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Specificity of gender role orientation, biological sex and trait emotional intelligence in child anxiety sensitivity

C. Stassart [a,*], B. Dardenne [b,2], A.-M. Etienne [a,1]

[a] Health Psychology, Department of Human Systems and Clinical Studies, Faculty of Psychology and Science of Education, University of Liège, Boulevard du Rectorat B33, 4000 Liège, Belgium

[b] Social Psychology, Department of Psychology: Cognition and Behavior, Faculty of Psychology and Science of Education, University of Liège, Boulevard du Rectorat B32, 4000 Liège, Belgium

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ABSTRACT

The present study evaluates gender role theory as an explanation for the observed gender differences in anxiety sensitivity (AS) symptoms among children, and emotional intelligence (EI) as a protective factor in the relation between gender role orientation and AS. Specifically, these two hypotheses are investigated in a moderated mediation analysis. The sample comprises 200 children, aged 9–13 years (95 boys, 105 girls). Results reveal that Masculinity (M) and EI are negatively associated with AS while Femininity (F) is positively associated with AS. Gender role orientation mediates the relation between biological gender and AS scores and EI moderates the relation between M (but not F) and overall AS symptoms. Findings support gender role orientation as an explanation for the observed gender disparity in AS; in the case of masculine orientation, the protective effect also depends on high emotional intelligence. This study provides valuable insights for understanding the emotional socialization of children, as well as preventing or treating AS symptoms.

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1. Introduction

The manifestations of fear constitute an alarm system pushing the individual to prepare for and cope with dangerous events. In some cases, they may become more intense and be misunderstood; these reactions themselves become a source of fear and a normal emotion acquires a disastrous connotation. Anxiety sensitivity (AS) refers to the belief that anxiety-related sensations can lead to harmful consequences. More specifically, people with high AS believe that anxiety sensations will lead to catastrophic outcomes such as physical illness, social embarrassment, loss of control and/or mental incapacitation (Reiss & McNally, 1985). Although the distinction between AS and trait anxiety has been controversial, current literature supports the specificity of the AS (Silverman, Fleisig, Rabian, & Peterson, 1991). A hierarchical relationship has been proposed: AS is a lower order factor that reflects a specific tendency to react anxiously with symptoms of fear and would "charge" a higher order factor, anxiety-trait, which would refer to a general tendency to respond to stressors in an anxious way (Lilienfeld, 1996).

AS is an important risk factor for the development of anxiety disorders in children and adolescents, particularly in the case of panic disorder (Anderson & Hope, 2009; Schmidt et al., 2010). People with AS are less able to cope with anxiety symptoms and more likely to develop an anxiety disorder. High AS reinforces the fear of physical symptoms and leads to a catastrophic interpretation of bodily sensations (Clark, 1986). AS may thus precipitate and intensify anxiety, leading to the development of a panic attack, for example (Li & Zinbarg, 2007). The literature has highlighted the usefulness of considering AS in the prevention and treatment of various psychopathological disorders in children (Chorpita, Albano, & Barlow, 1996). Primary prevention programs designed to reduce AS in children have proven effective in reducing the risk of developing an anxiety disorder during the following years (Balle & Tortella-Feliu, 2010). However, this concept has mostly been studied in adults but rarely explored in children. Given the high prevalence of anxiety disorders among youth – about 10% (Silverman & Treffers, 2001) – it is important to better understand the development of AS in children and reduce the risk of anxiety disorder as soon as possible during child development.

* Corresponding author. Address: Health Psychology, Department of Human Systems and Clinical Studies, Faculty of Psychology and Science of Education, University of Liège, Boulevard du Rectorat, 3 Bat. B33, 4000 Liège, Belgium. Tel.: +32 (0) 4 366 23 83; fax: +32 (0) 4 366 29 88.

E-mail addresses: cstassart@ulg.ac.be (C. Stassart), b.dardenne@ulg.ac.be (B. Dardenne), AM.Etienne@ulg.ac.be (A.-M. Etienne).

[1] Tel.: +32 4 366 46 53.

[2] Tel.: +32 4 366 20 80.

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Girls and boys are not equal in their respective AS score (Deacon, Valentiner, Gutierrez, & Blacker, 2002). More specifically, girls tend to be at a greater risk than boys of developing anxiety disorders (e.g., Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). Early childhood is a period in which vulnerability to anxiety increases among girls (McLean & Anderson, 2009); from the age of six, girls are twice as likely as boys to have experienced an anxiety disorder (Anderson, Williams, McGee, & Silva, 1987).

The differences between boys' and girls' anxiety scores have led to investigate the underlying reasons for these dissimilarities. The role of gender role orientation has been suggested (Stassart, Hansez, Delvaux, Depauw, & Etienne, 2013; Walsh, Stewart, McLaughlin, & Comeau, 2004). In early childhood, children learn, by the differentiated socialization boys and girls receive, to develop socially prescribed attitudes consistent with their sex, resulting in "masculine" and "feminine" sex-typed behaviors and characteristics. Girls are encouraged to express their emotions and perceived as emotional, gentle, passive and understanding (emotional and interpersonal traits), boys are perceived as aggressive, active, self-confident, competitive and dominant, autonomy and independence are more stimulated (instrumental traits; Spence & Helmreich, 1980). In the emotional sphere, girls are more stimulated than boys from the first year of life (Malatesta, Culver, Tesman, & Shepard, 1989). More specifically, expression of fears and avoidance behaviors are compatible with the female role and even encouraged among girls but not among boys (Bem, 1981). Boys are expected to confront their fears and adopt behaviors enabling them to cope with their problems.

