her expectations, within the parameters of compliance, were formed accordingly. For example, going to the US to pursue his studies is a form of pushing the boundaries. Following up with her expectations of pushing the boundaries was perceived to be compliant in her view. The bottom line was that her notion of an ideal child and expectation of compliance in her son was based on her self-reflection of what was deprived in her adolescence.
The effects of perception on expectation

I asked her whether her views on compliance were affected by his health condition. She responded:

Yes, I think if he didn't have his health condition, he would've taken that number of GCSEs. He would have done very well. He would have gone on to A-levels and he would've probably gone on to university here.

Her broad conceptualisation of compliance included: exploring to form his own identity, seeking to fulfil his potential and aspiration, and abiding by his mother’s demands to seek to fulfil his potential.

Her expectations, in terms of compliance, were not on par with her perception. For example, when asked if she perceived any discrepancies between her expectations and her perception of her son’s adolescence development, she responded:

Yes, and I think this is because of his health. So he's not really gone through a normal teenage in the sense that he's not well enough. He doesn't party. He doesn't experiment, really.

In essence, her self-reflections on the impact of her son’s medical condition on his adolescent development has curtailed her expectations accordingly. For example, she added:

For him, because he skipped his playtime in a sense. His time where he's--and his identity formation has happened around his health. Which it can't be helped, it can't be helped, it's how it is.

Her expectations were modified based on her perception that her son’s ability to comply was restricted by his health condition.

The effect of other factors on the MPCAM

I have explained the functions of major cognitive factors: notion of an ideal child, expectations and perception of the MPCAM. Now I will elaborate the contribution of other factors to the MPCAM:
• The maternal knowledge – This played a significant impact on her notion of an ideal child. This facilitated rationalisation of his behaviours as less problematic.

• Maternal anxiety – The maternal anxiety affected her expectations, in terms of compliance, by raising her expectations.

• Parenting style – Her acquired knowledge affected her choice of authoritative parenting style. Her ‘facilitating’ nature of an authoritative parenting style operated in a way that he will become an ideal child: “my expectations are that he will fulfil some of his ambitions, really. And I personally will do everything I can to facilitate him to be able to do that.” She nurtured her son towards raising him towards her notion of an ideal child.

• SES – The resources from high SES enabled her to utilize the resources towards her son in a manner that he will acquire characteristics of her notion of an ideal child, such as overseas education. This was aimed at meeting her expectations.

• Observational, academic and self-reflective knowledge were identified in exploratory analysis, which contributed to her notion of an ideal child.

The data from this participant was able to explain how various forms of acquired knowledge contributed to her formation of the idea of an ideal child. Her expectations of compliance were derived from her notion of an ideal child. These expectations were balanced according to her acquired knowledge. Her perception of her son’s compliance did not significantly deviate from her expectations, and if they deviated this was often justified based on her acquired knowledge. The maternal anxiety was the only factor that had an elevating effect on expectations of compliance. Figure 16 below illustrates AH’s MPCAM.
Knowledge
Maternal, self-reflective, Academic and Observational

Notion of an ideal child (EDC)

Expectations of compliance (EDC)

Perception of severity of compliance (DC)

Parenting Style

Self-Reflective Knowledge

SES

Self-Reflective Knowledge

Maternal Anxiety
**Fig 16:** The figure on the previous page illustrates the MPCAM for AH. The highlighted sections represents aspects of the original model.

**Reflections**

After coding the data I felt that I did not probe for more information in some circumstances. For example, when asked about compliance, she responded, “my views about compliance are that, I think there are basic parameters that people should have, you know, politeness and things like that.” I proceeded to ask for ‘examples’ of basic parameters. A better alternative approach would have been to ask the participant to explain ‘basic parameters,’ before asking for examples. These examples provided sufficient information to understand the ‘basic parameters.’ However, the other alternative would have provided comprehensive information. Views on compliance were central to the thesis, warranting comprehensive information. The data collection strategy would have improved with subsequent participants by reflecting for a few seconds before asking a new question.

Her account of brain development during adolescence was remarkably similar to the PCDAIF concept presented in the literature review. The concept proposed that physical and cognitive development, along with autonomy seeking and identity formation contributed to mother-child conflicts during adolescence. There were numerous examples from the data where the participant’s account of adolescence formation concurred with the PCDAI concept. For example she stated, “because for me that's what you should be doing when you're entering a teenage-- your brain is developing; you're a bit more free to form your identity.”

To emphasise the increased conflict during adolescence, I provided an example of asynchronous physical and cognitive development in the PCDAIF concept. In this example, adolescent children appear to look like adults and behave like children, making the
situation more vulnerable to conflict. In another example, I acknowledged that the prefrontal cortex continued to develop until early 20s. Her account of adolescent development was parallel to the PCDAIF concept. For example,

I’m often counselling other women at the hairdressers or something, “Oh, don’t worry. They’re still really teenagers. They may be above 20, but they’re still teenage. So try and remember that whilst you see this handsome young man who looks like an adult, but actually he’s a bit of a baby inside, some of it.” It’s difficult for people to remember that because they look like fully-fledged adults sometimes.

The face validity of the development of the PCDAIF concept is augmented by the participant’s parallel account of adolescent development and conflicts.
Introduction

The participant, WM was born in the United States (US) to a Jewish father and a Quaker mother. She is now a part-time teacher in a college in London. Her domestic environment consists of her husband, her son (15) and a stepdaughter (12). WM preferred to discuss her son rather than her stepdaughter. Accordingly the analysis focused on her son.

Confirmatory Analysis

1) Notion of an ideal child

One aspect of her notion of an ideal child was an “open-minded, exploring, independent [and] somewhat autonomous.” When asked her how these notions were formed, she indicated that these notions were largely derived from her parents (transgenerational knowledge):

I think we were encouraged [by my parents] in a positive way to go out and do new things. In fact, they were, compared to the standards today, they were quite permissive or-- they really encouraged that, and I did a lot of things that now we parents don't want our kids to do, I think. I think it largely does come from them.

Her parents’ liberal attitude contributed to her notion that an ideal child should be exploring, independent and autonomous. The degree of compliance in an ideal child, therefore, being more autonomous than obedient.

She also had a polarised view of this notion that children should not be independent but rather compliant. I asked WM “earlier you said the ideal child should be independent.” She interrupted, and said, “Did I say that? That sounds-- no, no, they should do what I say.” This view is likely to have originated form her self-reflections that her son was ‘wasting his life,’ by not listening to her. Therefore, ideally children should be obedient to mothers.

Similar to the previous case, AH, her data also did not support the theme of ‘beliefs in ideal levels of compliance,’ rather the data indicated her ‘notion of an ideal adolescent child’ had an impact on her expectations of compliance. Similarly the a priori theme was replaced with the latter theme.
2) **Expectations of severity of compliance**

WM’s expectations of compliance originated from her notion of an ideal child: “Well, I want them to go together [ideal child and expectation].” Accordingly, her expectations of compliance was also polarised, consistent with her polarised view of the notion of an ideal child. When I asked her to expand on the examples she provided of an ideal child, she described it in terms of her expectations for her son. This also further suggests that her expectations were originated from the standards set for an ideal child.

One of the views of her expectations of compliance was that her son should be obedient. For example, she stated, “They have to ultimately do what you say, even if they don’t agree with it because their judgment may not be everything.” This was facilitated by her maternal anxiety, which in turn was elicited by self-reflective, and observational knowledge, as described under maternal anxiety. Her transgenerational knowledge also likely to have contributed to this notion: “I find myself in the same boat as my parents of having the high expectation and pushing.”

Her other expectations of compliance had more autonomy compared to the above view:

I think, although there might be an urge to keep them close and to keep them protected, I think actually what I want for them to be-- not gone. Still here and protected under the wing but be brave and explore. I don't know. Does that make any sense [emphasis added]?  

These views were shaped by a number of factors.

a) Her maternal knowledge that “developmentally they need to find their own way, and be-- do their own thing.”

b) Her observational knowledge that she derived from setting standards, compared to her peers. She explained that “I keep a much closer eye on their physical movements as I think my peers do compared to them, and would I want them to be more independent? I don't know [emphasis added] [chuckles].”
WM was often torn between these two ideologies of expectations of compliance and appeared bewildered, as evidenced by stating “I do not know” in the above references where emphasis was added. Also, she stated, “That's funny - independence - because that would-- I don't think-- why do I want independence?” Accordingly, her view of compliance has contradictory dual characteristics:

It's funny because seeing how that word like compliance, it makes me react against it like, "Oh, that sounds very strict [chuckles]," whereas I want to have a hippy idea that, "No they don't need to comply, they just need to actually do the right thing." That's a big cultural expectation isn't that compliance is-- but in fact what I want is for them to comply and do what I say, but I have an idea that I want them to be free and do their own thing, but actually [chuckles] have to do my thing.

3) **Perception of severity of compliance**

When her expectations were unmet she perceived the degrees of compliance as problematic. For instance she stated, “it's funny I say all this business about autonomy and independence, and it just isn't him. He's not-- he misses opportunities in life ... and he doesn't go for things.” She perceived that her son was not meeting one of her expectations of compliance, ‘do as I say,’ as he consistently missed out on opportunities, which she perceived to be problematic.

He will fight ‘til it-- he'll spend much more energy arguing against doing the dishes than doing it, where everything you ask him has to be a battle. The compliance, it's not about big things... It’s all the little things - household-y things.

In the above example, despite this degree of compliance were admitted as ‘not big things,’ she perceived his overall degree of compliance as problematic and severe.

She often formed a ‘standard,’ from his peers, through observational knowledge. Then she compared his behaviours against that standard. For example, she indicated “I think that everyday conflictualness with my son is a little bit more than lots of families that I know.” Her expectation that her son’s compliance should conform to the standard, invoked some degree of maternal anxiety. These examples illustrated that her perception of son’s compliance as problematic was dependent on extent to which her expectations were met.

Her perception of son’s compliance as problematic was scaled down by her maternal knowledge, by rationalising his noncompliance:
Kind of rude way, what's new as a teenage is a rude of speaking, and kind of like is sarcasm and kind of like rolling his eyes [chuckles] that makes you crazy. But I think some of it doesn't realise he's doing it. There's a lot of little low-level conflict on a day to day basis which is a shame.

She reflected that she performed at a substandard level and had a ‘stormy’ relationship with her parents during her adolescence. She perceived similar qualities in her son: that he often argues and does not reach his potential. This in turn created some degree of maternal anxiety and generated expectations that he should be polite and fulfil his potential. These self-reflections created some degree of anxiety that also affected her expectations. When this expectation was unmet, she perceived the degree of compliance as problematic.

4) Parenting Style

Her parenting style had alternated between authoritative and authoritarian. This alternating style of parenting appeared to have been inherited through transgenerational knowledge, as her parents practised similar erratic parenting style.

You’re trying to work out a working model from different styles of parenting. It’s the same as what I was saying about my parents ultimately having these rules whereas before that I think they tried to use— they assumed that we would see things as they would and would try to talk us around and then that in the end as teenagers it became written rules that you have to obey.

The data also suggests that she preferred ‘authoritative parenting’ and her partner on the other hand preferred ‘authoritarian parenting’. They both argued about which style of parenting was superior. This inter-parental struggle may have also contributed to an alternating parenting style.

When I asked her for views on compliance, she indicated that it depends on the type of parental authority that was dominant in the household. If an authoritarian parenting style was practised in the house, the child must do everything the mother commands, otherwise the refusal behaviour will be viewed as noncompliance. On the other hand, an authoritative parenting style would indicate that compliance is based on negotiated rules. In the perception section, I provided examples of her views of compliance. This diverse range of views was consistent with her alternating parenting style.
In order to demonstrate construct validity, Appendix H from Sustaining Community (2015) is compared to the data in figure 17 below.

**Fig 17:** Illustration of WM’s mixed parenting style.

5) **Self-reflective Knowledge**

This concept was partially described in the expectations section and I will elaborate this further. WM perceived her son as depressive and missing out on opportunities. She added: “anxious and he also does not-- he's not a hard worker. He's kind of, I would say, lazy. He's similar to me.” Similarly, she described her own adolescence as depressive, lazy, not fulfilling her potential and missing out on opportunities. For example, she stated “the
teenage years I think I was not very happy in my teenage years. I think I was kind of
depressed.” She regretted her adolescence period as evidenced by “Yes. That was
something I resented. And then, I didn't do as well.” Reflections that her son has inherited
her negative traits were likely to have caused her further maternal anxiety and affected her
expectations for her son. Consequentially her expectations were that her son should not
make the same mistakes as her. As described earlier, she alternated to an authoritarian
parenting style to achieve that expectation.

6) **Observational Knowledge**

WM stated “I've never read anything about psychology or child development particularly.”
Her knowledge about child development was limited, and was derived from the media. She
imitated her peers’ approach to parenting. For example, “I keep a much closer eye on their
physical movements as I think my peers do compared to them.” She formed a mental
standard of compliance by observing her peers’ children; but she was ‘bewildered’ whether
that standard was accurate. For example, “Actually all my sister's kids are more polite [i.e.
more compliant] than my kids [chuckles]. But I don't know if that's typical or not.” This also
led to this knowledge having dual effect on expectations of compliance, as described under
expectations of compliance.

One of the factors prone to cause maternal anxiety is her perception of her son’s behaviour
as substandard, in comparison. In essence her observational knowledge caused anxiety and
affected her expectations of compliance. This knowledge also caused anxiety, without she
making any comparison. For example, she indicated “I think I worried because people say
it all the time, wait till the teenage years, it's so hard.”

7) **Maternal Anxiety**

The self-reflective-knowledge, and observational knowledge contributed to her maternal
anxiety, which in turn elevated her degree of expectations of compliance.

*The effect of self-reflective-knowledge*
There was a marked discrepancy in her perception of her son and stepdaughter. She perceived her son as a reflection of herself during her adolescence, as described in preceding sections. For example, she indicated:

She's [step daughter] sunny and happy person, and he's [son] kind of anxious and depressive person. It's fairly noticeable between them, and you try to be aware of not making the comparison, but it jumps out at you and does to other people too that he-- glass half full, glass half empty kind of temperament.

She realises that her son is depressive and anxious compared to her stepdaughter who does not share her genes. Genetics play a substantial role in anxiety and depression between parents and children (Leonardo & Hen, 2006). The anxiety is somewhat enhanced by her comparing her son to her stepdaughter, which she claimed, “you try to be aware of not making the comparison.” Realisation that her son has inherited her negative traits may cause some degree of anxiety.

She resented her depression, and not fulfilling her potential during her adolescence, which was “stormy,” and a “combative” relationship with her parents. She described her son as anxious and depressive and consistently noncompliant and that he argued with her. She indicated that he “missed out on opportunities” and did not fulfil his potential. She was able to see the parallel between hers and son’s adolescence. Referring to her adolescence, she stated, “That was something I resented. And then, I didn't do as well.” This reflection brought her “exasperated worry,” that he is going to make the same mistakes as her. This also contributed to her expectations of compliance that he has to ultimately do everything requested by her, as she did not want him to make the same mistakes as her. This was further augmented by her self-reflection that children do not have the necessary experience to make wise decisions.

The effect of observational knowledge

She often compared her son’s relatively low degree of compliance with others. Realisation that his performance was not on par with the standard she set by comparing him to others caused her some degree of anxiety. Also she worried by listening to others’ accounts of
child development. For instance, she indicated that “I think I worried because people say it all the time, wait till the teenage years, it's so hard.”

The maternal anxiety caused by this knowledge attempted to raise her expectations of degree of compliance. This was aimed to reduce her anxiety by converging her expectations and her notion of an ideal child. This convergence was consistent with her view that she desired her expectation of her son and her notion of an ideal child should go “hand in hand” together.

8) Transgenerational Knowledge

She indicated that her notion of ideal children was largely derived from her parents.

There was a remarkable resemblance between her erratic parenting style and the one practised by her parents, suggesting that she inherited it. She described her parents as liberal and open minded: “I come from a more hippy-dippy liberal thing where I think you should try to persuade them to see things your way,” and “they were trying to be liberal. Yeah, they were not strict. They were interested in trying to be open-minded parents.” However, when the transgression occurred, they became very strict: “when the kids started to go a little but out of control they tried to sort of lay down these rules…but it was more than a sort of idea that they had, that they could set down rules and we would obey them.” She practised similar parenting style where she tried to be liberal but when transgressions occurred she switched to an authoritarian style of parenting.

It appears that her expectations were also influenced by her transgenerational knowledge. For instance she admitted “I find myself in the same boat as my parents of having the high expectation and pushing.”

Overall there are some evidence indicating that transgenerational knowledge affected her notion of an ideal child, expectations and parenting style.
9) **Maternal Knowledge**

She had some knowledge about adolescent development: “I understand that part is the developmental thing that they need to fight with the father [chuckles] [for instance to gain space and independence.” She added, “I think they're going to be trying to find that independence through rebellion or defiance, I think. I don't know much about it.”

This knowledge was not acquired academically, but through culture and observational knowledge as evidenced by:

- I think it's just deeply ingrained in the culture, I don't know. If it's from movies and TV and just the way we talk and the jokes that teenagers are rude.
- Oh I think I've just heard this. Although I've never read anything about psychology or child development particularly, I think it's just a common sense idea to understand they need to go through some sort of separation [chuckles] process.

As illustrated in the expectations section, her maternal knowledge influenced one of her contradictory views on expectations of compliance. This also rationalised her perception of severity of compliance, as discussed in the perception section.

10) **Religio-Culture**

WM was descended from a Jewish father and a Quaker mother in the United States. WM’s mother brought values of “simplicity” into their household based on her Quaker background, which did not have an obvious impact on the MPCAM.

Religio-culture, as a construct did not have a direct impact on the MPCAM. However, the values of her culture influenced her cognition through various types of knowledge. She expected ‘rebellion’ or ‘defiance’ from her son in terms of compliance. She explains that these expectations are “deeply ingrained in the culture,” and it is “common sense.” In her case, this common sense knowledge was derived by observational knowledge by talking to others, and ‘watching TV,’ within her cultural sphere.

Therefore, the confirmatory analysis could not confirm religio-culture as a factor explaining the MPCAM, rather the values of the culture, which were represented in various types of knowledge were contributing factor to the MPCAM.
11) Socioeconomic Status (SES)

She indicated that her father:

Grew up in New York, Jewish immigrant, sort of poor family that was upwardly mobile. His mom was a doctor. And he became a lawyer and came out West to the West coast, and was a lawyer there - successful lawyer - a civil rights lawyer.

Her mother “didn’t work but came from upper middle class family-- educated East coast family.” Currently she lives in her own apartment in central London and working as a part-time teacher. Her husband worked as a manager in the “sales industry.” This information suggested that she descended from mid SES family in the United States, and continues to live in the same background in London.

She provided limited references to her current SES. I was unable to extrapolate the significance of SES to the MPCAM, based on available data.

Themes to Theory

The confirmatory analysis was unable to confirm the significance of religio-culture and SES, and no emergent themes were identified in the exploratory analysis.

Each category of knowledge had various functional impacts on different components of the MPCAM.

WM described her parents as “strict” and “permissive” at the same time. Her transgenerational knowledge was somewhat convoluted. She indicated that she formed her values of an ideal child based on this knowledge. Consistent with this knowledge, her notion of an ideal child also had polarised characteristics: autonomous and obedient. Her self-reflective knowledge that her son repeating the mistakes she had made, contributed to aspect of the notion of an ideal child that that he or she should be obedient.

She desired that her son should be an ideal child, as she indicated that her expectations of compliance should go “hand in hand” with her notion of an ideal child. Parallel to her dual
notion of an ideal child, her expectations of compliance also had dual characteristics, corresponding to the characteristics of an ideal child: autonomous and obedient. This also suggests that her expectations emerged from the standards she set for an ideal child.

The autonomous aspect of her expectations of compliance resulted from her maternal and observational knowledge that adolescents should have autonomy. She was very confused with some of her observational knowledge, resulting in generating expectations based on appraisal of other adolescents. Simultaneously she had another type of expectation that was polarising to the aforementioned type of expectation. This expectation was that her son must be obedient. This was predominantly influenced by her maternal anxiety, which in turn was instigated by self-reflective and observational knowledge. Her discourse, “I find myself in the same boat as my parents of having the high expectation and pushing,” indicates that her transgenerational knowledge also contributed to her obedience aspect of her expectations of compliance.

She perceived that he very much deviated from her expectations. WM’s observational and particularly self-reflective knowledge, caused severe maternal anxiety that he is going to repeat the same mistakes she had made, as she perceived that he was mimicking her adolescence: being anxious, depressive, not seizing the opportunities, and being rebellious. The obedience aspect of her expectations of compliance resulted in her perceiving his degree of compliance as very problematic. This was due to her son meeting this aspect of expectations.

Despite expressing her view of dual expectations of compliance, she emphasised the obedience aspect but she was ‘unsure’ about the autonomy aspect of expectations of compliance. There was no evidence from the data illustrating the relationship between autonomy aspect of expectations, and her perception of severity of compliance. Since she was unsure about this aspect of expectations, she did not elaborate this aspect.

Her views on compliance were essentially what she expected from her son, which fluctuated based on her parting style at the time. These views were: respecting her, being polite and kind to her, not talking back to her. These were basic manners that are embraced in our society. She also had another view of compliance that he must ‘do as I say.’ She believes that one’s views on compliance have to be based on the parenting style. For
example, if a mother practices permissive parental authority, then the mother would view compliance as ‘do what you want.’ Accordingly her diverse views on compliance were consistent with her erratic parental authority. Her views that the child must have basic manners and ‘do as I say’ originated from authoritative and authoritarian parenting styles respectively.

**Mediating Mechanism**

She inherited an erratic parenting style: when she perceived her expectations of compliance were unmet, she switched from authoritative to authoritarian parental authority, imitating her parents, to bring about compliance. Her partner’s authoritarian style of parenting was also a catalyst in this switch.

When she perceived that her expectations of compliance were not met, it was perceived to be problematic. Switching to an authoritarian parenting style elicited more compliance. In essence, this mediated the gap between evaluative-descriptive and descriptive cognitions of expectations and perception respectively. In a theoretical sense, erratic parenting style functioned as a ‘mediating mechanism,’ in which expectations (evaluative-descriptive cognitions) and perception (descriptive cognitions) converged and diverged according to the executed parenting style.

The other evidence of a mediating mechanism emerged from maternal knowledge, in which she rationalised his degree of compliance. When this rationalisation occurred she perceived his degree of compliance as less problematic. This also converged the evaluative-descriptive and descriptive cognitions, to a lesser degree. Figure 18 illustrates WM’s MPCAM including her mediating mechanism.
Expectations
(Autonomous)
(EDC)

Knowledge
Transgenerational, and self-reflective

Notion of an ideal child (Autonomous and Obedience)
(EDC)

Observational and Maternal Knowledge

Expectations
(Obedience)
(EDC)

Observational and Maternal Knowledge

Parenting Styles
Authoritative ↔ Authoritarian

Maternal Anxiety

Mediating mechanism

Perception of severity of compliance
(EDC)

Maternal Knowledge

Transgenerational Knowledge

Self-reflective, and Observational

Knowledge

Transgenerational Knowledge

Parenting Styles
Fig 18: The figure in the previous page illustrates WM’s MPCAM. The highlighted sections represent aspects of the original model.

**Reflections**

There were a number of examples from the session that suggested WM was somewhat nervous about whether she was providing the ‘correct’ information. For example, towards the beginning of the interview, she asked me, “Am I screwing up your data?” I assured her, that she was not. Half way through the interview, she again asked me, if she was telling “anything interesting.” Towards the end of the interview, she explained her expectations for her son and asked me if this was the right thing to do. I assured her neutrally that there were no right or wrong answers. This evidence collectively suggested that the she was somewhat nervous about the interview or she may be attempting to provide data consistent with my expectations. This concern was raised in post-interview research diary:

> I am not sure why [she] kept asking, whether she is screwing up the data. She did appear somewhat nervous as she jittered her glass of water on the table. It may be worth investigating whether this had any impact on trustworthiness of the data she provided.

(Extracted from Nvivo journal entry, unspecified date)

As a researcher, I have to critically consider whether trustworthiness of the data was jeopardised at any level, and if so, to what extent. She did admit that she had clinical anxiety as an adolescent, but I am unsure if she still had anxiety. Her comments, asking for approval of her data, and jittering of her water glass suggested some degree of anxious behaviour. If she made those comments due to her anxiety, the trustworthiness of the data was unlikely to be affected. The trustworthiness was only affected when she provided incorrect data to please me, ‘social desirability bias’ (Grimm, 2010).

I recognised this issue when she first said if she was “screwing up the data.” Therefore, I made an additional measure by:

a) seeking contradictions in her data and
b) performing a member-check by confirming with the participant, where appropriate.

For example she indicated her parents “were interested in trying to be open-minded parents.” This statement contradicted her previous comment about their parenting. So I asked her, “Earlier on you said they had rules because of the age gap.” She was able to clarify the discrepancy for me as their parents’ parenting style alternated between authoritative and authoritarian. In another example she explained the rationale between discrepancies between hers and husband’s beliefs in an elaborate manner. I then performed a member check by asking her: “From what you told me and to summarize, because of your background, where you’re coming from, that affects your belief, and then because of his background, affected his beliefs?”

As a result of these additional measures, and overall reflections, it appears that she did not intentionally provide incorrect data to please me. As a matter of fact, these additional measures enhanced the trustworthiness of the data.

It is worth noting that her account of transformation, during adolescence, was consistent with the proposed PCDAIF concept on adolescent development in the literature review:

There will be conflict there. I know that they’re trying out different things for their identity. They’re trying to be different people. I’m not sure, who it’s going to be and how it’s going to be, I’ve seen that.
AL
**Introduction**

AL was born in Bangladesh and immigrated to the United Kingdom (UK) with her mother and seven siblings to join her father when she was eight years old. Her father had already been working in the UK as a shopkeeper. She completed her schooling in London, but did not pursue any post-secondary education. AL communicated colloquially and was unable to articulate her views effectively.

She is now married to a Bengali and has four children (3, 6, 12 and 16). They all live in social housing and are unemployed. The interview focused on her son (12) and daughter (16) who met the inclusion criteria. She was more concerned about her son’s behaviours than her daughter’s, hence she discussed substantially more about her son than her daughter. The analysis therefore focused primarily on her son.

**Confirmatory Analysis**

1) **Notion of an ideal child**

AL’s viewed that an ideal child must:

a) Listen to their parents,

b) Inform parents about their whereabouts when they are late,

c) Listen to teachers, and

d) Concentrate ‘more’ on their studies. These views had hallmarks of degree of ‘leniency.’

No, not [listen to] everything, but when the parents say, "You shouldn’t do that, it's not good for you" and things like that. Say, in school, they’re behaving badly, or if parents say, "You shouldn’t do that. Why are you doing that?" They should listen to parents like that, that. Going out. They say a time, you should listen. Maybe ten minutes, half an hour late, but they should at least thingy [sic] with their parents. I think that’s the main thing.

The fact she stated that the ideal child does not have to listen to everything demanded by her, and tolerance towards child being late as long as they inform her, indicated a degree of leniency. Further, when asked for clarification as to whether concentrating on studies meant that an ideal child should perform to a specific standard, she responded:
No, no. It doesn't matter. But they should like you know. Like, when the teacher's saying in-- and they give you homework, you should do it in. Children leave it all and do it later. They should do it and concentrate more.

The fact that she portrayed the ideal child as not having to achieve specific academic results, but instead that the child should just ‘do the homework’ and ‘concentrate more’ also illustrated a degree of leniency or permissiveness.

She indicated that she did ‘not know’ where these notions originated from. Her lenient and liberal attitude towards the concept of an ideal child is consistent with her permissive parenting style. Her discourse indicated that roots of this notion was in observational, transgenerational and self-reflective knowledge.

She also believed that an ideal child should be able to follow *halal* and *haram*, which was likely to have originated from her transgenerational knowledge.

2) **Expectations of compliance**

Her expectations of compliance were derived from her standard of an ideal child. In her case the expectations were same as her standard of an ideal child:

a) Listen to parents,

b) Inform parents about their whereabouts when late,

c) Listen to teachers, and

d) Concentrate more on their studies.

When older people say anything, you don’t talk back. I don't like that. I think that's rude. If the teacher says, "You shouldn't do that," you shouldn't do that. And don’t say, "Oh, what did I do this?"

AL recurrently emphasised that she only expected them to ‘concentrate’ on their studies, and she did not expect them to perform at a certain level or aim to attain certain results, indicating a relatively lower degree of expectations:

---

3 According to Islam *halal* and *haram* refers to allowed and prohibited things respectively.
I want them like where they want. I want them but then concentrate on that. Say they want to come-- they wanted to do a psychology and things like that. Concentrating, like my daughter likes arts. So I said to concentrate on art you feel like, I don't want to say I wanted my daughter to be doctor. I want you to concentrate; I don't want to do that. I want them to because whatever they like. They concentrate as well. I want that.

AL did not expect that her children should follow a curfew, and she was fine with children being late. Instead she expected them to telephone her. This also exemplified a lower degree of expectation:

If I say the same time, I don't care like say half an hour late. Okay, doesn't matter, but I should expect them to come. And they think they are going to be late, they should phone me. Like, "Oh, Mom, I'm going to be late." Why. That's it. I want them to phone me so I know where they are and everything because that's the main thing, I think.

