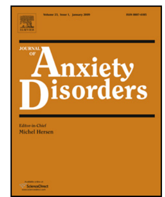
Journal of Anxiety Disorders 32 (2015) 1–7

Contents lists available at ScienceDirect

Journal of Anxiety Disorders



Parenting clinically anxious versus healthy control children aged 4–12 years

C.M. van der Sluis*, F.J.A. van Steensel, S.M. Bögels

University of Amsterdam, Research Institute of Child Development and Education, Nieuwe Achtergracht 127, 1018 WS Amsterdam, The Netherlands

ARTICLE INFO

Article history:
Received 2 May 2014
Received in revised form 25 January 2015
Accepted 4 March 2015
Available online 12 March 2015

Keywords:
Parenting
Child anxiety
Fathers
Young children

ABSTRACT

This study investigated whether parenting behaviors differed between parents of 68 clinically anxious children and 106 healthy control children aged 4–12 years. The effects of parent gender, child gender and child age on parenting were explored. Mothers and fathers completed a questionnaire to assess parenting behaviors in for children hypothetically anxious situations. Results showed that parents of clinically anxious children reported more anxiety-enhancing parenting (reinforcement of dependency and punishment) as well as more positive parenting (positive reinforcement). For the clinical sample, fathers reported using more modeling/reassurance than mothers, and parents reported using more force with their 4–7-year-olds than with their 8–12-year-olds. No interaction effects were found for child gender with child anxiety status on parenting. Results indicate that for intervention, it is important to measure parenting behaviors, and to take into account father and mother differences and the age of the child.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

Parenting behaviors are assumed to be of significant value in the emergence or persistence of child anxiety (e.g. Bögels & Brechman-Toussaint, 2006; Creswell, Murray, Stacey, & Cooper, 2011; Murray, Creswell, & Cooper, 2009; Rapee, 2012). More specifically, parental overcontrol and rejection haven often been linked to child anxiety. Parents who control children's actions and emotions deprive them of opportunities to gain feelings of mastery, autonomy, control and independence, thereby maintaining or increasing child anxiety (e.g. for reviews see Bögels & Brechman-Toussaint, 2006; Creswell et al., 2011; Wood, McLeod, Sigman, Hwang, & Chu, 2003; for a meta-analysis see van der Bruggen, Stams, & Bögels, 2008; for an experiment see Thirlwall & Creswell, 2010; for a longitudinal study see Rubin, Burgess & Hastings, 2002; for empirical studies see Affrunti & Ginsburg, 2012; Wood, 2006). Rejecting and critical parents are assumed to maintain or increase their child's anxiety by reducing children's self-esteem, sense of mastery, and their confidence in a safe world and in positive outcomes (e.g. for a review see Bögels & Brechman-Toussaint, 2006; Creswell et al., 2011; Wood et al., 2003; for a meta-analyses see McLeod, Wood, & Weisz, 2007; for a longitudinal study see; McShane & Hastings, 2009; for empirical studies see Hudson, Dodd, & Bovopoulos, 2011; Verhoeven, Bögels, & van der Bruggen, 2012). It is important to note, however, that the link between child anxiety and parenting is probably bi-directional (Edwards, Rapee, & Kennedy, 2010).

Furthermore, it is hypothesized that anxious parents display more anxiety enhancing parenting behaviors, thereby further increasing the risk for the development or maintenance of the child's anxiety (see Murray et al., 2009; Creswell et al., 2011). However, most studies up to date have not been able to differentiate between the effects of child anxiety and parent anxiety in relation to parenting behaviors. There are only a few studies that included both anxious and non-anxious children *and* mothers, thereby being able to examine which factor (child anxiety or parent anxiety) is most important with regards to parenting. Gar and Hudson (2008) and Moore, Whaley, and Sigman (2004) created four mother-child dyads: non anxious mother and child; anxious mother and child; anxious mother but non-anxious child; and anxious child but non-anxious mother. Overall, both studies demonstrated that most parenting behaviors (overinvolvement, criticism, warmth and autonomy granting) were related to child anxiety, but not to maternal anxiety. Catastrophizing (measured dichotomous rather than continuous) was the only exception, as an interaction effect between maternal anxiety status and child anxiety status was found (Moore et al., 2004). These results are also in line with a meta-analysis (van der Bruggen et al., 2008) that reported a significant relationship between child anxiety and

* Corresponding author at: UvA minds, Academic Treatment Centre, Plantage Muidergracht 14, 1018 TV Amsterdam, The Netherlands. Tel.: +31 0 20 525 1441; fax: +31 0 20 525 8640.
E-mail address: cvandersluis@uvaminds.nl (C.M. van der Sluis).

http://dx.doi.org/10.1016/j.janxdis.2015.03.002
0887-6185/© 2015 Elsevier Ltd. All rights reserved.

observed parental control, but not between parental anxiety and control. Thus, these results seem to indicate that parenting behaviors are related to child anxiety rather than parental anxiety.

