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DOES “HOVERING” MATTER? HELICOPTER PARENTING AND ITS EFFECT ON WELL-BEING

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DOES “HOVERING” MATTER? HELICOPTER PARENTING AND ITS EFFECT ON WELL-BEING

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The phenomenon popularly referred to as helicopter parenting refers to an overinvolvement of parents in their children’s lives. This concept has typically been used to describe parents of college-aged young adults. Despite much anecdotal evidence, little is known about its existence and consequences from an empirical perspective. Using a sample of college students at a university in the United States (N = 317), the exploration and measurement of this concept is examined. Results of factor analysis of helicopter parenting items constructed for this study support the use of the scale. Results suggest helicopter parenting is negatively related to psychological well-being and positively related to prescription medication use for anxiety/depression and the recreational consumption of pain pills.

INTRODUCTION

The Millennials, or those born roughly between the years 1982 through 1995, are theorized to be the most protected generation of children in our nation’s history. They wore safety helmets to ride their bicycles, lived in child-proofed homes, and engaged in highly structured activities (Howe and Strauss 2000; Strauss 2006). Some argue that as these children grew older, their parents had access to new technologies that allowed them to become firmly embedded in

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their children's lives. While earlier generations of children would spend the day riding their bikes and playing outside with friends, completely out of reach of their parents, today's parents use the cell phone, often called *the electronic umbilical cord*, coupled with e-mail, instant messaging, and social networking sites to constantly check on the whereabouts of their children (Kantrowitz and Tyre 2006; Randall 2007; Schweitzer 2005).

The popular press has tagged these types of parents "helicopters," "hovercrafts," "hummingbirds," and the even more extreme "stealth fighters" and "black hawks." Journalistic accounts describe helicopter parents who experience extreme separation anxiety when their children go off to college, and oftentimes do not detach from their children at all. Instead, they overparent by micromanaging their children's lives. Critics assert that this overinvolvement begins when these children are very young, and it seems to continue throughout both college and employment (ABC News 2007; Carroll 2007; Graves 2007). Newspapers and magazines have chronicled some college and university officials who have become so concerned about the supposed negative consequences of "hovering" that they have funneled both money and staff into programs to handle these parents; programs that essentially teach parents strategies for letting their children become independent adults while at college (Booher 2007; Esposito 2006; Strauss 2006). *Despite the lack of empirical evidence*, these officials have expressed strong concern that helicopter parenting is dysfunctional, and will eventually have negative consequences for this generation as they enter the workforce. They assume that because helicopter parents are more inclined to step in and solve any problems that their children may face, these children will become overly dependent on others, which will impact their general well-being (Kantrowitz and Tyre 2006).

It is our contention that because these strong opinions about helicopter parents are predicated on anecdotal evidence, this is quite a commitment in both staff and money for any college or university to make. While there are a few researchers that have spoken to the media about the results of their preliminary data on helicopter parenting, peer-reviewed papers have yet to be published (see Merriman 2007; Randall 2007; Schweitzer 2005).

To that end, the overall objective of this article is to examine the phenomenon of helicopter parenting from an empirical perspective in order to assess whether it is a general trend. We contrast helicopter parenting with, and situate it within, the family differentiation literature. Next, we present the development and analysis of the helicopter

parenting scale (HPS). We then examine the impact of helicopter parenting on eudemonic well-being and additional outcomes. Finally, we discuss the sociological implications of helicopter parenting.

Baumrind's Parenting Styles

Through one of the most comprehensive longitudinal studies of children between the ages of 3 and 15, Diana Baumrind has developed three ideal parenting styles she terms permissive, authoritarian and authoritative (Baumrind 1966). Parents with a permissive (or nondirective) style are typically accepting and positive toward their child, and will reason with them about various child-rearing decisions. Permissive parents consider themselves a resource for their child, and they don't attempt to actively change or control their child's present or future behavior. The child has little in the way of household responsibility and being assessed as well-behaved is unimportant. These children are typically from single-parent homes, and they tend to show less self-regulation, are more apt to use drugs, and are less achievement-oriented than their counterparts (Baumrind).

