



# Perceived parental child rearing and attachment as predictors of anxiety and depressive disorder symptoms in children: The mediational role of attachment



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## ABSTRACT

The present study aimed to examine (a) the relative contribution of perceived parental child-rearing behaviors and attachment on anxiety and depressive symptoms, and (b) the role of attachment as a possible mediator of the association between parental rearing and anxiety and depression. A sample of 1002 children (aged 9–12 years) completed a booklet of self-report questionnaires measuring parental rearing behaviors, attachment towards peers, and DSM anxiety and depressive disorder symptoms. We found that parental aversiveness, parental neglect, and fearful/preoccupied attachment, each accounted for a significant amount of the variance in both anxiety and depressive symptoms. In addition, parental overcontrol was found to account for unique variance in anxiety whereas communication/warmth accounted for a significant proportion of the variance in depression. A relevant finding was that fearful/preoccupied attachment was found to mediate the association between parental rearing behaviors and both anxiety and depression. Parental rearing behaviors and attachment to peers may act as risk factors to the development and/or maintenance of anxiety and depressive symptomatology in children. Findings may contribute to outline preventive and/or treatment programs to prevent or reduce both clinical anxiety and depression during childhood.

## 1. Introduction

Current evidence suggests that parental child-rearing behaviors and attachment may play a major role in development and maintenance of psychopathology (e.g., Bowlby, 1969, 1973, 1980; Korver-Nieberg et al., 2015; Otani et al., 2016; Susukida et al., 2016), including anxiety and depressive symptoms and disorders in children and adolescents (Bögels and Brechman-Toussaint, 2006; McLeod et al., 2007a, 2007b; Muris, 2007; Sandin et al., 2016; Yap and Jorm, 2015). Although parental control and parental rejection have been suggested as the two main parenting dimensions (Rapee, 1997), more specific factors have been reported as pertaining to these global dimensions, including (a) aversiveness/hostility, neglect, and communication and warmth (related to parental rejection), and (b) overcontrol, overprotection, and permissiveness (related to parental control) (McLeod et al., 2007b). Based on their meta-analysis across 47 studies, these authors found that parenting in general accounted for only 4% of the variance in child anxiety, concluding that some parenting subdimensions demonstrated a significantly stronger association with childhood and adolescence anxiety and depression than others. The findings of these authors

warrant the need to disaggregate the two traditional overall parenting dimensions into more specific subdimensions.

Anxiety and depression are common and very comorbid conditions in children and adolescents (Birmaher et al., 1996); they have similarities and differences (Joiner et al., 1996), and may share several common risk factors, including family variables. Using a meta-analytic methodology, McLeod et al. (2007a) found that parenting explains approximately 8% of the variation in childhood depression. Interestingly, they also found that the two broad parenting dimensions (i.e., rejection and control) were differentially associated with childhood depression, with rejection (especially absence of parental warmth and aversive behavior) demonstrating a stronger linkage than the presence of parental control. In a more recent meta-analysis based on studies with early childhood samples (age range 5–11 years), Yap and Jorm (2015) found that most parental factors in total accounted for only a small amount of variance in child internalizing, depression and anxiety outcomes, ranging from less than 2–9%. The authors concluded that an increased risk for both depression and internalizing problems results from more parental aversiveness and inter-parental conflict and, for internalizing outcomes, more over-involvement, and less warmth.

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Although one may conclude from these meta-analyses that parenting behavior plays a limited role in child anxiety and depression, it is possible that subdimensions of child-rearing behaviors and/or other related factors contribute, providing differential additive effects on these outcome measures. Some related factors could add and/or mediate the effects of parenting behavior on child anxiety and depression outcomes. In this regard, attachment has been suggested as a possible risk factor related with both parental behaviors and negative emotion outcomes (anxiety and depression). The model of Bartholomew and Horowitz (1991) includes one positive (i.e., secure) and three negative (i.e., preoccupied, fearful, and dismissing) attachment styles that have been widely used in research on child and adolescent psychopathology.

Existing research based on cross-sectional and longitudinal studies provides evidence for an association between attachment insecurity and anxiety in children and adolescents (Breinholst et al., 2016; Muris, 2007). Similarly, insecure attachment has been linked to anxiety/depression and internalizing symptoms in children (Roelofs et al., 2006) and to higher levels of depressive symptoms across adolescence (Allen et al., 2007). Assuming that attachment may also be significantly associated with child-rearing behaviors (Wilhelm et al., 2016), one could hypothesize that both kinds of risk factors could jointly be associated with anxiety and/or depression. A current problem is that few studies have examined the relative contribution of specific attachment styles and child-rearing behaviors to negative emotions or symptoms (Breinholst et al., 2016). One study (van Brakel et al., 2006) provided preliminary evidence concerning the reciprocal connections among temperament, attachment and rearing style, and their unique and interactive relations with anxiety symptoms. Although van Brakel et al. did not find significant support for interactive effects of behavioral inhibition, parental rearing and attachment on childhood anxiety, they found that these risk factors accounted for a small but unique proportion of the variance of anxiety disorder symptomatology. Furthermore, Breinholst et al. (2016) found that insecure attachment was a mediator between rearing behavior (maternal psychological control and aversiveness) and anxiety.

