



Perceived anxiety control as a mediator of the relationship between family stability and adjustment[☆]

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ABSTRACT

Previous research has demonstrated a relationship between the constructs of family stability and adjustment. The present study evaluates perceived anxiety control as a mechanism through which association between family stability and adjustment may operate. It was hypothesized that perceived anxiety control would mediate the relationships between family stability and depression and anxiety. Participants completed the following measures: Stability of Activities in the Family Environment (SAFE), the Anxiety Control Questionnaire (ACQ), the Beck Depression Inventory II (BDI-II), and the Beck Anxiety Inventory (BAI). Results of multiple regression analyses largely support a model in which perceived anxiety control mediates the relationship between family stability and both depression and anxiety. Potential ways in which family stability may assist in development of perceived control are discussed.

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1. Introduction

The role of control, and specifically perceived control, has been highlighted in models of the development of anxiety and affective disorders (e.g., Chorpita & Barlow, 1998). Perceived control involves beliefs about causes of events, both positive and negative, successes and failures (Bolger & Patterson, 2001). That is, high levels of perceived control involves the attribution of events to one's own characteristics or actions, whereas low perceived control is the attribution of events to outside factors, such as powerful others.

The construct of perceived control has evolved from Rotter's (1966) locus of control, which addresses an

individual's generalized expectancy that events in all life areas will be under his or her own control. More recently, investigators have begun to study perceived control in more specific areas in order to further refine the construct. Rapee, Craske, Brown, and Barlow (1996) outlined the construct of perceived control over anxiety-related events. Perceived anxiety control is the extent to which external threats and an individual's own emotional reactions are viewed to be under one's own control. This aspect of perceived control is thought to be more specifically relevant to negative emotions (Chorpita & Barlow, 1998).

Theoretical and empirical literature link perceived control to indicators of adjustment. Most specifically, perceived control has commonly been identified as a possible factor in anxiety and affective disorders, such that individuals with anxiety and depressive disorders are thought to believe that they are unable to control their environments. Theories of learned helplessness and hopelessness depression emphasize effects of uncontrollable negative events on the development of psychopathology (Abramson, Metalsky, & Alloy, 1989; Abramson, Seligman, & Teasdale, 1978). In addition to truly uncontrollable events, the perception that events are uncontrollable is

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also thought to contribute to the development of affective and anxiety disorders (Chorpita & Barlow, 1998; Zebb & Moore, 1999).

Several researchers have found evidence that high levels of perceived control are negatively associated with symptoms of anxiety and depression (Forsyth, Parker, & Finlay, 2003; Muris, Meesters, Schouten, & Hoge, 2004; Muris, Schouten, Meesters, & Gijbbers, 2003; Sandler, Kim-Bae, & MacKinnon, 2000; Thurber & Weisz, 1997; Weems, Silverman, Rapee, & Pina, 2003; Weisz, Sweeney, Proffitt, & Carr, 1993). More specifically, Weisz et al. (1993) found that perceived contingency, perceived competence, and perceived control are predictive of depressive symptoms in children. Furthermore, Zebb and Moore (2003) found that perceived anxiety control is associated with measures of symptoms of specific anxiety disorders (i.e., panic disorder, agoraphobia, obsessive-compulsive disorder, and social anxiety disorder) as well as a measure of general psychological distress, which taps both anxiety and depression. Additionally, perceived control of anxiety-related events is negatively associated with the tendency to respond fearfully to the symptoms of anxiety, which is theorized to lead to magnification of these symptoms and spiraling into anxiety or panic (Forsyth et al., 2003).

While the literature on the development of perceived control is limited, some evidence and theory support the idea that the family plays a role in this process. In a review of research on the impact of family on control beliefs, Schneewind (1995) identified several parenting practices associated with children's perceived control including providing a stimulating family environment, engaging in consistent, contingently responsive parenting, encouraging independence and autonomy, using non-hostile and more inductive discipline, and providing warm and supportive parent-child relationships. Also, Bolger and Patterson (2001) found neglect and harsh parenting to be associated with perceived external control, while Muris et al. (2004) found parental emotional warmth to be positively correlated with perceived control and parental rejection to be negatively correlated with perceived control.

Chorpita and Barlow (1998) posit that early experience with uncontrollable events may foster the tendency to perceive events as not under one's own control. They suggest that an early environment characterized by uncontrollable experiences may lead to development of vulnerability in the form of a cognitive template that biases toward interpretation of events as uncontrollable, which in turn is associated with negative emotions, anxiety, and depression. In their conceptualization, Chorpita and Barlow (1998) stress the importance of experiences with control over reinforcing events. Thus, they predict that consistent, contingently responsive parenting is important due to its provision of opportunities for children to control consequences with their behavior. In addition, this model states that non-intrusive parenting, which permits children to interact with the environment independently allows for the development of a sense of control over events.

Similarly, Wood, McLeod, Sigman, Hwang, and Chu (2003) postulate that children who are provided opportunity to practice developmentally appropriate self-help behaviors and to experience appropriate boundaries and

limits may, as a result, develop a sense of autonomy and control. Without such experiences, children may feel a lack of control and independence from parents, which in turn could contribute to anxiety.

Research has indicated that perceived control mediates between several types of family variables and adjustment. For instance, perceived control appears to serve as a mediator of the relationship between the family characteristics of high levels of protection and discouragement of autonomy and child symptoms of anxiety and depression (Chorpita, Brown, & Barlow, 1998). That is, a family environment that discourages children from exercising control over events leads to a lowered sense of control, as indicated by a more external locus of control, which in turn is associated with symptoms of anxiety and depression.

Similar to Chorpita and Barlow's (1998) discussion of consistently contingently responsive parenting, Weisz et al. (1993) suggest that chaotic home environments, in which contingencies are inconsistent or difficult to understand may lead children to believe that events are not controllable, which in turn appears to be related to the development of depression and anxiety. Related to this idea is the construct of predictability. In fact, Chorpita and Barlow (1998) likened the construct of control to predictability, in that having control over events allows one to predict accurately what will happen. Thus, it might be expected that experience with predictable events may contribute to the development of the perception that events are under one's own control.

One particular aspect of the family environment that may contribute to the development of perceived control is family stability. Research conducted by Israel and colleagues has investigated the construct of family stability. This work has differentiated two aspects of the construct: global stability and molecular stability. Global family stability refers to occurrence of family life changes such as residential moves, changes in household residents, or changes in parental employment, with more stable families experiencing fewer changes.

Molecular family stability, in contrast, is defined as the predictability and consistency of the daily routines of the family in the home as well as activities arranged and supported by the family that occur outside the home or without immediate family members, such as visits with extended family or child participation in organized activities (Israel, Roderick, & Ivanova, 2002; Ivanova & Israel, 2005). A stable family environment is one in which activities are engaged in with regularity and members are able to predict with some accuracy when and how events will occur.

Molecular family stability may be achieved in multiple ways within a particular family and in different ways across families (Israel et al., 2002). The ways in which a family achieves stability may be impacted by factors such as work and school schedules. For example, one family may create stability by regularly eating meals together and following predictable morning and bedtime routines. In contrast, another family may not be able to eat together regularly due to work schedules, but can create stability by engaging in enjoyable activities together on weekends and regularly spending time talking together.

Research has demonstrated an association between molecular family stability and positive adjustment. This

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