Authoritarian (or authoritarian directive) parents have clear and absolute expectations of their child, and obedience, order and traditional structure are considered important. These parents do not reason or negotiate with their children and will use force to reach parenting goals. Hard work is important and the child is given household chores to reinforce this value. These children are more likely to come from divorced homes, are less independent, are less apt to adopt societal values, and score lower on cognitive tests, than children raised with either permissive or authoritative parenting styles (Baumrind 1966).

Authoritative parents reason with their children and they are firm without being overly restrictive. Specific standards are delineated while still respecting the individuality and personality of the child. Decisions are made through parental reason and power rather than negotiation, and the authoritative parent is actively engaged in shaping the child's behavior. These children, whether they are raised in single- or two-parent homes, are more independent, mature, self-regulating, responsible, and cooperative than children reared in either permissive or authoritarian households, and they have the highest scores on cognitive tests (Baumrind 1966).

In her later work, Baumrind delineated five more parenting styles in addition to the three discussed above (Baumrind 1991a, 1991b;

Weiss and Schwarz 1996, p. 2101). Non-authoritarian directive parents are very similar to authoritarian parents but they are less controlling, and their children had slightly better results than those raised in authoritarian households. Democratic parents are similar to permissive parents but they also engage in democratic decision-making while giving their children a more structured upbringing. These children are similar to those raised in authoritative households, but have significantly higher levels of drug use. Good-Enough parents have moderate scores on all parenting dimensions and their children are reasonably adjusted. Rejecting/Neglecting (or unengaged) parents do not discipline, supervise, or organize their child's life and may openly reject or neglect them. These children are the least adjusted and they score the lowest on achievement scores.

Helicopter Parenting in the Context of Baumrind's Parenting Styles

Helicopter parents and authoritarian parents share similar concerns about their children in that they are both actively engaged in helping their children to succeed and achieve in life. However, it is during the process of allowing children to be independent that helicopter parenting becomes potentially problematic. We contend that children do not achieve independence when helicopter parents try to solve their problems during task-oriented challenges, because they are not allowing their children to engage in age-appropriate tasks, primarily as it applies to their education and preparation for the job market. For example, we would expect parents to worry about their children's ability to successfully problem-solve or make good decisions, and it seems reasonable for parents to be concerned with their child's ability to succeed. But, helicopter parents act on these concerns by "doing" for their child; tasks that children should be grappling with as they mature. Therefore, these parents may appear authoritative in most areas of the child's life, but they stunt independence by performing transactions for their children rather than nurturing the ability to handle tasks generally.

While authoritative parents tend to be generally assertive where they use reason to shape a child's behavior (Baumrind 1967), we argue that helicopter parents are intrusive in a *specific area* of their child's life, primarily education and future competitiveness, because they believe this will give their children a later advantage. So, it may be that helicopter parents are assertive in some areas of their child's life, but intrusive regarding education and competitiveness.

Extant research suggests adolescents and young adults raised in less functional families have a higher probability of depression, anxiety, problems with alcohol, and psychosocial immaturity. They are also more inclined to seek the services of mental health professionals (Gavazzi 1993). In that vein, we would expect respondents who perceive that their parents are helicopter parents to have lower levels of well-being.

Well-Being

Sociologists have traditionally associated the concept of well-being with happiness, quality of life, and life satisfaction. As is the case with measures of self-reported health, these measures are often limited to one survey item where extensive measurement has been heavy on the predictor side of the model rather than on the outcome side. In the psychological tradition, well-being research can be divided into hedonic (or subjective) well-being and eudemonic (or psychological) well-being. While both traditions use measures that would be considered subjective, hedonic well-being measures life in terms of pleasure and happiness (Ryan and Deci 2001). Ryff's (1989) conceptualization of eudemonic well-being, offers an alternative to these measures that merely focus on happiness. In this tradition, well-being consists of examining one's actualization of human potential, or one's true nature, which reaches beyond happiness in that it measures a person's perceptions of potential, thriving, and functioning (Ryff).

