



Original Article

Comparative study of parenting styles and parenting self-efficacy in mothers of children with and without anxiety symptoms

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Abstract

Introduction: Anxiety disorders are one of the most prevalent mental problems in children and could lead to major dysfunctions. Most family studies have found a large overlap between anxiety disorders in children and their family members. This study aimed to examine the relationship between parenting style and parenting self-efficacy in mothers of anxious and non-anxious children.

Materials and Methods: This is a causal-comparative study, done in 2013. The sample consisted of 110 children and their mothers (55 in experimental and 55 in control groups). Anxious children were selected through convenience sampling and non-anxious children were matched and selected based on demographic variables of the experimental group from elementary schools of Mashhad. Inventories of quality of mother-child relationship scale, parenting self-efficacy, Child Behavior Checklist (CBCL) of Achenbach System and demographic characteristics were used. Data analyzed by SPSS software, descriptive statistics and independent t-test was used for data analysis.

Results: Findings indicated that mothers of anxious children had significantly higher levels of conflict than mothers in the control group ($P < 0.001$). They also showed significantly lower levels of accessibility, warmth, responsiveness, and self-efficacy in relation to their children ($P < 0.001$).

Conclusion: Findings of this study indicated that anxiety in children is strongly associated with parenting styles and parenting self-efficacy. Therefore, it is suggested that parenting factors should be considered in the evaluation, treatment, and prevention of anxiety in children.

Keywords: Anxiety, Children, Parenting, Self-efficacy

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Introduction

There is an increasing interest for understanding childhood disorders nowadays, especially internalizing disorders such as anxiety (1). Anxiety disorder is most prevalent in general population, which is mostly, rooted in childhood, in total, 18% of people, at a certain age and 25% of people during their lifespan experience one of these disorders (2-4). Hence anxiety and internalizing problems have been increased among children and adolescents (5,6). Although fear and anxiety are part of the normal evolution during the childhood, (7) but some types of anxiety problems remain constant over the time and

will continue to adulthood mostly. Many anxiety disorders which can be seen in adulthood occur in early life (6,8). Understanding the etiology of anxiety disorders comprehensively, recent study emphasizes on the role of parental factor in development and maintenance of anxiety disorder (6,9). Although the mechanism through which parents transform their anxiety's susceptibility is exactly unknown (10), but some assumptions have been made. To explain the mechanisms of this approach we can refer to the following factors: The major mechanism is genetic transmission; study of behavioral genetics indicated that people inherit approximately 50% of the anxiety preparation like behavior inhibition, anxious sensitivity and fear of evaluation (10). It has been suggested that parental psychopathology may exert its effect through social learning processes, due to the modelling of parental maladaptive coping

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strategies (11), may occur through reinforcement of anxious and avoidant responses in children (12) and via transmission of threat-related information (13). Contemporary theories of the development and maintenance of childhood anxiety disorders emphasize on child-rearing dimensions (8,11,13-15). These models attributed the disease etiology to main effects of child-rearing, essentially focused on 1) parental care-low parental warmth, and high rejection 2) parental control-including high parental over-control, over-protection and less granting of autonomy (16).

In other words, both child-rearing dimensions including positive parenting behavior (acceptation and Responsiveness) responsiveness and negative parenting behavior (conflict and rejection) on the other hand (17).

Studies have shown that dysfunctional child rearing may happen due to parental anxiety (15), in other words, an anxious parent with cognitive biases, perceived high threat, and increased sensitivity for their distracted child so they overprotect their children (18). It should be considered that several child rearing styles associated with child anxiety such as conflict and rejection which is assumed of the foundations of a child's emotion regulation, thus, causing increased sensitivity to anxiety (14). Also parental rejection is associated with less intimacy, lower level of accessibility and responsiveness. Hence parental rejection style puts children at high risk for developing anxiety disorders.