These examples illustrated that she had a relatively low degree of expectation. This was consistent with her ‘leniency’ identified in the notion of an ideal child. The lower degree of expectation was also consistent with her permissive parenting style.

The degree of expectation of compliance was also influenced by various acquired knowledge. For example, she stated, “Even if my son goes out, I tell him, "If you can't make it, then phone me," The discourse of ‘even if my son goes out…’ appeared to have patriarchal elements. This implied that there is a greater degree of expectation of her son’s behaviour compared to that of her daughter. This may have been acquired by transgenerational, self-reflective and or observational knowledge.

One of the other expectations of compliance was that her children should practice halal and haram.

3) Observational Knowledge
She pointed out that an ideal child should attempt to ‘concentrate’ more on his or her studies. She indicated that this originated from:

Because I've seen a lot of my friends before they didn't concentrate, they used to leave it. Now, they end up doing anything. Now, they say, "We should've listened to parents more before." It's not they-- they're just working like normal jobs and things like that. That's why I think more.
She learnt from mistakes others had made, that not performing well in schools was likely to result in an unsuccessful career in the future. Due to this knowledge gained through observation, she formed the notion that an ideal child should ‘listen to parents and teachers’ and “concentrate” on his or her studies.

It also appeared that she gained her maternal knowledge, at least in part, through this observational knowledge. Through observing others, she learnt that the rebellious nature peaks during adolescence in children: “I think I did see it before. My children came I saw as well of family and friend-- my cousins, they used to say that. So I seen it as well.” In relation to developmental milestone related defiant attitudes, she also added:

   Because my nephew had the same thing and when they gone year eight, nine they gone back to normal life. They listen. I think this is that and they think, "Oh, I'm going to secondary school." I think it's because of that maybe.

In summary the observational knowledge contributed to her notion of an ideal child, and to maternal knowledge.

4) **Self-Reflective Knowledge**

According to AL’s reflection, her mother was correct to be strict with her and agreed with her that this was for AL’s own benefit: “Because she cares for us. So even now, I think about-- I still be thingy [sic] with her: "Why can’t we go? Everyone else is going." But now I think about-- yeah. I think it's good she done.”

Due to this self-reflection, she valued the aspect of strictness, where mothers should know the whereabouts of their child, which was reflected in her expectations – they must telephone to inform her about their whereabouts. Learning ideas of parenting from her parents also exemplifies some degree of transgenerational knowledge. The values of knowing her children’s whereabouts were evidenced in her self-reflection, which criticises other mothers who do not have similar values:

   Crap teach [sic] everywhere like now. Where the parents let the children and they don't know where they going. And they said they'd going there and then they're going somewhere else. And they're getting into things like...
In summary, her self-reflective knowledge, to some degree derived from her transgenerational knowledge, shaped her notion of an ideal child, which in turn influenced her degree of expectations of compliance for her children.

5) **Transgenerational Knowledge**

AL recalled that her mother was very strict with her, particularly relating to monitoring children’s whereabouts. She valued that approach to parenting as she had stated, “I think it’s good she done it because I'm doing the same thing to my children.” She contrasted that other mothers were now involved in “crap teach,” where they let the children go out and they do not know whereabouts of their children. She believed that ideally parents should know about children’s whereabouts. Accordingly she had similar expectations of compliance for her children.

I asked her about the root of this type of parenting. She responded, “I think my mom.” AL’s description of her mother’s parenting style also was consistent with her style of parenting, suggesting this had origin in her transgenerational knowledge.

6) **Parenting Style**

AL had very ‘few rules’ for her children: respecting elders, calling to let her know if her children were going to be late, and concentrating on studies. Her academic expectations were ‘non-directive’, narrowing down to ‘concentrate more.’ She was ‘lenient’ by wholeheartedly ‘accepting’ children’s performance by attributing the results to ‘exams getting harder.’

In essence, her parenting style was driven by few rules, non–directive, lenient and accepting. These characteristics are idiosyncratic to permissive parenting (Sustaining Community, 2015).

The above features of her parenting exemplified low expectations, one of the orthogonal factors of parenting style. Her high warmth and responsiveness were evidenced in:
Now young age the parents and the children are more like friends now. Because I’m like friends to my daughter more, and my son as well. Tell him you should--whatever thing is going wrong you tell me, and things like that. We are open

Figure 19 below illustrates her parenting practices corresponding to Appendix H to illustrate construct validity.
“I think they should listen more when the parents say, "You should do that." They should listen, but I wouldn't say that that strict, no they have to. I wouldn't say that. Because now young age the parents and the children are more like friends now”

“[husband] doesn’t want to force them. He wants what they like”

“I would say like they have to do, but I think they should listen more when the parents say”

“I don’t care like say half an hour late. Okay, doesn’t matter, but I should expect them to come”

“My is husband laid back

“They did gain their GCSE mock exam. They done quite good. Because it’s really hard now. You can’t expect while there to get A’s, A star”

“I wouldn’t say that that strict, no they have to [do]”
Fig 19: Illustration of AL’s permissive parenting style.

7) **Religio-Culture**

AL was a Muslim, born in Bangladesh and moved to London when she was eight years old. Despite moving to London at a young age, she stated that she did not assimilate with the ‘British culture.’ Also she expected her children not to date people from outside the Bengali community.

She said, “it’s not into our culture” to be disrespectful to elders. Parallel to her values, Shariff (2009) strongly argued that South Asian culture places paramount values on respecting elders. Her religio-cultural values have shaped her knowledge, possibly through self-reflection, transgenerational and observational knowledge. Respecting elders was part of her notion of an ideal child, which was influenced by various types of knowledge.

She claimed that when she was growing up they “…were religious, but not that strictly, no. But we did do five times a day pray, but that’s it. But we’re not that strictly.” She expected the same tradition from their children now: “I want that, and doing [praying] five times a day, that, and prays, and I wanted them like say you know *Halal* and *Haram*, they are to learn that. Things like that.” The influence of her transgenerational knowledge, in her view of an ideal child, following *halal* and *haram* was evidenced in this example.

Religio-culture *per se* was not found to be themes in deductive analysis, instead acquired knowledge influenced by these values were found to be contributing factors to the MPCAM.

8) **Socioeconomic Status (SES)**

She completed her schooling up until secondary education in London. She was married and has four children, and lives in a council estate. Neither she nor her husband were employed and were receipt of income-geared benefits. Nevertheless she claimed that her socioeconomic status was middle: “I don’t want to say this. I’m going to say we’re really rich. I wouldn’t say that. But in the middle yea.” Despite her insistence that she was in mid SES, I categorised her a low SES. This was purely due to her limited financial resources and
lack of post-secondary qualifications which were associated with lower SES (Saegert et al., 2007).

I was unable to confirm that the SES played a role in the MPCAM.

9) Maternal Anxiety

It was clear from her narrative that maternal anxiety played a role in her motherhood, but she was unable to explain the root of this anxiety: “I don't know. I just get that worry. Because, you know how things are now, like drugs and things like that. You feel scared, so I don't want to, I don't know.” However, in another narrative she admitted she was concerned that the neighbourhood was “more getting [sic] worse now, like drugs and you can hear it as well.” The anxiety appeared to have originated from her neighbourhood, which could have a negative influence on her children.

The worry of the influence of drugs in the neighbourhood can be seen against the backdrop of emphasis that an ideal child should always inform her about their whereabouts. Accordingly this maternal anxiety maintained the expectations of compliance that children should always call her to inform her about their whereabouts.

10) Maternal Knowledge

AL’s narrative indicated that she did not have extensive knowledge, related to child development and milestones. However, she was able to notice that her son’s ‘attitude’ emerged when he was 11 years old. This age appears to be consistent with the hallmark of onset of ‘attitudes’ which are autonomy-seeking behaviours in the ‘physical and cognitive developments, and autonomy and identity formation’ concept (PCDAI concept) proposed in the literature review. AL claimed that adolescents were supposed to behave that way, as she justified her son’s degree of compliance as “…but he's a teenager.”
11) Perception of severity of compliance

One of her notions of an ideal child was that they should ‘listen’ to parents. Subsequently this became part of her expectations. She perceived her children as more or less ‘listening’ and ‘obeying.’

*I think they are obeying* [emphasis added]. They’re not like, "Oh, no, they no like they are no obeying." It’s just sometimes they do-- even maybe I've done it as well, "Mama, why do it." It's like that. It's not obeying. They're not thinging [sic] me. **They are listening as well,** [emphasis added] and then, say, my son makes a face, and then he would say, "Oh sorry, Mama, for what I have done." He will say that.

Despite her complaints about bickering, they met her expectations of compliance. She perceived the severity of their compliance as less problematic, as she stated there were “not much” problems between them:

**It's not much** [emphasis added], just I think when he gets homework. "Are you doing it?" "Yeah, I’m doing it. It's holiday, I'll do it. I'll do it later." Things like that. Or, "Mom, I've got homework. I have to do it quickly." And he's leaving all the homework later, and then he goes, "Oh, I can't do it. What shall I do?" Then he sleeps late, he's like that.

Overall there were not broad discrepancies between her expectations (evaluative-descriptive cognition) and perception (descriptive cognition) of his compliance. Accordingly she perceived the behaviours as less problematic. This was consistent with the MPCAM.

To some extent she justified his behaviours through her maternal knowledge. Further, she downplayed the seriousness of his behaviours by explaining he said, “sorry.” Also she often justified son’s ‘misbehaviours,’ by assigning more weight on factors that were external to her son’s agency (external attribution). This temperament also contributed to her perception of viewing his behaviours as less problematic. The bottom line was that she perceived his degree of compliance as less problematic.
Exploratory Analysis

1) External Attribution

This theme emerged during the inductive analysis. The maternal external attribution refers to maternal beliefs of causation of children’s behaviour to the contexts, rather than to child’s agency (Wang, Deater-Deckard, & Bell, 2013). Her style of attribution of her children’s degree of compliance was a pivotal factor in mediating the two cognitions, as described in the mediating mechanism below. She attributed children’s noncompliance to agency outside of her children:

- She was concerned that her son was developing “attitude,” and attributed the new development to the neighbourhood.

- When asked, if teachers ever complained about her adolescent children, she responded: “once for my son, but he said sorry and everything. I think one of his friends was really mucking around and he couldn't stop and he had to thingy [argue] with it, so the teacher found it.” She justified her son’s behaviour by pointing out: “but he said sorry.” She believed son’s version of the events and blamed son’s friend for “mucking around” with her son, rather than exploring what really happened and punishing her son for involvement in the argument. Further, she added, “teacher found it,” suggesting it only became a problem because teacher found it, rather than her son’s involvement in the altercation.

- I asked AL, what did “thingy” mean in the previous point. She clarified it was an ‘argument.’ She added, “It was a friendly one [argument], but you know how strict schools are now.” In my view, it was unlikely the school would have complained to parents regarding a “friendly argument.” Once again she played down the seriousness of son’s degree of compliance. Further, she gravitated the blame to the school by pointing out that schools were strict these days.

- AL claimed that her son does not want to listen but juxtaposed that behaviour with his talent in maths: “He knows he doesn’t want to listen. He's good at his work and
everything. He's really good, in maths. Especially maths he's really good at it.” That juxtaposing narrative appeared to downplay the extent she was bothered by her son’s willingness to listen to her.

- She blamed the GCSE as getting harder now: “Because it's really hard now. You can't expect while there to get A's, A star. I was happy my daughter got A and B, so.”

**Themes to Theory**

The confirmatory analysis was able to confirm all pre-determined themes except SES, and religio-culture. However, the values of religio-culture were reflected in various acquired knowledge. The exploratory analysis found one emergent theme: external attribution.

She had a very liberal view of compliance: children should generally ‘listen’ to parents but it is also acceptable if they ‘do not listen’:

I would say like they have to do, but I think they should listen more when the parents say, "You should do that." They should listen, but I wouldn't say that that strict, no they have to. I wouldn't say that...I won't be-- say that strict like they have to. You have to do that, and you have to listen. It's not that.

Even though she did not have high expectations or insist that her son should comply with all her demands, she did suggest certain demands must be met. She persistently expected that her son listen to teachers and parents, and concentrate more on his studies. Additional expectations of compliance included: informing her about his whereabouts, doing his homework in timely manner and meeting certain religious expectations, such as knowing *halal* and *haram*. Her views of compliance broadly encompassed these behaviours. In essence she had low degree of expectations and few kinds of expectations, consistent with her notion of an ideal child.

AL had standards for an ideal child:

a) Listen to parents,

b) Informing parents about their whereabouts when late,
c) Listening to teachers, and

d) Concentres more on their studies

Low ‘expectations’ were embedded in these notions, as she neither expected an ideal child to perform well academically or to a specific standard. She simply viewed that an ideal child should do his or her homework and listen to their teachers. Similarly, even though she viewed that an ideal child should listen to their parents, her views were not inspired by authoritarianism. Ideal children were only supposed to respond to certain demands, such as informing parents about their whereabouts, if they were going to arrive home later than an arranged time. The low expectations, in her notion of an ideal child, were consistent with her permissive parenting style, characterised by low expectations.

AL’s notion of an ideal child was formed by her observational, self-reflective, and transgenerational knowledge.

Some of AL’s friends had complained to AL that they regretted not listening to their parents and did not study harder when they were students. Due to poor performance in school they were unable to secure satisfactory employment currently. AL specified that she was clearly able to link the formation of the aspect of the notion of the ideal child, ‘listen to parents’ and ‘concentrate’ on their studies, to this observation.

She reflected on the parenting strategies practised by her own parents (self-reflective and transgenerational knowledge). Her reflections were that it was important for parents to know about children’s whereabouts. She incorporated those reflections into her notion of an ideal child that he or she must inform you about their whereabouts.

Her notion of an ideal child was a mental criterion of the standard of an ideal child. Her standard of this notion was very ‘lenient.’ She admitted that she wanted the standard that she set for the ideal child and expectations for their children to be the ‘same.’ Based on the standard she generated specific expectations of compliance, so that her son will be an ideal child. Since her standard of an ideal child was very lenient, her expectations of compliance also was lenient for her children. For example, her standard of an ideal child was that they should ‘concentrate’ on studies not necessarily perform at a certain level. Accordingly, one
of her expectations of compliance was just ‘concentrate’ on studies. Her expectations were proportionally geared to make her children become ideal children.

The anxiety she had that her neighbourhood was susceptible to the influence of drugs on her children maintained her expectations of compliance that they should inform her about their whereabouts, so that she was aware of their activities. Due to her low expectations, consistent with her standard of an ideal child, she was not concerned if the children overstay their curfew, but she was only concerned if they failed to call her to inform her about being late. This demonstrated her maternal anxiety had maintained her degree of expectation of compliance.

Similarly, self-reflective, transgenerational and observational knowledge also contributed to her degree of expectation of compliance. For example, she observed that her friends who did not perform well at school were unsuccessful in their career later in their lives. She valued her transgenerational knowledge that her parents monitored her whereabouts when she was an adolescent. She reflected on these values. Accordingly, this knowledge increased her degree of expectation of compliance corresponding to ‘studying more’ and ‘informing about children’s whereabouts.’ However, her overall degree of expectations of compliance was low compared to other participants, due to her permissive parenting style.

Her perception of his behaviour was almost in accordance with her expectations. For example, she perceived they were ‘listening’ and ‘obeying.’ There was not too much disparity between her evaluative-descriptive (expectation) and descriptive (perception) cognitions. She indicated that his degree of compliance was ‘not much’ problematic. This finding was consistent with the MPCAM that when these two cognitions converge mothers tend to perceive the degree of compliance as relatively less problematic.

**Mediating Mechanism**

When evaluative-descriptive cognition (notion of idealness and expectation) and descriptive cognition converge, the MPCAM hypothesised that the mothers would perceive the compliance related behaviours as less severe or problematic. In AL’s case:
a) maternal knowledge,
b) attribution, and
c) parenting style

functioned as a mediating mechanism, where evaluative-descriptive cognition and descriptive cognition significantly merged.

AL perceived their degree of compliance as less problematic or severe, consistent with the MPCAM.

Her maternal knowledge was shaped by her observational knowledge. She justified her son’s degree of compliance as: ‘he was supposed to behave like that,’ as he was an adolescent, which facilitated her perception of his degree of compliance as less problematic. This justification, allowed the expectations and perception, representing respectively, evaluative-descriptive and descriptive cognitions to converge.

She attributed her son’s lower degree of compliance to an agency outside of him. This external attribution justified and rationalised his behaviours. For example she stated, “Because it's [exams] really hard now. You can't expect while there to get A's, A star. I was happy my daughter got A and B.” She attributed the difficulty of the exam to a factor outside of her children’s agency, thus justifying his behaviours. This justification converged evaluative-descriptive and descriptive cognitions, which would enable her to perceive degree of compliance as less severe or problematic. Accordingly, she stated she was ‘happy’ with their results.

Consistent with her permissive parenting style, AL, had relatively very low and few expectations, compared to other participants, as evidenced by her flexibility in curfews and lack of expectations to academically perform at a certain level etc. For example, if she expected that her son should comply with strict curfew rules, she would likely to be upset when he failed to arrive home on time. Due to her low expectations that it was entirely acceptable for him not to return home at the prearranged time, rather it was acceptable for him to return at a later time by simply informing AL of his whereabouts – made her not to be bothered by her son returning home later than prearranged time.
The MPCAM predicted that when expectations were low, mothers would likely to perceive those behaviours as less problematic. Accordingly, AL did not perceive her son’s behaviours as predominantly problematic. She consistently downplayed her son’s misbehaviours as “not much” and he is “obeying.” She particularly admitted that her children’s behaviours ‘did not bother her’ and it is ‘ok’:

It’s not bothering me. You know, you said what do you expect from your child. But it's not bothering me, but I think it'd be okay. Sometimes I say, "Oh, why do you do that? Why do you make that face?" It is that in my face. Why do you have to do that like that? So it's that face he makes

The figure 20 below illustrates AL’s MPCAM including a mediating mechanism.
Knowledge
Observational, Transgenerational and Self-reflective

Notion of an Ideal Child (EDC)

Expectations of Compliance (EDC)

Self-reflective Knowledge

Transgenerational Knowledge

Perception of Severity of Compliance (DC)

Mediating Mechanism

Maternal Anxiety

Transgenerational and Observational Knowledge

External Attribution

Permissive Parenting Style

Maternal Knowledge

Observational Knowledge

Transgenerational Knowledge
Fig 20: The figure on the previous page illustrates the MPCAM for AL. The highlighted sections represent aspects of the original model.

**Reflections**

During the interview AL provided short and vague examples and said “things like that,” instead of explaining what she meant by the example. There were 13 instances where she said “things like that.” When I asked her to describe an ideal child, she responded, “Do you mean like listening to parents?” She essentially asked me to confirm whether she understood the term ‘ideal’ correctly by providing her view of a characteristic of an ideal child. I could not confirm that because some mothers may view that an ideal child should be ‘challenging,’ or ‘not listening to mothers.’ I briefly reflected on that predicament and slightly rephrased the question to: “Behaviours. Behaviour-wise, how do you describe an ideal teenager-- nothing to do with your children?” Then she was able to understand the concept of ‘ideal,’ even though my rephrasing was imperfect. There were other instances when I used certain terms and, based on her facial expression, I realised that she may not have comprehended what I meant, then I immediately substituted it with a more commonly used alternative. For example, “When you have conflict with your—arguments [emphasis added] with your children, how do you resolve it?”

When I asked her for her views on ‘compliance,’ her facial expression indicated that she did not understand the term. If I were to explain what is meant by ‘compliance,’ the trustworthiness of the data would be potentially jeopardised to some extent, as I will be imposing my views on compliance onto her. One of the objectives of the thesis was to inductively investigate various perspectives on compliance. Imposing, my views to any extent, therefore, will affect the credibility. I felt nervous and confused as her facial expression indicated that she did not understand the term compliance. I ‘continued’ to expand the question, hoping that she would understand it:

Okay, and the other question is I wanted to ask you about is compliance - what do you think compliance—[I recognised she did not understand the term] for the compliance as in asking your child do something? Comply. So what do you think when it comes teenage children-- what is the definition? What do you think in your views? What is compliance?
Within the short time span, I could not creatively rephrase that question in a manner that she would understand, without imposing my views onto her. She responded, “The compliance - I don't understand that one.”

Compliance - you know when I say asking somebody to do something this is compliance. Comply. So everybody has a different view of compliance [emphasis added]. What compliance means to me? Some parents say, "Well, compliance to me is if I say something they have to do it. There's no way other away." So what-- how do you--?

I emphasised to her that everybody has different views on this concept and asked her for her views. I am fairly certain that she did not just agree with the example I provided in the question, as she stated that that she would not say “they have to do [it].”

Yeah, I would say like they have to do, but I think they should listen more when the parents say, "You should do that." They should listen, but I wouldn't say that that strict, no they have to. I wouldn't say that....

I believe that by emphasising that everybody had different views, I was able to gather her views without imposing my views. In addition, I repeated the question at a later stage to confirm that her views were consistent.

At the end of the interview, I felt the interview was challenging and I recorded the following entry in my journal:

I found it very difficult to communicate with her, as her answers were very short. For example, when asked about her ideal child, she said ‘he must be listen to me.’ And was unable to provide examples. Is it because my interview skills are not proficient enough to deal with people who are not educated or people from low SES?

(Research Diary, 18 April 2016)

Subsequently I reflected how the communication between the participant and I could be improved. Improvement in this area of my research skill was important, as subsequent interviews with participants from a similar background could be improved. I performed a mini-literature review on interviewing participants from deprived backgrounds and low SES. I was unable to locate any relevant literature during my mini review. I discussed this issue with various researchers and lecturers. They agreed on the complexity of the issue. However, they could not provide an appropriate solution to this complex issue.
One of the possible reasons I could not confirm the SES, as relevant to the MPCAM, was due to the participant providing short and vague answers that were relatively poor. Secondly, perhaps more probing is needed from low SES participants, as this category of people may be unwilling to share the impact of SES. Therefore, additional probing will be incorporated into data collection from next low SES participants.

I reflected on each case at the end of the single-case analyses. There was a general pattern across all participants, that the expectations of compliance were derived from the notion of an ideal child. However, the degrees of expectation were shaped by various types of knowledge, type of attribution, being a single mother and maternal anxiety. Contrary to that general pattern, AL had an expectation of compliance for halal and haram; however, she did not indicate that an ideal child should follow halal and haram. There is a heightened sense of Islamophobia in the recent years (Eid, 2014). There was a possibility that AL being a Muslim, was reluctant to discuss an ideal child in relations to Islamic values, especially to an outsider.
Introduction

This participant, AM, was born in Northern England, and considered herself to be a ‘real Northerner.’ Her parents were from India and they practised Hinduism. There was a 10 year age gap between her and her youngest sister, and she assumed the role of a mother at a young age, taking care of her youngest sister. They moved from the North to London during her adolescence, and successfully but with difficulty adapted to a ‘culture shocking’ environment.

Her father and mother worked in factories as a metal grinder and shoemaker respectively. She worked as a dental technician in London. Her current household includes her parents, husband and their son (13).

Confirmatory Analysis

1) Ideal child

She indicated that her son was not an ideal child; instead she described an ideal child as:

The ideal child would be one who doesn't talk back, one who you don't need to tell constantly to do things-- repetition, or tidy your bedroom, or do your homework - these kinds of things. One that’s bright, good at everything... doesn’t need any help, easily-- perfect almost, would be what you'd be looking at to say you want an ideal child.

She claimed this notion derived from her transgenerational knowledge. She also indicated “if he didn't do all that [i.e. compliance], I think he would be the perfect and ideal child.” This indicated that her self-reflective knowledge also contributed to this notion.

She also added that an ideal child should be able to be “adaptable to society and the world we live in, definitely.” This notion was derived from her self-reflective and observational knowledge, as elaborated in relevant sections below.
2) **Expectations of Compliance**

Her expectations were that he would be disciplined and adapts to the dynamic environment.

I expect him to be well behaved, have good manners, but unfortunately, the society we live in, I do not ground him completely. I have taught him if anybody hits you, you hit them back. You never lay the first punch, but you definitely lay the second. Her expectation of him being able to defend himself, to the extent of inflicting violence, falls against the backdrop of recurrent concern of ‘adapting to the environment.’ In one example, her son admitted that his frequent bruises were inflicted by his classmate. She responded: "I do not want you coming home with bruises anymore. If this child hits you again, you are to defend yourself."

Her views on compliance were broad: “following instructions.” One of the instructions was that “I do not want you coming home with bruises anymore.” Therefore, her expectation in terms of compliance was that he should be ‘well behaved.’ The sphere of ‘well behaving’ includes adapting to the environment and defending himself, with force, if necessary. She viewed defending himself as compliance, as she encouraged him to defend himself, and acknowledged that she will not ground him for defending himself.

These expectations, for example, were derived from the notion of an ideal child and that he should be able to adapt to the environment, which included defending himself.

3) **Perception of severity of compliance**

She perceived her son as ‘challenging’ and ‘misbehaved.’ However, the opposites were the core characteristics of her expectations, that he should be well behaved with good manners:

He's becoming challenging. He questions absolutely everything... He's a very curious child, wants to explore as much as he possibly can, and he's testing the boundaries. I see him doing exactly what I did as a child. He plays me, he plays his father. "Mummy said I can do this," and, "Daddy, Mummy said I can do this." He's doing what I did. So, if **he didn't do all that, I think he would be the perfect and ideal child** [emphasis added]. But, he's not, and these are the kind of things he does, and I did them as well at a young age. I see a lot of me in him in that sense, and I see a very strong personality. I think his character is coming out.
Her perception of his behaviour deviated from her expectations of compliance, as he ‘tested boundaries’ and ‘playing her and father up’. This illustrated that her self-reflective appraisal of her son’s behaviours contributed to her notion of an ideal child.

She indicated that she perceived his degree of compliance as ‘very challenging.’ This was consistent with the MPCAM that when expectations and perception deviate, mothers tend to perceive the behaviours as challenging or problematic. However, her self-reflective knowledge, which enables her to ‘see herself in him’ appeared to justify her perception of misbehaviours to some extent.

4) **Self-reflective Knowledge**

Her critical self-reflection was extraordinary, and this type of knowledge played a dominant role in the MPCAM, relative to other types of knowledge:

I think you realise a lot of things over the years. As a person, if you look at yourself, you think, "Right. How did I get like this? How did I be like this? How am I doing what I'm even doing now?" I think you have to go back in order to evaluate, because there's certain things, like you say, you would have done if you was in a different place.

Her experience in raising her 10 years younger sister, made her to grow up as a ‘matured’ person, and she adapted to the London environment, which contributed to her self-reflective knowledge. This contributed to her notion of an ideal child and her expectations for him.

I would say that would be because I had a ten-year age gap between me and my younger sibling, and I had to be very motherly. I was almost like her second mum. I raised her, I did everything for her, I was changing nappies when I was ten-years-old, because my sister was born as a baby. I had no choice in that aspect, to grow up quickly. My mum and dad were busy working, providing a roof over our heads, food on the table.

She indicated that her notion of an ideal child was partially derived from her self-reflections from raising her sister. AM also claimed that her reflections on how she had made her mother’s life difficult also contributed to this notion.
AM, was raised in Northern England and moved to London during her adolescence. She initially struggled to assimilate to the London environment and subsequently adapted well to the new environment.

It wasn’t full on like I would say it was here. Very difficult moving to London from up North. A big culture shock for us….I adapted quite well, and very quickly, but I think that was because I had to fit in.

She indicated that she realised if she did not move to London and adapt to this environment, she still would have been a ‘quiet’ and ‘timid’ lady. Subsequently she placed a high significance on being able to adapt and survive in novel environments. She told her husband that son should be raised in a way so that he can survive anywhere. She sent her son to Taekwondo classes from a young age, as he was small and she believed that he should be able to defend himself, which she sees as part of survival. She also took the extreme measure of sending him to Scouts to learn about basic survival skills such as ‘finding food in the forests.’

Her self-reflective knowledge had quadrupled the effect on the MPCAM. Firstly, her self-reflections in raising her sister, and emphasis on adaptability, affected her notion that an ideal child should be able to adapt and behave in the way detailed in the section on the ideal child. Secondly, her emphasis on adaptability also raised her expectations in terms of his compliance, as explained in the expectations section. Thirdly, through her self-reflection, she determined to raise her son with high expectations, which influenced her parenting style. Fourthly, as explained in the perception sector, she rationalised some of his problematic behaviours through self-reflection.

5) Parenting Style

The values of AM’s parents’ parenting were parallel to AM (transgenerational knowledge), in a way that they were both strict about ‘manners’ and ‘behaviours.’ However, she added that her son had more autonomy in choosing his career path.
"The only thing you are able to do is give them a little step up in the right direction."

"Well, when you're ready, you can tell me."

"we look at him as a developing young man."

"he's open to make his own decision whenever he's ready."

"I said, "If you don't behave yourself," I said to him, "when you're 18, I'm going to throw you out of the house," I said to him."

"I am not going to lay anything on a platter for my son, because he is going to work for it."

"I said, "Once you start teaching a class, you can start saving for university." Now, he doesn't need to know that his mother has put away £50,000 already, for his education."