Ryff's (1989) effort has consisted of analyzing total well-being as well as six distinct dimensions of eudemonic well-being. The eudemonic well-being measure attempts to capture how well an individual thrives and functions when facing challenges. *Self-acceptance* is considered an important part of development, mental health, and self-actualization, and it measures one's acceptance of the past even as limitations and mistakes are recognized. *Positive relations*, which assesses an individual's development of functional relationships, is important for well-being and consistent with a mature individual. In addition, having positive relations with others has been correlated with lowered stress levels and increased autoimmune functioning (Ryff and Singer 2000). *Autonomy*, or an individual's ability to stand alone in the face of opposition as a self-determining, authoritative individual is also an important aspect of the mature individual who also has a greater internal locus of control (Keyes et al. 2002; Ryff). *Environmental mastery* pertains to an individual's ability to participate in his or her environment successfully, while *purpose in life* is

the perception that one has goals and a sense of directedness. Last, *personal growth* addresses an individual's perception of his or her ability to maintaining continual growth throughout life (Ryff).¹

The Current Study

In this study, we examine college students' attitudes about their parents and a number of well-being and mental health-related issues. First, we evaluate the items constructed for the helicopter parenting scale to assess its viability as an empirical concept. We perform a factor analysis on all items originally constructed for the scale. Next, we assess the impact of perceived helicopter parenting on psychological, or eudemonic well-being. Finally, we focus on a number of additional outcomes to further assess the relationship of perceived helicopter parenting to prescription medications for anxiety and depression and the consumption of pain medication for uses other than pain.

The specific research questions include the following:

- a. Does the measure of perceived helicopter parenting represent a viable construct?*
- b. Does helicopter parenting have an adverse impact on college students' well-being?*
- c. Is helicopter parenting related to taking a prescription medication for anxiety or depression, or the consumption of pain pills for uses other than pain?*

METHOD

Participants

The data come from a convenience sample of general education classes of a university in the South. While this sample is not a random probability sample, it is largely representative of the student population. Our rationale for surveying general education classes was to avoid samples that were saturated with students from any particular

¹The measurement of eudemonic well-being has not gone without scrutiny. A team of researchers in the UK has recently taken issue with the validity and multidimensionality of her measure (Abbot et al. 2006). However, earlier work has confirmed the theoretical structure of the eudemonic well-being measures, even when shorter versions of the scales were used (Ryff and Keyes 1995). Finally, a study comparing subjective well-being and psychological (eudemonic) well-being found the two concepts, while highly correlated, to be distinct constructs (Keyes et al. 2002).

discipline. Both small introductory sections and larger lecture courses were sampled. Eight classes were surveyed. All courses surveyed were at various class times during the day and also varied by scheduled weekdays. By definition, general education classes are courses required for all the degrees offered by the university. Our sampling frame is composed of the total enrollment for the targeted classes ($N=414$). From this frame, 330 students completed the survey, resulting in a response rate of 80%. Non-response was almost entirely a result of absence from class on the day the survey was administered. As age increases beyond 25 years, it becomes increasingly more difficult to argue the sample represents traditional college students. In order to assure we are analyzing differences among students in similar stages of the life course, 12 students who were older than 25 years were removed, as was one case for not completing the age question. The final sample consists of 317 college students.

Development of the Helicopter Parenting Measure

Helicopter Parenting

For the helicopter parenting scale, we attempted to capture the extent to which the individual felt her or his parents were controlling and transactional in their overall treatment of the respondent. The respondents were asked their level of agreement with statements relating to their experience with their parents while growing up. In the development of the measure, it was asserted that while helicopter parenting is a phenomenon popularly associated with college students, it is not a practice that begins in college. The items attempt to capture a global assessment of their experience leading up to their college years. It is hypothesized that helicopter parenting represents a collection of tendencies that constitute appropriate parenting characteristics taken to an inappropriate degree. This inappropriateness manifests itself in the parents' inability or unwillingness to (as perceived by the respondent) allow their children to experience life's challenges independently. The response set for the helicopter parenting items is as follows: 1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, agree, 5 = strongly agree. For the computation of the scale score, each respondent's item scores are summed and divided by the number of items constituting the scale. This computation returns scale scores to the same metric as each item. Higher scores represent higher levels of helicopter parenting perceived by respondents. For example, a scale score of "4" means the respondent, on average, "agreed" with all items making up the scale. A final scale score of "2" means the respondent, on average, "disagreed" with all scale items.