One of the other factors that associated with child anxiety is parenting self-efficacy (19). According to Colman and Karraker parenting self-efficacy indicated that people are successfully their parenting duties (20). In other words, parenting self-efficacy is a mediator of parenting style and child's developmental outcomes (21). Parents with lower level of self-efficacy experience more parental stress and low parental satisfaction; therefore, their children show more behavioral problems. Studies have shown a link between lower levels of parental self-efficacy and child anxiety. Parents with anxious children show lower parenting self-efficacy than parents with normal children (22,19). Only three studies have examined the link between parenting self-efficacy and child anxiety so far (19,22,23). Herren et al. reported parent of children with anxiety showed lower levels of parenting self-efficacy than parent of normal children (19). Lange et al. investigated families with boys with attention deficit hyperactivity disorder (ADHD), with an affective or anxiety disorder and normal controls. Mothers and

fathers from both clinical groups reported significantly lower levels of parenting satisfaction than parents of normal controls (22). Hill and Bush found that both child anxiety and conduct problems were associated with lower levels of parental self-efficacy in mothers (23).

In Iran most of research has been done about parenting self-efficacy in the range of intervention and promotion of parental self-efficacy (24,25), it is also some researches has been done about child rearing based on interventions, improving parent-child relationships and positive child rearing (24). There are researches examining clinical correlation of anxiety symptoms.

Khodapanahi et al. (26) reported that there is a positive relationship between mother-child (responsiveness and accessibility) as a negative predictor symptom of social anxiety, obsessive compulsion and fear of physical injury.

Whereas conflict of mother-child is a positive predictor of anxiety symptom such as generalized anxiety disorder, social anxiety and fear of physical injury, it is as child dependency as a positive predictor of anxiety symptom especially separation anxiety disorder. According to the aforementioned measures, the high prevalence and high rates of comorbidity in anxiety disorders, thus, it seems essential understanding the factors which contribute to etiology and sustained patterns of child anxiety.

For this purpose, one of the pathological issues of child anxiety is family factors.

Therefore the main issue of this study is whether parental self-efficacy and parenting styles of mothers of children with and without anxiety symptoms are the same or not?

Materials and Methods

The research is based on case-control research. Parents of 30 children had been diagnosed as an anxiety case by child psychiatrist and also 30 children without any psychiatric disorder with the age of 3 to 12 were tested employing case group was children with anxiety symptom and their mother.

This group was selected from Dr. Sheikh Hospital, Ibn-e-Sina Hospital, child health clinic and also students of elementary schools (7-12 years old) based on primary screening, interview with their parent and teacher by purposive sampling.

Due to previous casual-comparative research of child anxiety which indicate various sample (19,23), participants in this study consist of 55 anxious children with mother and 55 no anxious with mother, between 7-12 years old.

Inclusion criteria: Children with a primary diagnosis of anxiety disorder (separation anxiety, social phobia, and special phobia) diagnosed by psychiatrist or psychologist, with raw score at least 10 from anxiety disorder subscales of Child Behavior Checklist (CBCL) of Achenbach system aged from 7 to 12.

Exclusion criteria: History of chronic psychological and physical disorders of children, history of chronic psychological and physical disorders of parent of children in both groups, children of divorce and experiencing stressful events for families and children in 6 months.

Control group, were normal children and mothers selected by convenience sampling children were matched and selected based on demographic variable such as age, home location, referred to the elementary school According to given tools used in the psychological problems of children who are not anxious, not suffering from other disorders were chosen and their parents has been examined. These children should not be above the benchmark in DSM based parent anxiety subscales were calculated measurement of Achenbach System. In total, 55 children and their mothers were studied.

Research Instruments

A) *Child Behavior Checklist (CBCL)*: The CBCL is a standardized form that parents fill out to describe their children behavioral and emotional condition, checklist consists of two parts, the first part assesses the competencies and second part include 112 item about special problem of children. Status of the child in each item described by choosing one of three options (0: not true), (1: partly true), (2: very true). Standardization and adaptation Achenbach system of empirically based assessment (ASEBA): The highest Cronbach's alpha for parent forms were 0.65, 0.93, and 0.85 respectively and the alpha coefficient of subscales and the total were 0/73 to 0/87, test and retest reliability (within 5 to 87 weeks) show good reliability ($P \leq 0.05$).

