



Paternal autonomy restriction, neighborhood safety, and child anxiety trajectory in community youth



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ARTICLE INFO

Article history:

Received 13 July 2013

Received in revised form 24 April 2014

Accepted 30 April 2014

Available online 17 June 2014

Keywords:

Child anxiety

Father

Autonomy

Neighborhood safety

Latent growth modeling

ABSTRACT

Intrusive parenting, primarily examined among middle to upper-middle class mothers, has been positively associated with the presence and severity of anxiety in children. This study employed cross-sectional linear regression and longitudinal latent growth curve analyses to evaluate the main and interactive effects of early childhood paternal autonomy restriction (AR) and neighborhood safety (NS) on the trajectory of child anxiety in a sample of 596 community children and fathers from the NICHD SECYD. Longitudinal analyses revealed that greater paternal AR at age 6 was actually associated with greater *decreases* in child anxiety in later childhood. Cross-sectional analyses revealed main effects for NS across childhood, and interactive effects of paternal AR and NS that were present only in early childhood, whereby children living in safer neighborhoods demonstrated increased anxiety when experiencing lower levels of paternal AR. Findings further clarify for *whom* and *when* paternal AR impacts child anxiety in community youth.

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Anxiety disorders are among the most prevalent mental disorders experienced by youth, affecting up to 32% of individuals by adolescence (Merikangas, Nakamura, & Kessler, 2009; Merikangas et al., 2010). Anxiety disorders in childhood can seriously disrupt the course of children's development, impairing school functioning and family and social relationships (Essau, Conradt, & Petermann, 2000; Ezpeleta, Keeler, Erkanli, Costello, & Angold, 2001; Strauss, Frame, & Forehand, 1987). Moreover, the presence of an anxiety disorder in childhood is associated with an increased risk for the development of additional anxiety disorders, depression, and substance abuse in adolescence and adulthood (Kim-Cohen et al., 2003; Kovacs, Gastsonis, Paulauskas, & Richards, 1989; Kushner, Sher, & Beitman, 1990). Left untreated, anxiety disorders persisting into adulthood are associated with considerably reduced health-related quality of life and serious occupational impairments (Comer et al., 2011; Merikangas et al., 2007). Accordingly, elucidating factors associated with the onset and maintenance of child anxiety across development is critical.

Research suggests parenting behaviors may be associated with some of the variance in the development and maintenance of child anxiety. In particular, intrusive/overinvolved parental behavior has been associated with excessive anxiety across childhood (e.g., Bayer, Sanson, & Hemphill, 2006; Dumas, LaFreniere, & Serketich, 1995; Hudson &

Rapee, 2002; Rubin, Cheah, & Fox, 2001; Siqueland, Kendall, & Steinberg, 1996; Wood, McLeod, Sigman, Hwang, & Chu, 2003). Such parenting behavior is characterized by preventing children from engaging in age-appropriate activities, discouraging children's autonomy and independence, encouraging children's dependence on parents, and instructing children how to think or feel (Barber, 1996; McLeod, Wood, & Weisz, 2007; Steinberg, Elmer, & Mounts, 1989). Observational measures of parenting behavior, such as coded parent-child interaction tasks, are found to most reliably identify the relation between intrusive parenting and child anxiety (Wood et al., 2003). During observational tasks, intrusive parenting behavior is characterized as parenting that hinders the child from experiencing a developmentally appropriate degree of autonomy through traditional "trial and error" learning, and believed to prevent the development of feelings of control and self-efficacy in novel or feared situations, fostering a sense of hopelessness that is associated with increased anxiety (Bögels & Brechman-Toussaint, 2006; Chorpita & Barlow, 1998; Hudson, Comer, & Kendall, 2008; Wood, 2006; Wood et al., 2003). Such parenting may inadvertently further maintain anxiety by preventing the child from fully engaging in anxiety-provoking situations that would enable the child to test and alter maladaptive cognitions regarding fear-eliciting stimuli (Dadds & Barrett, 2001; Wood, Piacentini, Southam-Gerow, Chi, & Sigman, 2006). For this reason, supported family-based treatments for childhood anxiety often target the reduction of parental intrusiveness/overinvolvement as a core treatment aim (e.g., Barrett, Dadds, & Rapee, 1996; Comer et al., 2012; Kendall, Hudson, Gosch, Flannery-Schroeder, & Suveg, 2008).