"I think they can be nurtured into a way--and upbringing."

"I think I'm more open-minded, a bit liberal, and I would say open to change."

"I didn't ask him, "What do you want for your birthday?" I just bought it for him."

"I don't force anything upon him, but he does things himself."

She agreed for him to withdraw from extracurricular activity that she always wanted to pursue for herself but, instead instilled on him.
She provided numerous examples that she had high ‘expectations’ and ‘responsiveness’ to him:

I don’t want to mollycoddle him to the extent that he can’t fasten his shoelaces. I don’t want to mollycoddle him to the fact that he's reliant on me. I'm doing things now for him to be self-sufficient. I'm here now. When I'm not here, how is he going to survive?

The above example illustrated the role of self-reflective knowledge in her choice of parenting. The below example demonstrated contribution of her observational knowledge in her self-reflection.

I don't mother my son. He has to do things for himself. I've got parents who will-- I might have a child in the dental chair, and the parent is tying the shoelace for the child while they are in the dental chair. Whereas, if it was my son, it would be like, "When you get up, make sure you fasten your shoelaces." I think it's the upbringing. Very much so the upbringing, and the support they have around themselves.

Based on her transgenerational, observational and self-reflective knowledge, she was predetermined to raise her son characterized by a particular parenting style: “I've always had an image in my mind before I even had my child that this is how I'm going to raise my child.” Figure 21 illustrates the authoritative parenting corresponding to Appendix H to illustrate ‘construct validity.’

6) Observational Knowledge

This knowledge was derived from “working with thousands of teenagers over the years… [observing] behaviours from [her] niece and nephews, and society in general.” This knowledge enhanced her maternal knowledge, influenced her parenting style and contributed to her notion of an ideal child.

She provided a description of adolescent development (maternal knowledge), and I asked her how do you know that. She responded:

I would also say I've had a lot of years - over 20 years - dealing with teenagers from a very young age. Because of the field I work in, some children were coming to me for two-and-a-half, three years. I would see a change in them even, from how they
were speaking to me from such a young age when they would be first coming, to how they were developing. More so with the girls, because they might come to me at the age of 12, and then-- I'm seeing them every five to six weeks. Then the makeup starts to appear, the hairstyles are-- you know, so I think I've seen it first-hand.

As a dental technician, she had a longitudinal experience in dealing with various children over many years, which was the primary source of her maternal knowledge.

The observational knowledge also impacted on her choice of parenting style:

I think I've been surrounded by so many children, seen so many teenagers, seen teenage parents bring kids into the surgery, seen lots of things, and I think I've always had an image in my mind before I even had my child, that this is how I'm going to raise my child.

Her notion of the child must be adaptable to change in environment to some extent derived from her observational knowledge. She stated, “I've seen a lot and been brought up in different places, and I want my child to be able to survive in this world.”

7) Maternal Knowledge

AM had a reasonable knowledge about child development pertaining to adolescence:

I think their bodies change. Hormones have a huge impact on behaviour and the kind of things they do. I think they become-- what's the right word to use? They develop. The develop into that-- their personalities start to come out more, and I think you-- they tend to be, I'd say, putting their feet down on the ground a bit firmer of what they're going to be like. I would say they go through those kinds of changes.

This knowledge was largely derivative of her observational knowledge, as explained in the preceding section. This maternal knowledge had somewhat diminished her perception of her son’s behaviours as problematic: “So far, I don't think I can, personally, complain about my child. If I was in his shoes, I don't think I would have done any different.”

8) Religio-Culture

Her parents were Hindus from India. She was born in Northern England and raised in a Christian faith until she moved to London where she rediscovered her Indian culture and Hinduism. She described her moving to London as a ‘big culture shock.’
Culture and religion has a huge impact on teenagers. I think it shows them a sense of direction, a guide, something to follow, and without either of them, I think there can be a sense of feeling a bit lost and alone in the world. But that’s my own beliefs as well.

Sense of direction and guidance of an adolescent were inherited by transgenerational and self-reflective knowledge, which in turn were partially the product of shared beliefs within the structure of a culture. Therefore, it is more accurate to discuss the MPCAM in terms of the values and knowledge that were gained through knowledge, rather than culture per se. For example, she stated: “My Hindu values [emphasis added] have a great impact on [son’s] behaviour and the expectation to behave in a well-mannered at all times.” The ‘values’ she inherited, possibly from transgenerational knowledge from Hindu parents influenced her expectations for her son, rather than the religio-culture per se.

Therefore, the confirmatory analysis could not confirm religio-culture as a direct factor that contributed to the MPCAM. However, the values of religio-culture affected the MPCAM through various types of knowledge.

9) Socioeconomic Status (SES)

She was a dental technician, and her husband was an electrician. She indicated that she has put away £50,000 for her son’s education, and she occasionally has a housekeeper to do the cleaning. These economical attributes suggested that she was from the mid SES category.

She believed she can ‘nurture’ the child to raise him to meet her expectations of an ideal child, through resources:

If you can afford to buy your child these things, you’re encouraging them to develop, do things, but if you can't, then they don't use these things. They don’t, and I think it's about who they have around them, what they have around them - the support, friend network. I think it all becomes influential with teenagers.

For example, she had additional resources to send him to Taekwondo, which she thought was essential for an ideal child to defend himself. Ideally she would have preferred him to learn a musical instrument and she regretted that she did not learn. Now she sends him to drum classes. She also sends him for football classes. These extracurricular activities,
combined together, also can be seen against the backdrop of her belief that an ideal child should be “good at everything”. Additionally, she provided private tuition for his studies and saved sufficient funds for his university education. The academic nurturance was parallel to her notion, that an ideal child should be “bright”. This evidence collectively indicated that resources associated with her SES facilitated her desire to nurture her son to transform into an ideal child.

10) **Maternal Anxiety**

AM worried about the negative impact of his environment on him:

> I think there’s a lot of influence on teenagers nowadays, and I think that influence has a lot of impact on children. Speaking as a parent, and working with thousands of teenagers over the years - which I have - I’m very weary of who my child hangs around with, who he’s friends with

AM was concerned about negative influences by her son’s friends. This anxiety had likely contributed to a degree in preparing her son to defend himself from his peers. This included sending her son to Taekwondo classes and encouraging him to fight back. One of her expectations was that he should defend himself and fight back, which was partially influenced by her maternal anxiety.

11) **Transgenerational Knowledge**

She stated that her notion of an ideal child, at least partially, derived from her transgenerational knowledge: “this notion [i.e. ideal] comes from my upbringing and looking at what I put my parents through when I was growing up. Life would have been much easier for them if I had listened.” This knowledge also contributed to her style of parenting.
The confirmatory analysis was able to confirm all pre-determined themes deductively, except for religio-culture. No emergent themes were identified in the exploratory analysis.

AM gained her self-reflective knowledge, particularly through reflecting on her:

a) ability to adapt to new London environment,

b) raising her 10 years younger sister and her development, and

c) reflection on how she had made her mother’s life difficult when she was an adolescent.

This knowledge had largely contributed to her notion of an ideal child. The values she gained from her parents (transgenerational knowledge) that a child should ‘listen’ to the parents also contributed to some aspects of the sphere of notion of an ideal child. To some extent, knowledge gained through observations, particularly to relating to adapting and surviving new environments also contributed to her notion of an ideal child. These three aspects of knowledge combined to form a notion of an ideal child: well behaved, independent, and must be able to adapt to the change in environments. In her view, both behaving well and adaptability fell within the sphere of compliance.

Her views on compliance were that the child is well mannered: listens to the mother, doesn’t talk back, and is able to “follow instructions.” These characteristics were calibrated against transgression in the following example:

Could you tidy your bedroom?” "Not now, I'm busy. I'll do it next week, or tomorrow, "or something like that. I'd expect, if I say, "Tidy your bedroom," for somebody to do it straight away. I mean that sense of talking back. So, a bit more argumentative, with challenging your-- see how far they can push you, basically.

‘Following instructions’ was a ‘broad concept of compliance,’ which included her demand that her son should be able to defend himself, with force if necessary, and adapt to the environment. In other words, concepts of compliance include self-defence and being able to adapt to change in environment.

AM perceived that her son’s behaviours were substandard to that of an ideal child, but she desired that her son should have the characteristics of an ideal child: “what you’d be
looking at to say you want an ideal child.” Accordingly, she generated expectations based on the notion of an ideal child. In essence these expectations were compliance, as her view of compliance was broad. The expectations of compliance can be seen as a modification of his behaviours, so that he will transform into an ideal child. For example, she perceived him as a weak child and sends him to self-defence classes, expected that he becomes proficient, and then be able to defend himself where necessary, which in turn was one of the characteristics of an ideal child.

The expectations of compliance were raised by her maternal anxiety and self-reflective knowledge. She was very concerned and worried that the world is not a safe place for her son. Due to this worry she reflected that it was pivotal that her son should be able to defend himself to survive. As a result of her reflections she took extraordinary measures, such as sending him to Scouts to learn survival skills, self-defence classes etc. She expected that her son should comply with these expectations. Therefore, her degree of expectations of compliance was raised, due to the maternal anxiety and self-reflective knowledge.

Her perception of her son’s behaviours had deviated from her expectation of compliance. In a theoretical sense, evaluative-descriptive and descriptive cognitions had diverged. The MPCAM hypothesised that when these cognitions diverge, mothers perceive compliance as problematic or severe. This was consistent with the finding, as she indicated that she perceived his behaviours as ‘very challenging.’

**Mediating Mechanism**

Certain types of knowledge, SES and parenting style were involved in narrowing the gap between her evaluative-descriptive and descriptive cognitions. Her self-reflective and maternal knowledge (largely influenced by observational knowledge) played some role in justifying or rationalising his degree of compliance. For example, she rationalised his behaviours as ‘I did the same thing.’ Due to this rationalisation her perception of his behaviour began to converge with her expectations. Subsequently she perceived his behaviour as less challenging or problematic: “I don't think I can, personally, complain about my child. If I was in his shoes, I don't think I would have done any different.” Here
this rationalisation mediated the gap between evaluative-descriptive and descriptive cognitions. This was also consistent with the MPCAM that when these cognitions converge mothers perceive the behaviour as less problematic or challenging.

Through self-reflections, learning from parents, and observing children at her work, she was pre-determined to raise her children with high expectations. High expectation is one of the characteristics of authoritative and authoritarian parenting styles. However, there was extensive evidence that suggested she was highly responsible and displayed warmth to her son, which were characteristics of an authoritative style. Therefore, her self-reflective, transgenerational, and observational knowledge promoted her authoritative parenting style, at least to some degree. The warmth aspect of the authoritative parenting style was likely to have contributed to perceiving his degree of compliance as less problematic.

She believed that her son can be ‘nurtured’ into an ideal child through her parenting. She stated, “You want to protect them, and you want to shield them from the outside world, but I don’t think you’re able to do that. The only thing you are able to do is give them a little step up in the right direction…” Her authoritative parenting was able to provide her son with ‘little step up in the right direction’ to learn necessary skills to protect him from the outside world. In other words through authoritative parenting she facilitated him to become an ideal child. This attempt converged the ideal (evaluative-descriptive) and perception (descriptive) to some degree. Therefore, her authoritative parenting style also can be conceptualised as a mediating mechanism between the two cognitions.

Similarly, as described in the SES section, she utilised her resources to transform her son into an ideal child. This also bridges the gap between the two cognitions, similar to parenting style. Figure22 below illustrates AM’s MPCAM.
**Reflections**

The initially proposed MPCAM did not account for a mediating mechanism. There was evidence of a mediating mechanism in the analysis of the first case. However, at the time I was unable to conceptualise it with certainty. Similar evidence emerged in the second case, WM. As the evidence continued to emerge, I became more certain about this concept and scrutinised it in more detail.

Consistent with the hypothesis of the MPCAM, when the evaluative-descriptive and descriptive cognitions diverged, the evidence suggested the participant perceived the degree of compliance as more challenging or problematic. The function of certain types of knowledge enabled the cognitions to converge by rationalising or justifying the child’s behaviours. Again, consistent with the hypothesis, the convergence enabled the participant to see her perception of his behaviours as less challenging or problematic.

The parenting style and SES, on the other hand, also converged these cognitions. Against the backdrop of all the evidence it appears that this convergence also eased maternal perception of his behaviours as problematic or challenging. For example, AM nurtured her son to become an ideal child through her parenting and utilisation of her financial resources. The more he transformed into an ideal child, it appears the more she will perceive his behaviours as less challenging or problematic. However, it is technically a conjecture to conclude that the convergence of these cognitions, as a result of parenting style and SES, would have the same effect as knowledge within mediating mechanisms, without explicit support from the data.

In order to address this conjecture, I must include probing questions to confirm whether she would actually perceive his behaviour as less challenging or problematic if he were to transform his behaviours (at least to some extent) to the characteristics of an ideal child. Since I have already collected the data for next two cases, I will have to include this probe into any future data collection.
WH
Introduction

WH was an English mother, who was brought up with her aunt and uncle from a young age, along with her brother. She had two biological daughters with Down syndrome, and her biological son with Down syndrome was deceased. Subsequently she began to foster children with additional needs and became a local advocate for parents who have children with additional needs. Following her son’s death she had adopted 13 children with additional needs; in total she had 16 children.

She was on the board of governors in various local organisations that advocate for parents and children with additional needs. Prior to that she was a magistrate for the justice system. Her husband was deceased as well and she lived with her partner. Her partner was employed in a sector that offers services for children with additional needs. All her 13 adopted children, two biological daughters, grandchildren and her partner live in her two large houses. Each of those houses was composed of four storeys. She focused her interview on her 15 year old adopted son who was ‘statemented’ for ADHD at a younger age, but now the healthcare professionals believe that he has symptoms of autistic spectrum disorders (ASD).

Confirmatory Analysis

1) Notion of an Ideal child
WH’s construction of a standard for an ideal child was derived from a mixture of self-reflection of her a) own adolescence, and b) her children.

a) “The ideal child is about not doing as they’re told, pushing the boundaries, learning how to live, how to test their own lives, their own waters, and doing something.” These standards of an ideal child could be seen against the backdrop of her own
behaviours during adolescence, in which she believed that she pushed the boundaries. She recalled:

I used to go out and go in the pub down the road in the toilets, change my clothes, put all my mascara on, then forget to take it off when I went back home and stayed out late. Oh I was the biggest rogue going.

Her reflections were that, despite pushing the boundaries during her adolescence, she turned out to be ‘successful,’ are likely to have contributed to this view, which set the standard for an adolescent to push the boundaries and enjoy the adolescence responsibly.

b) WH reflected on her children, resulting in formation of some aspects of her notion of an ideal child:

When you say ideal, I don’t mean one who sits on the couch and doesn't say anything or do anything... I would say that it's someone who you can chat to. He can chat or she can chat to you. Talk about lots of things like current affairs, what's going on in life out there, doing well at school. Sometimes a little bit of backchat, that type of thing.

WH had adopted 13 children with additional needs. She provided examples where some of the children did not display typical socialising behaviour by engaging in social conversations. She specifically indicated that her son “doesn't like social scenes.” Each child had different atypical behaviours, such as deficiency in engagement of age appropriate social conversation. There was an overall impression that she wished that they did not have these atypical behaviours. This facet of the notion was likely to have originated due to self-reflections of her children. For example, she added, “there's nothing you can talk about with [son], there's nothing really-- it's difficult to say, "An ideal child in [son]."

Overall she believed that her son did not have any characteristics of an ideal child. She explained this disparity was due to his immaturity as a result of developmental disorders. In summary, her idea of an ideal child was based on self-reflections of her adolescence and behaviours of her children. These reflections have created mental standards of how an ideal adolescent should be.
2) **Expectations of Compliance**

Her aspiration was that her child must become more like an ideal child, this resulted in her maintaining a high or an adequate level of expectations. For example, she perceived that he “doesn't like social scenes,” such as attending school. One of the major characteristics of her notion of an ideal child was that he or she should satisfactorily socialise with others. He was often truanting from school and completely stopped attending school at one stage. Instead of accepting that he does not like attending schools and lowering her expectations that he was no longer going to attend school, she maintained that expectation. This included sending him to an alternative private school and when that failed, she set up a home school for him.

Her views of compliance also varied between an ideal child and her son. She viewed compliance as ideally “doing as they are told” about a specific task:

> What I say, when they don't do as they're told, or as they're asked, "Don't put your dirty feet on the settee." "Oh." And they move it to a different area on the settee. And I say, "No, I mean off the settee."

Her degree of expectation of compliance for her son, however, was geared to his capacity and abilities, which were restricted due his condition(s):

> WH: For example, say, "[son], can you clean up your room?" and [son] says, "Well, I will do it, but I will do it tomorrow." Would you-- How do you--? I would say to him, "Okay, why aren't you going to do it today?" and if he says, "I'm out, or I don't want to." I then bargain with him, I say, "Well, do dome tidying up, and when the girls are up there they can Hoover. Just clear the floor."

> Me: So, would you consider that as compliance?

> WH: Yes, if he did that; because that would be a major step.

She perceived him as having a mental age of eight, despite his chronological age being 15. She stated, for example, “it's very difficult [to make him do chores] because in his mind he's eight emotionally but we're talking about a 15 year old boy.” Therefore, she indicated that she set a standard for an eight or nine year old child. In essence, her self-reflections of his abilities had an effect of lowering expectations of degree of compliance, as provided in the example of compliance above.
In summary, despite her self-reflections of his abilities having a lowering effect on her expectations of compliance, her ‘standard of notion of an ideal child’ to some degree countered that effect.

3) Perception of severity of compliance

She indicated, “when he was younger he had a statement for ADHD, and they found he had ADHD--no he didn’t, ASD traits. I don't really now, as time has gone on, it's almost like oppositional defiance [disorder] and then he's like an eight, nine year old emotionally.” She perceived that her son often refused to comply with requests and rules, and was annoying.

That what he does - gets in with the wrong people, got excluded from school, has home tutoring, and then would meet up people who weren’t in school as well, right? So, therefore, they were all like [son] in a way, and [son] liked them, and he got into trouble with the police.

And then it gets, attitude, walking off while you're talking to them, ignoring you, becoming quite blasé around the house, turning the music up, all those sorts of things. Do you know the one thing that gets me is the phone. When they play their music and it's a really horrible sound. So all that, you'd get all that. Picking up their washing off their bedroom floor, any plates they've took, all those sorts of things are growing up.

WH’s perception of his behaviour as blasé and ‘ignoring you’ can be seen against the backdrop of her aspiration of an ideal child who likes to chitchat, and expectations she shad generated for him to be social.

She perceived his overall behaviours as ‘oppositional,’ and ‘defiance’, which was contrary to her expectations of compliance that he should be social. This was expected to perceive his behaviours as problematic and severe, which was a cause of concern: I “don't know what really is wrong with [my son].” Despite this oppositional behaviour, she had some self-reflections that might potentially help to rationalise some of his behaviours.

At the end of the day, that's part of growing up. If you look what you tried out or did, things you'd probably tell your mom about and you'd laugh about now, but at the time if you got caught, I don't think they'd be very happy.

This self-reflection somewhat rationalised his behaviours, which allowed her to perceive his degree of compliance as less problematic.
4) **Self-reflective Knowledge**

Her self-reflective knowledge from her adolescence played a crucial role in her notion of an ideal child as pushing the boundaries and being exploratory. She believed her explorative experience in her adolescence allowed her to understand the children better:

I think it’s difficult because if you haven’t experienced these things as a child yourself, you’ve got to understand sometimes that these children experiment with their age doing things. Might have a puff of cigarettes or even a puff of weed, you know?

Whilst explaining the notion of an ideal child, she stated “we all have aspirations for our children.” Due to all of her children having additional needs, naturally a gap was created between behavioural capabilities of her children and her aspirations (i.e. ideal). She self-reflected on this very issue and set the standard of expectations for each child accordingly.

You can’t have a basic rule, because one girl might be able to sleep out for the night, because she's sensible and all that, and be truthful where she’s going. The other girl may be lying to me and not responsible to stay out all night. So you can’t have a rule all--.

Due to her resentment of her childhood when she was inadequately cared for by her foster parents, she made a conscious decision (i.e. self-reflection) not to treat her children in similar ways: “I think I raise my children in the way-- I try not to use punishments. I try to talk things through because I never had those opportunities. I just got slapped round the head.” This self-reflection also had an impact on her current parenting style, which was based on negotiation.

5) **Parenting Style**

WH described her own fostered upbringing, in the hands of her aunt and uncle, as “Victorian” and very ‘punishment based’ approach, characteristic of an authoritarian parenting style (Sustaining Community, 2015). She resented her relationship with her foster parents, and based on her reflections she decided that she would not raise her children with similar parenting style:

I think I raise my children in the way-- I try not to use punishments. I try to talk things through because I never had those opportunities. I just got slapped round the head. No questions asked...I never hit my children...so my childhood does affect how I bring my kids up.
This clearly indicated that her parenting style emerged from her self-reflective knowledge, rather than transgenerational knowledge.

The core characteristics of authoritative parenting are negotiating the rules with children (Sustaining Community, 2015). This hallmark was found everywhere in her parenting. “I’m going to be late, is it okay? I’m going to be at so and so, would you pick me up even?” You know, you bargain with your children in a sense, where you going? What you doing?” Another example of her desire to negotiate was, “You don’t just go out, you ask, or we talk about it, discuss it.”

From the standard of an ideal child, she lowered the expectations of compliance due to his (dis)abilities. However, she maintained her expectations steadily, and nurtured him to transform his behaviours gradually, towards the standard she has for an ideal child. For example, by negotiation:

It’s like sometimes he’ll phone down and say, "Can I have cereal?" "Yes [son], come down for it", I’ll say, "Halfway. I'll leave it halfway, you come and get it," and that's how I work on it. So now it'll be further down, further down until he comes to the ground. Or I'm busy and you will have to come down. Do you see what I mean? I'm not going to say, "No, I'm not bringing it up."

The authoritative parenting style was demonstrated in the figure23 below, with additional examples to demonstrate construct validity corresponding to Appendix H.
Responsive mother

"You bargain with your children in a sense”

"You need to be talking to your children”

Always attended children’s play

“I always try and talk around it”

"You have to make time for your children”

"we talk about it, discuss it”

“if he's going out, I need to know where he's going. I need to know what he's doing. I need to make sure he's got some money in his pocket”

Responsive

Authoritative

"I told you, I warned you, if you didn't come down, this is what I would do, and this is what I've done"

“people say to me, "How'd you manage to do that?" I say, "Well, talking. That goes back to talking." And I never hit my children”

“if he's going out, I need to know where he's going. I need to know what he's doing. I need to make sure he's got some money in his pocket”

"You have to be firm”

“I try to talk things through”

"I will not hit my children. I will not take food away from my children, and I think having conversate”

Authoritarian

Less Responsive

More Responsive

Neglectful

Low Demanding

Permissive

"sometimes he'll phone down and say, "Can I have cereal?" "Yes Bob, come down for it", I'll say, "Halfway. I'll leave it halfway, you come and get it," and that's how I work on it. So now it'll be further down, further down until he comes to the ground. Or I'm busy and you will have to come down. Do you see what I mean? I'm not going to say, "No, I'm not bringing it up", because he just won't bother.”

High Demanding
Fig 23: Illustration of WH’s authoritative parenting style.

6) **Academic Knowledge**

WH did not pursue her post-secondary education. She however, stated that “for goodness sake, I know all about the things, and I’m not silly. I do a lot of reading. I do reading on needs and I’m interested in it. I don't know why I didn't do anything with it actually.” One of her adopted children had foetal alcohol syndrome. She read enough material on that subject and claimed that she can do training for others on that matter.

Her academic knowledge was also likely to have contributed to her capability-geared expectations of compliance.

7) **Observational Knowledge**

WH stated that she did not compare her children with other children, as her children were mostly atypically developing. However, she made her comparisons between her children.

You can’t have a basic rule, because one girl might be able to sleep out for the night, because she's sensible and all that, and be truthful where she's going. The other girl may be lying to me and not responsible to stay out all night

The knowledge she obtained from observation of these children allowed her to generate expectations of compliance geared to their abilities.

She also indicated that she had an ideal child, but her son was not an ideal child. The knowledge she gained from the observation of her children, contributed to the standard that was created for children (i.e. ideal).

8) **Religio-culture**

WH hailed from an English heritage and she was reared in a nonreligious household. There was no evidence of her ‘religio-culture’ impacting on the MPCAM. The values of the religio-culture, however, may have been reflected in her acquired knowledge.
9) **Transgenerational Knowledge**

WH discussed her childhood experience with her foster parents as traumatic and portrayed them as unsuitable parents. Due to her suffering as a consequence of her foster parents’ autocratic parenting style, she made a conscious effort though reflection that she must not raise her own children in similar manner.

I will not hit my children. I will not take food away from my children, and I think having conversate-- nobody talked to me as a child. Nobody went to the school play and watched me. Nobody came to open night to hear how I was doing at school, no one. I always go. Every child I've had, even my own children, I attend the concert. I have a diary. Christmas time I'm here, there, and everywhere if I've got several children. I always go. I always be that face in the audience to say, "I am here for you." Meetings. Annual Reviews. I always go to the children's annual reviews and your own statements. I go on open evening to hear how they are progressing. So all those things never happened to me, but they're important things in children's lives to have support, to have praise.

There was no evidence that she inherited her knowledge pertaining to parenting from her foster parents. On the contrary, the data indicated that her parenting knowledge was antithetical in relation to her foster parents’.

10) **Socioeconomic status (SES)**

WH described the SES of her foster parents’ household, where she was raised, as “very high up.”

The data suggested that she was at retirement age. She was engaged in various charities and schools as governess; previously she was a magistrate. Her husband was employed with a charity. She was known in the borough as a “formidable” lady. She did not have any formal post-secondary qualifications. She inherited two adjacent four-storey houses, in the expensive part of the borough; based on this information, I categorised her as a high SES participant.

Due to her son’s ‘noncompliance’ he was excluded from school. Since she had sufficient resources, she was able to offer a private schooling for him: “It's a private school...a better class. They come home and teach.” Her resources facilitated her academic aspirations for her son to transform into her ideal child. For example, she stated, “we'd all love a child
like that, who does well at school, does all of the things that.” If she did not have any resources for private home tutoring, she may be unable to try to achieve her aspirations for her son.

11) **Maternal Knowledge**

She provided examples of autonomy seeking behaviours during adolescence. She identified that autonomy seeking attitude “…can start any age from eleven, twelve, even, you get a little bit of it. And then it gets, attitude, walking off while you’re talking to them, ignoring you, becoming quite blasé around the house.” It was noteworthy to point out that her descriptions of onset of adolescence was consistent with the ‘physical and cognitive developments, and autonomy and identity formation’ concept (PCDAIF concept) proposed in the literature review.

Further, she added “there's lots of things that indicate adolescence coming on, silly things that they do, that they try to do and it don't work because it don't fit with their age, but they're doing it.” This asynchrony between physical growth and cognitive abilities, as described in the PCDAIF concept, was prone to cause mother-child conflict. However, she had sufficient knowledge about child development and she was able to appraise his behaviours accordingly. For example, she pointed out that he had physically grown into an adolescent with a protruding Adam’s apple, yet his cognitive abilities were under developed. WH pointed out that unlike other mothers, she accepted those behaviours associated with adolescence.

12) **Maternal Anxiety**

WH exhibited a significant amount of worry, relating to his degree of compliance. This was largely due to his additional needs that restricted him from complying with requests made by WH.
I get upset obviously. I look for ways to support him and bring him family intervention in for him to talk to someone else what he don't want to talk to me about... So I worry. I worry he's being used. I worry also that he will enter the criminal justice system, those sorts of things.

Yeah, and the school are trying to support by coming home to teach, but he doesn't attend those because he's out late.

Due to this anxiety she maintained steady expectations, instead of allowing him to do whatever he wants to do, so that he will not enter the criminal justice system. She utilised her resources (SES) and influence in the society to make alternative arrangements to modify his behaviours, so that his behaviours (perception) will converge with her expectations.

Themes to Theory

The confirmatory analysis was unable to confirm transgenerational knowledge and religio-culture as contributing factors to the MPCAM. No new emergent themes were identified in the exploratory analysis.

Her oppressive childhood was likely to have influenced her adolescence, seeking independence and adventure. In other words, her self-reflections of what was missing from her childhood, was likely to have influenced adventure seeking behaviours during her adolescence. Her reflections that, despite her risky and adventurous behaviours during her adolescence, she turned out to be successful, had created some standards for an ideal adolescent child. She contrasted her son with her daughter, who she believed to have the characteristics of an ideal child. In that illustration she provided an example where her daughter had to take an overdraft, due to her adventurous life. Then she agreed with WH's husband to repay the money in instalments. In this example she illustrated that she cannot have similar expectations of compliance from her son. These narratives can be seen against the backdrop of her standard she created of an ideal child, and the generated expectation from her son in relation to that standard.
Her self-reflections of him as socially inept, relative to her other children, had highlighted the fact that, ideally children should have a healthy social relationship with their parents. This in turn created a standard that a mother-child relationship should involve satisfactory social interactions. For example, she said, “I know an ideal child, I've had them.” Then she contrasted that with her son: “there's nothing really-- it's difficult to say, ‘An ideal child in [son].’” The expectations of compliance that he should be sociable, originated from this standard (i.e. ideal). Unlike other mothers, she had 16 children with additional needs and each of them had unique challenges and level of functions. This had resulted in enforcement of different rules for different children, i.e. varying expectations. The self-reflective knowledge about his abilities, and academic knowledge about his conditions, contributed to her capability-geared expectations of compliance.

