

# A Model of Parental Mediation of their Children's Use of Internet Connected Devices

**Research Article**

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**Received:** March 05, 2016 | **Published:** April 06, 2016**Abstract**

The aim of this research was to build on prior research to develop a model of parental mediation of children's use of ICDs based on an exploration of the parental experience in the mediation of ICD's. A qualitative methodology, semi-structured interviews, was used to gather data from participants. There were five volunteering participating parents, who were recruited through social media forum advertisements. All of the participants had children between the ages of 9 and 16 years of age. In this research a model of parental mediation of children's use of ICDs was developed using a grounded theory orientation, which posits that parental mediation contains the elements of parental control and parental experience. Parental control consists of parental mediation strategy and tactics that can be covert or overt in nature. Parental experience contains parental anxiety, trust and knowledge of information. Risk should be considered as an element that overlaps between parental control and parental experience and that a dynamic relationship exists between parental controls and parental experiences. The model provides additional knowledge to psychologists, counsellors and psychotherapists, which may be of value to the therapeutic process.

**Keywords:** Parental mediation; Children on-line: risks and benefits; Internet Devices; Ireland

**Abbreviations:** ICD's: Internet Connected Devices

**Introduction**

The sheer volume, prevalence and use of internet connected devices (ICDs) by children helps to contextualise the parental experience of mediating children's use of ICD's. The potential for pro-social, positive parental-child experience such as learning and the shared experience of enjoyment from watching an educational or humorous clip on YouTube is balanced by the risk to child safety from adverse effects of exposure to pornographic or violent content, online bullying or the risk associated with online predators.

Links between the experience of parents in the mediation of their children's use of ICDs and the general theories of psychology, counselling and psychotherapy approaches were established in literature reviewed by Meehan and Hickey [1-4]. A chain of evidence emerged from the literature reviewed that supports the importance of additional research being completed in the area of parental experience of mediating children's use of ICD's [1]. The literature review identified gaps where the parental experience of mediation was understood primarily as binary responses to questionnaires or scores on a scale [5-7]. It was contended that the wealth, depth and data contained in the rich narrative of parental experience was not captured because of the methodology utilised in prior research. Research completed by Meehan and Hickey [8] adopted a research design that was strategically chosen to reflect an understanding of the experience of parental mediation of children's use of ICDs as being a phenomenon that unfolds as part of normal parental activity in everyday life. Meehan and Hickey's [8] research identified five primary themes: Parental mediation

(parental control and experience), knowledge of interests, risk, trust and parental anxiety.

In this research it was deemed important to develop a model understanding of that is rooted in the rich source of data contained in parental experiences. The research was designed to accommodate whatever was contained within the parental experience, as the intent of the research was to develop a model of understanding of the nature of the parental experience of mediating children's use of ICDs. A naturalistic orientation for research design allows the study of real-world experience as they naturally unfold where the researchers are open to whatever may emerge from the research and where the research design is non-manipulative and non-controlling [9]. Adopting a naturalistic research orientation acts as a complementary balance to prior parental mediation research where quantitative methods were used. This research was strategically designed as naturalistic in orientation and ideographic in approach utilising qualitative methods [9-11]. The use of qualitative methods provides the research with a coherent and systemic capability to achieve the research aims and objectives as it enables the in-depth study of personal experience [9-11]. The choice of research design enables evidence to be obtained which relates specifically to exploring the nature of the parental experience of mediating children's use of ICDs and thus allows for that evidence to describe or assess the meanings contained within the parental experience [9].

**Materials and Methods****Interview methodology**

The research used a semi-structured, open-ended interview

design as it provided the ability to access and capture the nature of parental experiences [9,10,12]. The development of the research interview questions followed a process. A literature review was sequenced prior to any work on developing specific research interview questions. The sequencing of the literature review prior to the development of research interview questions was done with the intent of using the information generated in the literature review as a basis to inform what key information should be contained within interview questions. An analysis of the literature reviewed was completed and main themes were identified. The research interview questions were tested in the pilot interview and feedback from the participant in the pilot interview indicated that the questions were easily understood and that they captured all the necessary aspects of parental moderation of children's use of ICDs.