Despite the fact that many studies report a significant association between child anxiety and parenting behaviors, a meta-analysis incorporating 47 studies on children aged 2–18 years demonstrated only modest effects (4–6% explained variance) for parental rejection and control on child anxiety (McLeod et al., 2007). Three explanations can be offered. First, only nine studies in this meta-analysis focused on younger children (mean age <7 years), whereas parenting may be of greatest significance for these young children as they are developing rapidly and they are less likely to be influenced by others than their parents compared to relatively older children (Connell & Goodman, 2002). Second, maybe parental control and rejection are not as important as previously assumed and there should be a shift in research to examine other (more specific) parenting constructs in relation to child anxiety (McLeod et al., 2007). Third, in the meta-analysis (McLeod et al., 2007) larger effects were found for the relationship between parenting behaviors and child anxiety in cases were parenting was observed rather than self-reported on questionnaires. In observation studies, children perform tasks that are anxiety provoking, therefore, it could be important to measure parenting in for children anxious situations when using questionnaires. An epidemiological study including 4501 phone surveys with parents of preschool children confirms this. Results showed that parenting behaviors displayed when children experienced anxiety or stress (i.e. maternal physical contact to comfort the child and paternal encouragement of bravery) were independently related to less emotional problems in children, whereas more general parenting practices (i.e. parent management strategies for child (non)compliant/adaptive behaviors) demonstrated no (unique) effect (Dittman et al., 2011). To conclude, measuring parenting behaviors of parents with young children, thereby assessing different parenting behaviors than the usually measured constructs of parental control and rejection, in situations in which children display anxiety, could be of additional value to gain insight in the relationship between parenting and child anxiety.

The Child Development Questionnaire (CDQ; Zabin & Melamed, 1980) measures unique aspects of parenting, as it is based on operant learning theory and assess parenting behaviors that either increase or decrease child anxiety: positive reinforcement, punishment, force, reinforcement of dependency, and modeling/reassurance. Parental positive reinforcement encourages children to take part in the feared behavior by providing them a reward. Punishment entails negative parental responses if the child does not comply to participate in the feared behavior. By using force parents literally force their child to engage in the feared situation or behavior. Reinforcement of dependency illustrates situations in which parents admit to the anxiety of the child, leading to child avoidance. By using modeling/reassurance, parents promote children's participation in the feared behaviors by either (1) being a brave role model for the child, (2) reassuring the child; or (3) dividing the feared behaviors in smaller steps. In addition, the CDQ assesses parenting in situations that are often anxiety provoking for children, e.g. thunder and lightning or getting a filling (Zabin & Melamed, 1980). This is in contrast to other parenting questionnaires, that do not assess parenting in for children anxious situations (e.g. the Mother–Father–Peer Scale (Epstein, 1983): 'My mother encouraged me to make my own decisions').

Zabin and Melamed (1980) examined the CDQ in a sample of 66 parents of 60 4–12 year old children who were hospitalized or had surgery. They found that paternal punishment, maternal force and maternal and paternal reinforcement of dependency were related to more child anxiety, whereas maternal positive reinforcement and paternal modeling/reassurance were related to less child anxiety. The CDQ was used in four other studies concerning anxiety. Two studies examined the relationship between parental anxiety disorders and parenting. First, Teetsel, Ginsburg, and Drake (2014) compared parenting of anxiety disordered mothers ($n = 34$) with anxiety disordered fathers ($n = 21$) demonstrating that anxious mothers used more punishment and reinforcement of dependency than anxious fathers. However, internal consistencies were <.60 for some scales. Second, Challacombe and Salkovskis (2009) added four items to the CDQ related to obsessive-compulsive disorder (OCD), as they examined parenting differences between mothers with OCD ($n = 23$), panic disorder ($n = 18$) and without disorders ($n = 20$). Results showed, for example, that only mothers with OCD used similar levels of punishment for the OCD situations and the other CDQ anxiety situations, whereas the mothers from the other two groups used less punishment in the OCD situations compared to the general anxiety situations. Another study examined whether parenting behaviors changed after parents received treatment to assist their anxious young children ($n = 26$) to overcome their anxiety. Maternal positive reinforcement and modeling/reassurance increased and maternal reinforcement of dependency decreased after treatment (van der Sluis, van der Bruggen, Brechman-Toussaint, Thissen, & Bögels, 2012).

Only one study, conducted by Lawrence and Williams (2011), examined differences in parenting related to child anxiety status using the CDQ. They found no parenting differences between parents of adolescents with ($n = 16$) and without ($n = 16$) a history of OCD. However, some limitations of that study may have accounted for this lack of differences: data collection occurred retrospectively; the adolescents with OCD already received treatment and did not report higher levels of OCD than the adolescents with no history of OCD; and last, the items of the CDQ are related to situations that are commonly feared by children up to the age of 12 years, but the participants of this study were aged 14 to 21 years and it is not clear whether parenting reports concern this age period or a younger child age period. To the authors' knowledge, there are no studies that used the CDQ to examine differences in parenting behaviors between parents of clinically anxious versus healthy control in a large sample of children aged 4–12 years.

Therefore, the major aim of this study was to examine whether parenting behaviors in anxiety provoking situations are different between parents of clinically anxious children versus healthy control children. It was assumed that parents of referred anxiety disordered children deal differently with their child's anxiety than parents of normal children, possibly maintaining or exasperating their child's anxiety, resulting in clinical anxiety disorder(s) and referral to a mental health care institute. This was investigated in a large sample of clinically anxious and healthy control children aged 4–12 years. Furthermore, as research on the effect of child gender and child age on parenting is inconclusive, we explored the possible role of gender and age of the child. Next, as it is suggested that mothers and fathers have distinguishable roles in parenting (Bögels & Perotti, 2011; Bögels & Phares, 2008; Möller, Majdandžić, de Vente, & Bögels, 2013), self-reports about parenting were gathered from both fathers and mothers to assess possible parenting differences between them.

It was hypothesized that parents of clinically anxious children would use more reinforcement of dependency, force and punishment, and less positive reinforcement and modeling/reassurance than parents of healthy control children (Zabin & Melamed, 1980). In addition, we explored the role of child age (4–7 year olds versus 8–12 year olds), child gender (boys versus girls) and gender of the parent (mothers versus fathers), however, as previous research was inconclusive (or lacking) we did not formulate explicit hypotheses for these variables.

Download English Version:

https://daneshyari.com/en/article/909205

Download Persian Version:

https://daneshyari.com/article/909205

Daneshyari.com