Table 1. Item summary data for helicopter parenting scale (HPS)

Item	Factor loadings	Mean item score	SD
1. My parents supervised my every move growing up.	0.64	3.0	1.2
2. I sometimes felt that my parents didn't feel I could make my own decisions.	0.67	2.9	1.3
3. My parents let me figure things out independently (reverse-coded).	0.75	2.5	1.1
4. It was very important to my parents that I never fail in life.	0.45	3.7	1.1
5. My parents were not afraid to let me stumble in life (reverse-coded).	0.58	2.6	1.1
6. My parents often stepped in to solve life problems for me.	0.60	2.8	1.0
7. Growing up, I sometimes felt like I was my parents' project.	0.48	1.9	0.9
8. My parents have always been very involved in my activities.	0.25 (0.70)	3.7	1.1
9. I trust my parents' judgment over my own.	-0.01 (0.77)	3.1	1.1
10. I rarely talk to my parents before I make decisions (reverse coded).	-0.16 (0.60)	3.4	1.2

Note. Factor loadings for rotated solution for second component shown in parentheses.

Initially, ten items were constructed for the helicopter parenting scale (HPS) for this study. The helicopter parenting scale items were analyzed using the technique of principle components factor analysis with varimax orthogonal rotation. The first rotated factor extracted consisted of seven items which had loadings of .45 or greater. There were three items which resulted in a second factor with an eigenvalue greater than 1 (1.8). These items had factors greater than .60 on the second factor, and had loadings .25 or lower on the first factor extracted. Table 1 contains the factor loadings, means, and standard deviations of each of the initial 10 items. The last three items in the table were not used for the construction of the scale.

In retrospect, the seven items included in the scale relate theoretically to the concept of helicopter parenting. Helicopter parenting represents concerns of normative parents taken to a dysfunctional level. The items which did not load on helicopter parenting (see Table 1, last three items) are more indicative of healthy perceptions of parents. The seven items loading on the helicopter parenting factor are worded such that someone with parents who adhered to appropriate norms would not agree. The items not loading on the first factor (items 8–10, Table 2) are not necessarily, if at all, indicative of dysfunctional perception of parents.

Table 2. Descriptive results for demographics, academics, and outcome measures ($N = 317$)

Variable	Mean or percent	SD
Helicopter Parenting Scale (HPS)	2.8	0.66
Age	19.1	1.17
Female (pct)	61.2	n/a
African American (pct)	24.9	n/a
Household income	6.2	2.76
Class standing (pct)		
Freshman	49.1	n/a
Sophomore	34.2	n/a
Junior	13.3	n/a
Senior	3.5	n/a
Outcome Measures		
Well-being	4.6	0.45
Depression/anxiety medication (pct)	8.5	n/a
Pain pill consumption without prescription (pct)	18.1	n/a

Specifically, the item related to parental involvement (item 8, Table 2) would have been more appropriately worded, "My parents have always been *overly* involved in my activities," for instance.

Coefficient alpha (Cronbach 1951) was used to estimate reliability. The Cronbach's reliability alpha for the helicopter parenting scale (HPS) in this sample was .71. Nunnally (1978) recommends that scales used in basic research have reliability of about .70 or better. Cronbach's reliability alpha levels for were found to be .76, .62, .71, and .71 for African American females, African American males, white females, and white males, respectively. When scaled together, the items representing the second factor resulted in a reliability alpha of .55. This factor was not significantly related to any of the outcome measures (results not displayed).

