



# Maternal emotion regulation during child distress, child anxiety accommodation, and links between maternal and child anxiety

Caroline E. Kerns<sup>a,\*</sup>, Donna B. Pincus<sup>a</sup>, Katie A. McLaughlin<sup>b</sup>, Jonathan S. Comer<sup>c</sup>

<sup>a</sup> Department of Psychology, Boston University, 648 Beacon St., Boston, MA 02215, United States

<sup>b</sup> Department of Psychology, University of Washington, Box 251525, Seattle, WA 98195, United States

<sup>c</sup> Department of Psychology, Florida International University, 11200 S.W. 8th St., Miami, FL 33199, United States

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## ABSTRACT

Environmental contributions are thought to play a primary role in the familial aggregation of anxiety, but parenting influences remain poorly understood. We examined dynamic relations between maternal anxiety, maternal emotion regulation (ER) during child distress, maternal accommodation of child distress, and child anxiety. Mothers (N = 45) of youth ages 3–8 years (M = 4.8) participated in an experimental task during which they listened to a standardized audio recording of a child in anxious distress pleading for parental intervention. Measures of maternal and child anxiety, mothers' affective states, mothers' ER strategies during the child distress, and maternal accommodation of child anxiety were collected. Mothers' resting respiratory sinus arrhythmia (RSA) reactivity during the recording was also acquired. Higher maternal negative affect and greater maternal ER switching (i.e., using multiple ER strategies in a short time without positive regulatory results) during child distress were associated with child anxiety. Sequential mediation modeling showed that maternal anxiety predicted ineffective maternal ER during child distress exposure, which in turn predicted greater maternal accommodation, which in turn predicted higher child anxiety. Findings support the mediating roles of maternal ER and accommodation in linking maternal and child anxiety, and suggest that ineffective maternal ER and subsequent attempts to accommodate child distress may act as mechanisms underlying the familial aggregation of anxiety.

## 1. Introduction

Anxiety disorders (ADs) – which affect 8–15% of youth and are associated with reduced quality of life (Comer et al., 2011; Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Dougherty et al., 2013; Kessler et al., 2012; Towe-Goodman, Franz, Copeland, Angold, & Egger, 2014) – aggregate in families (e.g., Helenius, Munk-Jorgensen, & Steinhauysen, 2014; Last, Hersen, Kazdin, Francis, & Grubb, 1987; Turner, Beidel, & Costello, 1987). The mechanisms underlying familial aggregation remain poorly understood, although research supports an interaction of genetic and environmental factors (Hettema, Neale, & Kendler, 2001; Murray, Creswell, & Cooper, 2009). Given low-to-moderate genetic heritability estimates (Hettema et al., 2001), and anxiety etiological models have increasingly emphasized the role of anxiety-enhancing parenting behaviors in the development and/or maintenance of child ADs (Chorpita & Barlow, 1998; Cooper-Vince, Pincus, & Comer, 2014; Ginsburg, Siqueland, Masia-Warner, & Hedtke, 2004).

### 1.1. Parenting behaviors and child anxiety

McLeod, Wood, and Weisz (2007) meta-analysis found several parental “control” behaviors have reliably been linked with childhood anxiety, with low levels of parental autonomy-granting and high parental over-involvement accounting for the greatest variance. Conceptual models emphasize how these behaviors can result in the child feeling incapable of independently navigating age-appropriate tasks (e.g. Chorpita & Barlow, 1998; Rapee, 2001). These models suggest that parent-child relationships characterized by high levels of parental control can contribute to the development and/or maintenance of child anxiety over time through parental support of an anxious cognitive style and parental reinforcement of child behavioral avoidance.

Experimental evidence suggests dynamic and transactional relationships between overprotective/controlling parenting and child anxiety (Hudson & Rapee, 2001; Turner, Beidel, Roberson-Nay, & Tervo, 2003; Van Der Bruggen, Stams, & Bogels, 2008; Woodruff-Borden et al., 2002). Overprotective sequences in anxious families are often prompted by negative child affect (Hudson, Comer, & Kendall, 2008;

\* Corresponding author at: Ann & Robert H. Lurie Children's Hospital of Chicago, 225 E. Chicago Ave., 8th Floor, Chicago, IL 60611, United States.  
E-mail address: [ckerns@luriechildrens.org](mailto:ckerns@luriechildrens.org) (C.E. Kerns).

Hudson & Rapee, 2001, 2002), and such parenting behaviors typically do not present in the absence of child distress (Hudson et al., 2008). Although parental involvement can reduce child distress in the short-term, it can maintain anxiety in the long-term as the child is denied opportunities to master distress independently.

One relevant form of parental involvement is *parental accommodation* (PAcc), referring to parental modifications such as providing reassurance to an anxious child, enabling or encouraging a child to avoid anxiety-provoking situations, or adjusting family routines to reduce or prevent child distress. PAcc was initially studied in families affected by OCD (Storch et al., 2007), but recent data suggest it is seen transdiagnostically across anxious families (Lebowitz, Omer, Hermes, & Scahill, 2014; Lebowitz, Scharfstein, & Jones, 2014; Lebowitz et al., 2013; Thompson-Hollands, Kerns, Pincus, & Comer, 2014). Studies linking PAcc and child anxiety have either evaluated accommodation *frequency* (i.e., how often or severe is the accommodation) or *timing* (latency between child distress and accommodation). Regarding *frequency*, Lebowitz et al. (2013) found that 61% of mothers of anxious children participated daily in child symptoms (Lebowitz, Omer, et al., 2014; Lebowitz, Scharfstein et al., 2014). PAcc frequency is associated with functional interference and maternal stress (Thompson-Hollands et al., 2014).

