Skittish, shielded, and scared: Relations among behavioral inhibition, overprotective parenting, and anxiety in native and non-native Dutch preschool children

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1. Introduction

Anxiety disorders belong to the most prevalent types of psychopathology among children and adolescents: about 5% of all youths meet the diagnostic criteria of an anxiety disorder and cumulative figures indicate that almost 20% suffer from a clinically significant anxiety problem before the age of 16 (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Verhulst, van der Ende, Ferdinand, & Kasius, 1997). However, the internalizing nature of anxiety means that this problem often remains hidden, thereby hindering referral to clinical treatment settings (Angold, Costello, Farmer, Burns, & Erkanli, 1999). Nevertheless, there may be clear markers of anxiety problems that are already visible during the early stages of development. One important candidate in this regard is behavioral inhibition, which refers to the temperament characteristic of being unusually shy and withdrawn when confronted with new and unknown stimuli and situations (Kagan, 1994).

Research has provided support for an intimate link between behavioral inhibition and anxiety problems in children and adolescents (Fox, Henderson, Marshall, Nichols, & Ghera, 2005). For example, cross-sectional data have indicated that higher levels of behavioral inhibition are accompanied by higher levels of anxiety in preschoolers (Biederman et al., 1990, 2001; Dyson, Klein, Oline, Dougherty, & Durbin, 2011; Hudson, Dodd, & Bovopoulos, 2011; Shamir-Essakow, Ungerer, & Rapee, 2005; White, McDermott, Degnan, Henderson, & Fox, 2011), primary school aged children (Muris et al., 2009; Van Brakel, Muris, & Ògels, 2004; Van Brakel, Muris, Børg, & Thomassen, 2006; Vreeke & Muris, 2012), and adolescents (Carpentier, Elkin, & Starnes, 2009; Muris, Meesters, & Spinder, 2003; Muris, Meesters, van Melick, & Zwambag, 2001; Muris, Merckelbach, Wessel, & Van de Ven, 1999). More importantly, prospective research has shown that behavioral inhibition constitutes a risk for developing anxiety problems over time. An exemplary study was conducted by Biederman et al. (1993), who followed a sample of inhibited and uninhibited preschool children throughout their early childhood years. Results indicated that at the first assessment, inhibited children already displayed significantly more anxiety disorders than uninhibited children. Interestingly, at the re-assessment, 3 years later, the inhibited children had displayed a significant increase in anxiety problems from baseline.
to follow-up, whereas such a marked increase was not observed in the uninhibited group. Other studies have generally replicated these results (Brozina & Abela, 2006; Hudson, Dodd, Lynenham, & Bovopoulous, 2011; Kagan, Snidman, Zentner, & Peterson, 1999), thereby underlining that behavioral inhibition should be viewed as a vulnerability factor for anxiety disorders in youth, with some studies suggesting that this temperament characteristic is of particular relevance to the development of social anxiety disorder (Biederman et al., 2001; Chronis-Tuscano et al., 2009; Hayward, Killen, Kraemer, & Taylor, 1998; Hirshfeld-Becker et al., 2007; Muris, Van Brakel, Arntz, & Schouten, 2011; Schwartz, Snidman, & Kagan, 1999).

While it is clear that behavioral inhibition is associated with a heightened risk for developing anxiety pathology, it is also true that not all temperamentally vulnerable children develop anxiety problems. For example, in the aforementioned study by Biederman et al. (1993) a clear majority of the inhibited children did not develop this type of psychopathology. This fits nicely with recent etiological models of childhood anxiety which stress the importance of an interplay between child temperament and environmental risk factors. Nonetheless, there is evidence that the construct of behavioral inhibition may have a different connotation in various ethnic/cultural groups. For example, Rubin et al. (2006) used a structured observation procedure to compare levels of behavioral inhibition in preschool children of five nations. The authors found that children in China and South-Korea were more inhibited than children in Australia and Italy, which may well have to do with the fact that in Eastern, collectivistic cultures shyness and inhibited behavior are more valued than in Western cultures. In a similar vein, there are also indications that rearing behaviors vary across cultures (Lansford & Bornstein, 2011; Rubin, 1998), and this may also be true for overprotective parenting. For instance, Chen et al. (1998) noted that parents of Chinese children displayed higher levels of protection and concern toward their offspring than parents of Canadian children. Finally, there is also evidence indicating that anxiety levels differ significantly across children from various cultural backgrounds, with children from non-Western countries generally displaying higher levels than children of Western nations (e.g., Essau, Leung, Conradt, Cheng, & Wong, 2008; Muris, Schmidt, Engelbrecht, & Perold, 2002). Even within Western countries, it has been shown that children from non-native, ethnic minorities exhibit higher levels of anxiety as compared to white/Caucasian children from native inhabitants (Hale, Raajmakkers, Muris, & Meeus, 2005), although this is certainly not always the case (Safren et al., 2000).

Thus, in the current study, behavioral inhibition, overprotective parenting, and anxiety symptoms were assessed by asking parents of 3- to 6-year-old native and non-native Dutch children to complete a set of questionnaires twice, approximately 12 months apart. Regression analyses were conducted to investigate the unique contributions of behavioral inhibition and overprotective parenting as well as their interaction to children’s anxiety symptoms, both cross-sectionally and prospectively. Because some studies have indicated that behavioral inhibition is especially relevant for social anxiety disorder (Chronis-Tuscano et al., 2009; Hayward et al., 1998; Hirshfeld-Becker et al., 2007; Muris et al., 2011; Schwartz et al., 1999), a distinction was made between this type of factors. Finally, no evidence was found indicating that behavioral inhibition and overprotection had an interactive effect on anxiety. Hudson, Dodd, Lynenham, et al. (2011) followed these children for 2 years in order to examine the contributions of behavioral inhibition and maternal overprotective parenting in the development of anxiety over time. The results showed that after controlling for baseline anxiety levels, behavioral inhibition was associated with an increased likelihood of children meeting the criteria for an anxiety disorder at follow-up. However, again no additive or interactive effects of maternal overprotective parenting were observed. Yet, the data did show that this parenting style enhanced children’s level of behavioral inhibition over time, which suggests there still might be an (indirect) effect on anxiety in later childhood.
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