Disengaged parenting: Structural equation modeling with child abuse, insecure attachment, and adult symptomatology

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ABSTRACT

Based on attachment theory, we hypothesized that self-reported childhood experiences of disengaged parenting (DP) would predict adults’ psychological symptoms even more than, on average, childhood sexual, physical, or psychological abuse. In a large (N = 640) university sample, bootstrapped multiple regression analyses indicated that although various forms of child maltreatment were correlated with symptomatology at the univariate level, DP was the primary multivariate predictor. Structural equation modeling indicated significant direct paths from (a) DP to both nonsexual child maltreatment and sexual abuse, (b) DP and nonsexual child maltreatment to insecure attachment, and (c) sexual abuse and insecure attachment to symptomatology. There were significant indirect effects of DP on psychological symptoms through sexual and nonsexual abuse, as well as through attachment. These results suggest that although child abuse has direct and indirect impacts on psychological symptoms, exposure to DP may be especially detrimental, both by increasing the risk of child abuse and by virtue of its impacts on attachment insecurity. They also support the potential use of attachment-oriented intervention in the treatment of adults maltreated as children.

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1. Introduction

The last several decades have witnessed a growing literature on the psychological effects of childhood maltreatment. First focused on the effects of childhood physical and sexual abuse, and then expanding to emotional or psychological maltreatment, this literature has documented a wide range of short- and long-term psychological impacts, ranging from anxiety and depression to posttraumatic stress, dysfunctional or self-destructive behavior, sexual disturbance, somatic preoccupation, and relational difficulties (see reviews by Chen et al., 2010; Hillberg, Hamilton-Giachritsis, & Dixon, 2011;...
Notably, these various forms of child maltreatment have all been linked to later insecure attachment (e.g., Beaudoin, Hebert, & Bernier, 2013; Briere, Godbout, & Runtz, 2012; Sroufe, Egeland, Carlson, & Collins, 2005; Unger & De Luca, 2014). Attachment theory proposes that early parental or caretaker behaviors towards the infant or child interact with in-borne biological systems that are focused on safety, especially in relation to separation from, or loss of, the primary caretaker(s), to produce characteristic patterns of relating to others, especially those in close relationships (Bowlby, 1988). When early parental/ caretaker relationships are characterized by danger, deprivation, loss, rejection, or unavailability, children may develop insecure attachment styles, often seen as some combination of anxiety about relationships and avoidance of closeness (Simpson & Rholes, 1998). Insecure attachment, in turn, is associated with a number of subsequent mental health problems (Cassidy & Shaver, 2010). Significantly, attachment insecurity in childhood has also been shown to be associated with insecure attachment in adult romantic relationships (Feeney & Noller, 1990; Fraley, 2002; Nosko, Tieu, Lawford, & Pratt, 2011), supporting the theoretical notion of continuity of attachment status across the lifespan (Fraley & Roisman, 2015).

The contributions of childhood psychological neglect to this process are complex, especially in light of the diverse aspects of this form of maltreatment. Psychological neglect has been variously characterized as involving chronic rejection, ignoring or overlooking the child’s needs, understimulation, emotional nonresponsiveness, and denying or withholding emotional support or love (Hart et al., 2002). Definitions of neglect range from “engaging in chronic or extreme spousal abuse in the child’s presence, allowing a child to use drugs or alcohol, refusing or failing to provide needed psychological care, constantly belittling the child and withholding affection” (American Humane Association, n.d.) to “passive or passive-aggressive inattention to a child’s emotional needs, nurturing or emotional well-being” (American Psychological Association, n.d.).

Given this complexity, it often is unclear which aspects of the neglect construct are related to what outcomes (Crouch & Milner, 1993). For example, there are little data available to discriminate the possible effects of rejection and actively dismissive parenting from less intentional, yet potentially equally harmful, actions such as inattention, distraction, or lack of awareness of the child’s needs. Whereas the former may be more accurately seen as psychological abuse, the latter may include caretaker psychological disturbance or dysfunction, such as dissociation; distraction or interference by anxiety, depression, psychosis, substance abuse, or adverse social environments; and/or the effects of unprocessed or unresolved prior trauma and neglect (Liotti, 2004; Madigan et al., 2006; Siegel, 1999), all of which have been associated with later problems for the child, including disorganized attachment and significant psychological disturbance (Solomon & George, 2011; Zajac & Kobak, 2009).

Especially impactful may be a specific child-rearing style referred to as uninvolved parenting (Maccoby & Martin 1983), characterized by caretaker emotional disengagement, emotional distance, lack of warmth, and indifference. Although seemingly less immediately threatening than acts of commission such as physical or sexual abuse, the attachment literature suggests that caretaker uninvolvment may be especially detrimental (Sroufe, Egeland, Carlson, & Collins, 2005). For example, the Minnesota Longitudinal Study of Parents and Children found that caretakers who evidenced sustained psychological unavailability were especially likely to have insecurely attached children, some of whom developed significant psychological difficulties (Erickson & Egeland, 1987; Sroufe et al., 2005).

In the present study, we sought to evaluate the effects of a specific aspect of uninvolved caretaking, which we refer to as disengaged parenting (DP). This construct involves the psychological unavailability described by Egeland and colleagues, but not the dismissive or rejecting qualities sometimes attributed to this category (Hart et al., 2002). Instead, we operationalized parental disengagement as lack of awareness of the child’s ongoing experience, inattention, distraction, diminished reactivity, and, potentially, dissociation. Although this construct does not directly imply malignant intent or harsh treatment, we nevertheless hypothesized that, given research on the effects of attachment figure misattunement and nonresponsivity (e.g., Maccoby & Martin, 1983; Sroufe et al., 2005; Stern, 1985), DP would be specifically injurious, in fact to a greater extent than other forms of child maltreatment. In addition, because caretakers who are less psychologically engaged with, and attached to, their child might be more at risk for maltreating them, or not protecting them, we also hypothesized that DP would be associated with a greater risk of child abuse, and that both DP and child abuse would subsequently be related to symptomatology.

Finally, given the attachment literature, we hypothesized that the relationship between DP and nonsexual abuse on psychological symptoms would be mediated by insecure attachment, whereas sexual child abuse would have direct effects on psychological symptomatology, irrespective of attachment status. Regarding the latter, although intrafamilial child abuse is known to potentially impact attachment security (Baer & Martinez, 2006; Cicchetti & Toth, 1995), extrafamilial child abuse does not directly involve caretakers, and thus may have fewer impacts on the attachment process. Because sexual abuse more frequently occurs outside of the family context (Finkelnborh, Hotaling, Lewis, & Smith, 1990; Ogrodnik, 2010), we hypothesized that it would be less related to intrafamilial-related attachment disturbance than parental psychological or physical abuse, which is, by definition, usually intrafamilial.
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