



Beliefs regarding child anxiety and parenting competence in parents of children with separation anxiety disorder

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ABSTRACT

Background and objectives: Despite the fact that numerous developmental models have highlighted the role of parental cognitive processes in connection with anxiety disorders in children and adolescents, the role of parents' beliefs about their children and parenting remains largely unexplored. This study investigated the specific association between parental beliefs and child separation anxiety.

Method: Parents of children with a diagnosis of Separation Anxiety Disorder (SAD) reported on beliefs and expectations related to their child's fears and own parenting competence. To study the potential specificity of relationships, a clinical control group of mothers of children with social phobia (SoP) and a group of mothers of children without a mental disorder (healthy controls, HC) were included.

Results: Results indicated that parents of anxious children had significantly higher levels of dysfunctional beliefs than the parents in the HC group. Mothers of children with SAD showed lower levels of parenting self-efficacy than mothers of children with SoP. They also demonstrated lower parenting self-efficacy and satisfaction compared to mothers of healthy children. Parental dysfunctional beliefs about child anxiety and paternal parenting self-efficacy were significantly positively associated with child anxiety. The effects remained significant after controlling for parental anxiety and depression.

Limitations: Due to the cross-sectional design of the study, causality of the found effects cannot be inferred.

Discussion: Data suggest that children's anxiety and parents' beliefs about their child's anxiety, coping skills and parenting are strongly associated. Further research is needed to investigate whether addressing parental cognitions in addition to parents' anxiety may improve prevention and intervention of child anxiety.

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1. Introduction

The key feature of Separation Anxiety Disorder (SAD) is the excessive and unrealistic fear of separation from an attachment figure (for an overview see Schneider & Lavallee, in press). SAD is the earliest and one of the most common childhood anxiety disorders, with the mean age of onset at 7 years (Kessler et al., 2005) and prevalence estimates near 4% (Cartwright-Hatton, McNicol, & Doubleday, 2006). Further, several studies indicate that SAD is a strong risk factor for comorbid diagnoses of other anxiety and affective disorders during childhood (Lewinsohn, Holm-Denoma, Small, Seeley, & Joiner, 2008) as well as for the development of mental disorders in adulthood (Brückl et al., 2007; Lewinsohn et al., 2008). Despite the high prevalence of SAD, unfavorable long-term prognosis and impairing symptomatology,

possible etiological factors specific to SAD remain under-researched (Suveg, Aschenbrand, & Kendall, 2005). Subsequently, in an attempt to fill this gap in research the present study set a focus on children with SAD.

Broad models of the etiology of childhood anxiety disorders in general have been developed, but few focus on specific disorders. Nevertheless, existing models provide a good foundation for the research on SAD, highlighting the important role of familial and cognitive mechanisms in the development and maintenance of childhood anxiety (Ginsburg & Schlossberg, 2002; Murray, Creswell, & Cooper, 2009; Rapee, 2001). Both top-down (investigating the children of anxious parents) (Micco et al., 2009) and bottom-up (investigating the parents of anxious children) studies (Cooper, Fearn, Willetts, Seabrook, & Parkinson, 2006; Hughes, Furr, Sood, Barmish, & Kendall, 2009; Kearney, Sims, Pursell, & Tillotson, 2003; Last, Hersen, Kazdin, Finkelstein, & Strauss, 1987) have shown that familial transmission plays a role in both anxiety in general as well as SAD specifically. However, it is yet unclear which role the shared familial environment – in contrast to genetics – plays within the context of familial anxiety legacy. Research so far

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has indicated that the relative contribution of each of these factors seems to be somewhat disorder-specific (Eley, Rijdsdijk, Perrin, O'Connor, & Bolton, 2008). Although the importance of the familial environment is indisputable (for a review see Burt, 2009), findings on its relative impact on SAD tend to be inconsistent across investigations (Bolton et al., 2006; Cronk, Slutske, Madden, Bucholz, & Heath, 2004; Eley et al., 2008; Feigon, Waldman, Levy, & Hay, 2001; Topolski et al., 1997). Since results regarding the role of specific environmental factors, such as childrearing or parenting remain unclear (McLeod, Wood, & Weisz, 2007), the need for more research in this area is evident.

The role of parental cognitions is of particular interest in the development and maintenance of children's anxieties, although the specific role of parents' beliefs and expectations remains largely unexplored. Only a limited number of studies have investigated parents' cognitions in relation to child anxiety. It remains unclear whether parents' cognitions serve as a precursor to or are a result of parental anxiety, as does whether parents' cognitions are directly associated with children's anxiety symptoms. In one study, Wheatcroft and Creswell (2007) found that in a community sample of parents, parents' perceived control over their children's behavior primarily reflected parental anxiety rather than child anxiety. Top-down studies indicate that anxious mothers hold interpretative biases toward potential threats in their child's environment (Lester, Field, Oliver, & Cartwright-Hatton, 2009). They expect their children to be more anxious and avoidant than less anxious mothers do (Cobham, Dadds, & Spence, 1999). A small number of bottom-up studies have investigated the question whether parents of anxious children themselves hold dysfunctional cognitions. For example, mothers of children with an anxiety disorder expected their children to be significantly more upset and less capable of self-comfort. They also were less confident in their children's abilities to perform task-related behavior than mothers of healthy children (Kortlander, Kendall, & Panichelli-Mindel, 1997). Surprisingly, maternal anxiety was elevated in both groups. Contrary to common hypotheses, Gifford, Reynolds, Bell, and Wilson (2008) conducted an investigation of interpretation biases of children with an anxiety disorder and their mothers by using an ambiguous stimuli task and showed that mothers of anxious children did not choose threatening interpretations more often than the mothers of healthy children. However, they found significant correlations between mother's threat interpretation and child anxiety but no correlations with mother's own anxiety. In another study, Micco and Ehrenreich (2008) found – again consistent with information processing theories of anxiety – that mothers of anxious children held significantly lower expectations for their children's coping abilities than mothers of non-anxious children, independent from mothers' own anxiety levels.