Well-Being

The main outcome measure is eudemonic well-being. This is a measure developed by Ryff (1989) and consists of global well-being and six subscales: autonomy, positive relations with others, environmental mastery, personal growth, purpose in life, and self-acceptance. For the overall measure of well-being, the 31 items used for the subscales were included. The reliability coefficient for the global measure of well-being was 0.83. In the Ryff initial formulation, each subscale consisted of approximately 20 items. Reduced versions of the well-being subscales were used for this study. The resulting internal reliabilities for these scales were lower to modest (alphas). The

theoretical structure of the well-being dimensions remained unchanged even with shorter forms of these scales (Ryff and Keyes 1995). In two previous studies of psychological well-being using the Midlife in the United States Study, fewer items were also used to measure each dimension (Keyes et al. 2002; Ryff et al. 2003). While the reliabilities found in this study for each subscale were comparable to the reliabilities of the two aforementioned studies, they remained well below .70. Therefore, only the global well-being scale was used for this study.

For the computation of the scale score, each respondent's item scores were summed and divided by the number of items constituting the scale. This computation returns scale scores to the same metric as each item. Higher scores represent higher well-being. For example, a scale score of "4" means the respondent, on average, "slightly agreed" with all items making up the scale. A final scale score of "2" means the respondent, on average, "disagreed" with all scale items. The scale has a possible range of 1 to 6. For complete lists of the items used to compute the well-being scale, please see the Appendix.

Demographic and Academic Measures

Respondents were asked directly for their age in years. Race was measured as a dummy variable which indicates whether the respondent is African American (1 = yes, 0 = no). Sex was also measured as a dummy variable which indicates whether the respondent is female (1 = yes, 0 = no). Class standing represented the student's class standing in the university system (freshman = 1, sophomores = 2, juniors = 3, and seniors = 4). Grade point average represented the student's self-reported grade point average from high school on a 4-point scale ranging from 2 to 5. Single parent was measured dichotomously indicating whether or not the respondent grew up in single parent household (1 = yes, 0 = no).

Socioeconomic Background

Household income was measured categorically. Respondents were asked to check the annual income that best describes the family in which they grew up. The categories were defined by the following \$10,000 categories: less than \$19,000 = 1, \$20,000–\$29,999 = 2, \$30,000–\$39,999 = 3, \$40,000–\$49,999 = 4, \$50,000–\$59,999 = 5, \$60,000–\$69,999 = 6, \$70,000–\$79,999 = 7, \$80,000–\$89,999 = 8, \$90,000–\$99,999 = 9, and \$100,000 or more = 10.

Prescription Drugs and Pain Pill Consumption

Respondents were asked if they took prescription medications for either depression or anxiety (1 = yes, 0 = no). Also, they were asked

if they ever took pain pills without a prescription for reasons other than pain. The original item consisted of the following response categories: (1 = never, 2 = don't do it, but I have tried it, 3 = once or twice a year, 4 = once or twice a month, 5 = a few times a week, 6 = about once a day, 7 = many times a day). This measure was recoded as a dichotomous variable comparing those that had never taken pain pills (0) to all others (1).

Results

The results of the descriptive analysis are displayed in Table 2.

Multivariate Analyses

In order to investigate the impact of helicopter parenting on well-being for the scale measure of helicopter parenting and prescription medications for attention deficit disorder, mental health, and pain pill consumption, several regression analyses were performed. Each model consisted of regressing the respective well-being measure or prescription measure on helicopter parenting while controlling for sex, race, household income, and class standing. Additional controls were initially included in these analyses (high school grade point average, single-parent household, and age). These measures did not yield any significant results nor did their inclusion alter the displayed results in any substantive way. As a result, these controls were not included in our models. A correlation matrix for all measures used in the multivariate analyses is displayed in Table 3. The helicopter parenting measure is not highly correlated with any of the measures in the models. Multicollinearity does not appear to be an issue in these results.

The results of the ordinary least squares regression for total well-being are displayed in Table 4. Helicopter parenting is negatively related to total well-being and is statistically significant. The greater the perception of parents as helicopter parents, the lower the total well-being. African Americans had significantly higher average total well-being. The strongest contribution to the model was perceived helicopter parenting. The model explained approximately 9% of the variation in well-being ($R^2 = 0.088$). High school grade point average was also regressed on helicopter parenting and controls. The results suggested slightly lower high school grades for those perceiving helicopter parenting, but the finding was not substantively significant (results not displayed).

