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Parental and emerging adult psychopathology: Moderated mediation by gender and affect toward parents



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ABSTRACT

Current research indicates that children tend to view parents with psychopathology more negatively and children who hold negative perceptions of parents are at a greater risk for psychopathology. Yet, less research examines how parental psychopathology influences offspring psychopathology through affect toward parents. The current study tested a model that examined the associations among parental psychopathology, positive affect toward parents, and emerging adult psychopathology. Associations were expected to be partly indirect via positive affect toward parents and emerging adult gender was expected to moderate these associations. Results indicated gender-moderated mediation with significant effects found for males but not females. Results from the current study emphasize the importance of examining affect toward parents as a risk factor for emerging adult psychopathology. Additionally, results of the current study demonstrate the importance of examining the role of emerging adult gender as a potential moderator in these relationships.

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Multiple studies have established a strong link among parental psychopathology, the parent–child relationship, and various child outcomes. As a result, research now has approached the question as to how these factors play a role in the development of child psychopathology. Existing research has suggested that separately, parental psychopathology (e.g., depression, anxiety, and anti-social behavior; [Goodman & Gotlib, 1999](#); [Capaldi, Pears, Kerr, & Owen, 2008](#)) and negative affect toward parents ([Bosco, Renk, Dinger, Epstein, & Phares, 2003](#)) may be associated with negative outcomes for children; however, different relationships may be found when these factors are examined together.

At the same time, research surrounding these factors (i.e., parental psychopathology, affect toward parents, and child outcomes) has traditionally focused on the mother–child relationship. More recent research has examined the unique and different relationships that mothers and fathers have with their sons and daughters ([Laible & Carlo, 2004](#); [McKinney & Renk, 2008](#)). Additionally, existing research has indicated that the influence that affect toward parents has on child outcomes may be variable depending on the gender of the child ([Bosco et al., 2003](#)). Thus, the current study tested a model that examined the associations among parental psychopathology, affect toward parents, and child psychopathology. Further, the current study examined how child gender may moderate these associations. Given that less research has examined these characteristics in emerging adulthood compared to earlier developmental time periods, the current study examined these effects on emerging adults.

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Parental Psychopathology and Child Outcomes

An abundance of research has shown that parental psychopathology is a factor in the development of child psychopathology (e.g., Goodman & Gotlib, 1999; Kim-Cohen, Moffitt, Taylor, Pawlby, & Caspi, 2005; Marmorstein & Iacono, 2004). The connection between maternal depression and youth outcome has been well defined, as children with depressed mothers were more likely to suffer from internalizing and externalizing problems (Cummings & Davies, 1999; Goodman & Gotlib, 1999; Kim-Cohen et al., 2005). For example, Goodman and Gotlib (1999) found that children with depressed mothers “mirrored” the same cognitions, functioning, and behaviors as their mother, which in turn put the children at a greater risk for developing psychopathology (Goodman & Gotlib, 1999). Likewise, parental anxiety disorders have a negative impact on child development. In fact, some research has suggested that parental anxiety disorders were a better indicator of both child anxiety and depressive symptoms than parental depressive disorders (Burstein, Ginsburg, & Tein, 2010). Studies also have shown that parental antisocial behavior was related to an array of negative outcomes for youth, such as negative emotionality, poor inhibitory control, and externalizing problems (Capaldi et al., 2008; Feinburg, Button, Neiderhiser, Reiss, & Hetherington, 2007; Harold, Elam, Lewis, Rice, & Thapar, 2012; Jaffee, Belsky, Harrington, Caspi, & Moffitt, 2006).

It is important to note that research surrounding the development of child psychopathology focuses heavily on maternal psychopathology. Many explanations exist for the focus on maternal problems; for example, it often is assumed that mothers are the primary caregiver and spend more time with their children, thus expanding the risk for transmission of psychopathology (Goodman & Gotlib, 1999). However, recent research has suggested that paternal depression also plays a significant role, even after controlling for maternal depression (Kane & Garber, 2009). Thus, the effects of paternal psychopathology should not be ignored.

Numerous explanations exist for the effect of parental psychopathology on child outcomes, including heredity and the environment (Goodman, 2007); however, research has indicated that for children, environmental effects (e.g., parent–child interaction, marital conflict) may be stronger than hereditary effects in the development of a mental disorder (Goodman & Gotlib, 1999). The Integrative Model for the Transmission of Risk to Children of Depressed Mothers (Goodman, 2007; Goodman & Gotlib, 1999) provides a comprehensive framework that outlines the mechanisms involved in the transmission of parental psychopathology. In general, the model proposes four mechanisms that are involved in the transmission of psychopathology between mother and child: heritability of psychopathology; dysfunction in neuroregulatory systems; exposure to maternal cognitions, behaviors, and affect; and stressful environments.

Of interest to the current study, the third mechanism of transmission posits that children of depressed parents are at a greater risk for psychopathology because they are frequently exposed to maladaptive cognitions, behaviors, and negative affect on account of the parent. These factors create a disturbance in the interpersonal processes between parents and their children (Goodman, 2007; Goodman & Gotlib, 1999). For example, parents diagnosed with depression may be unresponsive to their children's needs due to symptoms related to the diagnosis (e.g., anhedonia, loss of interest, irritability). Studies have shown both depressed mothers and fathers were more likely to make hostile and critical statements about their children's behavior (Brennan, Hammen, Katz, & Le Brocq, 2002; Goodman, Adamson, Riniti, & Cole, 1994). Moreover, a meta-analysis of 46 observational studies indicated maternal depression was highly associated with hostile parenting behavior (Lovejoy, Graczyk, O'Hare, & Newman, 2000). Thus, it appears that parental psychopathology may negatively impact the relationship between the parent and child.

Parent–Child Relationships

Given the negative impact that parental psychopathology exerts on the interpersonal processes between parents and children, the parent–child relationship is critically important to consider when examining child psychological outcomes. Attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1982) proposes that parent–child attachment relationships influence development throughout the life span. Under this theory, children are assumed to adapt their own behavior in line with the care that they receive. For parents with psychopathology, the attachment relationship with their children may be uniquely affected. For example, research has indicated that mothers with depressive symptoms were more likely to engage in negative parenting behavior, which in turn impacted children's attachment formation (Lyons-Ruth, Lyubchik, Wolfe, & Bronfman, 2002). Multiple studies have illustrated that children of depressed mothers have higher levels of insecure and disorganized attachments with their mothers than children with non-disordered parents (Carter, Garrity-Rokous, Chazan-Cohen, Little, & Briggs-Gowan, 2001; Coyl, Roggman, & Newland, 2002; Toth, Rogosch, Sturge-Apple, & Cicchetti, 2009). Furthermore, the quality of the parent–child attachment relationship may influence how a child processes information about themselves as well as their environment.

Children develop knowledge-based scripts of their attachment figure based on the repeated availability, sensitivity, cooperation, and responsiveness of the caregiver (Waters & Waters, 2006). These knowledge-based scripts influence children's internal working model, or a cognitive framework for how children understand themselves and others, as well as their environment (Bowlby, 1973; Bretherton, 1991). In general, children who develop secure-based scripts with their parents may develop an internal working model that represents themselves as worthy of care, others as trustworthy, and the world as a safe place. Conversely, children who develop an insecure working model may view themselves as unworthy of care, others as untrustworthy, and the world as a dangerous place. Additionally, internal working models may influence both adaptive and maladaptive social information processing. Individuals with secure working models may process information in a positively

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