### **Participants, sample size, inclusion criteria and recruitment**

Participants volunteered for the research by contacting the researcher following recruitment advertisement. The approach to attracting participants was based upon a snowball sampling technique [10]. A sample size of five participants was used and was influenced by McLeod [10] and Sandelowski's [13] literature. Participants were screened to ensure that participants met inclusion criteria. Participants were required to be the legal guardians of the children that are users of ICDs. Participant children were required to be within the 9-16 year-old age range as this age range has been used in prior research on parental mediation [14]. Participants were required to be resident in Ireland and the children have access to ICDs. Participants were excluded where either the parent or child belonged to a vulnerable group as specified in the research ethics. Each participant received an interview pack containing a plain language information sheet, an informed consent form and debriefing information. All participants signed informed consent prior to interviews commencing.

### **Data collection, management, preparation and analysis**

The research data collection consisted of audio, email and written scripts that were generated as part of the research interview process. Data was managed in line with best practice data management protocol as outlined by the Data Protection Commission's office [15]. Audio data was converted into typed transcripts and prepared for data analysis. Software was used during the transcription process to slowdown the audio script so as to increase transcription accuracy. Information that may identify participants was removed at the transcript stage (without interfering with the narrative or altering the content).

### **Research Trustworthiness, Reliability and Validity**

The intent of the concepts of research reliability and validity or trustworthiness was of concern to this research. Literature detailing methods for ensuring the qualitative research validity was reviewed which indicated that validity or trustworthiness could be established in a number of different ways [10,16]. A selection of methods identified by McLeod [10] for ensuring validity were built into the research process methodology including a comprehensive set of research procedures, contextualisation of

the research, conceptualisation of data and systemic consideration of competing explanations or interpretations of the data.

### **Model development**

A distinction is made between the adaptation of the use of a pure grounded theory approach and the use of grounded theory methods that are congruent and complimentary to the analysis of qualitative data. Grounded theory can be viewed as being complimentary to qualitative data analysis [10]. The initial stage of qualitative data analysis and the use of a grounded theory methodology share the characteristics of the reviewing of data and breaking down of the data into units of meaning [10]. Similarly, parallels can be observed between the process of grouping meanings into categories as a grounded theory method and the qualitative data analysis stage of categorisation/phenomenological reduction.

In this research, a grounded theory orientation was applied at the interpretation stage of data analysis so as to develop an explanation or model on the nature of parental experience in the mediation of children's use of ICDs. The decision to apply a grounded theory orientation, and where it was placed in the research design, was based on the premise that research observations followed the research findings, and the research theory evolved inductively from the findings. The hour-glass analogy helps to illustrate the research design. The top-end of the hour-glass could represent the process of research interviews were used to generate data that could be subjected to qualitative analysis. The results of the data analysis could illustrate the centre of the hour-glass while the lower part of the hour-glass could illustrate the model development.

### **Resources**

There were a number of resources utilised including access to a research texts and a researcher supervisor to seek advice on the technical aspects on the process and interpretation of data analysis. Software packages were available such as Ethno, NVivo or NUD\*IST and were considered. However, given the volume of data it was decided that a manual method of data analysis was more appropriate. The researcher also utilised the participants in checking elements or whole transcripts for accuracy and validated themes with participants for correctness.

### **Ethics**

The research was designed to conform to the letter and spirit of both academic and professional research ethics requirements. A research ethics proposal was submitted to and reviewed by an ethics review board. Ethical approval was obtained before research commenced.

### **Results**

#### **Overview**

The results of the research including descriptions of the participants, range of ICD's and expanded sections detailing the principal themes was presented in a previous publication by Meehan and Hickey [1]. The intention of this section is not to repeat the presentation of results but rather briefly review the principle results. The results provided the foundation for

the development of a model of understanding. The five primary themes that emerged through the application of thematic analysis of extracted data were parental mediation (parental control and experience), knowledge of interests, risk, trust and parental anxiety.