Results of convergent validity with Child Symptom Inventory-4 for internalizing problem, externalizing disorder were 0.46 and 0.52. Based on DSM for affective problem and anxiety problem were 0.43 and 0.38 respectively (28).

B) *Child-Parent Relationship Scale (Pianta, 1992)*: This questionnaire considered 30 items for assessment of child-parent relationship (29). The content of this scale designed based on attachment theory and research literature on child-parent relationship. In order to assess the quality of child-parent relationship, parents will be asked to answer this questionnaire. Items are rated on a 5-point likert scale.

Ghanbari et al. (30) report the exploratory factor analysis by varimax rotation a meaningful three-factor model: conflict and confusion (12 items), sensitivity and responsiveness (10 items) and availability (10 items). All factors of the scale had high internal consistency (alpha coefficient were between 0.82 to 0.84). Test-retest reliability of the scale showed the stability of the scores during 20 days.

C) *Parenting Self-efficacy Questionnaire*: It was designed by Dumka et al. to assess Parenting self-efficacy (31). Parenting was measured using the 10-item, domain-specific efficacy subscale of the Parenting Sense of Competence scale. Items were rated on a 7-point Likert, high scores show high parenting self-efficacy and low score indicates low self-parenting. Taleie (25) reported 0.70 Cronbach's alpha for the questionnaire. Abarshy (24) is also calculated Cronbach's alpha 0.79. Taleie reported the validity through the content validity. Questionnaire was given to 3 psychologists so after its correction, it was performed on a sample of 25 mother of 7-9-year-old girls Cronbach's alpha coefficient and its content validity was obtained 0.70.

Results

This research consists of 110 children between 7 to 12 years old, (45 girls and 65 boys), 55 children diagnosed as an anxiety case by psychiatrist or psychologist and 55 children without any psychiatric disorder. Case and control group were matched based on demographic variable such as age, parent education, Area of home Location.

Mean of age of the case group was 8.64 year and mean of age of the control group was 9.1 year.

Table 1 shows mean and standard deviation of variable research in case and control group.

Table 1. Mean and standard deviation of parenting styles and parenting self-efficacy in mothers of children with and without anxiety disorders

Variable	Group	Index	Mean	Standard Deviation
Conflict	Case group		41.27	9.92
	Control group		33.86	8.28
Responsiveness	Case group		31.10	4.42
	Control group		35.58	4.58
Availability	Case group		46.60	6.78
	Control group		51.29	6.03
Parenting self-efficacy	Case group		41.85	10.31
	Control group		56.27	9.42

The results in Table 1 show mean and standard deviation of variables of case and control groups, at the preliminary results it is indicated there is a

difference between two groups, however, differences were examined significantly afterwards.

Table 2. Compression of parenting style and parenting self-efficacy in mothers of children with and without anxiety disorders

Variable	Index	T score	df
Parenting style	Conflict	13.54	108
	Responsiveness	-3.96	108
	Availability	-5.21	108
Parenting self-efficacy		-7.65	108

As it is observed in Table 2 difference between the means core of parenting styles and Parenting self-efficacy was significant, accordingly, participant in control group Compared with case group significantly show higher level of responsiveness ($t = -3.96, P < 0.001$).

Also participant in control group compared with case group show higher level of accessibility ($t = 5.21, P < 0.001$) significantly.

Participant in case group significantly show higher level of conflict and confusion ($t = 13.54, P < 0.001$). The results in Table 2 showed that control group compared to case group show significantly higher level of Parenting self-efficacy ($t = -7.65, P < 0.001$).

