



Parenting practices and their relation to anxiety in young adulthood

David Reitman^{a,*}, Joan Asseff^b

^a Center for Psychological Studies, Nova Southeastern University, 3301 College Avenue, Fort Lauderdale, FL 33314, United States

^b Louisiana State University, United States

ARTICLE INFO

Article history:

Received 16 April 2009

Received in revised form 25 March 2010

Accepted 25 March 2010

Keywords:

Parenting

Anxiety

Parenting perceptions

Young adults

Control-acceptance

Paternal influence

ABSTRACT

Two-hundred introductory psychology students and their parents participated in a study of parenting perceptions and trait anxiety. Using student perceptions of parenting, this study replicates and extends research on the relation between parental control/autonomy granting, rejection/acceptance, and trait anxiety. The study was notable for incorporating data concerning both maternal and paternal influence in the model. Based upon prior research, parental control, parental rejection, and parent anxiety were expected to be associated with student anxiety. Further, perceptions of maternal parenting were expected to emerge as stronger correlates of student anxiety than paternal factors. Results indicated that for both females and males, perceptions of maternal control and paternal acceptance proved to have the strongest relations with student anxiety. However, large differences between males and females emerged in the model, with maternal control and paternal acceptance proving to be significant correlates only for female undergraduates. Maternal, but not paternal, self-reports of trait anxiety were related to student trait anxiety, but the relation was marginally significant in this sample.

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1. Parenting practices and their relation to anxiety in young adulthood

The role of parenting practices in development of anxiety among children of parents having an anxiety disorder (i.e., “offspring”) is a central topic in contemporary anxiety research (McLeod, Wood, & Weisz, 2007). Several studies have demonstrated moderate to strong relationships between parenting practices, elevated levels of trait anxiety, and an increased likelihood of anxiety-related diagnoses among children of anxious parents (De Man, 1986; Gruner, Muris, & Merckelbach, 1999; Siqueland, Kendall, & Steinberg, 1996; Whaley, Pinto, & Sigman, 1999). By and large, children’s perceptions of parental control/autonomy granting and parental rejection/acceptance have been most reliably associated with the presence of anxiety spectrum disorders (Rapee, 1997; Wood, McLeod, Sigman, Hwang, & Chu, 2003). The clinical and theoretical importance of this line of research arises from observation that the relation between parenting practices and anxiety has served as the justification for contemporary efforts to develop parent-focused interventions for childhood anxiety disorders (e.g., Rapee, Spence, Cobham, & Wignall, 2000; Silverman & Kurtines, 1996).

2. Parental control/autonomy and childhood anxiety

Parental control/autonomy has been found to have a moderate to strong relationship with childhood anxiety in several studies (De Man, 1986; Gruner et al., 1999; Muris, Meesters, Schouten, & Hoge, 2004; Siqueland et al., 1996; Whaley et al., 1999). Sometimes termed “overprotectiveness,” it has been defined as parental behavior intended to protect the child from harm (Rapee, 1997). Siqueland et al. (1996) defined psychological autonomy granting in family interaction as the “degree to which the parent constrains or encourages the child’s individuality through the use of inductive disciplinary techniques” (p. 229). Parental control/autonomy has also been defined as “the controls and restrictions placed on the behavior of a child” (De Man, 1986). In the present work, parental control/autonomy was defined as behaviors that impair or aid the child’s ability to develop as an individual apart from the parent, a general definition in accordance with previous research in this area.

Despite subtle variations in the definition employed, there appears to be support for the hypothesis that excessive control may communicate to the child that the world is a “dangerous place” and that such practices may reduce children’s opportunities for exposure and natural fear reduction (Rapee, 1997). For example, Dumas and LaFreniere (1993) reported patterns of mother–anxious child interactions marked by intrusive control, conflict, and aversiveness that appeared to interfere with task completion. Siqueland et al. (1996) reported that independent observers found that families of 10–11-year-old boys and girls with anxiety disorders were significantly more controlling than non-referred families. Utiliz-

* Corresponding author. Tel.: +1 954 262 5717; fax: +1 954 262 5894.
E-mail address: reitmand@nova.edu (D. Reitman).

ing the same observational code as [Siqueland et al. \(1996\)](#), [Whaley et al. \(1999\)](#) replicated these findings with children ranging from 7- to 14-years-old. In contrast, a more recent observational study did not reveal differences in parenting practices (e.g., intrusive or restricting behavior) between anxious and non-anxious parents during clinic-based play sessions ([Turner, Beidel, Roberson-Nay, & Tervo, 2003](#)). And, while [Hudson and Rapee \(2001\)](#) found that over involved or intrusive parenting differentiated between parents of anxious and non-clinically referred children, parents of anxious children could not be clearly differentiated from parents of oppositional children.

3. Parental rejection/acceptance and childhood anxiety

The construct of parental rejection has historically been regarded as equally, if not more important, than parental control, though recent reviews suggest that rejection may be less salient than previously thought ([McLeod et al., 2007](#)). [Rapee \(1997\)](#) defines parental rejection as negative or hostile feelings communicated by the parent to the child. On the positively valenced side of the continuum, [Gruner et al. \(1999\)](#) defined acceptance in terms of expressed emotion and warmth (e.g., “Your parents not only tell you that they love you, but they also hug and kiss you”). In this study, parental acceptance/rejection was defined as parents’ tendencies toward sharing, expressions of affection, support, and positive evaluation to their child (or the absence of these qualities).