Overall formation of her notion of an ideal child could be summarised into two categories. Firstly, her reflection of types of behaviours that she embraced from her own adolescence, which she perceived to be missing in her children, such as ‘pushing the boundaries.’ Secondly, discrepant behaviours highlighted through self-reflection of his behaviours and the behaviours of other children, that the mother-child relationship should involve adequate socialising. These notions of an ideal child formed part of her expectations of compliance.

Her maternal anxiety played a crucial role in maintaining high expectations, relative to other mothers, due his additional needs. She was deeply concerned that if his behaviour did not improve that he may not be able to lead a relatively successful life later. In order to counter this anxiety and for him to become (at least closer to) her notion of an ideal child, she maintained a steady level of expectations. For example, she pointed out that, “he hasn't been going to school, and he's really too old now to get help for him, because he won't go.” Therefore, she arranged a family interventionist, and private home schooling. This arrangement highlights that she still maintained a degree of expectation of compliance, which was due to her maternal anxiety.

Her expectations of compliance for her son originated from the standard she set for children (i.e. ideal). However, she lowered the standard to suit her son, based on academic, self-reflective and observational knowledge. The maternal anxiety on the hand, to some degree, countered that effect.
As with other mothers, some of the factors identified in the MPCAM functioned as a mediating mechanism, converging the disparity between evaluating-descriptive and descriptive cognitions. She openly admitted that her son was not an ideal child. Her perception of his degree of compliance did not calibrate against her expectations.

The vast disparities between the evaluative-descriptive and descriptive cognitions were theoretically intended to make her perception of compliance as more severe and problematic. Consistent with the proposal in the MPCAM, her maternal anxiety was heightened and she was extremely worried about his compliance. She referred to his degree of compliance as: “I don't know what really is wrong with [son]. He's so young. He's like eight or nine.”

Some types of knowledge, authoritative parenting style and SES attempted to converge the disparity between the two cognitions.

Academic, maternal and self-reflective knowledge combined together made her realise that he cannot function at the standard of an ideal child. Therefore, she rationalised or justified some of his behaviours by ‘they are experimenting,’ and ‘part of growing up.’ This enabled her to perceive his degree of compliance as less problematic. For example:

The thing is, at the end of the day, that's part of growing up. If you look what you tried out or did, things you'd probably tell your mom about and you'd laugh about now, but at the time if you got caught, I don't think they'd be very happy.

Her authoritative parenting style was distinguished by ‘negotiation,’ allowed her to perceive his degree of compliance as less problematic as the outcome has been already negotiated with her. For example, “Oh mom I'm going to be-- or dad, I'm going to be late, is it okay? I'm going to be at so and so, would you pick me up even?” You know, you bargain with your children in a sense.” This was an example of an ideal child, which illustrated that her authoritative parenting style allowed her to perceive the behaviours as less problematic.
These three types of knowledge and authoritative style of parenting, to some degree, rationalised or justified his behaviour. Theoretically these converged the divergence of evaluative-descriptive and descriptive cognitions. This enabled her to perceive his degree of compliance as less problematic, which was consistent with the MPCAM.

The authoritative parenting style also allowed her to nurture the child towards an ideal child:

Because my [parenting] style is very different with the---. You have to remember a lot of my kids come with problems, that's why they're in care. So I have to undo all that stuff before I can start putting anything else in place.

This type of parenting was likely to transform him to some extent towards an ideal child, over time. She used resources at her disposal to facilitate this transformation. This will also converge the notion of ideal (evaluative-descriptive) and perception (descriptive cognitions). This convergence would ease her perception of degree of compliance as problematic. However, the extent and effectiveness of the transformations are unclear, as indicated in the previous case, AM, the interview schedule did not incorporate appropriate probing related to this aspect of mediating mechanism. This was because WH’s data was already collected. WH’s MPCAM is illustrated in figure 24 below.
Perception of severity of compliance (DC)

Mediating Mechanism

Expectations of Compliance (EDC)

Notion of an Ideal Child (EDC)

Knowledge
Observational & Self-reflective

Academic Knowledge

Self-reflective Knowledge
Maternal Anxiety

Academic Knowledge

Maternal Knowledge
Parenting Style

SES

Self-reflective Knowledge
Fig 24: The figure on the previous page illustrates WH’s MPCAM. The highlighted sections represents aspects of the original model

**Reflections**

This participant was recruited through an app called StreetLife® and I was a complete stranger to her. It was socially unacceptable for me to probe with intrusive questions relating to her SES, such as ‘how much your partner is making,’ or ‘details of any other wealth.’ I assumed she would be reluctant to discuss these issues with a stranger that she met online. I acknowledge there were some drawbacks in recruitment of participants through similar media.

Her description of adolescent development had a remarkable resemblance to the PCDAIF concept from the literature review, particularly in relation to physical, cognitive and autonomy formation. This was discussed under maternal knowledge. Furthermore, she also discussed the asynchrony described in the concept, which typically causes more mother-child conflicts. The data augmented the face validity of the concept.
**Introduction**

BL was born in London to Jamaican parents. Her biological father was separated from her mother when she was young, subsequently her mother, a teacher, was remarried. She has three siblings in total. According to her, she was raised with stringent Pentecostal values.

She was a single-mother with an only child; an 11 year old daughter. Her ex-partner also hailed from a Jamaican heritage. Her daughter was in the process of transferring to a secondary school, where she was expected to commute alone, far from her house. BL lived on a council estate with her daughter and worked part-time, she was engaged in a project for young children in a non-profit organisation.

**Confirmatory Analysis**

1) **Notion of an ideal child**

BL had a clearly defined notion of an ideal child, that he or she must have a good network of family and friends with a healthy social network:

> I think an ideal teenage child would be happy at times I think. Maybe finding and navigating friendships and relationships a bit difficult, but overall having good networks of friends and family around them. They're not isolated or they don't isolate themselves, and I would just say involved in things, whether in community life, and-- yeah, and also having a sense of who they are. And yeah-- no, that's it. Just having a good sense of who they are and confidence, if they can.

This notion originated from:

a) her self-reflection of what was missing in her adolescence,

b) observational knowledge,

c) reflections on her daughter's behaviours.
As an adolescent BL was isolated from her peers, and did not have a healthy network of friends. Her life orbited around fellow members of her Pentecostal church.

I can remember attending church every Wednesday, Friday, and Sunday, and very long services. And that was our family. I did everything with those people. It was like that was our core group as I said. And yeah, that was it. That was our lifestyle.

She recalled that her mother prevented her from having a social network of her choice. BL believed that isolation from social networks makes a child prone to mental health conditions during their post-adolescent lifespan. Her idea that the ideal children must have a healthy network of friends and family can be seen against the backdrop of her self-reflections of her adolescence that was overshadowed with isolation. At the end of the interview, she wholeheartedly admitted that her notion of an ideal child was formed as the result of her belief in what was missing from her own adolescence. This belief was moderated by her self-reflection, which will be elaborated under the self-reflection section.

Me: So it was safe to say, what you were missing from your teenage child is-- that becomes part of your notion of an ideal child?


BL has been working with adolescent children engaged in various projects. She also indicated that to some degree this notion of an ideal child was formed due to her observation of these children: “realization that they’re going home or they’re going back to no one to express these ideas to, or having difficulty communicating in their own settings.” The insights she gained from these observations were parallel to her self-reflections of her own adolescence, that she did not have anybody in her home-environment to express her ideas freely.

Her reflections that her daughter was constantly unhappy made her feel uncomfortable. For example, she said, “sometimes I think you can get really wrapped up in the guilt trip of wanting to keep your kids happy all the time, and that’s not my responsibility necessarily solely.” Self-reflection of these behaviours enabled her to form a notion that ideally children should be “happy at times.” Similarly she perceived her daughter lacks inward confidence that was unexpected from her: “I think inside, she needs a little more support
with just feeling safe, feeling confident about things, and I think those are the holes that I wasn’t expecting.” The self-reflections of this had created a notion that ideally children should be “confident.”

2) **Expectations of Compliance**

Portions of her views of compliance were that her daughter must “understand” what was being asked of her. This view can be seen against her backdrop of self-reflections that her daughter did not understand what was being asked of her:

I do think sometimes she has a lot of responsibility. Again, that’s the thing. I think I say it to her, and I’ve found myself saying is “You’re 11 now. Come on, you should be doing this. And I need to do this, so you need to do that,” and I’m actually like, “That’s probably not your job, and it’s just been put on you because there isn’t someone else here.

The disparity between her views of compliance that her daughter must “understand” what was being asked and imposing demands, such as “You’re 11 now… you should be doing this,” exemplify her mixed parenting style of authoritative and authoritarian respectively.

Her self-reflections of the effect of authoritarian aspects of mixed parenting, highlighted the fact that her daughter’s expectations of compliance must be switched to ‘authoritative,’ in order to achieve the ‘confident’ and ‘knowing who they are’ aspects of the standard of the ideal child:

I feel like some of the compliance thing makes you very fixed in your mind-set. And I just find that really restricting...And if I’m going around just telling her, “It needs to be like this,” I just think when she comes to having to make decisions and choices, she won’t know what to do because she’s waiting for someone just to tell her, and she has to comply.

There was other evidence that her expectations were influenced by the standard of an ideal child. For example, she stated the ideal child should be “happy at times.” Accordingly one of her expectations was that she should be ‘happy’: “sometimes I think you can get really wrapped up in the guilt trip of wanting to keep your kids happy all the time, and that’s not my responsibility necessarily solely.”

Her expectations of compliance were derived from the idea of the ideal standard. The degree of these expectations, however, was moderated according to these factors: single
parent, maternal anxiety, transgenerational, maternal, and observational knowledge. The effects of these factors on expectations were discussed under the appropriate themes.

3) **Transgenerational Knowledge**

She acquired matriarchal values from her mother:

> There’s a statement that always sticks in my head for my mom. Where she used to say sort of, “Two women can’t rule one house [laughter]. And we were brought up, it’s very matriarchal, where my mom kind of is the head of the family, head of the household, and everything she does is kind of what she says goes and that’s it.

The fact that she emphasised that it “always sticks in my head” may be seen against the backdrop of her current household composed of two females. This overshadowed the inherited authoritarian aspect of the mixed parenting style. This also elevated the expectations of degree of compliance from her daughter. I asked BL if any expectations were acquired from her mother. She responded:

> I did. Yeah, I would say so, and I just feel like it’s about to trying to take you off. And it comes out in ways and places that I really don’t like sometimes. And I’ve find a sound in the past I was probably just repeating my mom had told us growing up, and it’s taken a lot effort to just take a deep breath and go.

As an adolescent she recalled: “I just remember this *big kind of thing* [italics added] about a sleepover, and it was just the norm to what my other friends were doing.” Now BL has the same expectations from her daughter, where she firmly expected her daughter to clean the house before a sleepover.

> We’ve got a *big thing* [italics added] around maintaining the bedroom and she forever wants to invite people over. And we’ve got this—I don’t mind, you can have whoever you want over; just obviously you’re going to clean your bedroom.

She admitted that her expectations were inherited from her mother to some extent. The transgenerational knowledge had the hallmark of raising her degree of expectation of compliance.
4) **Parenting Style**

BL was raised under an authoritarian parenting style when she was an adolescent:

> I felt that, growing up, there wasn’t much space for you to manoeuvre. If my mom said something that was how it was. And so I found that very challenging not having any sort of room to express myself or be myself.

She also acquired the similar parenting style that is currently characterised by domination:

> The idea that she comes straight home from school. There’s not a negotiation on that. I don’t want to hear that she’s been to the park, or just not for so and so, or decided to go and get something to eat, or been somewhere else.

High expectations, with ‘no negotiation’ strategy were the features of an authoritarian parenting style that she practiced with her daughter. However, she admitted this type of inherited parenting style was too “stressful,” suggesting that she perceived her daughter’s compliance as problematic or unsatisfactory. Due to this self-reflection, she occasionally switched to authoritative parenting which involved some ‘flexibility.’

> For instance, small things like she wants to watch her TV show first before she does here homework. I would prefer the homework to be done first, but either way, she’s going to do both things. As long as she gets the two done in a set time frame, however way she decides to do that, I’m okay with that. I’m a bit more flexible now [laughter].

Her parenting style had characteristics of mixed style of parenting as shown in figure 25 below, corresponding to Appendix H.
Fig 25: Illustration of BL’s mixed parenting style.
5) **Maternal Knowledge**

She was unable to explain the milestones and development of child development. She, however, explained child development based on her current expectations from her daughter:

She’s expected to do quite a lot of things differently because she’s now 11. Whether she’s mentally ready for that or able to do those things, sometimes that’s the bit where I find it’s really hard because the *expectation is there* [italics added], “You’re 11. Come on now, you should be doing this.” I realize age doesn’t even know how to do some of the things I’m asking her to do.

Inadequate maternal knowledge generated inappropriate expectations of compliance from her daughter. This had raised her expectations of compliance.

6) **Observational Knowledge**

The observational knowledge was gained through observation and discussion from others that affected her: notion of an ideal child, expectations, and maternal knowledge.

BL’s experience in working with adolescents, and experiences with her engagement with her own adolescent siblings were the major source of her observational knowledge. Her notion of an ideal child was being able to have a healthy network of friends and family, was derivative of such observational knowledge.

I mean I’ve got teenage siblings, I’ve worked with teenagers, and I think just sometimes the thing that comes up again and again in their difficulty progressing and getting on in life is that when they go away from [activity]...they’ve had a great day, and then the realization that they’re going home or they’re going back to no one to express these ideas to, or having difficulty communicating in their own settings is when the sort of issues lie and it all kind of falls down on the work that we’ve done.

The knowledge she gained through her observation, created certain expectations of compliance for her daughter. However, her daughter did not have the capacity to perform those tasks: “I can understand as an 11-year-old, even though she’s 11 and her friend’s coming home and she should be confident.” She expected her daughter to follow her peers’ level of performance; when this was unmet, BL perceived those behaviours as inadequate.
There’s a lot of comparison as well and just the other children around in my life. Sometimes I look back at when my brother was that age and what could he do, and “Is she doing that?” And if she’s not doing that, “Why not, and do we have a problem?”

She agreed that these expectations were imposed on her, even though she may not have the capacity to do those tasks. The observational knowledge, therefore, elevated her expectations of compliance for her daughter.

7) **Socio-economic Status (SES)**

She had an undergraduate degree, and lived in social housing with her daughter. She indicated that she worked part-time, but did not receive any financial support from her estranged partner. She pointed out that in the previous year she was in receipt of government benefits geared to her income. I am unsure whether she was partially in receipt of such benefits. Based on this information, underutilised qualification, and process of elimination, she was assessed as low SES.

From the resources’ point of view, her low SES was somewhat an obstacle for her daughter to meet BL’s aspiration of an ideal child and expectations. For example she stated: “Would I do anything differently having more money? I think other than she would have access to more extracurricular activities that may then lead to new friendships, new networks.” This illustrated that her limited financial resources was a barrier, in her desire for her daughter to acquire the characteristics of an ideal child – to have a healthy network of friends.

8) **Maternal Anxiety**

She expressed the view that being a single mother brought about some degree of anxiety.

I think again there is this thing about parenting where I find, personally, there is a lot of guilt, a lot of anxiety about doing certain things. And for me, as a single parent, I just think there’s a lot of things you worry about.

Due to this anxiety, BL said she often concerned about whether her parenting was proper or if she was doing anything wrong. This in turn resulted in enforcing certain expectations on her daughter, regardless of her capability.

Sometimes I look back at when my brother was that age and what could he do, and “Is she doing that?” And if she’s not doing that, “Why not, and do we have a
problem?” Again, you start to think about, “Are they developing all right? Are they confident?” I think there’s a lot of other emotional issues you start to consider when don’t see what you expect for certain stages.

The maternal anxiety elevated her expectations and resulted in viewing her daughter’s degree of compliance as more problematic.

9) **Self-reflective Knowledge**

The self-reflective knowledge affected her notion of an ideal child, parenting style, and expectations.

She desolately recalled her experience with the church, as an adolescent, which was also the cause of her isolation from her peers. She spent her spare time attending church services and lessons, and socialising with fellow members of the church, as expected by her mother. This had resulted in her isolation and she felt restricted in many ways.

So I remember being very, I would say, quiet in my teenage years. Not really doing very much in a way because just lots of restrictions, so no boyfriends... I think very restrictive now when I look back on what some of my friends would maybe do. Quite restricted.

Growing up in this restricted environment was likely to affect children’s mental health as adults. During her post interview discussion, she conversed that her brother was suffering from mental health issues and blamed the restricted environment for her brother’s ill-health. The restrictions also directly impacted BL.

I’ve not done anything for myself this whole time. I’ve had all these restrictions everywhere. Now, what do I do?” And then, for me, I just think, “Isn’t that where they then start mixing with the wrong crowds, rebelling, or whatever you want to call...”

Her self-reflections, based on her experience, made her realise the impact of restricted development and importance of having a ‘good network of friends’ and not being ‘isolated.’ Subsequently these two values became part of her core standard for an ideal child. She concurred with this interpretation during the post interview discussion.

Her mother was authoritarian and BL learnt this type of parenting from her mother. She also admitted that her authoritarian parenting was susceptible to stress and harmful to the
mother-child relationship. This realisation prompted her to deviate from this authoritarian parenting to some degree. She provided numerous examples where she negotiated some of her expectations with her daughter, when she perceived those expectations were not so crucial. As a result, she had a mixture of authoritarian and authoritative interaction with her daughter.

I think, to me, I feel like some of the compliance thing makes you very fixed in your mind-set. And I just find that really restricting. Because life isn’t like that, and there’s going to be times when you just need to compromise. You might need to negotiate. And if I’m going around just telling her, “It needs to be like this,” I just think when she comes to having to make decisions and choices, she won’t know what to do because she’s waiting for someone just to tell her, and she has to comply. And if she doesn’t, what happens?... it’s the time to let them kind of find these things and explore a little bit and have a little freedom with you there to kind of say, “Okay, let’s see what this is going to do,” and negotiate with them than just drop that bomb on them like 16 or 18 [and tell them that you are on your own now].

10) Perception of severity of compliance

She perceived her daughter’s degree of compliance as very challenging and problematic:

I see just this side of her that I’m just like “Whoa, what is this?” And as I said, that mainly is around—some of it’s maturity level, I guess, where she just seems like she’s got the maturity level of a three-year-old. And I’m doing things for her, that I’m like, “Come on, you should be coping with this activity or this thing okay by now,”

Additional expectations were imposed on her daughter, due to her being a single mother, observational knowledge, poor maternal knowledge and maternal anxiety; despite her daughter not having the capacity or maturity to perform those additional duties. For example, “you are 11 and you should be doing this by now.”

When she was unable to perform these additional expectations, they were perceived to be problematic. In one example, BL pointed out that her daughter began to telephone her mother often, as soon as she arrived home from school. BL was very distressed by this ‘problematic behaviour.’ She stated “I just think at one point I was a bit angry because I was like, ‘Why is she doing this? What is this new thing now that she’s decided that she has to be called in at these times?’” In this case her expectations of compliance were that her
daughter should come home alone and be confident and independent. However, due to her maturity her daughter was unable to be alone at home and was very scared.

BL expected her daughter to be more confident (corresponding to notion of an ideal child) but she perceived her to be lacking in confidence. This incongruity caused conflicts between them.

11) **Religio-culture**

BL was born to Jamaican parents in London. Having been raised in London, she said “I feel very Jamaican and British at the same time.”

The religio-culture *per se* did not have any impact on the MPCAM. The values of religio-culture had an impact through her transgenerational knowledge. She pointed out “the cultural thing is that you don’t invite people to a dirty home. That was how we were brought up.” She inherited this value from her parents. BL’s view was that it is pivotal that the house should be clean, if there was going to be a sleepover. If her daughter did not tidy the house in a timely manner for the sleepover, it was perceived as noncompliance.

12) **Academic Knowledge**

The data did not support the notion that academic knowledge contributed to the MPCAM.

13) **External Attribution**

Since external attribution was an emergent theme in AL, I included it in subsequent confirmatory analysis. There was one example of external attribution to her daughter’s expectation of degree of compliance: “find the blame with her dad, sometimes a lot [laughter]. But taking charge of that, and saying that ”Actually, it's not the end of the world. Some of these things can be resolved.”
Even though there was limited information to this theme, it was important, as this played a role in the mediating mechanism. Therefore, I included this theme in the confirmatory analysis.

**Exploratory Analysis**

1) **Single Mother**

This theme emerged during the exploratory analysis. This referred to the effect of her being a single mother on the MPCAM. As a result of being a single mother, BL had to bear additional responsibilities. This inevitably had an impact on her daughter.

As a single parent, I’m being put into predicaments that I don’t know if I necessarily would if I was coming from that like—if there was a partner at home were we could negotiate times to get home on different days and meet her and things like that. I don’t really have that option...she just needed to get on with because you need to be able to be at home. So she was given that—thrust that responsibility whether she liked it or not, whether she was capable or not, she just had to do it because I needed to be at work and she needed to go home. So, that’s where we ended up

Duties sometimes shared between parents were imposed on her daughter because she was a single- mother. These themes had dual effects:

a) Enhanced maternal anxiety,

b) Elevated expectations of compliance.
Themes to Theory

The academic knowledge and religio-culture were irrelevant to the MPCAM in the confirmatory analysis. The exploratory analysis identified ‘single mother’ as an emergent theme that raised the degree of expectations of compliance.

As an adolescent, BL spent most of her time socialising with fellow members of the church and her mother encouraged the formation of a social network with them. Consequently her social network outside of church members was limited. Attempts made by BL to expand her social network outside the members of the church had often resulted in disapproval. Recalling her adolescence, she felt her life was “limited.”

The impact of isolation from an age-appropriate social web outside her family together with authoritarian parenting had a significant impact on her as an adult. She self-reflect ed that the restrictive environment was unhealthy, and made her prone to mental health conditions. She reflected about other children at a community project where she worked. She viewed children going home from the environment where they had a healthy social network of friends as ‘restrictive.’ She resented that idea, which was due to a mixture of observational and self-reflective knowledge. Due to this self-reflection she formed an idea that ideally children should have a ‘good network of friends’ involved in community, not isolated. Any limitation on social networks during adolescence was likely to restrict one’s identity formation. Her idea that an ideal child should have a “sense of who they are” was consistent with her emphasis on a sensible social network. These characteristics were a fragment of her notion of an ideal child.

She realised that having an inadequate social network has robbed her of happiness and confidence during her adolescence. She wished that her daughter would always be happy and confident, but she perceived that her daughter as not always happy and not confident. These self-reflections also generated a standard that transpires to features of an ideal child, i.e. he or she should be happy and confident. Overall, her notion of an adolescent was derivative of her reflections of what was missing in her adolescence and realising that her daughter should also not go through what was missing in her adolescence. These self-
realisations had created a notion that ideal adolescents should have those personalities. Also observational knowledge had a minor contribution to this notion.

The standard she set for an ideal child contributed to her expectations of compliance. One of her notions of an ideal child was that she must be confident. Congruently, she expected that her daughter should be confident. The behaviours correspond to exhibiting confidence, were manifested as compliance. For example, one of the expectations of compliance was that her daughter should come home alone to an empty house from school, and wait until BL returns from work. These behaviours corresponded to being ‘confident,’ according to BL. Her daughter, however, was scared to be at home and repeatedly telephoned her mother. She viewed these behaviours as very problematic and noncompliant. This illustrated that her expectations of compliance had origins in her notion of an ideal child.

Another fragment of her notion of an ideal child was ‘being happy,’ a ‘good network of friends,’ and ‘not being isolated.’ Accordingly, her expectations for her daughter were that she should be ‘happy’ and surrounded by a good network of friends. For example, she stated, “sometimes I think you can get really wrapped up in the guilt trip of wanting to keep your kids happy all the time, and that’s not my responsibility necessarily solely.” She expected her to be ‘happy.’ One cannot instruct their daughter to be happy. She viewed the behaviours associated with being happy as compliance. For example, making the right choices, such as choosing the right friends were viewed behaviours associated with compliance. However, mixing with the wrong crowd was frowned upon. For example, when I asked her how making the right choices makes you feel, she responded: “It's nice and positive because then she's happy and she's in that ideal space where she's just like floating along with her friends.” Being happy and ‘floating with friends’ were her notions of an ideal child. This also illustrated that her notion of an ideal child contributed to expectations of compliance.

The ‘degree’ of this expectation of compliance, however, was affected by her single motherhood, maternal anxiety, transgenerational, maternal and observational knowledge.

She admitted that her daughter had additional responsibilities imposed that were typically shared by the other parent. For instance she pointed out “I do think sometimes she has a
lot of responsibility.” These responsibilities can be expectations of compliance, where she demanded her daughter to do something, regardless of whether she had the capacity to do what was requested: “I’ve found myself saying is “You’re 11 now, come on, you should be doing this.”” The degree of expectations of compliance was higher due to her being a single mother.

She admitted that she has lots of anxiety about her daughter’s development. According to her, this was triggered by being a single mother. However, the data also shows, when comparing her daughter with other children through observational knowledge, also elicited this anxiety: “I look back at when my brother was that age and what could he do, and “Is she doing that?” And if she’s not doing that, “Why not, and do we have a problem?”” This maternal anxiety in turn resulted in having rigid, persistent and higher degrees of expectations from her daughter.

As an adolescent she regularly attended church services and classes that advocated obedience and respect to parents. Her mother strictly implemented the church’s teachings at home to an extreme level, such as no birthday parties and no TV. These teachings complemented the authoritarian parenting style in her household, so BL was hesitant to resist her mother’s authoritarianism. She only realised as an adult that her adolescence was atypical, relative to her peers. She stated that her mother had said when she was an adolescent: "Two women can’t rule one house." That statement was still “stuck on her head” where she lived with another woman, her daughter. She learnt the matriarchal values and authoritarianism from her mother. She admitted that some of those values were derived from her mother. The authoritarianism she inherited from transgenerational knowledge contributed to an elevated degree of expectation of compliance.

She did not gain meaningful maternal knowledge about adolescence ‘prior’ to her daughter becoming an adolescent. Based on the experience with her daughter, she had gained some ‘ongoing’ insights into what might be possible expectations for her daughter. The effect on the MPCAM was not from maternal knowledge per se, but from the fact she had limited maternal knowledge. She had unrealistic expectations of her daughter, regardless of whether she had the capacity to perform the requested tasks. In response to my question, ‘before your daughter became an adolescent, what did you expect from her:
I think that, firstly, would just be this instant level of responsibility that they just assume this role of being more responsible. They just all of a sudden can cope with so much more. And I think that’s not the case.

Due to insufficient maternal knowledge, she did not appraise her daughter’s behaviours accordingly. Instead, she maintained a higher degree of expectation from her.

The insufficient maternal knowledge, also to some extent, contributed to over reliance on observational knowledge, even though that was inappropriate. As explained in this section, she compared her daughter to other children’s behaviours and was seriously concerned whether her daughter was performing age-appropriate tasks.

In summary, single mother, maternal anxiety, transgenerational, (lack of) maternal, and observational knowledge had elevated her degree of expectation of compliance from her daughter. The higher degree of expectation of compliance had resulted in her perception of her daughter’s actual degree of compliance as challenging, problematic and severe: “I feel like that expectation thing is really stressful.” It was so stressful, she added, “I think it’s a daily task of trying to bear certain things in mind and not overreact.” In another example she found her perception of her degree of compliance so problematic: “Sometimes it makes you feel like you’re not doing very well as a parent.” She was shocked with her perception of her daughter’s substandard degree of compliance, as “Whoa, what is this?”

The perception of her compliance as problematic was due to her higher degree of expectation, as her daughter did not meet her high standards of expectation.

In BL’s case, there was a massive disparity between evaluative-descriptive and descriptive cognitions, representing expectations and perception respectively. The proposed MPCAM predicted when there was more disparity; mothers tend to perceive the degree of compliance as more challenging and or problematic. Consistent with the hypothesis, BL perceived her daughter’s degree of compliance as very challenging and problematic.

She should be coping with this fine. She know she’s going to be going to a secondary school far away, she’s going to be alone all the time, she should get this by now.” And actually talking to her, realizing that my expectations and what is maybe going on for her aren’t the same things, and having to understand where she’s at and actually at, not what I expect for her age and for what she should be doing, and kind of where we need to be at for her to make that confident transition later on.
She was very concerned about the disparity between her expectations of compliance and her daughter’s behaviours. The disparity had been addressed somewhat through a mediating mechanism, as explained in the next section.

**Mediating Mechanism**

She maintained a high degree of expectation from her, despite admitting that her daughter was not meeting her expectations: “I don’t think I lower it [expectation].” She, however, mediated the differences between her expectations and perception through:

a) mixed parenting style, which in turn was facilitated by her self-reflective knowledge,
b) SES, and
c) external attribution.