i) Theme 1: Parental mediation: parental control and experience of mediation

The theme of parental mediation emerged through thematic analysis. The elements were interpreted and aligned under two sub-groupings: Parental control and parental experience of mediation. Parental controls comprises of elements such as strategy and tactics that could be covert or overt. Parental controls were found to be dynamic. Additionally parental controls could respond to cues or triggers such as changes in child behaviour that could initiate changes in the type or nature of parental control. Parental experience of mediation includes experiences describing what mediation was like for the parent.

ii) Theme 2: Knowledge of interests

As a theme, knowledge of interests contains information on parental knowledge of the benefits, learning's and implications from a child's ICD interaction combined with an understanding of a child's feelings or emotional attachment to or about ICD content. Specifically knowledge of interests contains a parental understanding of what the ICD interaction means to the child.

iii) Theme 3: Risk

Risk emerged as a prominent theme with all participants describing the experience of mediating content risk, contact risk, conduct risk and privacy concerns. Additional risks that were identified as the risk of parental anxiety, health risks, social risks and parental mediation standards.

iv) Theme 4: Trust

Trust emerged as a succinct theme with participants indicating that levels of trust informed, moulded and changed parental mediation strategies and tactics. Data indicated that levels of trust may vary dependent on situation, gender or child personality.

v) Theme 5: Parental anxiety

The theme of parental anxiety is being used as an umbrella term to capture the data set that referred to worry, concern, being scared or being frightened about issues related to children's activities on ICDs that have occurred or may occur in the future.

## Discussion

### Discussion and the development of a model of understanding

The research results provided interesting information for reflection. A grounded theory orientation allows for the development of a model about parental mediation of children's use of ICDs [9].

The category of parental mediation was presented as having two sub-categories, those of parental control and parental experience of mediation. Meehan and Hickey [1] identified that current understanding of parental mediation excludes consideration of a

tactical element, the experiential element or the dynamic element of parental mediation. Additionally, the current understanding of parental mediation excludes a consideration of the parental experience of using a child's access to ICDs as a way of controlling general child behaviour [1]. Knowledge of interests was connected to parental experiences such as those that relate to parent-child relationships [17]. The results identified that categories of risk could be expanded from those identified by Livingston and Haddon [5] (content risk, contact risk, conduct risk and violation of privacy) to include health risk, social risk, the risk of parental anxiety and the risk of variations in parental mediation standards. Meehan and Hickey [1] identified connections between risk and parental controls, and between risk and parental experience. The results identified how trust can be considered an element of parental mediation and how trust may influence the parental experience. Trust may alter the parental decisions on the type of strategy and tactics a parent may use in the mediation of ICDs. The results identified that parental experience could be influenced by parental anxiety. The triggering of anxiety has been connected to changes in parental emotions and changes in parental experience [1]. Similar to trust, parental anxiety has been shown to have a connection to parental controls as the experience of parental anxiety has been shown in the data to initiate changes in types and/or extent of parental controls [1].

A reflection on the research results and the discussion suggests that the information may be used to build a perspective or model about parental mediation as the current understanding of mediation focuses in on parental strategy [1]. The categories of parental control and parental experience could be broadened. A category of parental control could be viewed as containing parental strategy and tactics (covert/overt) [1]. A category of parental experience could contain parental anxiety, trust and knowledge of information. Risk could be considered as an element that overlaps between parental control and parental experience. The dynamic aspect of parental mediation could be represented by a bi-directional relationship between the elements of parental control and parental experience. Similarly, the relationship between child general behaviour and parental mediation of ICDs may be represented as a bi-directional relationship. The elements of parental mediation can be represented graphically as is illustrated in Figure 1.

### Research critique and opportunities for further research

It could be argued that a specific strength of the research was the methodology used in that there was little qualitative research in this area and that the results generally compliment and add to the quantitative research completed by others. The results of this research provide a range of opportunities for further research including the possibility to establish the strength of quantitative relationships between variables such as parental anxiety and the use of restrictive controls.

The development of a model of parental mediation of children's use of ICDs may be beneficial as a parsimonious way to represent complex interactive experiences. A strength of the model of parental mediation of children's use of ICDs is that it emerged from a process of study that conformed with scientific and evidenced based principles.