Although a growing body of literature supports a link between intrusive parenting behavior and the presence and severity of child anxiety,

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the majority of research in this area has focused exclusively on the mother's role and less on father–child relationships (Bogels & Phares, 2008). There is evidence that fathers play a unique role in child development. In the attachment literature, Paquette (2004) addressed the important role fathers may play in promoting children's openness to the world through their tendency to excite, surprise, and momentarily destabilize children through physical play. In contrast, mothers more often take a more prominent role in calming and comforting children during stress. As such, parental involvement/overinvolvement may take on distinct functions and relations with the development and maintenance of anxiety across parents.

Recent cross-sectional work has begun to clarify the unique roles mothers and fathers may play in the development and maintenance of child anxiety. Among highly socially anxious school-aged children, children have been found to place more weight on their father's confident behavior when rating their own anxiety in ambiguous social situations than their mother's, whereas their less socially anxious counterparts relied more on their mother's behavior (Bogels, Stevens, & Majdandzic, 2011). Bogels et al. (2011) hypothesize that this differential function of parent behavior may be evolutionarily based, as women – who tend to be more risk-averse – may be the parent best-suited to teach adaptive wariness to their children with low anxiety and who may need models of such wariness. Similarly, they propose men more often take on risk-taker and competitor roles, which may make them stronger models of confidence, leading highly anxious children in need of such models to rely more heavily on father displays of confidence when rating their own anxiety. In further cross-sectional work exploring effects of parenting across childhood, within middle-childhood, child age has moderated the effects of parent behavior. Particularly, Verhoeven, Bogels, and van der Bruggen (2012) found greater paternal and maternal autonomy granting to be associated with higher child anxiety in children under the age of 10, but not in children over age 10. Further, among adolescents, the effects of over-controlling parenting on increased anxiety were greater among adolescents over age 15 than among younger adolescents.

Findings from longitudinal studies also provide initial evidence for the distinct role fathers may play in the etiology of child anxiety. Although some studies have shown that adolescents' perceived lack of closeness with their father predicted internalizing symptoms in young adulthood (Summers, Forehand, Armistead, & Tannenbaum, 1998; Thomas & Forehand, 1993), Belsky, Hsieh, and Crnic (1998) found parenting composites comprised in part by less intrusive fathering of infant boys predicted more inhibition at age 3, possibly indicating that fathers play a separate and unique role in the development of anxious temperament. Similarly, among 4-year-old boys and girls, fathers' challenging parenting – characterized by playfully challenging the child to push his/her limits – was associated with reductions in child anxiety 6 months later, whereas the use of challenging parenting by mothers was associated with increases in child anxiety (Majdandzic, Moller, de Vente, Bogels, & van den Boom, 2013). Research is needed to examine longer-term trajectories, and how the development and maintenance of anxiety from early childhood through adolescence is influenced by paternal parenting behavior, and to clarify the directionality of this relation to inform our understanding of how childhood anxiety changes over time. Given observed moderating effects of age within middle childhood and adolescence on parent and child anxiety in cross-sectional work (Verhoeven et al., 2012), as well as the growing recognition of peer relationships in psychological functioning in adolescence (Prinstein & La Greca, 2002; Siegel, La Greca, & Harrison, 2009), it is particularly important to investigate both the effects of early parenting on the trajectory of anxiety across childhood and cross-sectional relations between paternal behavior and child anxiety in a cohort followed through middle childhood. Specifically, the investigation of these relations at key developmental time points, including the initiation of full-time schooling (age 6) and later in the elementary years, will also serve to inform parent-directed content of child anxiety interventions

targeted in early childhood populations (e.g., Comer et al., 2012; Hirshfeld-Becker et al., 2010), as well as those designed to treat children age 7 through age 17 (e.g., Kendall et al., 2008).

