



Parent and child antisocial problems: Moderation by emerging adult religiosity and gender

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ABSTRACT

Parental antisocial problems have a strong influence upon their children's antisocial problems but studies suggest that personal religiosity can serve as a protective factor. No studies have yet examined personal religiosity in connection to parental and child antisocial problems. The current study asked 435 emerging adults aged 18 to 25 years attending a large Southern United States university to report upon the antisocial problems of their parents via the Antisocial Problems DSM subscale of the Adult Behavior Checklist (ABCL), and their own antisocial problems on the Antisocial Problems DSM subscale of the Adult Self-Report (ASR) and religiosity on the Stearns-McKinney Assessment of Religious Traits (SMART). Structural equation modeling was used to measure whether personal religiosity and gender (parent and participant) moderated the relationship between perceived parental and child antisocial problems. Results indicated that emerging adult religiosity was associated with a weaker the association between maternal and emerging adult antisocial problems for sons and daughters; however, emerging adult religiosity was associated with a weaker association between paternal and emerging adult antisocial problems only for daughters. For male participants, emerging adult religiosity served as a stronger moderator between maternal and emerging adult antisocial problems than paternal and emerging adult problems, indicating a 3-way interaction by parental gender.

Many studies on development have established that parents influence children's mental health in many ways (e.g., religiosity, parenting, and environment; Stearns & McKinney, 2017). Specifically, one of the main predictors of children's mental health is parental mental health (Dean et al., 2010). For example, children of parents with antisocial behaviors (e.g., lying, manipulating, violent actions, etc.) were more likely to display antisocial behaviors as well (Dogan, Conger, Kim, & Masyn, 2007). Rates of antisocial behavior among children and adolescents have been rising internationally (Ford, 2008). Thus, it is important to understand factors which predict antisocial behaviors, such as parental antisocial behaviors, and elements which might protect against them, such as religiosity. In the current study religiosity is comprised of the amount of religious thoughts, behaviors, and strength of religious faith. A confluence of research has shown that personal religiosity can be protective against mental health problems (Stearns & McKinney, 2017). It appears that no studies, however, have explored whether personal religiosity can protect against the association between parental and child antisocial problems. Thus, the current study examined how personal religiosity affects the association between parental and child antisocial problems. Additionally, many studies examine maternal influences only and do not examine male and female

children separately; thus, the current study included both maternal and paternal antisocial problems in addition to examining male and female differences.

1. Parent and child antisocial problems

Many studies have illustrated an association between parental and child antisocial behaviors (Jackson & Beaver, 2015). These results are aligned with Social Learning Theory, suggesting that children who observe aggressive behavior are more likely to display aggressive behavior as well (Bandura, Ross, & Ross, 1961; Garcia, Restubog, Kiewitz, Scott, & Tang, 2014). For example, parents model behaviors within the family such as antisocial behaviors. Additionally, it is in the family environment that children learn empathy for others through responsive parenting and parental modeling (Torry & Billick, 2011). Thus, parents have a large influence upon their children's antisocial behaviors. For example, Thornberry, Freeman-Gallant, and Lovegrove (2009) found an association between parental externalizing behavior during adolescence and childhood externalizing behaviors.

Several researchers have attempted to understand the connection between parental and child antisocial behaviors, suggesting that this

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connection occurs due to the influence of poor parenting practices (e.g., poor monitoring, hostility, coercive interactions, and harsh inconsistent discipline; [Eaves, Prom, & Silberg, 2010](#); [Feinberg, Button, Neiderhiser, Reiss, & Hetherington, 2007](#)). [Dogan et al. \(2007\)](#) even found that the connection between parental and adolescent antisocial behavior depended on adolescent perceptions of parental behaviors (i.e., parenting and psychopathology), such that increased awareness of parental antisocial behaviors and poor parenting strategies led to a stronger association between parental and child antisocial behaviors. Additionally, much evidence exists that antisocial problems are heritable ([Hicks, Foster, Iacono, & McGue, 2013](#)). For example, a meta-analysis using twin and adoption studies suggested that 41–61% of the connection between parent and child antisocial behaviors were accounted for by genetics ([Tuvblad, Narusyte, Grann, Sarnecki, & Lichtenstein, 2011](#)). Thus, research has suggested a strong relationship between parental and child antisocial problems which were expected to continue into emerging adulthood in the current study.

1.1. Gender

Finally, gender, both that of the parent and child, influences the effects of parental antisocial problems on children's mental health. Most research has focused on mothers as the primary influence on children's development ([Kingston & Tough, 2014](#)). However, fathers may be particularly influential on children when their mothers have psychological problems, such as antisocial problems, and serve as a buffer as they attempt to compensate for the mothers ([Gere et al., 2013](#); [Hofferth, Stueve, Pleck, Bianchi, & Sayer, 2002](#)). Also, [Lamb \(2004\)](#) conducted a literature review and found that fathers have an important role in child development, from social to psychological and even physical health. Thus, the current study expected to find that both maternal and paternal antisocial problems would be associated with emerging adult religiosity and antisocial problems, but that maternal antisocial problems would have a stronger association.