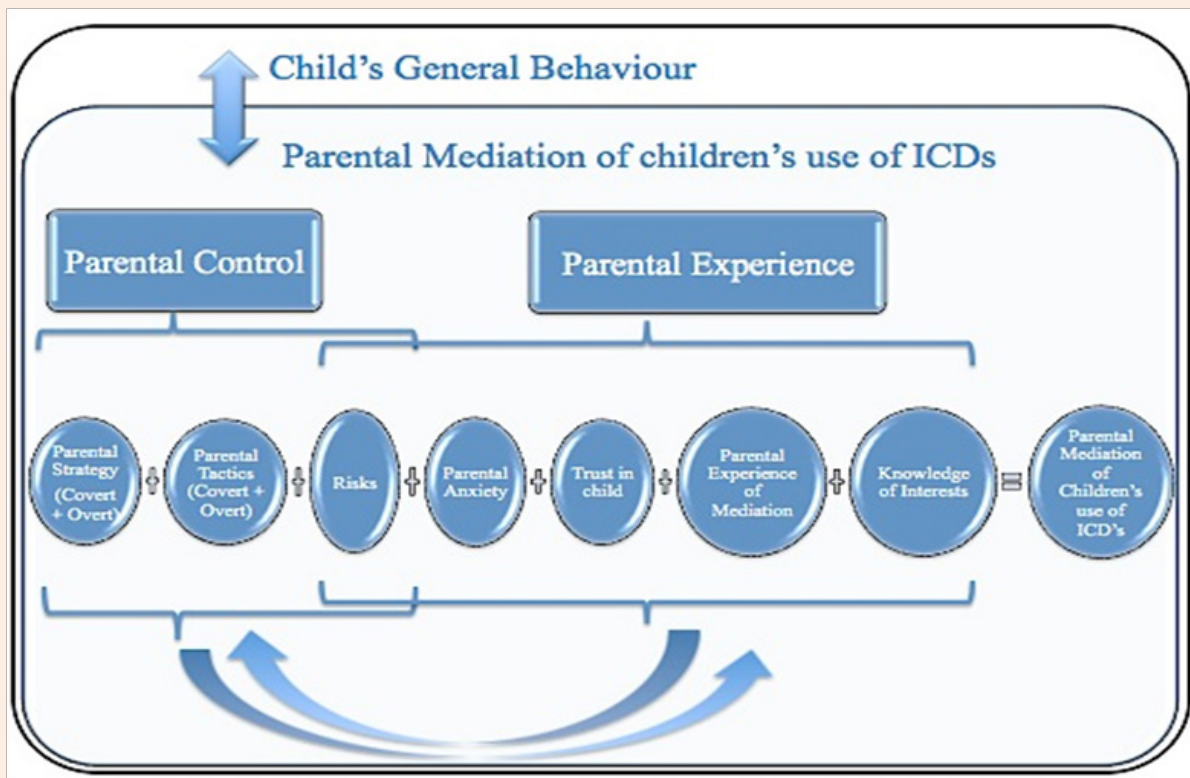


Figure 1: A Model of Parental Mediation of Children's use of ICDs.

Critically, the research and model can also be considered to be incomplete. While it should be acknowledged that the research has captured parental experience of mediating children's use of ICDs, that may only account for half the understanding. The research did not collect or understand what the child's experience is of parental mediation. An exploration of the child's experience of parental mediation may provide results that could contribute to a wider understanding of parental mediation. However, practical constraints such as ethical and time considerations meant a limited scope for this research. An opportunity exists to research the children's experience of parental mediation and should be considered as a potential way to build on this research.

### Conclusion

A number of conclusions can be drawn from the research. The development of a model of parental mediation may be viewed as being both complimentary to and building on the work of prior researchers. It is concluded that parental mediation contains the elements of parental control and parental experience. Parental control consists of parental mediation strategy and tactics that can be covert or overt in nature [1]. Parental experience contains parental anxiety, trust and knowledge of information [1]. The model of parental mediation facilitates the understanding of risk as being an overlapping element between of parental control and parental experience. The model also facilitates the representation of the dynamic relationship between parental controls and

parental experiences where cues or triggers may activate a change in parental mediation from being a passive to active state [1]. Finally, it is contended that the research is of value to the body of knowledge for psychology and the related professions of counselling and psychotherapy.

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