The extant literature provides evidence of overall relationships between these two main risk factors (parenting behaviors and attachment) and children anxiety and depression. However, some relevant issues concerning such relations remain unclear. First, most research separately examines outcome variables, such as anxiety, depression or internalizing symptoms, but few studies have examined both anxiety and depressive disorder symptoms. Second, few studies have differentially examined the relative contribution of attachment and negative parental child-rearing behavior on anxiety and/or depression, and few of these studies have studied the role of specific dimensions of parenting and/or attachment. No studies have examined the possible mediation role of attachment styles in the association between parental rearing behavior and depression, and only one study tested the extent to which insecure attachment (but no other styles of attachment) mediates the association between parental rearing and anxiety symptoms. Knowledge about direct and indirect mechanisms is currently very limited or lacking. Third, most studies have relied on samples which include both children and adolescents, a very wide range of age that makes it difficult to draw clear conclusions associated with particular developmental stages.

The general objective of the present study was to examine the relation between perceived parental rearing behaviors and attachment to peers, and anxiety and major depressive disorder symptoms (DSM-IV based symptomatology; APA, 1994) in a large non-clinical sample of children aged between 9 and 12 years. The study expands previous research by examining (a) the unique impact of specific styles of parental rearing behaviors and attachment on anxiety and major depressive disorder symptoms, and (b) the mediation of the effect of parental rearing styles on anxiety and depressive symptoms through attachment styles. The following specific hypotheses were assessed: (1)

Each parental child-rearing style (communication/warmth, permissiveness, overprotection, overcontrol, aversiveness, permissiveness, and neglect) accounts for a significant and unique proportion of the variance of anxiety and depressive symptoms; (2) each attachment style toward friends and peers (secure, fearful/preoccupied, and avoidant) accounts for a significant and unique proportion of the variance of anxiety and depressive symptoms; and (3) each attachment style mediates the association between parental rearing styles and anxiety and depressive symptoms.

## 2. Method

### 2.1. Participants and procedure

The sample consisted of 1002 children (498 boys, 504 girls) aged 9–12 years (mean age = 11.1 years,  $SD = .81$ ). The children were recruited from eight elementary schools in the Community of Madrid (Spain) and attended regular classes (5th and 6th grades). Concerning the education level of the parents, 17% of the fathers and 20% of the mothers had not finished high school, 37% of the fathers and 41% of the mothers had a high school certificate, and 43% of the fathers and 38% of the mothers had a college degree. Data on educational level were missing for 3% of the fathers and 1% of the mothers, mainly due to separation or divorce of the parents. The majority of the sample was Caucasian (87%). The remaining were Hispano-American (12.2%), Asian (.50%) and Black (.30%).

Schools were enrolled after consent of the headmaster and school board. To maximize consent and participation, the study was offered to the children and parents in the context of a course of education on emotional health. Informed consent forms from parents were obtained by the school's staff. Children and teachers gave their verbal consent to participate on the day of the test. No children refused to participate, and all completed the questionnaires at school during regular class hours. Due to personal problems, twenty-five children from the initial sample ( $N = 1027$ ) were not able to attend the test and were removed from the study. The third author (AM) and the teacher were present during testing to answer any questions or provide help, and to ensure independent responding and confidentiality. The administration of the booklet of questionnaires took about one hour.

### 2.2. Measures

#### 2.2.1. Child's report of parental behavior inventory (CRPBI; Schaefer, 1965)

The CRPBI measures perceived parental child-rearing behaviors. We used the shortened Spanish validated version of this questionnaire (Valiente et al., 2016; Sandin et al., 2016), which consists of 29 items that have to be rated on a 3-point scale with 1 = "never or almost never" to 3 = "many times". For each item, children first assess father's rearing behaviors and then mother's rearing behaviors. The questionnaire is composed of the following six scales: Communication/warmth (7 items, range = 7–21), Permissiveness (4 items, range = 4–12), Overprotection (4 items, range = 4–12), Overcontrol (5 items, range = 5–15), Aversiveness (5 items, range = 5–15), and Neglect (4 items, range = 4–12). The abbreviated CRPBI Spanish version was validated by Valiente et al. (2016). Cronbach's alphas of the scales in the present study were moderate to good, ranging between .55 (overprotection of mother) and .84 (communication/warmth of father). Inter-item correlations of the scales varied between .23 (overprotection of mother) and .44 (communication/warmth of father). An acceptable inter-item correlation range for a subscale is between .20 and .40 (Briggs and Cheek, 1986).

#### 2.2.2. Adolescent relationship scales questionnaire (ARSQ; Scharfe, 1999)

The ARSQ is a 17-item self-report instrument that assesses perceived attachment towards friends and peers, and can be applied to adolescents and older children (Magaz et al., 2011). It is based on the four

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