In the last series of analyses, logistic regressions were performed on two additional outcomes. First, the relationship of helicopter

Table 3. Intercorrelations for all variables used in multivariate analyses

Variable	1	2	3	4	5	6	7	8
1. Helicopter parenting	1.00							
2. Sex ^a	-0.06	1.00						
3. Race ^b	0.08	0.03	1.00					
4. Household income	0.08	-0.09	-0.33**	1.00				
5. Class ^c	0.01	-0.03	0.04	-0.05	1.00			
6. Well-being	-0.22**	0.11	0.15**	-0.10	0.06	1.00		
7. Anxiety or depression prescription ^d	0.19**	0.10	-0.12*	0.09	-0.10	-0.14*	1.00	
8. Pain pill consumption ^e	0.14*	-0.10	-0.06	0.09	-0.06	-0.18**	0.13*	1.00
<i>M</i>	2.76	0.61	0.25	6.21	0.49	4.60	0.09	0.18
<i>SD</i>	0.66	0.49	0.43	2.80	0.50	0.45	0.28	0.39
Range	1-5	0-1	0-1	0-10	0-1	1-6	0-1	0-1
α	0.71					0.83		

^aSex: 0 = male, 1 = female.

^bRace: African-American = 1, 0 = all others.

^cClass: Freshman = 1, 0 = all others.

^dAnxiety or depression: 1 = Active prescription for anxiety or depression, 0 = no prescription.

^ePain pill consumption (use of pain pills without prescription): 1 = tried it to heavy usage, 0 = never used.

* $p < .05$; ** $p < .01$.

Table 4. Ordinary least squares regression of well-being on helicopter parenting and controls (N = 317)

Variable	<i>B</i>	<i>SE B</i>	β
Helicopter parenting	-0.16	0.04	-0.23***
Sex (females = 1)	0.09	0.05	0.09
Race (African American = 1)	0.16	0.06	0.16*
Household income (family growing up)	0.00	0.01	0.00
Class (freshman = 1)	0.05	0.05	0.06
<i>R</i> ²		0.088	
Adj <i>R</i> ²		0.074	
<i>F</i>		6.04***	

p* < .05; *p* < .01; ****p* < .001.

parenting to the likelihood a person had a prescription for either anxiety or depression was predicted. Models for this relationship were predicted by regressing the anxiety/depression prescription outcome on helicopter parenting while controlling for the same variables used for the ordinary least squares regression. The results of this analysis are displayed in Table 5. After controls, the odds of having a prescription for anxiety or depression were 3.13 times more likely for every one unit increase in perceived helicopter parenting. Females were significantly more likely to have a prescription for anxiety or depression and African Americans less likely.

Finally, the relationship of helicopter parenting to the likelihood a person had taken pain pills for something other than pain was predicted. The results of this analysis are displayed in Table 6. After controls, the odds of having taken pain pills for something other than

Table 5. Summary of logistic regression analysis for variables predicting having a prescription for anxiety or depression (N = 317)

Predictor	<i>B</i>	<i>SE B</i>	<i>e</i> ^{<i>B</i>}
Helicopter parenting	1.14	0.32	3.13***
Sex (females = 1)	1.07	0.50	2.90**
Race (African American = 1)	-1.84	0.82	0.16*
Household income (family growing up)	0.02	0.09	1.02
Class (freshman = 1)	-0.80	0.45	0.45
Constant	-5.99	1.21	0.00***
χ^2		26.56**	
<i>df</i>		5	

p* < .05; *p* < .01; ****p* < .001.

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Table 6. Summary of logistic regression analysis for variables predicting consumption of pain pills without a prescription ($N = 317$)

Predictor	<i>B</i>	<i>SE B</i>	e^B
Helicopter parenting	0.55	0.23	1.73*
Sex (females = 1)	-0.46	0.30	0.63
Race (African American = 1)	-0.36	0.40	0.69
Household income (family growing up)	0.04	0.06	1.04
Class (freshman = 1)	-0.33	0.30	0.72
Constant	-2.85	0.79	0.06***
χ^2		12.26*	
<i>df</i>		5	

* $p < .05$; ** $p < .01$; *** $p < .001$.

pain were 1.73 times more likely for every one unit increase in perceived helicopter parenting.