Similarly, child gender has indicated differences in both antisocial behavior and the influence of parents. Generally, research has suggested that young women have become increasingly likely to commit antisocial behaviors ([Zahn et al., 2010](#)). Additionally, previous research has indicated that gender (both parental and child) influences the connection between parental and child antisocial problems ([van Meurs, Reef, Verhulst, & van der Ende, 2009](#)). Specifically, [van Meurs et al. \(2009\)](#) showed that mothers were more likely than fathers to transmit antisocial behavior from parent to child; furthermore, transmission was stronger for boys than for girls. Conversely, [Marmorstein and Iacono \(2004\)](#) found that adolescent conduct disorder was associated with paternal, but not maternal, antisocial behaviors. Examining the connection between parental and child antisocial problems, researchers have found that fathers' lack of involvement leads to more externalizing problems in boys and poor monitoring related to problems in girls ([Gryczkowski, Jordan, & Mercer, 2010](#)). Also, effective maternal parenting behaviors helped to reduce the transmission in both boys and girls ([Thornberry et al., 2009](#)). Thus, it was suspected that emerging adult religiosity would be a stronger moderator between parental and emerging adult antisocial problems for males.

1.2. Child religiosity and antisocial problems

Generally speaking, extant research has suggested that religiosity is associated with better physical and mental health outcomes ([Holmes & Kim-Spoon, 2016](#)). Additionally, religiosity may serve as a protective factor for individuals and help to buffer them from the impact of negative experiences ([Cosco, Stubbs, Prina, & Wu, 2016](#)). It may even provide positive coping mechanisms for dealing with mental and emotional stress ([Salas-Wright, Olate, & Vaughn, 2013](#); [Smith & Denton, 2005](#)). Specifically, religiosity may help adolescents and emerging adults fight the temptation to engage in antisocial behaviors

([Salas-Wright et al., 2013](#)). For example, [Baier and Wright \(2001\)](#) conducted a meta-analysis examining the association between religiosity and criminal behavior and found that increased religiosity was tied to a decreased risk of criminality. Longitudinal analyses also have suggested that religiosity was connected to lower delinquency ([Johnson, Jang, Larson, & De Li, 2001](#)). More recently, [Johnson and Jang \(2010\)](#) examined articles from 1944 and 2010 and found that > 90% of the manuscripts showed religiosity was associated with less antisocial behavior.

Some researchers have suggested that increased religiosity aids in developing self-regulation using the self-control framework ([McCullough & Willoughby, 2009](#)). Religiosity is often demanding upon individuals' self-control resources (e.g., fasting, tithing, church attendance) and the frequent use of self-control by religious people helps to strengthen their ability to use self-control in other domains; in this way it can deter delinquency and antisocial behaviors ([McCullough & Willoughby, 2009](#)). Indeed, studies have shown that self-control mediated the relationship between emerging adult religiosity and risky behaviors ([DeWall et al., 2014](#)). Thus, the current study hypothesizes that greater religiosity would be associated with less antisocial problems.

1.3. Parental antisocial problems and child religiosity

The Integrative Model for the Transmission of Risk to Children of Depressed Mothers, as developed by [Goodman and Gotlib \(1999\)](#), argues that four mechanisms (genetic heritability; biological and neurological dysfunction; stressful environments; and exposure to maternal behaviors, cognitions, and affect) cause children of parents with psychological problems to be more at risk of developing their own psychological problems. Although developed with depressed mothers in mind, this model can be extended to parents with other psychopathologies, like antisocial problems. The current study suggests that the third mechanism, stressful environment, may be reduced when the child is more religious. That is, as stated above, religiosity may help individuals deal with the stress of having a parent with psychopathology like antisocial problems by helping them use positive coping mechanisms ([Cosco et al., 2016](#); [Salas-Wright et al., 2013](#)).

Additionally, children's religiosity may help buffer them from developing the antisocial problems of their parents. Although Social Learning Theory suggests that children learn their behaviors from the actions they observe in their parents, children may also observe when certain behaviors (i.e., antisocial ones) are not beneficial to their parents ([Bandura et al., 1961](#); [Garcia et al., 2014](#)). Indeed, parents who have antisocial problems may have trouble keeping a job, with their relationships, with the law, and naturally with their children ([Brem, Florimbio, Elmquist, Shorey, & Stuart, 2018](#)). Children who observe their parents dealing with such problems may seek other models off which to base their behavior, such as a religious figure (e.g., pastor, God). Such a religious figure might model for children better ways to deal with conflict, relationships, and generally have better mental health. Thus, the current study hypothesized that individuals who reported greater religiosity would also report a weaker relationship between parental and emerging adult antisocial problems.

2. Current study

The current study contributes to the literature by examining how antisocial problems of emerging adults are associated with the perceived antisocial problems of their parents as well as their own personal religiosity. Specifically, given the vast amount of literature which suggests religiosity can serve as a mental health buffer ([Dean et al., 2010](#)), the current study investigated whether personal religiosity served as a buffer (i.e., moderated) for the relationship between parental and child antisocial problems. Due to the fact that maternal influences have been most often studied, this study also examined how

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