Her self-reflection indicated that her parenting approach was a facilitator in her perception of her behaviour as problematic: “I’ve just found that trying to squeeze kids into that box, and especially my daughter into that box, it gives me more problems than when I try to just get some ideas from her.” She reflected that her authoritarian aspect of the parenting style was “not worth the stress.”

This self-reflection allowed her to switch to an authoritative style of parenting (based on negotiation) when she deemed it appropriate: “it’s the time to let them kind of find these things and explore a little bit and have a little freedom with you there to kind of say, “Okay, let’s see what this is going to do, and negotiate with them.” The authoritative parenting style allowed her to perceive her daughter’s degree of compliance as less problematic. This was done by mediating her perception, with her expectations and her notion of an ideal child.

I was like, actually, [daughter] being able to express what [daughter] want to wear is not a bad thing. And my expectation I want [daughter] matching clothes or to look a perfect little girl in the pink dress and whatever else doesn’t work, because [daughter] aren't happy. So, let's negotiate that a bit better
Her insistence on wearing matching clothes can be seen as high degree of expectation of compliance. As a result of switching to negotiation-based, authoritative parenting style, she was ‘happy.’ This was consistent with the hypothesis of the MPCAM, that when expectations and perception converge, mothers tend to perceive the degree of compliance as less problematic. In this example, it was less problematic to the extent she was ‘happy.’

Small things like she wants to watch her TV show first before she does her homework. I would prefer the homework to be done first, but either way, she’s going to do both things. As long as she gets the two done in a set timeframe, however way she decides to do that, I’m okay with that. I’m a bit more flexible now.

In this example, the flexibility she provided to her daughter in performing a task characterised by authoritative parenting allowed her to perceive her daughter’s behaviours as less problematic.

In another example, she pointed out that she perceived her daughter’s degree of compliance as “much better”: “yeah, much better. Much better that we’d discussed something and we'd come to an agreement that worked for her and made her feel better.”

The authoritative aspect of mixed parenting also facilitated her to nurture her daughter to gain the qualities of an ideal child. One of the aspects of an ideal chid was that she should be confident. The warmth/responsive orthogonal factor of authoritative parenting was likely to bring about confidence in her daughter: “She displays a lot of outward confidence, I think, and she’s very articulate. But I think inside, she needs a little more support with just feeling safe, feeling confident about things.” Realisation that she needed a little bit more support was due to ‘responsive’ orthogonal factor of authoritative parenting style.

In authoritative parenting, a child had to negotiate things and make choices, rather than following demands from mothers. She pointed out that her daughter making appropriate choices made her daughter ‘happy’ and connected her with right social network: “It’s nice and positive because then she’s happy and she’s in that ideal space where she’s just like floating along with her friends.” The authoritative type of parenting could be seen as nurturing her daughter to gain characteristics of an ideal child – happy, and networking with friends.

She provided another example, where flexibility in her parenting characterised by authoritative parenting, made her daughter happy: “my expectation is that I want you to
be in a pink dress.” If she’s in a dress and she’s happy with wearing trainers with it—like there’s just some things I feel like, are they worth the... stress.” This also can be seen as nurturing her child to have the characteristics of an ideal child – being happy.

BL did not have sufficient financial resources. Nevertheless, she claimed that if she had enough resources:

Would I do anything differently having more money? I think other than she would have access to more extracurricular activities that may then lead to new friendships, new networks, that would be it. Because one of the things that since I've changed my position has been-- she was attending a drama academy on weekends, music lessons, so those things have ceased due to finances, and those were where she made most of her friends over the last couple of years, so I think that would be just encouraging her pursuits, anything she's interested in she should be given access.

A healthy network of friends and not being isolated from others were her core characteristics of an ideal child. She pointed that due to her insufficient resources she was unable to provide that opportunity for her daughter, and potential resources would provide those opportunities. Therefore, SES had the potential to narrow the difference between her notion of evaluative-descriptive and descriptive cognitions.

There was limited evidence of the existence of an external style of attribution, where she blamed her daughter’s unsatisfactory degree of compliance on a third party. There was a sensation that this external attribution allowed her to perceive the degree of compliance as less problematic. Such perception also allowed the convergence of the gap between the two cognitions.

In summary the disparity between evaluative-descriptive and descriptive cognitions were mediated through switching to authoritative parenting style, SES, and external attribution. Figure 26 illustrates BL’s MPCAM.
Knowledge
Observational and self-reflective

Notion of ideal child (EDC)

Expectations of Compliance (EDC)

Perception of severity of compliance (DC)

Transgenerational Knowledge

Observational Knowledge

Maternal Anxiety

Single-Parent

Maternal Knowledge

Parenting Style (authoritarian → authoritative)

Mediating Mechanism

External Attribution

SES

Transgenerational & self-reflective Knowledge
Fig 26: The figure on the previous page illustrates BL’s MPCAM. The highlighted sections represent aspects of the original model.

**Reflections**

After each analysis, I reflected on whether a particular probing was necessary in subsequent data collection. I modified BL’s interview schedule to include two probing questions. The first one was to include a question to reflect the discrepancy between evaluative-descriptive and descriptive cognitions and the effect of those discrepancies. For example, I asked her ‘how did you feel when your daughter was meeting or not meeting your expectations.’ The new schedule enabled me to make ‘concrete’ conclusions on the mother’s perception of severity of compliance; with the previous participants these questions were not included, therefore I was unable to make any ‘concrete’ conclusions.

Secondly, I found in AL’s case that I was unable to extrapolate the significance of SES in her data. I was unsure whether it was due to SES being insignificant or whether it was due to low SES, so the significance could not be extrapolated without appropriate probing. Therefore, I added a question to this low SES participant (BL) that ‘if you had lots of money, would you do anything different.’ This question enabled me to highlight the importance of SES in the mediating mechanism as discussed above. The amendment to the subsequent probing strategy, based on the reflections, in the series of case analyses, enabled me to make the instrument robust.

In my pilot of the focus group, I identified leading questions and potential remedies to minimise a repetition of the same error in the interview phase. Unfortunately, I asked a leading question to BL:

BL: Sometimes it makes you feel like you're not doing very well as a parent, that you haven't done certain things, and you think, "Did you miss something?" Then, I think-

Me: Trying to blame yourself?

BL: Sorry?

Me: Trying to blame yourself?
BL: Yeah, I think-- yeah, it can do, or other people sometimes. Find the blame with her dad, sometimes a lot [laughter].

When I first asked the leading question, I realised it was leading so immediately I started to mumble, so she would not hear the question. This resulted in her asking me to repeat the question and I repeated it hesitantly. As a human, I made this error; as a researcher, I felt it was important for me to reflect that it was a leading question and whether it would jeopardise the trustworthiness of the data. Fortunately, I believe BL was not affected by the leading question, as she had changed her response to what she naturally intended to say. Therefore, I do not believe this error led to any compromise in trustworthiness of the data.
Post single-case analysis reflections
AH was the first case analysed; in her case academic, self-reflective, and observational knowledge were emergent themes in the explorative component of the thematic analysis. In the subsequent cases, I used these themes as part of confirmatory (deductive) analysis. Simultaneously, I searched for new themes through exploratory analysis (inductive) in subsequent cases. Since I comprehensively identified the emergent themes that were relevant to the MPCAM in each case, fewer and fewer themes were found in subsequent exploratory analysis. In the case of AL, ‘external attribution’ was identified as a new emergent theme and this became part of confirmatory analysis in subsequent cases. This theme was only subsequently identified in BL. In case of BL (the only single mother among the sample), a ‘single mother’ was identified as a new emergent theme. Religio-culture was not identified in any of the participants in the confirmatory analysis. The ‘values’ associated with the religio-culture, however, were identified in various types of knowledge.

WM was the first person I collected data from. SES was a contributing factor to the MPCAM among all mothers except in: WM, and AL. I reflected on each interview and modified the probing questions in subsequent cases to extrapolate comprehensive data about the MPCAM. Therefore, each subsequent interview yielded rigorous data. Accordingly, I decided to probe SES in subsequent cases, after WM. However, in the fourth case, AL, I was unable to extrapolate the significance of SES. This was possibly due to ‘lack of financial resources’ being associated with lows SES or her limited ability to communicate in English. Subsequently, I further modified the probing questions to include question about ‘potential’ resources in the subsequent low SES participant. For example, I asked BL, “if you had enough financial resources, would that have an effect in any way?” This strategy enabled me to find the significance of SES to the model in BL. In my reflections, limited probing strategies in WM, and AL hindered my identification of the effect of SES. If these two participants were appropriately probed, it was likely that I would have identified the significance of SES.

Prior to cross-case analysis, I compared and contrasted the MPCAM diagrams of single cases to identify any patterns and irregularities. I posted each participant’s MPCAM diagram on the wall with Blue Tack®. I observed and reflected on those collage of MPCAM over a week, and I discussed the findings with others.
This process resulted in identification of minor irregularities, and most of them were related to errors in creating the MPCAM diagrams, such as arrows in the wrong direction, spelling errors, and inadvertently missing a variable, etc. These errors were checked with appropriate sections and rectified. One notable irregularity was that there was no mediating mechanism in AH. I will address that in this section.

**AH’s Mediating Mechanism**

Mediating mechanism is a concept I constructed to demonstrate the convergence of evaluative-descriptive and descriptive cognitions in the single-cases analyses. Chronologically AH was the case that were analysed first; the mediating mechanism was not illustrated in her case.

At the time of the first case, AH’s analysis, I was unable to see ‘very clearly’ how the themes were constructed, in relation to the MPCAM. I got a sense from her data that she rationalised some of his behaviours that were sub-standard to her expectations, which led to her perceiving those behaviours as somewhat acceptable. For example, in her self-reflective knowledge theme, it was demonstrated that when she was an adolescent, access to technology was limited; but she was fascinated by pop culture. Therefore, she was able to justify her son’s obsession with music through her reflections. This allowed her to perceive that this particular behaviour, in this instance, as somewhat acceptable. In essence her self-reflective knowledge functioned here as a mediating mechanism between her expectations and perception.

AH had a profound maternal knowledge. She stated that during adolescence their brains go through special development and they require more sleep.

> The fact that they need to sleep more-- they actually need to sleep more. So a lot of parents who, "Oh, they're sleeping all the time, or they're--" I used to say that's good because they need it, because their brain's developing.
Due to this abnormal behaviour, she believed “teenagers are terribly misunderstood.” The maternal knowledge also enabled her to justify some of his behaviours, this was predominantly derivative of academic knowledge.

Her self-reflective, maternal and academic knowledge was part of the mediating mechanism between evaluative-descriptive and descriptive cognitions. Accordingly, I modified AH’s MPCAM as illustrated in Appendix I.

The fact that I was unable to conceptualise the existence of a mediating mechanism at the commencement of a series single-cases analyses, did not mean such a mechanism did not exist at that time. In the second case analysis, WM, it became clearer that her erratic parenting style attempted to mediate the convergence between expectations and her perception.

The optometrists examine our eyes through ‘optometry examination equipment’ by inserting various lenses. As the examination progress, he or she places clearer lenses and vision improves. This analogy can be used to explain how I came to see the data clearer through subsequent analysis.
Cross-case Analysis
In the single-cases analyses I built a foundation for each case, which illustrated idiosyncrasy, as related to the MPCAM. For instance, I described the context and the rationale behind WM’s and BL’s bewildered parenting styles. These idiosyncratic descriptions are essential to build a context and a rich foundation for the cross-case analysis; these are essential in qualitative research to enhance rigour and trustworthiness.

The exploration of single-cases provided limited information. A cross-case analysis, where the single-cases are consolidated for a specific purpose, such as exploration of a model, provides new knowledge (Khan & VanWynsberghe, 2008). The main objective of the thesis was to explore the MPCAM. The single-cases analyses provided the foundation for the exploration of the MPCAM. The objective of this cross-case analysis was to produce new knowledge i.e. identify a pattern across the single-cases, if possible. This was accomplished with the amalgamation of individual factors that were identified in the single-cases analyses, which affected the MPCAM.

The analysis of ‘cases’ by comparing and contrasting does not emphasise the variables (i.e. parenting style, or types of knowledge etc.) to be explored in the MPCAM. Since the objective of the thesis was to explore the MPCAM, the variables identified in the proposed MPCAM and the data should be the focus of the investigation, rather than the individual cases.

A ‘case-oriented’ cross-case analysis involves comparing the ascertained variables between each of the cases (Khan & VanWynsberghe, 2008; Sandelowski, Docherty, & Emden, 1997). In this type of cross-case analysis, each mother’s MPCAM would be compared and contrasted to explore why the participants differ in the MPCAM and an attempt will be made to generalise the participants. Theoretically this approach may partially answer the research questions but does not allow comprehensive exploration of the variables (i.e. SES and parenting styles), as it relates to the MPCAM.

The alternative approach to cross-case analysis is ‘variable-oriented.’ In this tactic, the ‘variables’ take the centre stage. The analysis is directed towards exploration of the ‘variables’ and relatively minor attention is given to the cases (Khan & VanWynsberghe, 2008; Ragin, 1997; Sandelowski et al., 1997). This would entail comparing and contrasting the variables, or the features of the MPCAM, to construct a generalised MPCAM. This
approach is most suitable to achieve the objective of the thesis; therefore the cross-case analysis was carried out with a variable-oriented approach.

The cross-case analysis has two sections. Firstly, exploration of the MPCAM across variables – the primary objective of the thesis. Secondly, I examined maternal views on compliance across cases.

**Variable-Oriented Cross-case Analysis**

Factors contributed to notion of an ideal child in each participant

1) AH – Observational, self-reflective, maternal and academic knowledge
2) AM – Observational, transgenerational and self-reflective knowledge
3) AL – Observational, transgenerational, and Self-reflective knowledge
4) WH – Observational and self-reflective knowledge
5) WM – Transgenerational, and self-reflective knowledge
6) BL – Observational and self-reflective knowledge

The notion of an ideal child was the origin-factor that led to perception of severity of compliance in the originally presented MPCAM in the literature review. Contrary to the hypothesis, it emerged that this notion was actually formed due to various types of knowledge in all participants.

Self-reflective knowledge was a common element among all participants in their formation of the notion of an ideal child. It therefore emerged as a universal factor that affected this notion. In addition to the universal and observational knowledge, only AH and WH had academic and maternal knowledge. This was likely due to the idiosyncrasy of their own development. For example, AH was a well-educated professor, she read various books on adolescence, particularly because her son had a medical condition, which contributed to
her academic and maternal knowledge. She actively self-reflect on others’ development; this knowledge superseded any knowledge she had learnt from her parents, as they conflicted with each other. Therefore, her transgenerational knowledge did not contribute to her notion of an ideal child. In essence, types of knowledge were products of the idiosyncratic development of the respective mothers.

Summary of factors contributing to the notion of an ideal child:

a) Self-reflective knowledge (universal)

b) Observational, maternal, academic and transgenerational knowledge – based on Idiosyncrasy of mothers. This relationship is illustrated in figure 27 below.
Fig 27: Illustration of the relationship between knowledge and notion of an ideal child.

Among all the mothers, expectations of compliance from their children originated from the notion of an ideal child. The expectations of compliance were behaviours associated with achievement of the characteristics of an ideal child. For example, if the notion of an ideal child was to be ‘healthy,’ the behavioural expectations of compliance would correspond to being healthy, such as ‘going to the gym,’ ‘not eat junk food’ etc. Some of expectations were also derived from the notion of an ideal child, but they did not have the characteristics of ‘compliance.’ For example, AH’s fragment of notion of an ideal child was a ‘normal’ child who ‘parties’ little bit. She realised her son did not have a normal development, due to his
medical condition, and did not party. However, she expected him to ‘party’ a little bit. This aspect of expectation was not a matter of compliance, but rather just ‘expectations.’

I would provide some examples from each case to illustrate this relationship:

- **AH** – An ideal would ‘push the boundaries.’ The expectation of compliance was to do well in privately funded distance schooling to get into post-secondary education in transatlantic countries, such as Canada/USA. A child who could not attend regular school in London, due to his medical condition, and attempting to get into top universities in transatlantic countries could be seen as ‘pushing the boundaries.’ AH’s other fragment of a notion of an ideal was to be healthy. Accordingly, she took her son to the USA to get appropriate treatment for his medical condition, as she thought the treatment was unavailable on the NHS. His willingness to co-operate with her to get treatment from the USA would arise as a matter of compliance.

- **AM** – Part of her notion of an ideal child was to be ‘good at everything.’ Accordingly her expectation of compliance was to attend various extra-curricular activities. Another part of an ideal was one who does not need any help and defends themselves. She had a very strict expectation of compliance that her son should use physical force to defend himself. The other aspect of the notion of an ideal child was one who did his homework. Accordingly this was confirmed to be another expectation of compliance. The other notion was that when you look at him you know he is an ideal child. Accordingly one of her expectations of compliance was to have ‘good manners.’

- **AL** – her notion of an ideal child was the child should listen to the parents and inform them about their whereabouts if they go out. Similarly her expectations of compliance were that he should listen to her more, and inform about his whereabouts by telephoning her if he was going to come home late.

- **WH** – Her notion of an ideal child was being sociable and pushing the boundaries. Accordingly her expectations of compliance were that he engages in a social conversation at home, attends private schooling, and engages with home interventions where he can learn sociability. Her expectations of compliance to ‘clean his room,’ ‘come down half way from upstairs to pick up his meal’ can be seen as ‘pushing the boundary’ against the backdrop of his ‘disability.’
• WM – She had a dual notion of an ideal child. One in which children must ‘do as told,’ and the polarised aspect was that they must be ‘independent’ and ‘open minded.’ She said she wanted the notion of an ideal child and the expectations of compliance to “go together.” Accordingly, she had dual expectations of compliance, corresponding to a dual notion of an ideal child.

• BL – A fragment of her notion of an ideal child was being confident. Accordingly her expectations of compliance were for her to come home alone from school and stay at home alone without being scared. Another fragment of ideal child was ‘knowing who they are.’ She admitted that her authoritarian expectations of compliance interfered with the child’s identity formation and realised that degree of expectations of compliance should be modified, so it does not interfere with identity formation. Another bit of an ideal child was to be ‘happy.’ Accordingly, she expected her to be ‘happy,’ behaviours associated with her daughter being happy, such as creating an acceptable environment for a sleepover would be seen as compliance, and choosing right friends. Another sphere for an ideal child was to have a good network of friends. Accordingly, she expects her to have a good network of friends. Behaviours associated with this were a matter of compliance, such as not mixing with the ‘wrong’ type of friends, against her wishes, and choosing the ‘right’ kind of friends.

This evidence and the evidence provided in the single-cases analyses demonstrate that the expectations for their children were originated from the notion of an ideal child. The behaviours associated with those expectations became matters of compliance. This relationship is illustrated in figure 28 below.
Fig 28: Illustration of relationship between the notion of an ideal child and expectations of compliance.
Authoritative parenting and Socioeconomic Status (SES)

The authoritative parenting and the SES were conceptualised as contributing factors to the mediating mechanism in the single-case analyses. The authoritative mothers nurtured their children towards acquisition of characteristics of an ideal child; financial resources facilitated this nurturing. This was thought to mediate the gap between the evaluative-descriptive and descriptive cognitions, which resulted in conceptualising these two factors amongst mediating mechanisms in the single-case analyses.

The cross-examination of cases revealed, that it was conjecture to conceptualise these two factors within the mediating mechanism, because acquisition of characteristics of ideal children does not automatically result in perception of the degree of compliance as less problematic. The mediating mechanism was characterised by perception of degree of compliance as less problematic due to convergence of cognitions. Therefore, these two factors were functionally re-categorised in this cross-case analysis.

In the single-case analyses, the authoritative mothers made an effort to nurture their children to acquire characteristics they associated with an ideal child. The authoritative mothers (characterised by high expectations), through their parenting style, attempted to make their children meet their expectations. The expectations were influenced by their notion of ideal children. The nurturing of children to become ideal children was an attempt to make their children meet expectations. For example, AM, nurtured her son towards what she viewed as the right direction (i.e. ideal): “little step up in the right direction.” Accordingly, the authoritative parenting was re-categorised to illustrate how authoritative mothers nurture children to acquire characteristics of ideal children, to meet their expectations, as shown in figure 29.

The implications of SES were extrapolated on all participants except for WM and AL. As discussed in the ‘post-single case analyses reflections,’ this was due to limited probing strategies used with these participants and AL’s standard of command of English language.

The mothers from high SES (AH and WH) and mid SES (AM) utilised the financial resources towards their children acquiring characteristics of ideal children. In other words, they expected their children to become an ideal child, and financial resources facilitated this.
discrepancy between ideal and expectation. Among parents from low SES (BL), resources were not utilised to achieve their aspiration of their child becoming an ideal child, due to limited financial resources. The financial resources, however, operated as a ‘potential’ factor in mediating the divergence between the ideal and the expectation. For example, BL indicated, if she had sufficient resources she would invest some money in her daughter for extracurricular activities, where her daughter would be able to develop a good network of friends - a fragment of a notion of an ideal child.

As discussed earlier in this section, resources had been utilised to acquire the characteristics of an ideal child. This enabled the mothers to meet their expectations to some degree. For example, AH utilised her resources to pay for international tutors for distance tutoring. This was done to achieve her fragment of notion of ideal child to ‘push boundary,’ to get admission to transatlantic post-secondary educational system, despite his ‘disability.’ Therefore SES facilitated mothers in converging the differences between notion of an ideal child and expectations. Accordingly, SES also was removed from the mediating mechanism and agglomerated into the MPCAM, along with the authoritative parenting style, as shown in figure 29 below.
Fig 2.9: The figure illustrates that authoritative mothers and financial resources associated with SES facilitated the convergence of expectations with their notion of an ideal child.

Knowledge
- Self-reflective (Universal)
- Observational, maternal, academic, and transgenerational knowledge (Based on idiosyncratic history of development of mothers)

Notion of an ideal Child

Expectation of compliance

SES and Authoritative Parenting
Factors affecting the degree of expectation of compliance

The expectations of compliance were derivative of the standard set for an ideal child. However, how much compliance was expected by mothers from their adolescent children was dependent on factors discussed below. In other words, degree of compliance varied, based on the idiosyncrasy of the effect of the following factors.

1) Maternal anxiety - in WM and BL, maternal anxiety was caused by insufficient maternal knowledge being replaced by other types of knowledge such as self-reflective or observational; being a single mother also had contributed to this in BL. Children’s inabilities because of their medical condition caused anxiety in WH and AH. The negative impact of the environment caused this anxiety in AM and AL.

Due to maternal anxiety mothers raised their degree of expectation of compliance in children. For example, WM and BL relied too much on observation of their children’s peers’ abilities, instead of setting expectations geared to the appraisal of their child’s abilities and development. Their expectations of compliance were raised to match their peers, instead of corresponding to their child’s abilities.

2) Single mother - in addition to BL, one mother from the focus group pilot, and the only mother from the interview pilot were single mothers. Single mothers had a higher degree of expectation of compliance in their children. This was due to some of the responsibilities being imposed onto the children, which would be typically shared by the other parent. AM was not a single mother, however, she concurred with this view, based on her experiences.

3) AL was the only mother who practised a permissive parenting style, which was characterised by low expectations and high warmth. Her degree of expectation of compliance was very low, which was consistent with the characteristics of a permissive parenting style (Baumrind et al., 2010).
4) Knowledge - according to the single-cases analyses, various types of knowledge had impacted participants’ expectations of degree of compliance. For example limited maternal knowledge was prone to an increase in degree of expectation of compliance (ex WM and BL). The adequate maternal knowledge, on the other hand, resulted in these expectations being geared to the capabilities of children (e.g. WH). It appears that each mother had a unique relationship between their types of knowledge and expectations of compliance, based on the idiosyncrasy of the individual. All these types of knowledge had two forms of impact on degree of expectations of compliance; they either raised or lowered the expectations of degree of compliance.

In summary, maternal anxiety, single parent and some types of knowledge had an ‘elevating’ effect on the degree of compliance, while permissive parenting style, and some types of knowledge ‘lowered’ the expectations of degree of compliance. The idiosyncratic development of the mother was responsible for the distinct effect of knowledge on expectations of compliance. The effect of these factors on the degree of expectations of compliance is illustrated in figure 30.
This figure illustrates that various factors have elevating and lowering effects on degree of expectation of compliance.

**Knowledge**

- Self-reflective (Universal)
- Observational, maternal, academic, and trans-generational knowledge (Based on idiosyncratic history of development of mothers)

**Notion of an ideal Child**

**Expectation of compliance**

**SES and Authoritative Parenting**

Elevating effect due to maternal anxiety, single-parent, & some types of knowledge

Lowering effect due to, permissive parenting style & some types of knowledge
Dual relationship between expectations and perception

In the single-cases analyses the relationship between expectations of compliance and perception were illustrated as linear: expectations of compliance affected perception of severity of compliance, and vice versa. The effect of degree of expectation of compliance on perception of severity of compliance, was functionally different - to the effect of perception of severity of compliance, on the degree of expectations of compliance. Therefore, this relationship is deconstructed and remodelled in this cross-case analysis.

As explained in the ‘Factors affecting the degree of expectations of compliance’ section, various factors had elevating and lowering effects on the degree of expectation of compliance. An elevating effect on degree of expectation of compliance for certain behaviours resulted in mothers having a higher degree of expectation of compliance for those behaviours. When the mothers had a higher degree of expectation of compliance for a specific behaviour, and if the perception of child’s behaviour did not meet those expectations, mothers perceived that behaviour as problematic or challenging. This relationship was consistent with one of the hypotheses of the MPCAM.

Conversely, certain types of knowledge resulted in lowering the degree of expectation of compliance. When mothers had a lower degree of expectation of compliance, mothers did not perceive the behaviour as relatively problematic or severe. This is also consistent with the hypothesis that perception of severity of compliance is dependent on both convergence and divergence of these two cognitions. The perception of severity of compliance was dependent on the degree of expectation of compliance. Figure 31 illustrates that relationship.
Knowledge

- Self-reflective (Universal)
- Observational, maternal, academic, and trans-generational knowledge (Based on idiosyncratic history of development of mothers)

Notion of an ideal Child

Expectations of compliance

Elevating effect due to maternal anxiety, single-parent, and some types of knowledge

Lowering effect due to permissive parenting style and some types of knowledge

Perception of severity of compliance

SES and Authoritative Parenting
**Fig 31**: This figure illustrates that the perceptron of severity of compliance was based on deviation of expectation of degree of compliance.

**Mediating Mechanism**

The other relationship in the dual relationship between expectations and perception was converging of expectations (evaluative-descriptive) and perception (descriptive) cognitions. This converging relationship was described as ‘mediating mechanism’ in the single-cases analyses. This mechanism was facilitated by some types of knowledge, style of attribution and mixed parenting style.

**The effect of knowledge on the mediating mechanism**

Some types of knowledge rationalised or justified the perception of children’s degree of compliance when it did not meet their expectations. For example, ‘I was doing the same when I was a teenager’ (AM), or ‘it is part of growing up’ (WH). The occasional perception of some behaviour as less problematic or severe narrowed the gap between the cognitions of expectations and perception. In other words, mothers’ perception of the extent of severity of compliance, as deviating from expectations of degree of compliance has been curtailed to some extent.

The types of knowledge that were involved in this mechanism were: self-reflective, academic and maternal knowledge. There was no clear pattern between involvement of this knowledge and other factors. The literature review indicated that maternal knowledge might have a similar effect on perception of severity of compliance. The other types of knowledge, however, were not identified in the literature review but found as emergent themes that had a mediating effect between the cognitions.
The effect of style of attribution on the mediating mechanism

The external style of attribution enabled mothers to allocate responsibility for the unacceptable degree of compliance to a third party. For example, blaming son’s ‘attitude’ on the neighbourhood (AL). This also allowed the mothers to perceive the degree of compliance as less severe or problematic, as the gravity of the causal event had been shifted to an agency outside their children. External attribution also converged with evaluative-descriptive and descriptive cognitions, similar to some types of knowledge mentioned previously.

The external attribution was an emergent theme in only two participants, who were both from low SES background. However, the external attribution was a significant factor that contributed to the mediating mechanism in AL, relative to BL.

The effect of mixed parenting style on the mediating mechanism

WM’s parents practised a mixed parenting style, which she learnt through transgenerational knowledge. In addition, the extent of warmth in her parenting style was bewildering due to her anxiety, and she became more authoritarian at times, which resulted in her son being more compliant. This, in turn, resulted in her perceiving his compliance as less problematic.

BL, on the other hand, inherited an authoritarian parenting style. She found ‘commanding’ her daughter what to do was challenging, as her expectations were unmet through this type of parenting. Sometimes she switched to ‘negotiation’ and ‘flexibility’ type of parenting (authoritative), when she realised it was not the ‘worth the stress.’ This resulted in her daughter meeting her modified expectations of compliance. This also resulted in her perceiving her daughter’s degree of compliance as less challenging or problematic.
The mixed parenting style facilitated mothers’ perception of degree of compliance as less challenging or problematic. In essence it converged the cognitions of evaluative-descriptive and descriptive, representing expectations and perception respectively.