Discussion

The purpose of this study was comparison of parenting style and Parenting self-efficacy of mothers of children with and without anxiety symptom. The result showed a difference between parenting styles.

So that mothers of anxious children compared to non-anxious mothers of children have more conflict (confusion and rejection). The mothers of anxious children compared to non-anxious showed little (response sensitivity). These research results are consistent with Napy et al., (32), Brown and Vaytsyd (33), Varela et al. (35), Gar and Hudson (18), Khodapanahi et al. (28), Wood et al. (16), Waters et al. (11), Avlandyk and Hvrch (35), JaapHui et al. (36) and Zolfaghari et al. (37).

Hui Yap et al.(36) using meta-analysis, based on 181 studies, related to parenting style and developing pathology in childhood reported that parenting factor plays an important role in this point so that increasing anxiety and depression symptom in children. They emphasize on lower level of warmth and acceptance, high parental conflict and high parental involvement.

The results show that renunciation inaccessibility is a major risk factor developing anxiety and depression symptoms. It seems that mother's anxiety effect on their child rearing, thereby it

causes on renunciation and Inaccessibility pattern (39).

Bögels et al. (10) reported that parental control (emotional control and unkindness) caused depression and anxiety. Also explaining the responsiveness and warmth, findings show that warmth and Availability have an important role reducing the internalizing problem long term (40).

In order to explain effective factors on child anxious, bio-psycho-social model can be considered, in this model, multiple factors are involved developing anxiety disorder. Based on this model, communication patterns of parent considered environmental events as a source of threat (41).

The present findings indicated that mothers of children with anxiety have lower parenting self-efficacy than mothers of children without anxiety. Results are consistent with previous research like Herren et al. (19), Lange, et al. (22), Hill and Bush (23), Pennella et al. (43). Parenting self-efficacy associated to several parental outputs. Lange et al. (22) showed that parent of children with anxiety disorder and ADHD have lower parenting satisfaction than control group.

According to Bandura there is a mutual relationship between self-efficacy and performance, and then a mutual relationship between Parenting self-efficacy and child anxious. For example, mothers with negative parental experience have dysfunctional beliefs about their ability child training and parental practice so this causes child challenging behavior (45). It seems that parent with low efficacy using less positive parenting strategies and problem solving. Bandura also believes that these people have internal attribution to failure and experience high depression and anxiety facing challenging situations (46).

Considering the results of this study, and other researches, it can be concluded that parent with maladjusted child experience more exhaustion and low efficacy and then it may lead to see more maladjusted children in the this families. Leerkes et al. (47) and Caldwell et al. (48) noted that there is a relationship between early parental maladjusted experience and Parenting self-efficacy, there is little studies have done regarding child anxiety and Parenting self-efficacy, however several studies can play an important role in this field.

The point that should be considered regarding the parenting style and anxiety is that literature about this area is limited and couldn't show the direction of child anxiety and parenting style effects because there are no prospective and experimental studies in this area. In general, it can be noted that variables in

this research are limited to parenting style and parenting self-efficacy, but these variables represent the parent's functional role in child's anxious variations. Even if we cannot speak of causality, the role of these variables in our research is remarkable. Also, it should be considered that this role is reciprocal. That is, if parenting style increases the children's behavioral problem this can in turn challenge the parents and damage their efficacy. This damage leads to dysfunctional parenting style. Undoubtedly, checking the mentioned variable in other types of child psychopathology, manifests this kind of cycle. This study also has implications for the theoretical models used to explain the development and maintenance of childhood anxiety.

The present study had several limitations. Considering the important role of father in the family, they did not participate in the research. The process of data collection was self-report, therefore, their response maybe biased. The general category of anxiety disorders was considered but its various types were not distinguished.

Conclusion

Findings of this study indicated that anxiety in children is strongly associated with parenting styles and parenting self-efficacy. Therefore, it is suggested that parenting factors should be considered in the evaluation, treatment, and prevention of anxiety in children.

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