DISCUSSION

The results suggest some of the concerns that college and university administrators have about the negative consequences of overparenting may be warranted. In fact, it does appear that those students who claim that their parents engage in helicopter parenting do feel more negatively about themselves, in that they have lower levels of overall well-being. Recall that Ryff's (1989) measure of well-being is designed to measure a person's *functional* abilities, rather than merely happiness. Children of perceived helicopter parents are also more apt to be medicated for anxiety and/or depression. They are also more likely to take pain pills without a prescription.

Helicopter parenting should be examined in the larger context of the Millennial Generation in which parents are generally more involved with the children than former generations. They may be parenting in a context in which they perceive fewer opportunities for their children than they experienced. These concerns may be well-founded, but the problem for helicopter parents is not their concern for their children. It is the manner in which they try to advance their children's achievement in a transactional fashion that impedes the child's ability to develop and face present and future challenges on their own. For instance, we are not advocating that nurturing academic achievement should be abandoned. Rather, it is the manner in which the individual is developing while being pushed to achieve academically that should be the focus of the discussion. Otherwise,

students may be graduating from colleges with high grade point averages at the expense of their overall well-being. Eventually, this is likely to impact their achievement as adults, at the point at which they truly attempt individuation. In addition, the relationship between the parents and the children may be damaged in the long run.

Following Anderson and Sabatelli (1990, 1992), future studies might also assess the degree of differentiation between parents because their interaction greatly impacts the degree that the family unit tolerates individuality and intimacy (Anderson and Sabatelli 1990). It would also be interesting to assess whether a parent that hovers over one child, hovers over all the children in the family. It is also important to determine whether these children react negatively towards their parents' parenting style, which typically results in such dysfunctional behaviors as guilt and conformity or anger and rebellion (Anderson and Sabatelli 1990).

Perceived helicopter parenting may also be related to large-scale social structures. It could be that parents primarily hover over children that are college bound as a reaction to the global changes in the economy coupled with the greater competitiveness (and higher tuition) for entry into college and securing a stable career. But, given the exploratory nature of this project, the goal here is to bring helicopter parenting into discussion in the academic social science literature, and leave these issues to future research.

The issue of helicopter parenting is important, as universities are spending both time and money on the assumption that it leads to overall negative outcomes for college students. This line of research would also be helpful in further highlighting any negative personal and/or interpersonal problems that both administrators and counselors should expect from college freshmen who were reared with this parenting style. This would be particularly pertinent to college officials who are assisting those students of helicopter parents who are prescribed medications for anxiety or depression. It may be that more definitive research would improve current strategies to aid these young adults in their transition from high school student to successful college graduate.

Perceived helicopter parenting is especially relevant for practitioners. Individuals presenting characteristics of a number of conditions such as depression, anxiety, or poor self-esteem could be inappropriately provided with strategies to cope in an isolated fashion. If the behavior of the parent is seen as simply reacting to, not causing, the condition, the focus of therapy may be misdirected. Furthermore, therapists should be aware of the pressure put on

college students to achieve in the modern context. Students may be all too willing to allow their parents to helicopter them into good grades, fields of study, and jobs. Awareness of the helicopter parenting will couple the focus on achievement with achievement that does not have negative consequences for psychological health. Healthy motivation for success, rather than sacrificing health and well-being achievement, should also be emphasized by practitioners with college-aged students. Recall that eudemonic well-being focuses on an individual's perceptions of her or his existential well-being, as opposed to merely her or his happiness (Ryff 1989). At the college stage of the life course, this is extremely important. It is at this stage of life that helicopter parenting may be the most damaging.

There are several limitations of our study that must be taken into account when both interpreting our findings and considering future research on this topic. First, because a convenience sample of undergraduate students was used rather than a random probability sample, generalizing from these results should be done with caution. The goal of a probability sample was likely achieved by sampling classes of undergraduates who were enrolled in courses classified as general education. Because students from the entire university are required to take a certain number of these courses, the classes sampled potentially contain students from all majors. Nevertheless, a random probability sample would be preferable.