Regarding accommodation *timing*, Aschenbrand and Kendall (2012) had mothers listen to an audiotaped vignette of a child becoming distressed and pleading for parental intervention. Half were informed the child was anxious and half were informed the child was not anxious. While listening to the vignette, parents were instructed to indicate if at any point they would acquiesce to the child's avoidant request. Whereas mothers of non-anxious youth intervened later if told the vignette child was anxious, mothers of anxious youth did not. Further, mothers of anxious youth reported increases in their own anxiety and negative affect, and decreases in positive affect, following the recording, whereas mothers of non-anxious youth did not.

Scant empirical attention has been given to parents' internal phenomena when children display distress and how such processes may mediate links between parental anxiety and PAcc of child distress. In particular, parental emotion regulation (ER) – defined as the ways in which individuals influence which emotions they have, when they have them, and how they experience and express them (Gross, 1998) – may impact anxious behavioral responding. Anxious individuals generally rely on more maladaptive ER strategies and less adaptive strategies (Aldao, Nolen-Hoeksema, & Schweizer, 2010; McLaughlin, Mennin, & Farach, 2007).

Parents of anxious children experience increased distress relative to parents of non-anxious children while observing negative child emotions (Aschenbrand & Kendall, 2012; Turner et al., 2003), but research has not examined *what parents do* to regulate their increased negative affect in these instances, the effectiveness of such strategies, and whether effective parental ER versus dysregulation during child distress differentially predicts PAcc patterns. An improved understanding of parental ER during child distress, and its links with subsequent PAcc behaviors, is key for understanding familial aggregation of anxiety. Furthermore, emerging research supports the role of parental ER in the development of child ER (Bariola, Gullone, & Hughes, 2011; Morelen, Shaffer, & Suveg, 2014), and may have important implications for child anxiety interventions. Remmes and Ehrenreich-May (2014) found adaptive parental ER was associated with less parental distress and more supportive responses to child negative affect.

The importance of ER *variability* – referring to the flexible range of different strategies used by an individual to regulate emotions across

situations – has been increasingly recognized. Rather than classifying ER strategies as either categorically “adaptive” or “maladaptive,” emerging work highlights the importance of access to a range of strategies for flexibly confronting the different demands of varied situations (Aldao, Sheppes, & Gross, 2014; Bonanno & Burton, 2013; Kashdan & Rottenberg, 2010). However, ER variability by itself is not sufficient for adaptive regulation. In a given situation, what determines whether an approach is adaptive is whether it is successful in helping situational goal attainment (Aldao et al., 2014; Gross, 2015). In fact, in a given situation, excessive variability of utilized ER strategies (i.e., ER *switching*) may be maladaptive if it blocks goal attainment. Switching rapidly between different strategies without successful regulation may constitute erratic or unskilled ER and may not allow the individual to commit enough time or resources to a single strategy and observe results. Research has not yet examined parental ER switching in the context of child distress or PAcc.

Parasympathetic nervous system (PNS) functioning provides an ER index and can complement self-reports (Mendes, 2009). When confronted with a challenge, Polyvagal Theory (Porges, 2007) asserts that the PNS rapidly withdraws, allowing for flexible/adaptive responding by the sympathetic nervous system (SNS). The most commonly used PNS indicator is respiratory sinus arrhythmia (RSA), or variations in the interbeat interval of an individual's heart rate that occur within the frequency band of respiration (Allen, Chambers, & Towers, 2007). RSA can index ER capabilities, with higher resting RSA – often referred to as vagal tone – indicating better coping capacity in the face of emotional distress (Butler, Wilhelm, & Gross, 2006; Fabes & Eisenberg, 1997). Furthermore, greater vagal suppression (i.e., withdrawal of parasympathetic functions) when transitioning from rest to distressing/challenging states can index autonomic flexibility, active engagement with environmental demands, and adaptive ER (Appelhans & Luecken, 2006; Beauchaine, 2001; Porges, 2007). Research has found associations between anxiety and lower vagal tone (i.e., resting RSA), and associations between anxiety and reduced vagal reactivity (i.e., RSA suppression) during emotionally challenging tasks (Friedman, 2007). However, no studies have considered parental parasympathetic influences when confronting child distress.

## 1.2. Proposed model and the present study

The present study examined a model (see Fig. 1) in which maternal anxiety is indirectly related to child anxiety through associated maternal ER difficulties during child distress and PAcc behaviors. In this model, maternal anxiety is seen as a risk factor leading to parental ER difficulties during child distress. Parental ER difficulties may be indexed by ER switching, or by PNS inflexibility (low RSA suppression), and when these “internal” processes fail to produce desired regulatory effects, mothers resort to controlling the environment through use of a situational modification strategy (i.e., PAcc) to reduce immediate child distress. That is, for anxious mothers, PAcc may function to extrinsically regulate child emotions while simultaneously intrinsically regulating their own emotions. PAcc, in turn, is mutually reinforcing for both mother and child by reducing short-term distress.

The present experimental investigation examined mothers' ability to regulate their emotions during child distress, as well as the extent to which maternal ER and consequent PAcc mediate links between maternal and child anxiety. Specifically, we exposed mothers to child expressions of anxious distress (i.e., audiotape of a standardized child crying and pleading for mother to come back to child's bedroom after child has been put down to sleep) to capture maternal responses in real



Fig. 1. Hypothesized model of the intergenerational transmission of anxiety through maternal emotion regulation abilities and accommodation behaviors.

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