The effect of the mediating mechanism (consisting of some types of knowledge, type of attribution and mixed parenting style) converging the evaluative-descriptive and descriptive cognitions is illustrated in figure 32 below. This illustrates the other relationship in the dual relationship between expectations and perception.
Knowledge

- Self-reflective (Universal)
- Observational, maternal, academic, and trans generational knowledge (Based on idiosyncratic history of development of mothers)

Notion of an ideal Child

Expectations of compliance

Elevating effect due to maternal anxiety, single-parent, & some types of knowledge

Perception of severity of compliance

Lowering effect due to permissive parenting style & some types of knowledge

Mediating Mechanism

Some types of knowledge, external attribution, & mixed parenting style
The views of compliance, semiotically expressed by the participants, corresponded to distinct levels. Therefore, in order to deconstruct the concept of compliance, these two levels have to be distinguished as they relate to semiotics: denotation and connotation. The former refers to the ‘primary’ meaning of a concept, such as the meanings listed in the dictionary. The latter refers to the ‘extended’ meaning that is shaped by personal connection to the concept (Guo, 2006; Puntoni, Schroeder, & Ritson, 2010). All participants agreed on the denotation of compliance: following instructions. However, connotatively BL for example, associated compliance with ‘military.’

The connotative views, varied between the participants, based on their parenting styles:

a) AH – she viewed compliance as following expectations of ‘basic parameters’ consistent with the child’s development and relating to adolescents. The idea of ‘basic parameters’ was based on her acquired knowledge, such as ‘parents should not force the children too much.’ That acquired knowledge shaped her parenting style. The idea that her son has to only comply with ‘basic parameters’ exemplifies a degree of warmth and expectation, consistent with her authoritative parenting style.

b) AM – her expectations of compliance were that her son should follow her guidance of ‘little step up in the right direction.’ This was consistent with her authoritative parenting style of nurturing children in the right direction, characterised by high expectations and warmth.

c) AL – consistent with her permissive parenting style, viewed compliance in a lenient manner. “They should listen, but I wouldn't say that strict, no they have to. I
wouldn’t say that. Because now young age the parents and the children are more like friends now.”

d) WH – her view of compliance was geared to his mental capacity, as he had medical condition(s). She negotiated tasks with him based on his abilities, which was consistent with an authoritative parenting. For example, her son coming halfway from the top floor to pick up his breakfast from ground floor was viewed as compliance. She based these expectations on his capabilities. She intended to gradually increase the demand to ‘come down more’ to pick up his breakfast. These were consistent with her authoritative parenting.

e) WM – she indicated that her view of compliance was based on her particular parenting style at a time, as she exercised a mixed parenting style. She had paradoxical views where she stated: “I want to have a hippy idea that, ‘No they don’t need to comply, they just need to actually do the right thing’ … but in fact what I want is for them to comply and do what I say.” In this paradoxical view, her connotative meaning of compliance was contradictory, however, complementing her mixed authoritarian and authoritative style of parenting.

f) BL – she had dual views of compliance corresponding to her authoritarian and authoritative mixed parenting. For example, she stated “Doing what you’re told when you’re told to do it. Sounds like the right answer.” This was consistent with her authoritarian parenting style. She realised that her daughter did not have the capacity to perform the tasks that were imposed on her. Occasionally she switched to authoritative parenting, where she negotiated and provided flexibility. Her other view of compliance was:

I kind of encourage compliance as something where maybe you understand what’s being asked of you and you process that and do what’s being asked of you. But I would always go towards the side of doing it how it best suits you, if that makes sense.

In her authoritative view of compliance, hallmarks of ‘flexibility’ and ‘capacity of the child to understand what is being asked’ was present.
This evidence collectively indicates that their views of compliance were influenced by their parenting style.

The behavioural definition of compliance, discussed in the literature review, pointed to a temporal dimension when defining compliance, based on latency and duration – time taken to initiate a requested task and complete it, respectively. These temporal dimensions were evident in some participants. For example, WH insisted that he initiated the task immediately; instead of on the following day but negotiated the amount of task to be done, so the task was completed more quickly. Contradictory to the literature review, the criteria of compliance in this behaviourist tradition, were not ‘arbitrary.’ WH set the criteria based on the abilities of the child and they were consistent with her authoritative parenting.

BL, for example, emphasised that in order for a particular behaviour to be considered compliant, it has to be completed in a ‘timeframe that she [BL] was happy with.’ For BL this timeframe varied based on specific expectations that she had for each request. For certain requests, such as ‘coming home from school,’ there was no negotiation and she should come home directly. This was consistent with authoritarian parenting. For other requests, she provided a “little bit of leeway in how they complete the task.” This was consistent with authoritative parenting style. The temporal dimension was used to conceptualise compliance. The criteria, however, were not arbitrary; they were based on the nature of task, and the type of parenting.

In summary, mothers agreed with denotation of compliance. The connotative view of compliance varied between mothers, based on their parenting style. There was some evidence of behavioural conceptualisation of compliance using a temporal dimension. However, the criteria for compliance were not arbitrary, contradictory to the behaviourists’ tradition.
**Trustworthiness**

In qualitative studies, trustworthiness is an umbrella term used to describe: credibility, dependability, confirmability and transferability (Shenton, 2004). Throughout this thesis, I have addressed the elements of trustworthiness, where appropriate. Shenton (2004) had provided a comprehensive list of strategies to ensure trustworthiness. In this section I summarised individual steps taken to enrich the trustworthiness, with particular focus on steps that were not previously addressed in the thesis.

**Credibility**

This concept is similar to internal validity in quantitative research, which ensures the study is measuring what it is intended to measure.

- Adoption of well-established research methods – focus groups and interviews are well-established methods.
- Prolonged engagement prior to data collection – I discussed throughout the thesis that I engaged with the participants over the phone and by email. Before the collection of data, I had an icebreaker session with participants to make them relax and feel open to discuss their views freely.
- Triangulation – various types of triangulation are described in the literature. I contrasted the data from the interview to ensure the data from the focus group did not contradict the one from the focus group (methodological triangulation). Incorporating the variables identified in the focus group, such as maternal anxiety, helped to easily deductively identify those variables in the subsequent interview stage.
- Tactics to ensure honesty in participants – I ensured to the participants that their data is confidential and they are at liberty to not discuss anything they do not want to, or withdraw from the study at any stage without providing any reason(s).
- Iterative questioning – I discussed, in the single-case analyses, that when the data contradicted, in an interview, I revisited the topic and asked for clarification. I
probed those situations and reflected in the reflection section in the single-cases analyses, where warranted.

- Peer scrutiny – since categorisation of SES utilised an unstructured approach it is possibly prone to bias, I conducted an agreement check with a peer to see if my categorisation of SES matched with hers. This scrutiny had a 100 % agreement, as shown in Appendix J. I also sampled two cases (WM and BL) for agreement check with a peer for parenting style as shown in Appendix K.

- Researcher’s reflection – each single-case analysis was followed by reflective commentary. Further reflections will be included in the next chapter.

- Negative case analysis – Unlike in quantitative data analysis, qualitative data analysis does not ignore the outliers and the working theory is not rejected when countering evidence is found (Given, 2008). There were two negative cases in the MPCAM: SES and types of knowledge. The analysis was unable to extrapolate the significance of SES from two participants. The reasons behind this were discussed in this chapter. The effect of types of knowledge on degree of expectation of compliance and mediating mechanism was idiosyncratic. The thesis admits the idiosyncrasy of mothers, and discussed this idiosyncrasy, where appropriate. Accordingly, the cross-case analysis did not generalise the types of knowledge or exclude certain knowledge from the model. All types of knowledge were included, acknowledging that their effect is due to idiosyncratic development of mothers.

- Member-checks – throughout the interview, where appropriate, I summarised what the participant had said, and confirmed it with the participant before moving to next question. I have contacted AM by email for clarification of what she had said, as shown in the Appendix L. Another way of ‘member check’ is to ask the participant for confirmation of the researcher’s interpretation and analysis of their data. In this thesis I found this may be contentious, therefore I only employed this strategy where circumstances permitted. A sample is shown in Appendix M. This type of member check may potentially harm the participant, which may arise as an ethical issue.

- Thick description of phenomenon under scrutiny – from the conception of the inquiry ‘compliance’ and ‘perception’ have been described in detail to the extent I
developed a flowchart to explain discrepancy in perception and discussed various approaches to conceptualising compliance.

- Examination of past research findings - the MPCAM was discussed in relation to the literature in the review of literature. Due to the uniqueness of the inquiry I was unable to compare the MPCAM to previous studies. However, where appropriate, I discussed the results in relation to past studies in the next chapter.

- Face validity is another concept that is relevant to credibility, in this thesis, but not addressed by Shenton (2004). This validity refers to what extent non-experts agree with the model (Sartori, 2010). I explained the MPCAM presented in the next chapter to four people. I asked them for their feedback about their option of the finding. They said ‘it makes sense.’

**Dependability**

This concept is similar to reliability in quantitative research, where the researcher demonstrates that repeating the inquiry within the same context is likely to yield similar results. The strategies that were used to employ dependability are:

- Describing the research design and process thoroughly – I have described the designing, collection and analyses of data in detail. For example, I described the analysis of data splitting and lumping in detail in the focus group piloting. In the interview stage I used the same strategy, therefore, I did not repeat the analytical strategy again, instead only described any deviation in analytical strategies. In terms of formation of the MPCAM, rather than providing a polished version of the MPCAM, in the cross-case analysis, I described errors made in single-case analyses and addressed those errors individually. This is to ensure that potential researchers could understand the exact analytical process involved in the thesis.

- Operational detail of data gathering – the instrument has gone through rigorous piloting stages. I discussed data gathering in collection of data and also in the reflections section of the single-case analyses, where warranted.

- Reflective appraisal of project - each single-case analysis is followed by a reflection where I appraised the collection and analysis of data. For example, I discussed problems I encountered in recording the interview in public places and my
inadvertent leading questions. I discussed how subsequent data collection and analysis will be improved.

**Transferability**

I did not do a random sampling, as the objective of the thesis was not to generalise to the population, rather to explore the model. Therefore, a maximum variation sampling was employed, where each participant ‘represents’ a specific race/SES category. Even though this approach is consistent with pragmatism, it limits the transferability. I was unable to recruit three participants representing BA, BM and AL, which also affects comparison to those representing groups. Since the sample is limited to six participants, overall generalisation to the population is also limited. Since culture did not emerge as a contributing factor, limitation of transferability due to cultural element can be ruled out.

**Confirmability**

This concept refers to objectivity. The pragmatism adopts the epistemology suitable for the thesis. I pointed out in the second chapter that the ‘objectivity’ was important for this thesis. Various strategies were discussed in this section (e.g. peer scrutiny) to enhance confirmability in the thesis. I reflected on events that may affect objectivity, for example leading questions. I maintained objectivity through iterative questioning where appropriate. I reflected on objectivity in terms of *emic* and *etic* in the next chapter.
Chapter Eight:
Discussions
This chapter will discuss the research questions. Then based on the discussions, the MPCAM will be conglomerated. This will be followed by a discussion on: reflections, contribution to knowledge, development as a researcher, limitations, implications and future directions.

**Research Questions**

The original research questions were formed with parental perceptions in mind. Since the thesis has been narrowed to maternal perception, any referents to ‘parents’ in the research questions have been replaced with ‘mothers,’ as shown below:

1) How are maternal views formed in relation to the compliance of their adolescent children?

2) How are maternal beliefs formed about ideal levels of compliance in adolescents?

3) How are maternal expectations of compliance formed?

4) How are maternal perceptions of severity of compliance manifested?

These research questions were revisited here:

1) How are maternal views formed in relation to the compliance of their adolescent children?

**Denotative view of compliance**

The cross-case analysis made a distinction between denotative and connotative meanings of compliance. Denotative meanings are primary meanings, such as the one provided in the dictionary (Guo, 2006; Puntoni et al., 2010).

Meaning is given to compliance through language. If there is no language, the concept of compliance unseen or unfelt does not exist. In my mother tongue, ‘Tamil,’ the denotative meaning of compliance in English (i.e. to follow instructions) does not exist within a mother-child relationship. There is another term in Tamil, similar to compliance, called ‘do
as told.’ For instance mothers would complain that my son is not doing ‘do as told.’ The fact that this concept is called ‘do as told’ leaves less room for alternative interpretation of that concept, such as to what extent the child has to do as they are told, or what kind of tasks they are supposed to do as told. In my reflections, after speaking with various Tamil mothers, the personal meaning of compliance (connotation) is also likely to vary, based on the denotation in Tamil.

Generally, caution should be exercised in generalisation of the findings, due to the low sample size. Further complications for generalisation have been introduced in contexts, where the English equivalent of the denotative meaning of compliance does not exist.

Connotative views of compliance

The inquiry pointed out that the origin of a style(s) of parenting was due to various types of knowledge, such as self-reflective and transgenerational. The partner’s influence also contributed to some extent to the choice of parenting among WM and AM. The manner in which knowledge is combined and interacts to form a specific type of parenting style was idiosyncratic. This had resulted in idiosyncratic views on compliance, based on their style of parenting, as explained in detail in the cross case analysis. The type of parenting style of mothers was a universal factor that determined the extended (connotative) meaning of compliance across all mothers.

Mothers who practised authoritative parenting (AH, WH, and AM) viewed compliance in terms of ‘negotiation’ and ‘flexibility’ in their adolescent children. This is consistent with the characteristics of authoritative parenting (Baumrind et al., 2010). Mother who practised permissive parenting styles (AL) had very lenient views of compliance. She viewed that children should not listen to parents in a “strict” manner and ‘do not have to do everything’ that was being requested of them. This view is consistent with the permissive parenting style, in which mothers are typically lenient with children.

One mother (WM) particularly indicated that the view of compliance was in fact influenced by the parenting style. The credibility of the conceptualisation that views of compliance were dependent on parenting style was further strengthened by a mixed parenting style.
The mothers who practised authoritative/authoritarian parenting style, had dual views of compliance for their children, which corresponds to authoritarian and authoritative parenting style. For example, they believed that children should ‘do as told,’ corresponding to authoritarian parenting style. They also believed compliance should be a ‘negotiated’ phenomenon, which corresponds to authoritative parenting.

**Discussion on the findings of views of compliance in adolescents, and in the literature.**

The cognitive approach to defining compliance was studied within children’s agency, in the literature review; whereas this inquiry was explored through maternal agency. Therefore, this inquiry neither supports nor rejects evidence of bi-conceptualisation of compliance, as ‘committed’ and ‘situational’ within the concept of internalisation, as discussed in the review of literature.

The literature review also pointed out that compliance has been traditionally studied within behaviourist tradition in a positivist manner - where compliance has been arbitrarily defined with specific criteria using latency and or duration by a third person. I argued against this behaviourist tradition of conceptualising compliance in the literature review, within a mother-child dyad. The findings of this thesis provide support for this argument:

1) Third party - within a mother-child dyad, the person concerned about compliance is the mother, not a third party. Therefore, maternal perception of compliance should take centre stage, and conceptualisation of compliance should be based on maternal perception. One of the arguments posed in the literature review was that defining compliance without involvement of a person perceiving compliance produces technical problems, as there is a disparity between actual behaviour and maternal perception.

The thesis found that maternal perception of compliance was formed based on parenting styles. Therefore, conceptualisation of compliance by a third party produces technical problems within a mother-child dyad. The behaviourists’ conceptualisation of compliance did not involve maternal perception; rather it was based on a third party’s view.
2) Arbitrary criteria - criteria for what is compliance, and what degree of compliance was acceptable was not arbitrary within a mother-child dyad. Mothers based these criteria on contextual factors, such as knowledge, maternal anxiety, single motherhood and parenting style. The arbitrary criteria adopted by the behaviourists’ tradition lacks the foundation for meaningful conceptualisation of the construct.
2) How are maternal beliefs formed about ideal levels of compliance in adolescents?

The original hypothesis suggested that maternal beliefs about ‘ideal levels of compliance,’ were the origin of a cognitive pathway to maternal perception of severity of compliance. Contrary to the hypothesis, the thesis found that the knowledge was the origin of the perception pathway in the MPCAM. Also contrary to the hypothesis, mothers did not have ‘beliefs on ideal levels of compliance’ *per se*, but they had a notion of an ‘ideal child.’ This notion was about standards of how children ‘should be’ or ‘must be’ ideally. In order to address the notion of an ideal child, the impact of ‘knowledge’ should be discussed first.

**Maternal Knowledge**

Maternal knowledge, the extent to which mothers know about developmental norms and milestones of child development, was hypothesised to affect maternal complaints and concerns about their child’s compliance. In the literature review, Ehrensaft et al. (2007) suggested that if maternal appraisal of perception of ‘degree of compliance’ is consistent with adolescent development, then there should be a decrease in maternal complaints about their adolescent children. This theme was included among the *a priori* themes, based on their suggestion.

Consistent with the Ehrensaft et al. (2007) suggestion, this thesis noted that maternal perception played a role in rationalising the degree of compliance, which will be elaborated under the mediating mechanism. However, in this study maternal knowledge contributed to notions of an ideal child in a single participant (AH). The literature review did not suggest that this type of knowledge was responsible for the notion of an ideal child.

Two mothers, namely WH and AH, had greater maternal knowledge relative to other participants. These two mothers had children with additional needs. Therefore, they read relatively more about child development, which contributed to their knowledge. Mothers who did not have children with additional needs, did not actively read or learn about child development.
Maternal knowledge of how children ideally ‘should be’ then created a standard or a notion of an ideal child in AH. In other mothers, other types of knowledge interacted with maternal knowledge in creating a notion of how children should be; for example, WH had good maternal knowledge. Her self-reflective knowledge, based on her own adolescence and atypical development of her son, contributed to her notion of how children should be; and the contribution of maternal knowledge was masked in her narrative.

Transgenerational Knowledge

This knowledge referred to beliefs, values and knowledge mothers acquired from their parents that are relevant to the MPCAM. The concept of knowledge transfer from parents to children had been discussed in the literature (e.g. Chirico & Nordqvist, 2010). However, there is a paucity of literature, in terms of how this knowledge contributes to notions of an ideal child. This theme was not part of the hypothesis. It was originally identified in the piloting of the focus group in the exploratory analysis and subsequently confirmed in the interview phase through confirmatory analysis.

This knowledge had impact on the MPCAM for some mothers more than others. Children learn some degree of parenting from their parent. Some children incorporate this knowledge into their parenting when they have their own children. The extent to which this knowledge influences the notion of an ideal child was based on the idiosyncrasy of each mother’s development.

WH and BL resented their step/parents’ parenting skills. AH was well educated and academic knowledge became her dominant type of knowledge. The values of this knowledge contradicted her transgenerational knowledge. Therefore, the beliefs she gained from the academic knowledge superseded the beliefs she gained from her parents. Thus transgenerational knowledge did not play a role in shaping AH’s cognitions. Accordingly for these three mothers, their notion of how children should be was not based on their transgenerational knowledge. On the other hand, AL, AM and WM valued their parents’ parenting skills (WM valued it to lesser extent). Accordingly the values they inherited from their parents became part of their notion of how children should be.
**Academic Knowledge**

This type of knowledge referred to knowledge gained from reading literature on child development; this was not part of the hypothesis. However, it was identified in the single-case analyses. The concept of gaining knowledge through academia has been discussed in the literature (e.g., Beke & Bolívar, 2009). However, I was unable to locate specific literature on how this knowledge influenced the factors in the model.

Some mothers gained their maternal knowledge through academic knowledge. For AH, academic knowledge was her dominant type of knowledge. Accordingly this knowledge had an impact on how children should be. However, for other mothers, this did not have any direct impact on their notion of an ideal child. This was also due to values of other types of knowledge superseding the values of academic knowledge.

**Self-reflective Knowledge**

The self-reflective process creates new knowledge at neural level (Johnson et al., 2002). This type of knowledge was not included in the hypothesis, yet it emerged as a contributing factor to the MPCAM in the single-case analyses.

Self-reflective knowledge was the only type of knowledge that was found to be universally affecting all mothers in shaping their notion of an ideal child. Mothers reflected on what was missing from their adolescence and in their children. This led to formation of a standard for children or notion of how ideal children should be in a particular way.

For example:

1. WH reflected that her son with additional needs lacked social interaction with her. This generated a standard that an ideal child should socially interact with parents.

2. WM resented that she missed out on opportunities during her adolescence. Part of her notion of an ideal child was that he or she should listen to parents, as they know better.
3. AH reflected that she was not allowed to explore and party. Part of her notion of an ideal child is the one who explores and parties a little.

4. AM reflected that her son was doing what she was doing during her adolescence. She indicated if he did not do what she did, then he would be an ideal child.

5. AL reflected on the values she gained from her parents about monitoring of children’s whereabouts, which she thought was crucial, based on what happened to other people. Due to this self-reflection, one of the aspects of her notion of an ideal child was that they should inform their parents about their whereabouts.

6. BL reflected that a balanced healthy network of friends and family was missing during her adolescence. Part of her notion of an ideal child was that he or she must have a healthy network of friends and family.

Even though self-reflective knowledge played a role in how children should be in AL, there was no concrete evidence that it was based on what was missing in her adolescence. There was little evidence to suggest that reflections of son’s behaviours contributed to this notion. As discussed in the reflections section of AL, her limited ability to express her views in English cannot be ruled out as a possibility for why this relationship was not being found in AL.

**Observational Knowledge**

This indicated that mothers learnt some aspects of values, particularly their notion of an ideal child and expectations of degree of compliance through observation of others. The popular ‘Social Learning Theory’ is based on the idea that people learn through observation, and imitation (Bandura, 2003). The fact there is well-established literature to substantiate that people learn through observation enriches the analytic conceptualisation in this thesis. This type of knowledge was not included in the hypothesis, but found to be in emergent themes in single-case analyses.
All mothers, except WM, created a mental standard of how children should be, based on knowledge they acquired through observation.

**How children ‘should be:’ (ideals and standards)**

The types of knowledge in the thesis were differentiated, based on how they were acquired, except maternal knowledge. Despite various types of knowledge having an impact on the notion of an ideal child, for some participants, some or specific types of knowledge played a somewhat dominant role, relative to other types of knowledge. In certain circumstances the value of a particular type of knowledge complemented the values in another type of knowledge; in other circumstances the values contraindicated each other. When the values associated with one type of knowledge contradicted values of others, the dominant type of knowledge impacted on the notion of an ideal child. The overall effect on knowledge on the notion of how ideal children ‘should be’ was due to the interaction of each type of knowledge.

Self-reflective knowledge was the universal knowledge that contributed to the notion of an ideal child. Most mothers had some elements of notions about an ideal child, based on the following categories of self-reflections:

a) what mothers reflected to be missing in her own adolescence that she resented,

b) qualities that were missing in their children that she has been resenting, and

c) qualities that are missing in children that was also were missing in mother’s adolescence.

Self-reflective, academic, and observational knowledge were not identified in the literature review and focus group pilot as a contributing factor in the MPCAM. Instead, they were identified in exploratory analysis, through induction in the interview phase of the thesis. One of the possible reasons why this was not identified in the literature review may be due to no studies being carried out in this respect. In the focus group pilot, the sample and the instrument were different to the interviews. The piloting data was not analysed case by
case as in single-case analysis. These differences may have accounted for why this was not identified in the pilot.

The data did not support the idea that mothers had ‘beliefs on ideal levels of compliance.’ Mothers, however, had a notion that ideally children ‘should be’ or ‘must be’ a certain way. The acquired knowledge interacted to form a standard of how a child should be – which in essence is the notion of an ideal child. The notion of an ideal child is in fact the future standard, mothers have created based on their past acquired knowledge.

The literature explains the formation of an ideal child in relation to product of ‘culture’ (Gfellner, 1990; Shek & Chan, 1999; Siah, 2013), as opposed to knowledge. The relationship between culture and knowledge has to be deconstructed, in order to address why there is a discrepancy between the literature and the findings that the ideal child is a product of culture and knowledge, respectively.

Was there a discrepancy in the literature and the findings from this thesis, in relation to origin of an ideal child?

The literature review suggested that culture may be a contributing factor for the MPCAM. In that review, I did not explore whether religion could potentially have an impact on the model. The review of the literature indicated that people from a collectivist society, in relation to an individualist society, were more likely to emphasise social coherence and compliance. From this fact, I deduced that mothers from collectivist society might have higher expectations of degrees of compliance, thus impacting the MPCAM.

In the interview phase participants from various ethnic backgrounds were included, representing the most prevalent races in the UK (White, Black, and Asians) (ONS, 2012). The rationale was to obtain a greater representation of ethnicities prevalent in the country, and to find out the effect of various cultures on the MPCAM.

During the piloting, Muslim parents did not distinguish between culture and religion in relation to their narratives. Similar patterns were observed in the interview phase with a Muslim participant, AL. This phenomenon illustrated that, relative to other participants, Muslims viewed their culture and religion as intertwined. This finding was consistent with
Statham, Koopmans, Giugni, and Passy (2005), who argued Muslims’ identity in England is intertwined with their culture. During the deductive coding and formation of the theme of culture, the combination of religion and culture into a new theme of religio-culture enhanced credibility, as I could be certain that reference to the data segments encompassed religion, culture or both, particularly among Muslims. I let the results of the pilot lead me to single-case analyses. Accordingly religio-culture, as an \textit{a priori} theme, was included in confirmatory analysis of single-case analyses.

Some scholars argue that knowledge should be studied as a culture as it generates social meanings: “Knowledge is best conceived and studied as culture, and the various types of social knowledge communicate and signal social meanings about power and pleasure, beauty and death, goodness and danger” (McCarthy, 2005, p. 1). The same logic, however, cannot be applied when studying the individual participant as a unique case, such as in this thesis.

The maximum variation sampling was used in single-case analyses. In these analyses it is antithetical to treat every participant from within the same culture as the same. This notion also was echoed by a participant: “I think values aren't to do with Indian or English or anything: values are values. So there are people with similar values across all cultures” (AH). This led me to analyse the data in terms of values, and how those values were acquired, such as observational or transgenerational knowledge.

The literature review defined culture as a system of shared values (Fischer, 2009). In one sense, this knowledge is a product of culture (at least to some extent). For example, values from certain cultures are passed from generation to generation. Therefore, culture and knowledge are not mutually exclusive constructs (McCarthy, 2005). The cross-sectional dissection of data, in terms of knowledge, rather than culture, enhances credibility to the constructs (i.e. type of knowledge or religio-culture) for the following reason: Coding of specific data to culture is problematic because it is prone to bias. For example, particular transgenerational knowledge cannot be attributed to culture, since I do not know if that knowledge is a shared value amongst the culture. It is further complicated by characteristics of maximum variation sampling, as each participant is treated as a unique case. On the hand, data coding, in relation to types of knowledge, explains ‘why’ and ‘how’ the values affect the MPCAM.
Therefore, the finding from the thesis, that the notion of ideal child is a product of various types of knowledge, is not inconsistent with existing literature. Attribution of the origin of notion of an ideal child to culture, oversimplifies the complex idiosyncratic interaction of knowledge involved in the process. The examination of interaction of various types of knowledge, in the formation of an ideal child, in itself is a unique contribution to knowledge.
3) How maternal expectations of compliance are formed?

Based on how ideally adolescent children ‘should be,’ mothers also had expectations for their own children. At the stage of knowledge and notion of ideal, mothers have a ‘general’ view of compliance with regard to children. The concept of compliance fully develops at a personal level, only at the stage of expectation in the MPCAM.

This involves:

a) what matters comes under the purview of compliance and
b) to what degree children should be compliant.

The notion of how ideally adolescents ‘should be’ generated:

a) expectations for their children, and
b) what matters, comes under the purview of compliance.

I will now elaborate these relationships here.

From the mothers’ point of view, how children ideally ‘should be,’ generated general expectations for their children. Most mothers (except AH and WH) expressed views that their notion of how ideally children ‘should be’ and their expectations for their children should ‘go hand in hand’. In other words, mothers’ expectations were that their children should meet the standards and ideals that they have for adolescents. These expectations are synonymous with the idea of a ‘trophy child.’ The degree of these general expectations varied between mothers. These expectations did not come under the purview of compliance. For example, for AM, one facet of the notion of an ideal child was to be ‘good at everything.’ Accordingly she expected her son to be good at everything (one of her

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4 For AH and WH, their expectations were generated from the standard and ideals about children. However they did not think this standards and ideals should go hand in hand because they acknowledged that their children were atypically developing due to their medical conditions. However, they indirectly they have suggested that the ideal and expectations should be the same.
general expectations). However, being ‘good at everything’ did not come under her purview of compliance.

Based on ‘general’ expectations, mothers had few ‘specific’ expectations of their children that would accomplish or fulfil those general expectations. These specific expectations came under the purview of compliance. In reference to the above example, AM, had specific expectations that he should do his homework, attend teakwood class, defend himself from bullies and study when instructed to study. These expectations, were part of her general expectations that her son should be ‘good at everything.’

Similar patterns were found across all participants except in AL. She did not categorise her specific expectations into a general expectation. She used the same narrative to explain the notion of an ideal child, and her expectations of compliance. For example, the notion of an ideal child was to ‘listen to parents.’ This also was one of her expectations of compliance. This may be due to an inability to categorise specific expectations into a general expectation, due to her limited knowledge of the English language, as discussed in the reflections section in AL.

