



# The role of perceived parenting in familial aggregation of anxiety disorders in children

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## ARTICLE INFO

### Article history:

Received 6 September 2007

Received in revised form 17 March 2008

Accepted 17 March 2008

### Keywords:

Anxiety disorders

Familial aggregation

Parenting style

Child anxiety

Parent–child relations

## ABSTRACT

This study was designed to explore the role of perceived parenting style in the familial aggregation of anxiety disorders. We examined the association between parental and child anxiety diagnoses, and tested whether this association was partly due to a perceived parenting style. The study was conducted in a clinical sample as well as in a control sample. Parental lifetime and current anxiety diagnoses were significantly associated with child anxiety diagnoses. When maternal and paternal lifetime and current anxiety diagnoses were entered as separate predictors, only maternal current anxiety diagnoses appeared to be significant. Perceived parenting style was assessed with the dimensions “overprotection,” “emotional warmth,” “rejection,” and “anxious rearing.” Results indicated that only maternal and paternal ‘overprotection’ was significantly but negatively associated with child anxiety. However, further analyses showed that ‘overprotection’ did not have a significant mediating role in the familial aggregation of anxiety disorders.

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## 1. Introduction

Anxiety disorders tend to aggregate within families (e.g., Beidel & Turner, 1997; Last, Perrin, Hersen, & Kazdin, 1996; McClure, Brennan, Hammen, & Le Brocq, 2001; Merikangas, Dierker, & Szatmari, 1998; Turner, Beidel, & Costello, 1987). Familial transmission results from two sources. First, genes that cause anxiety in parents may induce anxiety in their children. Second, it is assumed that anxious parents tend to raise their children in an anxious fashion (Bögels & Siqueland, 2006; Chorpita & Barlow, 1998; Hirshfeld, Biederman, Leslie, Faraone, & Rosenbaum, 1997; Moore, Whaley, & Sigman, 2004). If this would really

be the case, parenting style might play a role in familial aggregation of child anxiety.

Theories about parenting are focused on three dimensions: acceptance, control, and catastrophizing (e.g., Barlow, 2002; Craske, 1999). Low acceptance, including rejection, a lack of warmth or criticizing, may enforce children's feelings of insecurity and anxiety by a negative or critical reaction to his or her feelings and activities (Manassis & Bradley, 1994; Vasey & Dadds, 2001). Over-control, or overprotection, may convey the message to the child that he or she is incapable of handling challenging situations and may therefore increase feelings of insecurity and anxiety (e.g., Hudson & Rapee, 2001). Catastrophizing, also referred to as anxious rearing, refers to describing problems in an irresolvable or dangerous manner and interpreting the world as extremely threatening. Catastrophizing may inhibit children to develop adequate coping mechanisms and problem-solving strategies (Capps & Ochs, 1995; Whaley, Pinto, & Sigman, 1999).

It is often assumed that parenting is related to onset and persistence of child anxiety disorders (Chorpita & Barlow,

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1998; Vasey & Dadds, 2001). Reviews reported associations between child anxiety and both overprotection and a lack of warmth (e.g., Bögels & Brechman-Toussaint, 2006; Wood, McLeod, Sigman, Hwang, & Chu, 2003). However, these positive associations are mostly based on observation of parent–child interactions or using retrospective reports of parenting style in non-clinical samples (e.g., Muris, Steerneman, Merckelbach, & Meesters, 1996; Wood et al., 2003). Clinical studies or studies that used children's or parents' reports of current perceived parenting do not provide salient evidence of positive associations between overprotection or a lack of warmth and child anxiety, whereas an association between catastrophizing in parents and child anxiety is not well established at all. Findings of these studies, only directed to an association between parenting and child anxiety, are necessarily confounded, as genetic findings dictate that a sample of anxious children will be characterized by a relatively high rate of anxious parents, and vice versa (Moore et al., 2004). Therefore, it is difficult to conclude whether parental anxiety, parenting or both relate to child anxiety. Only a few studies have concurrently evaluated the relation among parental anxiety, parenting and child anxiety. Findings of these studies seem to be inconsistent. Results of Whaley et al. (1999) observed that anxious mothers were less warm toward their children, less granting for autonomy and more catastrophizing in comparison with normal control mothers. However, Moore et al. (2004) replicated this study with more respondents ( $n = 68$ ), and concluded that mothers of anxious children were less warm and more over-controlled toward their children, regardless of their own anxiety level. Catastrophizing was associated with both mother and child anxiety. Studies of Lieb et al. (2000); McClure et al. (2001); Turner, Beidel, Roberson-Nay, and Tervo (2003) did not find evidence for a mediating role of parenting in the association between mother and child anxiety disorders. However, Hirshfeld et al. (1997) concluded that mothers with anxiety disorders reported significantly more criticism toward inhibited children than noninhibited children. This tendency was not found for non-anxious mothers. Because inhibition is a risk factor for anxiety disorders, this might suggest parent–child dyads in which the child is at risk for anxiety disorders are characterized by parental criticism (Hirshfeld et al., 1997).