In addition to parents' beliefs and expectations regarding their children, parents' sense of parenting competence (i.e., parents' belief that they can effectively manage parenting tasks) or parenting self-esteem (these two constructs are often used interchangeably) are additional aspects of parental cognition which have become increasingly prominent in developmental research. These constructs encompass both perceived self-efficacy as a parent as well as satisfaction derived from parenting (Johnston & Mash, 1989). Bandura (1982) defined self-efficacy as one's expectation to be able to successfully cope with difficult situations. Within the context of parenting, this refers to the degree to which a parent feels competent and confident in handling child-related problems. According to Johnston and Mash (1989), the quality of affect associated with parenting or the degree of satisfaction derived from the role (i.e., an affective dimension of parenting frustration, anxiety and motivation) is related to the dimension of efficacy.

Several studies have linked parenting self-efficacy and parenting satisfaction to both parenting behaviors and child

outcomes (for a review see Coleman & Karraker, 1997; de Haan, Prinzie, & Dekovic, 2009; Jones & Prinz, 2005), especially child behavioral problems (Bogenschneider, Small, & Tsay, 1997; Day, Factor, & Szkiba-Day, 1994; Johnston & Mash, 1989; Mash & Johnston, 1983; Weaver, Shaw, Dishion, & Wilson, 2008). To our knowledge, only two studies so far have examined the link between parenting self-efficacy and satisfaction and child anxiety. Lange and colleagues (Lange et al., 2005) investigated families with boys with ADHD, with an affective or anxiety disorder and normal controls. Mothers and fathers from both clinical groups reported significantly lower levels of parenting satisfaction than parents of normal controls. Hill and Bush (2001) investigated a community sample of kindergarten children and found that both child anxiety and conduct problems were associated with lower levels of parental self-efficacy in mothers. However, parental anxiety and depression were not assessed in either of the studies. We also did not identify any published research, which differentiated between various child anxiety disorders.

In sum, despite the fact that a growing body of literature assumes that parents' cognitive processes regarding their children are crucial for the development and maintenance of anxiety disorders in children and adolescents, there is little existing empirical research addressing this issue. The few existing studies (Gifford et al., 2008; Kortlander et al., 1997; Micco & Ehrenreich, 2008) are considered to be inconsistent in their methods and theory and have left lingering questions unanswered. Firstly, no study has focused specifically on the association between child anxiety and parents' beliefs about the child's anxiety or on parents' sense of parenting competence. Second, few studies examining parental cognitions have assessed both child diagnoses and parental anxiety and depression together. This makes it difficult to parse out the differential effects of parental dysfunctional beliefs versus parents' own anxiety and depression on child anxiety. Third, fathers are often excluded from the research in this area, and no study to date has examined the association between paternal dysfunctional beliefs and child anxiety disorders. Finally, the existing studies investigated relationships between child anxiety and parents' cognitions in either normal samples or in mixed anxiety disorder samples, without differentiating among specific disorders. Despite the high comorbidity among anxiety disorders, a full understanding of the etiology and maintenance of childhood anxiety disorders requires systematic investigation of factors specific to individual disorders. Striving to address gaps in prior research and to address factors related to SAD specifically, the present study investigated parental dysfunctional beliefs regarding child anxiety and childrearing as well as parenting self-efficacy and satisfaction in three groups of children: those with SAD, with a comparison anxiety disorder (social phobia, SoP), and children without a mental disorder. Furthermore, we chose to focus on SAD in the present study due to the fact that onset usually occurs during a development phase in which the children spend significantly more time with their parents than they do later on (Larson, Richards, Moneta, Holmbeck, & Duckett, 1996) and the symptomatology of SAD is directly associated with parents. Anxiety and depression symptomatology of parents were assessed as control variables. These analyses are largely exploratory. However, in accordance with theory and existing prior research we hypothesized that: (I) maternal and paternal levels of dysfunctional beliefs related to the anxiety of their child would be positively associated with child SAD and SoP diagnoses, while parenting self-efficacy and satisfaction would be negatively associated; (II) maternal and paternal levels of dysfunctional beliefs related to the anxiety of their child would be positively associated with child avoidance behavior of separations from parents and manifest trait anxiety, while parenting self-efficacy and satisfaction would be negatively

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