Second, the sample comes from an institution in the southern United States, so these findings may not generalize to other regions of the country. For example, in a meta-analysis of 71 studies using college student samples in the South, Twenge (1997) found gender role attitudes of southern college students to be more conservative than those in other regions of the country. While this study does not focus on gender roles, the relationship and impact of parenting type on well-being may be different when examined with more nationally representative samples.

Finally, because of the exploratory nature of this study, the goal was to determine whether any Millennial students felt that their parents could be classified as helicopter parents and if so, whether there were any negative effects on their well-being. We acknowledge asserting a causal argument with cross-sectional data is problematic. However, because the goal was to highlight the importance of a parenting issue neglected in the social science literature rather than making broad advances in measurement, we are comfortable implying a relationship. It is certainly possible that students with low levels of well-being, as well as high levels of anxiety or depression may view their parents as more intrusive than students without these maladies,

irrespective of the parenting they received. These students may tend to blame their parents for difficulties in their lives, and may resent any help they attempt to give them, which would suggest a different relationship. However, the measurement of perceived parenting "growing up" at least points to a period preceding the present. Therefore, it seems more likely that parenting perceptions would impact well-being rather than the reverse.

Certainly, we would like to rule out this reverse causality in the future with longitudinal data. However, even with longitudinal data, we would argue that parenting perceptions are more likely to impact well-being. While the cross-sectional nature of the data makes it impossible to assure the time order condition necessary to argue causality, the questions about parenting point respondents to "when they were growing up" as the time to evaluate. One additional way to improve this issue would be to employ a research design that measured parents' perceptions of their own parenting practices and the children's self-reported well-being. It may also be reasonable to assume that if the perceptions about parenting of these college students are correct, these parents might overparent because they view their children as being somewhat disadvantaged compared to other children their age. Because they are being medicated for anxiety and/or depression, these parents may believe that without their help, their children may not succeed in school.

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APPENDIX

Items Used for Ryff's Eudemonic Well-Being Scale

1. I tend to worry about what other people think of me (reverse-coded).
2. My decisions are not usually influenced by what everybody else is doing.
3. It is difficult for me to voice my own opinions on controversial matters (reverse-coded).
4. I often change my mind about decisions if my friends and family disagree (reverse-coded).
5. I am not afraid to voice my opinions even when they are in opposition to the opinions of others.
6. Being happy with myself is more important than having others approve of me.
7. It seems to me that most other people have more friends than I do (reverse-coded).
8. Most people see me as loving and affectionate.
9. I enjoy personal and mutual conversations with family members and friends.
10. People would describe me as a giving person, willing to share my time with others.
11. I often feel lonely because I have a few close friends with whom to share my concerns.

12. I know that I can trust my friends and they know that they can trust me(reverse-coded).
13. I am quite good at managing the many responsibilities of my daily life.
14. I generally do a good job of taking care of my personal finances and affairs.
15. I have difficulty arranging my life in a way that is satisfying to me (reverse-coded).
16. I do not fit very well with the people and the community around me (reverse-coded).
17. I often feel overwhelmed by my responsibilities (reverse-coded).
18. I am not interested in activities that will expand my horizons (reverse-coded).
19. I don't want to try new ways of doing things—my life is fine the way it is (reverse-coded).
20. I do not enjoy being in new situations that require me to change my old familiar way of doing things(reverse-coded).
21. I think it is important to have new experiences that challenge how you think about the world.
22. I have the sense that I have developed a lot as a person over time.
23. My daily activities often seem trivial and unimportant to me (reverse-coded).
24. I don't have a good sense of what it is I am trying to accomplish in life (reverse-coded).
25. I am an active person in carrying out the plans I set for myself.
26. I enjoy making plans for the future and working to make them a reality.
27. In general, I feel confident and positive about myself.
28. My attitude about myself is probably not as positive as most people feel about themselves(reverse-coded).
29. I have made some mistakes in the past, but feel that all in all everything has worked out forbest.
30. The past had its ups and downs, but in general I wouldn't want to change it.
31. When I compare myself with friends and acquaintances, it makes me feel good about who I am.