In summary, associations between parental and child anxiety were confirmed, whereas associations between parenting and both parental and child anxiety were not robust. Furthermore, different samples and methods to investigate parenting were used. Results were, except for the studies of Whaley et al. (1999) and Moore, Whaley, and Sigman (2004), based on non-clinical samples. Parenting was assessed via current child report (McClure et al., 2001), current parent report (Hirshfeld et al., 1997; Turner et al., 2003), retrospective child report (Lieb et al., 2000) and observations (Moore, Whaley, & Sigman, 2004; Turner et al., 2003; Whaley et al., 1999). All these techniques have their strengths and weakness and it depends on the purpose and design, which ones are appropriate.

Except for one study (McClure et al., 2001), the studies mentioned above only include one parent – mostly the

mother – in their study. For a full understanding of familial aggregation of anxiety disorders and the possible mediating role of parenting in this transmission, information about diagnostic status and parenting style of both parents is needed.

Moreover, except for one study (McClure et al., 2001), parental anxiety was not divided into current versus lifetime. Because of the possibility that parental current and lifetime anxiety diagnoses are associated differently with parenting or child anxiety, separate analyses with both current and lifetime parental anxiety are needed.

Except for our curiosity about a theoretical understanding of familial aggregation of anxiety, information about the role of parenting in the association between parent and child anxiety is relevant for treatment efforts, especially for treatments in which parents are participating. To obtain clinically relevant information, studies including referred children are needed. In the present study, data from a clinical sample of children with anxiety diagnoses and from a control sample were used.

Attachment research shows that children are influenced by the rearing behavior of their parents through their mental representations of this behavior (Main, Kaplan, & Cassidy, 1985). Therefore, in the assessment of the role of parenting in familial aggregation, we focused on the child's perception of parenting.

This study tests the hypothesis whether maternal and paternal anxiety disorders (current and lifetime) are associated with anxiety disorders among children. Furthermore, it is investigated if perceived parenting style mediates this association.

## 2. Methods

### 2.1. Respondents and procedure

#### 2.1.1. Clinical sample

For this study, the sample was selected from all consecutive referrals of 8–12 years olds to the anxiety and depression unit of the outpatient university clinic for child and adolescent psychiatry of Erasmus Medical Center/Sophia Children's Hospital Rotterdam or Curium/LUMC Leiden between September 2002 and December 2005. As part of the routine procedure, all children and their parents were interviewed with the child version of the Anxiety Disorders Interview Schedule (ADIS-C; Siebelink & Treffers, 2001; Silverman & Albano, 1996). Children who received a diagnosis of separation anxiety disorder, (SAD), generalized anxiety disorder (GAD), social phobia (SOP) or specific phobia (SP) were included in the target sample. Exclusion criteria included an IQ below 85, poor command of the Dutch language, serious physical disease, substance abuse disorder, pervasive developmental disorder, selective mutism, organic mental disorder, schizophrenia or other psychotic disorder, obsessive-compulsive disorder, a post-traumatic stress disorder and acute stress disorder. As a result, 133 children (aged 8–12 years) with an anxiety disorder and their parents were asked to participate in the study.

To obtain information about perceived parenting style, the EMBU-C was obtained during an assessment procedure in one of the two participating academic institutes.

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