It was postulated, from the literature review, that expectations of compliance for their children originated in ‘levels’. This conceptualisation suggested that compliance, as a ‘discrete’ quantity, and mothers’ expectations are based on these discrete quantities. However, the data did not support the idea of a discrete quantity of compliance, rather compliance was viewed as a continuum between compliance and noncompliance. Therefore, the term ‘levels of compliance’ had been replaced with ‘degrees’ of expectation of compliance, to reflect that expectation of compliance could fall anywhere within the compliance-noncompliance spectrum.

The degree of expectation of compliance, for each mother, was based on the idiosyncrasy of the contextual situation, based on these factors: maternal anxiety, single motherhood, permissive parenting style and some types of knowledge. This qualitative inquiry was unable to quantify the degree of expectation of compliance in a precise manner as a quantitative study. The degree of expectation of compliance was quantified in this study as either ‘elevating’ or ‘lowering.’
Maternal Anxiety

The concept of maternal anxiety, in the thesis, refers to worries, concerns or fears mothers have that affect the MPCAM. The term maternal anxiety is often used in the literature (e.g. Van den Bergh, Mulder, Mennes, & Glover, 2005) to define maternal ‘clinical’ anxiety. The distinguishing characteristics were that, in the thesis, the term was broadly used to conceptualise ‘concerns, fears or worries’ mothers had about their children, as they relate to the model. The literature review did not identify this factor as relevant to the model, but it was an emergent theme in the focus group. Subsequently this theme was used in the deductive analysis in the interview phase.

Maternal anxiety had an elevating effect on degrees of expectation of compliance, resulting in expecting more compliance from children. The degree of maternal anxiety varied between each mother, being idiosyncratic to the context: additional needs of children (AH and WH), concerns for environment in which in their children were being raised (AL and AM), insufficient maternal knowledge (WM and BL), and being a single mother (BL).

In children with additional needs, mothers were concerned about their development. This resulted in maintaining (or to some degree elevating) a strict degree of expectation of compliance in certain areas, such as compliance in home schooling. The home schooling was an expectation imposed, which corresponded to their notion of an ideal child, such as ‘being sociable’ or ‘pushing the boundary.’ In other words, rather than ‘giving up’ on their children, the concerns for their children resulted in strictly maintaining or elevating their degree of compliance.

Single Mother

The literature review did not identify ‘single mother’ as a potential factor that contributed to the MPCAM. The data from all the single mothers (one from pilot of focus group, another from pilot of interview, and BL) in this study and a cohabitating mother (AM)’s views of single mothers support the notion that single mothers expect more from their children, resulting in the expectation of a higher degree of compliance.
Being a single mother impacts on degree of compliance directly, and also indirectly, by creating a higher degree of maternal anxiety. Additional responsibilities were passed on to the children, because there was no other parent to bear those responsibilities. This resulted in expectation of higher degrees of compliance.

Alaburda (2016) found that children reared in the environment of a single parent family were likely to learn to take care of themselves more quickly than other children. This finding was consistent with the findings in the thesis - that maternal expectations of degrees of compliance was higher among single mothers, which led their children to learn things more rapidly than their peers.

Single mothers also exhibited relatively higher degrees of maternal anxiety. Single mothers in the study were more concerned about their child’s development and future. This finding was consistent with existing literature (King, 2003). Therefore, being a single mother also indirectly elevated the degree of compliance, through maternal anxiety.

**Permissive parenting style**

Only one mother (AL), among six participants, practised a permissive parenting style. This style of parenting can be further divided into ‘democratic-indulgent’ or rejecting neglecting.’ The former category of mothers is interested in children’s whereabouts and restrict children if they are concerned about their safety, compared to the latter category (Johnson & Kelley, 2011). AL had raised concerns for her children’s environment and often worried about her children’s whereabouts, which indicates she practised a ‘democratic-indulgent’ style of parenting.

The permissive mother had a low degree of expectation of compliance. This was consistent with permissive parenting style, which has low expectation (one of the orthogonal factors of parenting style). The mothers who practised an authoritarian parenting style, had autocratic expectations that their children should comply with whatever was requested from them (Baumrind et al., 2010). None of the mothers practised an exclusive authoritarian parenting style in the sample. Therefore, an authoritarian parenting style’s effect of degree of expectation cannot be confirmed in this study.
Knowledge

The types of knowledge had a complex relationship with the degree of expectation of compliance. The complexity was based on the idiosyncratic context of mothers. Generally, the higher the maternal or academic knowledge mothers had, their degree of expectation of compliance were geared to their child’s development. On the other hand, lower academic or maternal knowledge resulted in an unreasonably (higher) degree of expectation of compliance.

Some mothers imposed a degree of expectation of compliance, independent of the child’s development, based on observational and transgenerational knowledge. Therefore, these two types of knowledge can be conceptualised as ‘maintaining or elevating’ expectations of compliance, relative to the child’s development. The effects of these types of knowledge were enhanced by poor maternal or academic knowledge. For example, when mothers did not know much about child development, they relied on children’s peers, or their own parents’ parenting. This resulted in enforcing a higher degree of expectation of compliance.

The self-reflective knowledge had a mixed effect on expectations of degree of compliance. In some mothers it had an elevating effect and among others it had a lowering effect; this was based on the idiosyncrasy of mothers.

Unlike the effects of maternal anxiety and single motherhood, which had an elevating effect on degree of expectation of compliance, the effect of knowledge was idiosyncratic to the context.

The effect of socioeconomic status (SES) on expectations and notions of ideal children

The literature review discussed various approaches to measuring SES. This was originally intended to be measured by the National Statistics Socio-Economic Classification (NS-SEC) by ONS (2010). This approach was very intrusive and does not account for self-employed participants, as they are excluded from this classification. It was also not a credible instrument to measure high SES participants, who were wealthy and chose not to work. This led me to search for alternative ways to measure SES.
The Task Force, commissioned by the American Psychological Association on SES (Saegert et al., 2007), strongly recommend that SES should not only be measured by a person’s occupation, but by multiple factors, such as their overall wealth and education. This inductive approach addressed the concerns raised against ONS (2010). Therefore, this thesis used occupation, wealth, and education as guidance to classify the participants within the three-tiered SES system as low, medium or high. An agreement check was carried out to make the classification of SES more trustworthy, as shown in Appendix J.

I asked each participant about their opinion on their SES. All participants identified themselves as mid-SES, including unemployed AL who did not have any post-secondary education, was living in a council flat and in receipt of benefits geared to income. This pointed out the limitations of ‘self-reported SES’ as they lack credibility. This evidence reveals the discrepancies between ‘actual’ and ‘perceived’ SES, which is seldom discussed in the literature.

I was unable to recruit low SES White mothers and high/medium Black mothers, within the proposed timeframe. Unequal SES among ethnicities have been well established in the US (APA, 2015). Hardship in recruiting low SES White and high/medium SES Black participants within the time limit may be due to similar current SES-race relationships in London. For example, there may be fewer high SES Black participants relative to White high SES participants.

The thesis also noticed a direct relationship between SES and types of knowledge. The thesis detected that mothers from high SES had relatively higher degree of academic and maternal knowledge, and lesser extent of transgenerational knowledge. Conversely, mothers from low SES had a relatively higher degree of transgenerational knowledge and less academic knowledge. However, this unique relationship is likely to be due to idiosyncrasy of the context. For example, both mothers from high SES also had a child with additional needs. This led them to read more about child development. Also, WH resented punishment oriented parenting by her foster parents, which led to rejection of values from her transgenerational knowledge.

The mothers utilised their financial resources to raise their child towards gaining characteristics of their notion of how children should be (i.e. ideal). This effect was found
in mothers from high and mid SES, but not in low SES, as the mothers from the low SES background did not have sufficient resources. However, mothers from low SES backgrounds had the ‘intention’ of using the resources to raise their child in a similar manner, if they had sufficient resources. This relationship was not found in the literature review. The SES was not found in confirmatory analysis in two participants (WM and AL). This was possibly due to poor probing strategy in WM, who was the first participant and the limited spoken English skills of AL.

Dumais (2006) argues that parents from high SES backgrounds are sent to additional and extracurricular activities. Consequently, they are predisposed to attain a better career than children from lower SES background. There is paucity of literature that investigates whether mothers from a higher SES background sent children to extracurricular activities, in order to raise the children towards their notion of an ideal child. The finding from the thesis shed some light into this paucity of the literature.

The literature review suggested that the degree of compliance was much lower in low SES families than high SES families. This led to inclusion of this concept as an *a priori* theme in the analysis. However, the thesis did not measure actual compliance in children. Therefore, I cannot discuss any discrepancies between the literature review and the findings.

**The effect of authoritative parenting on expectations and notions of an ideal child**

Half of the mothers practised an authoritative style of parenting. This proportion is consistent with other studies in which the common style of parenting was authoritative in the US and in UK (Chan & Koo, 2010; Ginsburg, Durbin, García-España, Kalicka, & Winston, 2009).

Mothers who practised authoritative parenting styles, ‘nurtured’ their children towards their notion of an ideal child. In other words, their expectations of their children were nurtured through an authoritative parenting style. In terms of the MPCAM, the expectations originated from the notion of how children should be. The authoritative parenting style facilitated those expectations.
The literature often investigated the achievements of children, in relation to parenting style. For example, Kordi and Baharudin (2010) and Turner, Chandler, and Heffer (2009) found that children of parents who practised authoritative parenting style had greater academic achievements, compared to other types of parenting style. There is also paucity of literature that investigates whether the nurturing of children towards a greater academic achievement is related to parents nurturing their children towards their notion of an ideal child. There is a vacuum in the area and this thesis provides some exploration into this relationship.

The literature review indicated that authoritative style of parenting produces positive outcomes among adolescents, and is the healthiest forms of parenting style. The thesis, however, did not investigate this aspect of the effect of authoritative parenting. Inclusion of parenting style in the model was primarily due to authoritarian parenting style, which will be discussed in the next research question.
4) How maternal perceptions of severity of compliance are manifested?

Perceptions of severity of compliance were manifested based on:

a) The effect of degree of expectations of compliance on perception of severity of compliance, and

b) Convergence of expectations and perception representing evaluative-descriptive and descriptive cognitions.

A) The effect of degree of expectations of compliance on perception of severity of compliance

The net interactions of various types of knowledge produce a notion of an ideal child (i.e. ideals and standards). Mothers had expectations for their children, based on ideals and standards. The strength of these expectations varied between mothers, due to various strengths of beliefs of ideals and standards, caused by interaction of different knowledge that was responsible for the notion of an ideal child. Mothers expected their children to comply, in order to conform to those ideals and standards.

The degree of expectation of compliance was the result of complex interactions of maternal anxiety, single motherhood, permissive parenting style and some types of knowledge, as discussed in the third research question.

Expectations of degree of compliance, in a given time, may or may not match with perception of children’s degree of compliance at that time. When the children do not meet the expectations (i.e. perception being substandard to expectations), mothers perceive those behaviours as problematic, and also get stressed about those behaviours. Therefore, perception of the extent of severity of compliance (descriptive cognitions) is (at least partially) based on expectation of compliance (evaluative-descriptive cognitions).

There may be multiple pathways leading to the descriptive cognitions (perception of severity of compliance). For example, a genetic pathway may explain, how the phenotype of a mother’s characteristics interacts with the environment, in her perception of severity
of compliance. The thesis cannot assume the expectation pathway is the only pathway to perception of severity of compliance, because the thesis did not explore other possible pathways. This was because it was outside the scope of this investigation. To rephrase this in a quantitative conceptualisation, expectation pathway is only one of the pathways in the ‘multiple regression’ to find the effect on perception. How much effect this pathway has on the perception is precisely unknown, without exploring other possible pathways and performing an advanced statistics or comparative qualitative analysis. At this stage, it is accurate to say perception of severity of degree of compliance is ‘partially’ based on expectations of degree of compliance.

**Parenting style**

One of the orthogonal factors of parenting style was expectation. Authoritative and authoritarian parenting styles are characterised by higher expectations, relative to a permissive parenting style. If perception of severity of compliance was based on how much expectation deviated from perception, then authoritative and authoritarian mothers would perceive their children’s degree of compliance as more problematic relative to permissive mothers. Permissive mother (AL) perceived the degree of expectation of compliance as less problematic. However, authoritative mothers did not perceive their children’s degree of compliance as relatively more problematic.

The other orthogonal factor in the parenting style is warmth. The authoritative and permissive mothers are characterised by high warmth and responsiveness, as shown in figure eight in the literature review. High warmth and responsiveness are likely to have contributed to mothers’ perception of degree of compliance as less problematic. This conceptualisation is consistent with Baumrind et al. (2010)’s argument from the literature review, that it is more meaningful to discuss ‘typologies’ of parenting style, rather than individual orthogonal factors.

The perception of severity of compliance among mothers who practise mixed parenting styles functioning as a mediating mechanism, is discussed in the next section.
B) Convergence of cognitions

Family related cognitions

Bugental and Johnston (2000) from the literature review, summarised existing literature into four possible ways that family related cognitions have been studied. The MPCAM model was not based on that summary, but that summary was used to juxtapose the model. Evaluative-descriptive and descriptive cognitions mentioned in the summary resonated in the MPCAM, in relation to ideal/expectations as evaluative–descriptive cognitions and perception as descriptive cognition. Out of the four possible ways cognitions have been summarised as being studied, the model focused only on these two types of cognitions, as the MPCAM resonated with these two cognitions.

Evidence for convergence of evaluative-descriptive (expectations) and descriptive cognitions (perception) became more apparent with every subsequent single-case analysis. It was not apparent in the piloting of the focus group analysis, as the objective in the piloting phase was to explore analytical strategies and approaches. In the analysis of interview phase the objective was to answer the research questions, it thus involved appropriate in depth analysis. This was the reason why a mediating mechanism was not found in the piloting phase.

Reference to the literature review to compare the results of the thesis, at this stage, found that the third type of cognition (efficacy cognitions) mentioned in the summary of how cognitions have been studied, is similar to the mediating mechanism. The efficacy cognitions referred to convergence and divergence of how things are, and how things ‘should be’ (Bugental & Johnston, 2000). The mediating mechanism refers to convergence of expectations (how things should be) and how things are (perception).

It also emerged, from the reference to the literature review at this stage, that the fourth type of cognition in the summary has been inadvertently studied in the thesis. Analytical cognitions referred to perceived reasons for family related events. Bugental and Johnston (2000) point out this has been studied within the background of ‘causality’, such as styles
of attribution. Style of attribution was one of the emergent themes in two mothers, which will be elaborated in the next section.

The summary of how cognitions have been studied, indicates how past studies focused on particular types of cognitions. Emergence of all four types of cognitions in this thesis exemplifies, to some degree, the comprehensive exploration of cognitions related to compliance from maternal agency.

**Mediating Mechanism**

This mechanism involved convergence of evaluative-descriptive and descriptive cognitions, involving some types of knowledge, attributional style, and mixed parenting style. These three factors were likely to have involved in coping or defence mechanism of mothers.

**Knowledge**

Mothers rationalised their perception of children’s degree of compliance when it did not meet their expectations of degree of compliance. This rationalisation was idiosyncratic, based on maternal, self-reflective and, or academic knowledge. A typical rationalisation was ‘I was doing the same thing when I was a teenager.’ This example is a rationalisation, due to self-reflective knowledge.

Transgenerational and observational knowledge have the tendency to some degree to form biased beliefs about child development, for example age-inappropriate expectations of compliance. Age-inappropriate expectations of compliance are not conducive to rationalise children’s behaviours. On the other hand, this is prone to have the opposite effect on a mediating mechanism. This may explain why these types of knowledge did not play a significant role in the mediating mechanism.

When this rationalisation occurred, mothers perceived those degrees of compliance as less problematic or severe. This rationalisation converged evaluative-descriptive and descriptive cognitions; as they perceived the degree of compliance as less severe or problematic - the perception aligned with the expectation to some degree. The degree to
which this convergence occurs was idiosyncratic. The lasting effect of this mediating mechanism was unclear from the data, as the study was not longitudinal in nature.

Ehrensaft et al. (2007), from the literature review, proposed that if maternal evaluation of children’s degree of compliance was consistent with developmental norms of the children, there should be a decrease in maternal complaints about adolescents’ behaviours. Even though there was not a ‘decrease’ in maternal concerns about adolescents’ behaviours, the maternal knowledge somewhat decreased maternal complaints due to rationalisation of their behaviours.

Mothers felt less anxious when these two cognitions were mediated through rationalisation. In essence, this rationalisation may have functioned similarly to a ‘defence mechanism,’ where mothers felt less worried. The construct of ‘defence mechanism’ is well established in the literature, with various scholars contributing to various views of this mechanism (Cramer, 2008; Northoff, Bermpohl, Schoeneich, & Boeker, 2007). Subsequently this also was added to the DSM-4 (Diagnostic and Statistical Manual of Mental Disorders) (APA, 1994). Bowins (2004) argues that defence mechanisms are prone to make people feel less anxious and worried. Consistent with the literature, the mothers felt less worried and anxious in their discourse when they rationalised their children’s behaviours.

**Attributional Style**

External attribution emerged as a factor in two participants (AL and BL), which contributed to the mediating mechanism. These mothers had external attribution for children’s ‘failures’ or substandard behaviours; these two participants were from low SES backgrounds. Hol and Yavuz (2017) found that people from low SES background are likely to have external attribution towards their failure and internal attribution towards success in education. The link between the findings, in both the thesis and the literature, highlights that there may be a possible link between attributional style and SES. The research in style of attribution appeared to have reduced in the last decade, which restricts reference to recent literature with regard to this link in terms of compliance.
The external attributional style enabled mothers to rationalise their children’s unacceptable degree of expectation of compliance to agencies outside their children. This type of attribution enabled mothers to perceive children’s behaviours as less problematic or challenging, thus functioning as a mediating mechanism between evaluative-descriptive and descriptive cognitions.

Welbourne, Eggerth, Hartley, Andrew, and Sanchez (2007) argue that having external attribution to negative events is a coping mechanism. In a broad sense, the coping mechanism can be conceptualised as form of defence mechanism. The external attribution resonates with knowledge functioning as a defence mechanism, within the mediating mechanism.

**Mixed Parenting Style**

One third of mothers had characteristics of mixed (authoritative/authoritarian) parenting style. The mixed types of parenting were only identified in a few studies. The methodology may be the reason for failure to identify mixed types of parenting style. Studies on parenting styles were mostly based on quantitative methodology and the results were analysed through cluster analysis to identify the cluster of parenting styles (e.g. Biletchi, Macintosh, & McIsaac, 2013; Dwairy et al., 2006). The ‘Parenting Styles and Dimensions Questionnaire’ or ‘Maternal Authority Questionnaire’ were often used in other studies. The questionnaire items such as ‘I yell or shout when my child misbehaves’ or ‘I use threats as consequences with little or no justification,’ I believe are susceptible to response bias as the items overtly ask a contentious question. For instance, mothers might be less likely to overtly admit that they use threat as a consequence, for their children’s behaviours. Conversely, in qualitative studies such as this, the data are coded on maternal narratives of actual (near actual) events on wide range of aspects of parenting. The narratives provide an opportunity for mothers to provide a rationale and context for their behaviours. For instance a mother might say, ‘I was really frustrated that my son does not clean his room. He doesn’t not understand that it’s hard for me as a single mother to do all the jobs. So I threatened to take his Xbox for not cleaning his room.’ Providing a context and justification
for their behaviours is likely to make mothers admit to contentious items, such as using threats as a consequence.

The cluster analysis utilises a best-fit model where clusters are identified using an appropriate algorithm. The richness in data caused by outliers or ‘negative case’ can be lost. This may also account for failure to identify mixed parenting styles among other studies.

Parenting style is a complex concept. An inductive approach, as in this thesis, is sensitive to gather wide range of aspects of parenting in relation to bi-orthogonal factors. There is a dearth of literature on parenting style that utilises a qualitative approach. Possibly this is one of the rationales behind a higher percentage of mixed parenting styles in the thesis. Since it was higher than in the literature, I performed an ‘agreement check’ with a peer in coding of parenting style for both cases that were found to be practising mixed style of parenting, as shown in Appendix K.

WM began practicing mixed parenting through her transgenerational knowledge. BL inherited her habitual authoritarian parenting from her mother. Then she learnt to switch to authoritative parenting on some occasions. This finding is consistent with Todorović and Matejević (2014), who found elements of parenting were passed to children. However, the exact reason behind a mixed parenting style appears to be a form of defence mechanism, as explained below.

The mixed parenting style, found in this thesis, alternated between authoritative to authoritarian (WM), as well as authoritarian to authoritative (BL) to converge the cognitions. WM practised an authoritative parenting style and when she perceived that her expectations were unmet, she switched to an authoritarian style, where she demanded compliance to achieve what she wanted. Her switch from negotiation-oriented demands (authoritative) to autocratic (authoritarian) demands resulted in her child complying with what she asked. Consequently she perceived the degree of compliance as less problematic, as the child was able to comply. Therefore this mediated the convergence of evaluative-descriptive and descriptive cognitions.

On the other hand, BL, who also displayed a mixed parenting style, usually practised an authoritarian style and when she realised it is not worth getting upset about minor matters
she switched to an authoritative style where she negotiated tasks with her daughter. In her case, switching to authoritative parenting made her child’s degree of compliance acceptable, she said it was “much better.” Since this type of switch also enabled her to perceive her daughter’s degree of compliance as less problematic, this also functioned as a mediating mechanism.

The common underlying element in mixed parenting style was that it enabled mothers to perceive the children’s compliance as less problematic or severe. This can be seen as some sort of coping or defence mechanism, similar knowledge and external attribution.
Conglomeration of research questions: forming a data-driven MPCAM

The individual research questions have been discussed in the preceding sections. Here the discussion will focus on conglomerating the MPCAM, the primary objective of the thesis.

Mothers acquired various types of knowledge through different modalities: self-reflection, observation, academia and transgenerational. The maternal knowledge, however, is a functional knowledge about child development and milestones. It consists of knowledge acquired through various modalities. Each mother had various quantities of this knowledge, which interacted with each other. Sometimes some knowledge emerged as a dominant type over the other, superseding the values of other knowledge. Occasionally values of one type of knowledge complemented values of other type(s) of knowledge.

There were two important characteristics of knowledge, as it relates to the MPCAM. Firstly, the effect of knowledge was complex interactions between types of knowledge. For example, AL’s transgenerational knowledge was validated through her self-reflective knowledge, which affected her expectations of degree of compliance. Secondly, the effect of knowledge on MPCAM was based on knowledge acquired in the ‘past.’ For example, based on past experience, through self-reflective knowledge, some mothers created ideals and standards for adolescents. The critical distinction here is that the knowledge acquired in the ‘past’ that created ‘future’ standards and ideals, not the knowledge that were currently being acquired or future knowledge. If a mother were to currently acquire some knowledge, it would then create a future standards and ideal adolescents.

Mothers create standards and ideal adolescents based on their past knowledge. In essence, creating a notion of how ideal adolescent children ‘should be.’ For example, ‘X was missing from my adolescence, and I value this X. Therefore ideally children should have that X.’ This notion is a ‘futuristic’ concept, in mothers’ timeframe of their lifespan. For example, when you ask to describe your ideal child, mothers would say ‘my ideal child would be…,’ instead of ‘my ideal child was…’

It is noteworthy, that the concept of the notion of an ideal child, in this thesis, is distinct from ‘category-based expectations’ of adolescents. The category-based expectations are
expectations on a category of people (such as adolescents) based on stereotypical or average characteristics of those people (Buchanan et al., 1990; Buchanan & Holmbeck, 1998). For example, category based-expectations of adolescents might be that adolescents do not keep their room clean. On the other hand, a notion of an ideal adolescent may be that he or she must always keep his or her room clean.

The ideals and standards mothers have about adolescents, generates expectations for their own child. The expectations that their child should be a certain way depends on the strength of the ideals and standards. Therefore, the strength of expectation varies between mothers. The expectations in this thesis refer to what mothers expect now – ‘present.’

In order to achieve the ideals and standards of their notion of an ideal child, mothers expect their children to comply with requests that correspond to children reaching those ideals and standards. The degree of expectation varied between mothers, based on idiosyncratic contexts: extent of maternal anxiety, being a single mother, permissive parenting style and some types of knowledge.

Mothers who practised authoritative parenting style nurtured their children towards their ideals and standards. Mothers from high/medium SES used the resources at their disposal to nurture their children towards those ideals and standards. Mother from low SES, on the hand, had the potential of doing the same, if she had access to sufficient financial resources.

Perception of severity of compliance was based on convergence and divergence between expectations and perception. When the expectations of degree of compliance resonated with perception of children’s behaviours, mothers were less likely to perceive those behaviours as challenging or problematic. On the other hand, when the expectations of degree compliance were high, and the perception of child’s behaviours was substandard to those expectations, they perceived children’s behaviour as challenging or problematic. Similar to expectations, perception in the MPCAM also a current form of cognition (i.e. present). For example, it does not refer to past or the future; it only refers to what is being currently perceived.

When mothers perceived their children’s compliance as challenging, some types of knowledge, external attribution and mixed parenting style functioned as a sort of coping
or defence mechanism. These three factors facilitated the mothers’ perception of their children’s expectations of degree of compliance as less challenging. In essence these three factors mediated the gap between expectations of degree of compliance and perception of severity of compliance. This convergence process is conceptualised as the mediating mechanism.

In figure 33 below, MPCAM has been fine-tuned: with addition of a timeline and generalising the effect of variables, where appropriate.
Mediating Mechanism

External attribution and mixed parenting style

Knowledge

Notion of an ideal Adolescent

Expectations of compliance

Perceptions of severity of compliance

Elevating effect due to maternal anxiety, and single parent

Lowering effect due to permissive parenting style

Mediating Mechanism
External attribution and mixed parenting style

SES and authoritative parenting style

Future

Present

Past
**Fig 33:** Illustrates the formation of perception of severity of compliance in adolescents. The timeline at the bottom highlights the position of the factors involved in relation to the timeline. The blue highlights represent the overall original MPCAM proposed in the literature review. However, the segments within the original MPCAM has been modified as the idea of ‘levels of compliance’ was not supported by the data.

The relationship between ideals, expectations and perception in the MPCAM can be seen resonating in the narrative of Peg Streep, writing her personal reflections in Psychology Today:

> In the earliest photos, my mother holds me like a china doll, beaming into the camera. She’s never looking at me, just straight ahead, because it’s really a picture of her holding a prized possession. I am a stand-in for a pedigreed puppy. I am always dressed to the nines — a big bow in my hair, a poufy dress, and white shoes. I remember the shoes, because I had to be careful not to scuff them. They had to be perfect. Later, though, I began to express myself and, even worse, looked like my dad, and my mother wasn’t pleased. She made it clear that I wasn’t what she wanted, expected, or signed up for. And I lost my place in the sun (Streep, 2017).

Peg’s mother had ideals and standard of a young child as a ‘pedigree puppy.’ In order to achieve that standard, she had expectations from Peg: not to ‘scuff shoes’ and keep ‘perfect.’ She used her financial resources to achieve that ideal and expectations by ‘dressing her to the nines’ with ‘poufy dress,’ ‘bow in hair’ and ‘white shoes.’ When Peg’s behaviour did not match mother’s expectation, she ‘wasn’t pleased.’
Reflections

Etic/emic

At the conception of this inquiry I was not a parent. The exploration of maternal cognition involved investigating a social group, i.e. parents, which was outside of my social group – being a non-parent. Study of a social group outside of the researchers is called an etic approach where the researcher relies on pre-existing theories and hypotheses to understand and to make meaning of a social group (Olive, 2014). Accordingly, the MPCAM was initially constructed based on reflections and substantiated with the literature review.

This approach is sometimes criticised by some scholars, as the researcher’s ability to see from the participants’ view is limited as an outsider. To compensate for this limitation, those scholars favoured an emic approach, where the inquirer becomes part of a social group and conducts the investigation as an insider of that social group. This also has been criticised, as bias is introduced by the researcher by relying too much on the researcher’s view, as the researcher tends to believe they understand the participants, as they are within the same social group. Tension over superiority of these approaches continues to exist with some favouring etic and others emic (Lu, 2012; Morris, Leung, Ames, & Lickel, 1999; Olive, 2014).

At the beginning of the collection of data stage my first son was born, which enabled me to gain some degree of parental perspective, during the analysis stage. The ability of this new perspective to understand the views of the participants in this thesis was limited by two factors: my perspective of my son was not that of an adolescent, and my views were paternal. Nevertheless, I was still able to make some sense of views, in relation to the MPCAM, as a parent. I was able to reflect that I created a mental standard for how a child should be, based on my parental and academic knowledge. For example I created an ideal and standard that a one year old child should be ‘playing’ and exploring the environment. There is some degree of emicness in this reflective process, relative to the model. Accordingly, I expected him to play and explore the environment and facilitated this objective through my authoritative parenting.
The conceptualisation of the model had taken place with an etic approach. The fact that by chance I had a son part way through the thesis enabled me to reflect, as an insider of the social group, despite the limitation of paternal cognition of a non-adolescent child. As a partial insider of the social group, I was able to at least to some degree, view from the participants’ position in this study, transforming the methodology to some degree to an emic approach. There is some degree of combination of etic and emic approach in this thesis, which is argued as a superior than either emic or etic (Lu, 2012; Zhu & Bargiela-Chiappini, 2013).
The primary contribution to knowledge was the exploration of the MPCAM. At the conception of the inquiry, the MPCAM was developed based on reflections. The findings from the thesis did not entirely support the hypothesised model. For example, mothers did not have beliefs in either ‘ideal levels of compliance’ or ‘ideal levels of expectations.’ Therefore, almost all parts of the MPCAM are a contribution to knowledge. The thesis was able to comprehensively explain how the maternal perception (descriptive cognitions) of severity of compliance is affected based on the evaluative-descriptive cognitions, and the mediating mechanism.