In general, the child anxiety literature suggests that parental rejection and hostility may communicate to the child that positive outcomes are rare and response-independent, thus promoting increased offspring anxiety, and perhaps, a tendency toward depression ([Rapee, 1997](#)). [Siqueland et al.’s \(1996\)](#) findings suggest that children with anxiety disorders rate both their mothers and fathers as less accepting than non-referred children. [Whaley et al. \(1999\)](#) found similar results when investigating maternal warmth, reporting that mothers of non-anxious children showed significantly more warmth during their interactions than mothers of anxious children. Investigations in non-clinical populations have produced mixed findings. For example, [Gruner et al. \(1999\)](#) found parental rejection to be the strongest predictor of anxiety symptoms in typical school children, but found no such relation for parental warmth. However, parental warmth appeared a stronger predictor than parental rejection in another study ([Muris & Merckelbach, 1998](#)).

4. Parental anxiety and offspring anxiety

In recent years, there has been a significant increase in research concerned with the relation of parental anxiety or, in some cases anxious child-rearing practices, to childhood anxiety. Children of parents having an anxiety disorder or high levels of anxiety symptoms are at greater risk for developing an anxiety disorder themselves ([Ginsburg, Silverman, & Kurtines, 1995](#)). Further, twin studies reveal that significant (and possibly very substantial) variance in childhood anxiety also derives from genetic and non-shared (unique) environmental variance ([Eley et al., 2003](#); [Van Beijsterveldt, Verhulst, Molenaar, & Boomsma, 2004](#) as cited in [McLeod et al., 2007](#)). [Whaley et al. \(1999\)](#) found that maternal anxiety was a risk factor for the development of anxiety in children, but no data were obtained for fathers. The authors went on to suggest an interaction between lower levels of maternal autonomy granting and higher levels of maternal “catastrophizing” when both members of the mother–child dyad are anxious. In a typically developing population of school aged children, [Muris and Merckelbach \(1998\)](#) reported “anxious rearing” as a predictive factor relatively independent of other parental child-rearing dimensions and showed

that the more children perceived their parents’ rearing behaviors as anxious, the higher their level of self-reported anxiety. Finally, parental anxiety has been shown to be related to the treatment outcomes of children suffering from anxiety disorders. [Cobham, Dadds, and Spence \(1998\)](#) reported that children being treated for an anxiety disorder who had one or more anxious parents responded less favorably to child-focused cognitive-behavioral therapy. Interestingly, the addition of a parental anxiety management component enhanced treatment outcome.

5. Gender and anxiety

In general, females tend to report higher levels of anxiety than males ([Rapee, 1991](#)). This tendency does not seem to be related to a specific anxiety disorder (i.e., separation anxiety or social phobia) ([Gruner et al., 1999](#); [Rapee, 1991](#)). There is also evidence that females may differ from males in response to treatment. [Dadds et al. \(1999\)](#) reported that girls were more likely than boys to have an anxiety disorder at posttreatment, after 12 months, and 24 months after treatment. [Cobham et al. \(1998\)](#) also reported gender differences in their anxiety treatment program, with the addition of a parent anxiety management component improving treatment outcome for girls only. Also, parental control and anxiety has been associated with anxiety problems for college age women but not for men, suggesting that women experiencing high levels of parental control have a greater sense of powerlessness and higher levels of trait-anxiety ([De Man, 1986](#)). Collectively, these data suggest that parental anxiety could be more influential in the development and (perhaps) maintenance of female, as opposed to male, anxiety problems. Very little research has shown differences along the gender dimension in perceptions of parents among younger children or adolescents, and it is possible that this divergence in perception may take place in later childhood.

6. Perceptions of mother and fathers

Research on parenting and childhood anxiety has rarely focused on individual members of the marital dyad, and in many cases maternal data appear to have served as a proxy for “parent data.” For example, [Dumas and LaFreniere \(1993\)](#) reported that mothers of anxious children appeared to display higher levels of aversive behavior and negative affect as well as a consistent pattern of negative reciprocity when compared to mothers of competent, average, or aggressive children. A more recent study that included fathers found that non-referred school children experiencing high levels of anxiety symptoms perceived the rearing behaviors of mothers as more anxious, controlling, and rejecting than fathers ([Muris & Merckelbach, 1998](#)). Finally, [Cobham, Dadds, and Spence \(1999\)](#) examined anxious children’s parents and their expectations, finding that mothers in the child-plus-parent anxiety group reported more negative expectations, whereas almost no significant relations were observed for fathers. Still, the latter studies by [Muris and Merckelbach \(1998\)](#) and [Cobham et al. \(1999\)](#) involving fathers appear to be the exception. More recent reviews have noted a lack of research on paternal contributions to child anxiety and maintain that parent gender may be an important factor in understanding childhood anxiety ([Bogels et al., 2008](#); [McLeod et al., 2007](#)). Because few studies examine the father’s role, the present study obtained both perceptions of paternal parenting and paternal self-reports.

To summarize, this study sought to examine the relationship of perceived parenting practices and anxiety symptoms in young adults. The research design was correlational, with offspring trait anxiety level serving as the criterion variable. Parental anxiety, parental control/autonomy, and parental rejection/acceptance served as “predictor” variables. Both parent self-reports and child

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