Additionally, the majority of the empirical work to date investigating the relation between parental intrusiveness and child anxiety has not considered the broader social ecology in which parenting behavior occurs, including the family's socioeconomic status (SES) and neighborhood environment (e.g., Bayer et al., 2006; Hudson & Rapee, 2002; Rubin et al., 2001; Siqueland et al., 1996; see Cooper-Vince, Pincus, & Comer, 2014). Although some investigations that have included more economically diverse samples, they have been limited by the evaluation of samples from geographically restricted regions (e.g., Edison et al., 2011; Gray, Carter, & Silverman, 2010). Failure to consider the broader context in which parenting behavior, including autonomy restriction, occurs has important implications for the generalizability of findings.

The integration of family systems theory and developmental psychopathology emphasize the notion of parent–child relationships as open systems of interplay in which child and family functioning operate as transactional processes unfolding within an ongoing dynamic context (Davies & Cicchetti, 2004). When considering the context of neighborhood safety, evidence suggests that parenting is reactive to the context of neighborhood violence, as adaptive parents may proactively increase their monitoring of and control over their children to shield them from neighborhood dangers (Horowitz, McKay, & Marshall, 2005; Spano, Rivera, Vazsonyi, & Bolland, 2012). Among children living in low-income families higher rates of anxiety along with other emotional and behavioral difficulties are found, and these children more often reside in neighborhoods in which they can witness or become victims of violent crime, drug use, and other illegal activities (Elliott et al., 1996; Essex et al., 2006; Johnson, Cohen, Dohrenwend, Link, & Brook, 1999; McLoyd, 1998). Exposure to neighborhood violence is not only associated with present trauma and internalizing symptoms as early as age 3, but is also predictive of greater internalizing symptomatology several years later at age 6 (Briggs-Gowan, Carter, & Ford, 2012). Further, exposure to neighborhood violence continues to place children at risk for greater internalizing problems in adolescence, including generalized anxiety disorder and major depression (Slopen, Fitzmaurice, Williams, & Gilman, 2012). Importantly, insufficient parental involvement (i.e., poor parental monitoring) in families living in dangerous neighborhoods is associated with even higher internalizing symptoms (Bacchini, Miranda, & Affuso, 2011; Buckner, Mezzacappa, & Beardslee, 2003; Grant et al., 2003; Nebbitt & Lambert, 2009; Whittaker, Harden, See, Meisch, & Westbrook, 2011), suggesting that greater parental involvement may serve as a protective factor in the development of anxiety among children residing in more dangerous neighborhoods. Accordingly, it is crucial to elucidate how neighborhood safety may impact the relation between paternal involvement and child anxiety. Indeed, paternal involvement and autonomy restriction may serve a very different function with very different outcomes when considered in the context of low neighborhood safety.

Given the protective effect of greater paternal monitoring within the context of dangerous neighborhoods, it is possible that behavior typically classified as intrusive and over-protective and associated with increased child anxiety in higher SES samples (Hudson & Rapee, 2002; Rubin et al., 2001; Siqueland et al., 1996; Wood et al., 2003), may offer a protective function with respect to the development of anxiety when studied in the context of dangerous neighborhoods. Such work is critical in order to optimally inform treatment services for the full range of families in need. Specifically, it remains unclear whether supported family-based interventions that encourage greater paternal autonomy granting, would be as beneficial for families in less safe neighborhoods, if greater global parental involvement with one's child buffers the deleterious effects of neighborhood violence on children's emotional functioning.

The relation between overinvolved parenting that restricts child autonomy and the development of child anxiety has yet to be evaluated

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