In addition, there were additional secondary contributions to knowledge. These contributions are non-generalizable due to small-scale qualitative inquiry:

- Within this sample from London, mothers were likely to view themselves as mid SES.
- Compared to mid/high SES Asians and Whites, it was difficult to recruit mid/high SES Blacks.
- Within the sample, mothers who had children with additional needs had higher degree of academic and maternal knowledge.
- Mothers from low SES had a relatively smaller extent of academic knowledge within the limited sample. In these mothers, transgenerational knowledge played a somewhat dominant role in the MPCAM.
- The literature rarely discusses mixed parenting style. One third of mothers practised a mixed parenting style in London, within this sample.
- The hybrid technique used to classify the ‘style of parenting’ by inductively identifying the segment of relevant data and deductively matching that data to the features of ‘style of parenting’ is also a contribution to knowledge.
• Single mothers had a higher degree of maternal anxiety, and greater expectations of degree of compliance, within this sample.

• Some mothers have a particular type of knowledge that is dominant over another. When the values of the dominant knowledge contradict the values of the other knowledge, the dominant knowledge supersedes.

• The instrument used in the semi-structured interviews has gone through two stages of piloting with distinct methods, i.e. piloting of focus group and interview. This was further modified as the result of reflections from single-case analyses. This makes the instrument a contribution to knowledge.
**Development as a researcher**

When I initially learnt about parenting styles in my undergraduate studies, I desired to practice an authoritative parenting style due to its positive effect on children. I was under the impression that my parenting style was authoritative with my son. Reflections during analysis of data on parenting style, utilising a deductive and inductive approach, led me to realise that my parenting style was in fact more authoritarian than authoritative. I made an active decision to increase the degree of warmth provided to my son, so that my parenting style would transform into an authoritative typology. My wife has recently noticed this change in my parenting style. This example illustrates the positive effect this thesis had in my parent-child relationship.

Overall I gained extensive practical and theoretical knowledge and developed myself as a researcher. These include but are not limited to tackling ethical dilemmas, creating reasonable expectations of recruitment, construction of a model, dealing with trustworthiness. I learnt to reflect and modify the strategies and instruments after collecting the data from each participant; so subsequent collection of data would be more trustworthy. Here are some of the examples of areas where I was able to develop as a researcher:

- Initially I was over optimistic to assume that it was possible to conduct a sequential mixed methodology inquiry (a qualitative inquiry followed by a quantitative inquiry). Recruitment of sufficient number of participants to detect a small effect size would have been impossible in a follow up quantitative phase. I learnt the difficulty in recruitment of participants within a prescribed time frame.

- The literature did indicate that it is relatively difficult to conduct a focus group in relation to interviews. However, this assumption varies from time and place. For example, conducting a focus group in Sri Lanka is relatively efficient and simple, based on my interaction with mothers in Sri Lanka. I learnt that in a busy place like
London, and in the current time, it was difficult to find a site and time that is mutually convenient for all participants.

- I learnt from data collection that it was very challenging to get a school to participate in a research project without knowing personnel from the concerned school.

- I learnt that ONS (2010) system of classifying SES appears simple in theory, but the practicality of this approach was very complicated and time consuming.

- I learnt that the quality of audio recordings may be compromised in an outdoor environment or in a restaurant, particularly during busy hours. This experience helped me take appropriate precautions in subsequent data collection in the study.

Despite all the aforementioned positive impact on my development as researcher, my poor organisational skills had an ineffective impact on the development of the thesis. For example, I began reflecting in a research diary at the review of literature stage of the project. Subsequently, I began to reflect on creating separate files on my laptop during the data collection stage and accidently deleted some of the files. The journal entry for the analyses was recorded in the ‘journal’ and ‘annotation’ options for the NVivo®. During the final writing up section, I made entries directly on to the bottom of the draft of the thesis. This disorganised strategy was marred with being unable to reference the date of some of the entries (particularly for NVivo® entries) and unable to cross-reference between entries to enhance the reflective process. I accept the negative consequences that can be caused by poor organisation and I will attempt to be more organised in my future research.
Implications

In the introduction chapter, I pointed out that the rationale for the exploration of the model was to address the potential misdiagnosis and maltreatment of children by practitioners. However, the scope of the investigation of the model was somewhat narrowed to eliminate the need for a clinical sample, and the diagnosis and maltreatment aspect of the models presented in the introduction. Nevertheless, there may be a potential implication for practitioners, as a result of this thesis, as the MPCAM was able to highlight the subjective nature of maternal perception of adolescents’ compliance. In particular, two of the mothers’ (AH and WH) children happened to be from a clinical sample. The data from these two participants was also consistent with the overall MPCAM.

Some of the psychological disorders can be challenging to diagnose, particularly those involving comorbidities. There are challenges faced by practitioners due to conceptual and empirical richness in psychiatry, and in diagnosis and treatment of mental disorders (Mezzich & Salloum, 2008). As pointed out in the introduction and in the literature review, the DSM-5 uses subjective terms to refer to extent of noncompliance for diagnostic criteria and no normative values are available in compliance in children in the literature. This complexity may force practitioners to rely on other reports on compliance, such as from mothers. This thesis has demonstrated that the maternal perception of severity of compliance does not accurately reflect children’s behaviours.

Based on the MPCAM, one of the potential implications for practitioners is to understand that the maternal perception of children’s compliance can be subjective, particularly based on knowledge that mothers have already acquired. Therefore, when mothers complain to practitioners about their child’s compliance, it is useful for practitioners to explore the maternal perception. The DSM-5 in a separate chapter, ‘other conditions that may be a focus of clinical attention,’ included ‘parent-child relational problems.’ They stated that, “their inclusion in DSM-5 is meant to draw attention to the scope of additional issues that may be encountered in routine clinical practice and to provide a systematic listing that may be useful to clinicians in documenting these issues” (APA, 2013, p. 715). In particular they have acknowledged that this problem can be caused by impaired cognitions, which can have an impact on diagnosis and treatments.
If the practitioner believes that maternal perception is biased, caution should be taken in assigning weight to maternal accounts of children’s compliance. For example, asking mothers to rate the child as to what extent they are: ‘disobedient in school,’ and ‘disobedient at home’ in the Child Behaviour Checklist (Achenbach, 2001) may be biased. Paying careful attention to maternal reports may enable the practitioners to make the diagnosis more accurate.

Another implication of the MPCAM is that in some circumstances, the treatment for mothers, who complain about severity of their children’s compliance, may have to focus on mothers, rather than the children. Practitioners can be tempted to avoid confrontation with fee-paying mothers, especially in private practice, as mothers may feel the practitioner is pointing a finger at them. Nevertheless children’s right to effective treatment should not be undermined.

The MPCAM highlights two ways in which practitioners may approach mothers who complain about their children and have a biased perception of their behaviours. Firstly to distinguish between maternal values that they have gained through their prior knowledge and their ideals and standards. The acquisition of various types of knowledge, such as self-reflective and transgenerational generate certain values. These values, for example, can be ‘happy children,’ ‘potential fulfilling children’ etc. There is nothing wrong with these values. However, when these values are transformed into ideals/standards, a notion of ‘should be’ is created. For example, a happy child should have a good network of friends (BL). The mothers perceive the behaviours as problematic when the expectation, based on the notion of ‘should be’, is unmet. This can potentially be rectified by distinguishing between values and ideals/standards and advising the mothers that it is still possible to have those values, without having those ideals/standards. For example, even though having a good network of friends is good, it is not a necessary criterion for a child to be happy.

Another possible way of addressing the perception of severity of compliance is through the mediating mechanism. The MPCAM suggested that certain types of knowledge, mixed parenting style, and attributional style could function as a defence mechanism, in which mothers perceived their children’s behaviours as less problematic. The practitioners can highlight appropriate types of knowledge and their style of attribution. For example, the practitioners may ask the mother, ‘how would you have approached the situation when
you were a teenager?’ These types of questions can potentially stimulate self-reflective knowledge, which often functions as a mediating mechanism. Similarly, paying attention to styles of attribution and educating them with positive styles of attribution may help mothers perceive the behaviours as less problematic. Consistent with this idea, the DSM-5 has highlighted that a negative attribution may be responsible for parent-child relational problems.

The confirmation of these potential implications for practitioners requires a larger scale clinical study, expanding the MPCAM, to include diagnosis and treatments, as presented in the introduction chapter.
Limitations

The overall number of participants in the study is inadequate to make affirmative claims on transferability. Particularly, only one participant is represented in each SES/race matrix, due to constraints on time. Further, I was unable to recruit three participants who represented high/medium SES Black and low SES White in the matrix. Transferability is a facet of trustworthiness (Shenton, 2004), thus this restricts the transferability aspect of trustworthiness. This is a common drawback in qualitative studies, which tend to have fewer participants. Nevertheless, the objective of the thesis was not to make transferability claims, rather to explore the model. Even though only one participant was represented from Black, culture per se was not a factor affecting the MPCAM, rather knowledge associated with culture that had an impact on the model. Therefore, any compromise to trustworthiness, due to limited representation from Black participants, to some extent, should not be undermined.

A subsequent deductive quantitative phase would have enabled me to confirm the findings of the qualitative phase, thus enhancing the overall trustworthiness. Advanced statistical analysis, such as multiple regression or multi-level modelling may shed more light on the strength of the specific effect of each factor in the MPCAM.

The instrument has been continuously modified, subsequent to interviewing each participant, which resulted in a development of a robust instrument over time. The concept of the mediating mechanism emerged during the single-case analyses and each case augmented the existence of this concept. In the earlier interviews I did not specifically ask the participants how they felt when the expectations were met or unmet. I assumed that they would feel happy and content when their maternal expectations were met, which I later realised could be conjecture. Upon discovering the conjecture, I asked a specific question to confirm my hypothesis in the final participant. Ideally I should have asked this question to each participant to enhance the credibility of the mediating mechanism.

The implication that the mediating mechanism functioned as a coping or a defence mechanism is somewhat a conjecture, as the questions did not specifically focus on coping
or defence mechanism. Appropriate probing across all participants would have made this conceptualisation more rigorous.

Strategies for probing SES improved over time. With the first participant (WM), SES was inadequately probed and significance of SES was not extrapolated from the data.

The parenting styles were coded in a hybrid manner, where segments of data were inductively identified, and deductively matched to pre-existing concepts, relating to appropriate parenting style. There is a chance of some degree of bias in the deductive aspect of the coding, which can affect the confirmability, an aspect of trustworthiness. This could be addressed by agreement checks with other colleagues. Due to time constrains and implications of asking somebody for help, I sampled only two cases (WM and BL) for an agreement check in the interview phase, as shown in the Appendix K.

The literature review was conducted on both mother and fathers. Subsequently, due to time limitations, I limited the inquiry to mothers only. I revisited the literature review to ensure that the studies relating to only fathers were excluded, to be consistent with the rest of the thesis. However, the literature review focused only on ‘mothers’ as a keyword search instead of ‘parents, mothers, and fathers’ this may have made the thesis more rigorous.

PCDAI concept utilised to operationalize duration of adolescence was not ‘empirically’ verified.
**Future Direction**

This explorative inquiry provided a conceptual model to understand maternal perception of severity of compliance in adolescents. A quantitative study with more participants could infer external generalisation. Such quantitative study will also augment other aspects of trustworthiness, such as credibility, as the deductive approach in the quantitative phase will confirm the findings from the current inductive qualitative inquiry. This will include finding the effect sizes between the associative or causative factors. The determination of effect sizes are important, as it determines to what extent the factors in the model have an effect.

The mediating mechanism was found to have a positive effect on mothers, particularly in coping and defence mechanisms. The evidence for the existence of a mediating mechanism was augmented with each participant. A study comprehensively investigating this mechanism is likely to be helpful in clinical settings.

The inquiry has established that maternal perception of severity of children’s degree of compliance is partially controlled by factors outside children’s agency. James (2013) argued that maternal perception of severity of degree of compliance is prone to misdiagnosis of compliance-associated disorders, such as conduct disorders, intermittent explosive disorders and oppositional defiant disorders, in adolescents. Thus a study to find out to what extent the maternal perception of severity of compliance is controlled by agency outside of their children is warranted in a clinical sample. This argument is also echoed by the current version of DSM-5, which states that the cognitive aspect of parent-child relational problems as ‘other conditions that may be a focus of clinical attention’ (APA, 2013).


Appendices
Appendix A

Ethical Approval

Dear Anton

Ref: PGR-76784892

**Project Title:** Exploration of parental perception of compliance in adolescents

I am pleased to confirm that your ethics application has now been approved by the School Research Integrity Committee (RIC) against a pre-approved UREC template.

If anything untoward happens during your research then please ensure you make your supervisor aware who can then raise it with the RIC on your behalf

**This approval is confirmation only for the Ethical Approval application.**

Regards
Appendix B

Exploration of parental perception of compliance in adolescents

Participant Information Sheet

You are being invited to take part in a student’s doctoral research study, which will explore the effect of parental belief and expectation on perception of children’s compliance. Before you decide it is important for you to understand why the pilot study is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part in the research. Thank you for reading this.

Who will conduct the pilot study?

Anton James, School of Education, the University of Manchester, Oxford Road, Manchester, M13 9PL

Title of the pilot study

Exploration of parental perception of compliance in adolescents.

What is the aim of the pilot study?

The aim of the study is to explore the effect of parental beliefs and expectation on the perception of compliance in adolescents.

Why have I been chosen?

The students who are also parents who have children older than five years are chosen for the pilot study. There will be three to six participants in total in the focus group.

What would I be asked to do if I took part?

You will be asked to participate in a focus group. This will include informal discussion via telephone, email or in person before the focus group to explain and discuss any questions you may have of the focus group.

The discussion in the focus group involves discussing: what you believe as compliance and why you have these beliefs; what do you believe as ideal level of compliance, what do you expect in relation to compliance. As this topic of conversation involves compliance in your children, some participants may feel distressed, upset or embarrassed due to their participation.

What happens to the data collected?

The data will be used as part of the PhD thesis. It may also be used for publication and for presentation in conferences.

How is confidentiality maintained?
The information provided will be confidential. Personal information such as your name or postcode is not collected. The data will be stored and kept securely in accordance with the law. The session will be audio taped. This will be electronically deleted five years after submission of the thesis.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason.

Will I be paid for participating in the study?

Unfortunately there is no compensation for your participation.

What is the duration of the study?

The focus group would be expected to last no more than one and a half hours.

Where will the study be conducted?

The focus group will be held at University of Manchester, Oxford Road, Manchester.

Will the outcomes of the study be published?

The results of the study will be included in the PhD thesis.

Contact for further information

You can contact the researcher and his supervisor at:

Anton James (researcher) or XXXXXX School of Education, The University of Manchester, Oxford Road, Manchester, M13 9PL
Email - XXXXX
Phone – XXXXX

What if something goes wrong?

If something goes wrong, such as feeling distressed due to your participation, please contact the researcher at the following address:

Anton James, School of Education, The University of Manchester, Oxford Road, Manchester, M13 9PL
Email -
Phone –
If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to 'The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093.
Appendix C

CONSENT FORM

Exploration of parental perception of compliance in adolescents

If you are happy to participate please complete and sign the consent form below

<table>
<thead>
<tr>
<th>Please Initial Box</th>
</tr>
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<tbody>
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</tbody>
</table>

1. I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

3. I understand that the session will be audio recorded.

4. I agree to the use of anonymous quotes.

5. I agree that any data collected may be published in anonymous form in academic books, journals, conferences or thesis.

<table>
<thead>
<tr>
<th>Name of participant</th>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of person taking consent</th>
<th>Date</th>
<th>Signature</th>
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</table>
### Appendix D

**Modified Focus Group Schedule**

<table>
<thead>
<tr>
<th>Question</th>
<th>Probe for: cultural/religion, SES, parental anxiety and transgenerational knowledge where appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell us your first name and something about you?</td>
<td></td>
</tr>
<tr>
<td>In a word or in a sentence, write down what is the first thing comes to your mind, when I say compliance. Then share this with person next to you.</td>
<td></td>
</tr>
<tr>
<td>Tell me about your ideal adolescent child and why do you think that?</td>
<td></td>
</tr>
<tr>
<td>What developmental norms and milestones children experience when they go through adolescence go through adolescence? Provide example of developmental norms and milestones from preadolescence if necessary. Probe with: Is it normal?</td>
<td></td>
</tr>
<tr>
<td>What do you think about compliance and why?</td>
<td></td>
</tr>
<tr>
<td>In terms of compliance what do you expect from your adolescent child and why?</td>
<td></td>
</tr>
<tr>
<td>Some of you indicated that there is a difference/similar between an ideal child and your child. Can you explain why?</td>
<td></td>
</tr>
<tr>
<td>We are wrapping up now. Does anybody want to add something in relation to our discussion?</td>
<td></td>
</tr>
</tbody>
</table>
Hi Anton
You will see below that ethical approval has been granted and you can continue to collect data.

Best wishes

XXX

From:
Sent: 29 January 2016 18:50
To: Ethics Education
Cc:
Subject: Re: Minor amendment to ethical approval

Hi XXXX
This amendment is fine. Will this email suffice as my approval or am I supposed to complete some part of the form which I’ve missed?

Thanks

XXXX
Appendix F

Exploration of parental perception of compliance in adolescents

Participant Information Sheet

You are being invited to take part in a doctoral research study, which will explore the effect of parental belief system in perception of children’s compliance. Before you decide it is important for you to understand why the study is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part in the research. Thank you for reading this.

Who will conduct the study?

Anton James, School of Education, the University of Manchester, Oxford Road, Manchester, M13 9PL

Title of the study

Exploration of parental perception of compliance in adolescents.

What is the aim of the study?

The aim of the study is to explore parental perception of compliance in adolescents (age 11 – 17)

Why have I been chosen?

You have been selected because you have a child aged between 11 to 17 years.

What would I be asked to do if I took part?

If you decide to take part, you will be contacted via telephone and to have an informal discussion with the researcher to see if you are eligible. If you are eligible, you will be asked to participate in an interview. The discussion will be about what you understand and believe about children’s compliance and why you have these beliefs about your teenage child.

The focus will be on your adolescent child and you will be asked to bring a photo of your child for you to look at to help you focus on this child and not other children in the family. You do not have to share this photo with anybody.
What happens to the data collected?

The data will be used as part of the PhD thesis. It may also be used for publication and for presentation in conferences.

How is confidentiality maintained?

The information provided will be confidential. Personal information such as your name or postcode is not collected. No names will be used in the thesis or publications. Pseudonyms may be used to hide your identity.

The data will be stored and kept securely. Before analysing the data will be encrypted. You will be identified with your first name. Any part that will identify you will be removed before transferring data via emails. The session will be audio recorded. Audio recording and the transcription will be electronically deleted after 5 years of receiving PhD award.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If the researcher did not hear from you, he may contact you in 2 weeks to see if you are willing to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason.

Will I be paid for participating in the study?

You will get £15 for participation.

What is the duration of the study?

You will have a telephone discussion with you for 5 minutes to see if you eligible to participate. The interview may last up to 1 hour and 45 minutes in length.

Where will the study be conducted?

Mutually convenient location for all participants.

Will the outcomes of the study be published?

The results of the study will be included in the PhD thesis.

Contact for further information

You can contact the researcher and his supervisor at:

Anton James (researcher) or
Email - XXXX
Phone – XXXX

What if something goes wrong?
If something goes wrong, such as feeling distressed due to your participation, please contact the researcher at the following address:
Garry Squires (Supervisor) School of Education, The University of Manchester, Oxford Road, Manchester, M13 9PL
Or researcher:
Anton James, School of Education, The University of Manchester, Oxford Road, Manchester, M13 9PL
Email - XXXX
Phone – XXXX
If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to 'The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093.
Appendix G

Exploration of parental perception of compliance in adolescents

Participant Information Sheet

You are being invited to take part in a doctoral research study, which will explore the effect of parental belief system in perception of children’s compliance. Before you decide it is important for you to understand why the study is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part in the research. Thank you for reading this.

Who will conduct the study?

Anton James, School of Education, the University of Manchester, Oxford Road, Manchester, M13 9PL

Title of the study

Exploration of parental perception of compliance in adolescents.

What is the aim of the study?

The aim of the study is to explore parental perception of compliance in adolescents (age 11–17)

Why have I been chosen?

You have been selected because you have a child aged between 11 to 17 years.

What would I be asked to do if I took part?

If you decide to take part, you will be contacted via telephone and to have an informal discussion with the researcher to see if you are eligible. If you are eligible an interview will be conducted on your beliefs and expectation of your teenage child’s behaviours.

You will be asked to bring a photograph of your teenage child, but you do not have to share this with the researcher.

What happens to the data collected?
The data will be used as part of the PhD thesis. It may also be used for publication and for presentation in conferences.

**How is confidentiality maintained?**

The information provided will be confidential. Personal information such as your name or postcode is not collected. No names will be used in the thesis or publications. Pseudonyms may be used to hide your identity.

The data will be stored and kept securely. Before analysing the data will be encrypted. You will be identified with your first name. Any part that will identify you will be removed before transferring data via emails. The session will be audio recorded. Audio recording and the transcription will be electronically deleted after 5 years of receiving PhD award.

**What happens if I do not want to take part or if I change my mind?**

It is up to you to decide whether or not to take part. If the researcher did not hear from you, he may contact you in 2 weeks to see if you are willing to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason.

**Will I be paid for participating in the study?**

Sorry there is no compensation for this phase of the project.

**What is the duration of the study?**

You will have a telephone discussion with you for 5 minutes to see if you eligible to participate. The interview may last up to 30 to 45 minutes.

**Where will the study be conducted?**

At a convenient place closer to you.

**Will the outcomes of the study be published?**

The results of the study will be included in the PhD thesis.

**Contact for further information**

You can contact the researcher and his supervisor at:

Anton James (researcher) or
Email - XXXXX
Phone – XXXX

**What if something goes wrong?**
If something goes wrong, such as feeling distressed due to your participation, please contact the researcher at the following address:
Garry Squires (Supervisor) School of Education, The University of Manchester, Oxford Road, Manchester, M13 9PL
Or researcher:
Anton James, School of Education, The University of Manchester, Oxford Road, Manchester, M13 9PL
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Appendix H

![Diagram showing a four-quadrant model of parenting styles. The quadrants are labeled as follows: Permissive (Low Responsiveness, Low Demandingness), Authoritative (High Responsiveness, High Demandingness), Uninvolved (Low Responsiveness, Low Demandingness), Authoritarian (High Responsiveness, Low Demandingness).]

- **Permissive**
  - Low Responsiveness
  - Low Demandingness
  - Indulgent
  - Accepting
  - Lenient
  - Non-directive
  - Few rules
  - Avoid confrontation
  - Low expectations

- **Authoritative**
  - High Responsiveness
  - High Demandingness
  - Responsive
  - Power-with
  - Reciprocal
  - Clear standards
  - Assertive
  - Democratic
  - Flexible

- **Uninvolved**
  - Low Responsiveness
  - Low Demandingness
  - Uninterested
  - Neglectful
  - Passive
  - “You’re on your own”

- **Authoritarian**
  - High Responsiveness
  - Low Demandingness
  - Punishment
  - Clear rules
  - Emotionally distant
  - Power-over
  - “Because I said so!”

- **High Responsiveness**
  - “Let’s talk about it”

- **Low Responsiveness**
  - “You’re the boss”

- **High Demandingness**
  - High expectations

- **Low Demandingness**
  - Structured environments

- **Warmth**
  - Little warmth

- **Control, strictness**
  - Competing priorities
  - Absent
  - Little time

- **Uninvolved**
  - Neglectful
  - Passive

- **Authoritarian**
Appendix I

AH’s modified MPCAM with mediating mechanism from cross case analysis.

- Perceptions of severity of compliance (DC)
- Academic and observational knowledge
- Self-reflective knowledge
- Maternal anxiety
- SES
- Parenting style
- Notion of an ideal child (EDC)
- Mediating mechanism
  - Academic maternal and self-reflective knowledge
  - Maternal, self-reflective, academic, and observational knowledge
Appendix J

Agreement check for SES

Hello MXXXXX

I am writing to ask you for your participation in agreement check in categorising socioeconomic status (SES) of the my research participants. I will provide short descriptions of the participants can you please categorise them in low medium or high SES. Your response will be anonymised and included in the thesis. If you do not want your anonymised response to be included in the thesis, you do not have to participate in the agreement check.

I sincerely appreciate your assistance in this matter.

1) This participant is a dean of a university in London. Her husband is a professor. She has two mortgage paid houses in an expensive area of London. She takes her son to the US for treatment for a genetic condition for a treatment which is readily available in the NHS. She is planning to send her son to USA or Canada for university education paying international student fee.

2) This participant is a part time teacher in a college and her husband is a manager in sales industry. They own their house in central London.

3) This participant and her husband are unemployed. They live in benefits.

4) This participant is in her retirement age. She is a governess in various schools and charity. She inherited two adjacent houses, and both of them have four storeys, in an expensive part of the neighbourhood. She is a former magistrate of criminal justice system.

5) This participant is a dental technician. She has occasional house keeper to clean the house. She has savings of £50,000 for son's education. She sends her son for various extracurricular activities.
6) This participant single mother. She does not receive any support from the father of her
daughter. She was in receipt of benefits, but now she is working part time for a charity. She
lives in a social housing. She claimed she if she has enough money she likes to go on a
holiday. She doesn't have enough money to send her daughter to extracurricular
activities, that she wanted.

Based on these information, can you please categorise them into low, medium or high SES.

I sincerely value your input.

Thank you and warm regards

Anton James

XXXXXXX
To:
Anton James

Feb 10 at 3:51 AM

Hi Anton

Thanks for your sincere asking. it's my pleasure to participate the agreement check process. my category regarding to your participants' SES are as follows:
1: high
2: medium
3: low
4: high
5: medium
6: low

All the best
Appendix K

Agreement check for parenting style

Hello XXXX

Thank you for your input in agreement check for socioeconomic status.

May I also ask you to do another agreement check for parenting style. I have coded for parenting style based on the diagram here (https://sustainingcommunity.wordpress.com/2015/02/04/what-are-parenting-styles/)

I used the data from the participants to match the aspect of parenting style given in the diagram in the above link. I am sampling only two parents for agreement checks. I am attaching my results in MS word for those two participants. Will you be able to tell me if my coding correspond to the diagram in the above link.

Once again, I value your input and your response will be anonimised.

Thank you.

Warm regards

Anton James (BCBA)

Download all attachments as a zip file

- BL parenting style.docx
  31.4kB

- WM parenting style.docx
  67.1kB
To: Anton James

Feb 18 at 3:17 PM

Dear Anton
Thanks for your asking. It is a very interesting work to me.

Based on my understanding to the diagram stated in the link, I would say your results for BL and WM are quite corresponding to it.

Once again, wish you all the best with your study. If you need any further help, please feel free to contact me.

Regards
XXX
Hi Anton

Apologies for the delay in replying.

Q1) This notion comes from my upbringing and looking at what I put my parents through when I was growing up. Life would have been much easier for them if I had listened.

Q2) Example: [Son] is allowed 2 hrs a day on the computer for games, youtube ect, when he goes to bed he tries to sneak his phone upstairs, if I catch him then he does not get computer time for the whole week as punishment. He has not listened and followed instruction.

Q3) Yes, my Hindu values have a great impact on [son’s] behaviour and the expectation to behave in a well mannered at all times.

Anton hope this helps.

Kind regards
Appendix M

Member check with BL

I just noticed a parallel between what you said from your teenage child as you being slightly-- you had a typical child but at the same time kind of restricted. That's a little bit of parallel as to how you've perceive an ideal child. Do you think that notion comes from what you experienced when you were a teenager? See if your family kind of restricted to you--

Yeah. So my ideal is the opposite, you're saying.

Opposite thing, or is it because I'm missing from the-- I missed that and I will therefore I think-- it's what I'm asking you.

Yeah, I never really-- I don't know. I've not really thought about it. I think the ideal-- I don't know. The ideal, for me, isn't just about what I maybe didn't have, I think it's just seeing how-- I mean I've got teenage siblings, I've worked with teenagers, and I think just sometimes the thing that comes up again and again in their difficulty progressing and getting on in life is that when they go away from-- so for instance if we're running an activity, the children altogether, by the end of the day, they've bounced ideas, they've talked to some students at the university, they've had a great day, and then the realization that they're going home or they're going back to no one to express these ideas to, or having difficulty communicating in their own settings is when the sort of issues lie and it all kind of falls down on the work that we've done. So I've just found that in different environments I've been in, I've seen that this lack of having other people, maybe, can be detrimental and--

Right, so from observing other people--

Yeah, so from observations and-- yeah, that's where I think I get it from, but I never really made the connection or seen the connection.