The importance of gender role orientation in explaining the effects of sex on fear has been examined in only a few studies in children. Masculinity was negatively correlated with overall levels of fearfulness, while there was no association with Femininity (Ginsburg & Silverman, 2000). While other authors found the opposite direction: a positive correlation between fear and Femininity, but no association with Masculinity (Muris, Meesters, & Knoops, 2005). Finally, others observed that gender role orientation, in addition to sex, predicted a unique part of the variance in anxiety. Participants with a high level of Masculinity tended to be less anxious than those who had a lower level. In addition, participants who endorsed more feminine traits appeared more anxious than those with fewer (Brody, Hay, & Vandewater, 1990; Palapattu, Kingery, & Ginsburg, 2006). To our knowledge, however, no study has yet investigated the effects of gender role orientation on anxiety sensitivity.

The link between gender role orientations and anxiety scores can be explained by specific strategies to cope with anxiety situations (e.g. Lengua & Stormshak, 2000). Feminine trait is related to emotional expressiveness and dependence on others to cope with problems (e.g., McLean & Anderson, 2009). Meanwhile, masculine trait is related to problem-focused coping, independence and confrontation of fears, which has the result of reducing the anxiety level (e.g. Ebata & Moos, 1991). These characteristics of masculine trait can also lead to a need for emotional over-control. Given that AS is a fear of losing control and a misinterpretation of anxiety sensations, the possession of masculine traits might be not sufficient to lead to a decrease in AS. The presence of emotional skills, such as a good knowledge and understanding of the feeling of fear and the acceptance of its sensations, could moderate the impact of Masculinity and Femininity on the development of AS. To obtain a more detailed understanding of the relationship between gender role orientation and AS, the study of a moderating variable such as emotional intelligence (EI) seems relevant.

Emotional intelligence is characterized by the capacity to feel, identify, understand, regulate and use one's own emotions and those of others (Mikolajczak, Petrides, & Hurry, 2009). High EI is linked to a number of adaptive factors and may protect against the development of psychopathological disorders. In child and adolescent populations trait EI is negatively associated with somatic complaints, anxiety, depression, aggressive and disruptive behavior, and positively associated with adaptive coping styles, self-esteem, good peer relations, and socio-emotional competence (Frederickson, Petrides, & Simmonds, 2012; Mavroveli, Petrides, Shove, & Whitehead, 2008; Mikolajczak et al., 2009; Williams, Daley, Burnside, & Hammond-Rowley, 2009).

The current study investigated several hypotheses: (1) Girls endorse more feminine traits than boys and boys endorse more masculine traits than girls. (2) Gender role orientation mediates the relationship between sex and AS. (3) Trait EI is negatively linked to AS scores. And (4) trait EI moderates the mediation of gender role orientation between sex and AS symptoms. Although the literature presents no concrete conclusions about the interaction between EI and biological sex in the development of a psychopathology (cf. Williams et al., 2009), the moderating effect of EI on different paths of the model is investigated in this study.

2. Method

2.1. Participants

The sample was recruited from several regular primary and secondary schools in the area of Liège, and comprised 200 children of Belgian origin, aged 9–13 years (95 boys, M = 10.6 years, SD = 1.17; 105 girls, M = 10.7 years, SD = 1.27).

2.2. Procedure

The participants anonymously completed a set of self-report personality measures in a paper and pencil format at home. Written informed consent was obtained from the children and their parents. The first author administered the questionnaires using standardized written instructions.

2.3. Measures

Childhood Anxiety Sensitivity Index (CASI; Silverman et al., 1991) is an 18-item questionnaire designed to assess AS in children using a 3-point response scale. Higher scores reflect more AS. The analysis of the reliability (Cronbach's alpha = .87) and validity of the French scale appeared satisfactory (Vanasse, Houde-Charron, & Langlois, 2010). In this study, the internal consistency of the CASI was good: .82.

Trait Emotional Intelligence Questionnaire – Child Short Form (TEIQue-CSF; Mavroveli et al., 2008) comprises 36 items answered using a 5-point Likert scale with higher scores reflecting higher EI; it provides comprehensive coverage of child personality facets relating to emotion. It was specifically developed for children aged between 8 and 12. For this study, Cronbach's alpha was good: .83.

Children's Personality Attributes Questionnaire (CPAQ; Hall & Halberstadt, 1980) assessed the children's gender roles with 21 items and a 4-point scale. It contains three scales: Masculinity (M), which assesses positive traits associated with the traditional masculine role, Femininity (F), which assesses positive traits associated with the traditional feminine role, and Femininity–Masculinity, which was not scored in this study. Higher scores represent stronger endorsement of the measured attribute. For the current study, Cronbach's alphas were .68 for the F, and 0.59 for the M. This questionnaire had been chosen because it is a measure of instrumentality and expressiveness rather than a more strength measure of stereotypy: the scale contained items that measure stereotypic but desirable masculine and feminine attributes (Hall & Halberstadt, 1980).

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