CHILDHOOD ANXIETY - THE ROLE OF PARENTING: A REVIEW

HARGUN KAUR[1], BIANCA MODI[1], MAHIRA MORSHED[1], JUSTINE RODRIGUEZ[1], NICOLE SHEN[1], NICK TELLER[1]

[1]BACHELOR OF HEALTH SCIENCES (HONOURS), CLASS OF 2023, MCMASTER UNIVERSITY

ABSTRACT
This article intends to review the influences of parenting on the development of childhood anxiety disorders. The literature cites acceptance of anxious behaviours as a parental behaviour that mitigates childhood clinical anxiety. Alternatively, controlling parental behaviours, and modelling of controlling parental behaviours are associated with high clinical anxiety in children. Some parental climates that exaggerate a child’s psychological arousal may instill negative perceptions in the maintenance of an anxiety disorder. The article also looks into stress-mediated pathways that explain how an anxious familial climate may result in a child ‘inducing’ anxiety. Recent developmental psychopathology perspectives consider causal relationships in development, maintenance and persistence of anxiety disorders. Furthermore, the Craske model provides a real-life application of the developmental psychopathology perspective to explain the role of parenting in childhood anxiety. Current limitations and research gaps in the literature pertaining to the influences of parenting in childhood anxiety disorders are also discussed.

INTRODUCTION
Anxiety is characterized as an experience of “intense unease, fear, and, often, physical discomfort.”[1] When anxiety causes a child extreme distress and prevents them from achieving developmental milestones, such as attending school and participating in social relationships, it may become an anxiety disorder.[1] Anxiety disorders are among the most common mental disorders in children and adolescents.[2] About 3% of children and adolescents in Canada experience an anxiety disorder.[2] Different ages exhibit different trends in the diagnosis rate of anxiety disorders.

For instance, separation anxiety disorder and specific phobias are most commonly seen in children below the age of 15.[3] Generalized anxiety disorder has a mean age of onset of 8.5 years.[4] A large body of literature focuses on the influences of different familial climates on a child with an anxiety disorder, that may signify the influence of parental climates on a child.[5-8] This article provides an informative review of the parental influences on clinical anxiety in children and adolescents. Additionally, it highlights perspectives regarding the reciprocal relations between parent and child factors in the context of environmental stressors.

ACCEPTANCE, CONTROL, AND MODELING OF ANXIOUS BEHAVIOURS
From the 1990s onwards, there have been three prominent groupings in the literature that tie parenting styles/behaviours and childhood anxiety: acceptance, control, and modeling of anxious behaviours.

In terms of acceptance, children’s sensitivity to anxiety is reduced if they have parents who do not criticize, and instead help the child regulate their emotions by being accepting. This approach to parenting involves warmth during interactions and involvement in a child’s life and activities.[9] Parental warmth allows a child to learn how to cope and decrease the chance of developing anxiety disorders.[10]

On the contrary, children raised by parents who adopt a non-authoritative type of parenting have an increased likelihood of developing anxiety disorders.[11-12] This kind of parenting involves an exaggerated, harsh, or inconsistent control over their children which reduces autonomy.[11] When parents do not enable their child to autonomously think or feel, they may hinder the child’s ability to develop independence.[9,11] This can ultimately affect the child’s own sense of control and lead to feelings of helplessness.[9,11]
One explanation for a parent’s controlling behavior over their children lies in the parent’s own anxious feelings. [11] Anxious parents may behave in overprotective and fearful ways, which then becomes reinforced in their child.[11] Parents may instill a catastrophic view of problems in their children, wherein they promote their child to believe that problems are irresolvable and difficult, and discourage problem-solving behaviours and positive coping mechanism strategies.[9] This is known as modeling, where the child imitates the anxious behaviors of their parents.[11] Especially with the recent pandemic, it has been found that the stresses put on caregivers have reduced their ability to act as buffers for their children.[13]

**THE “STRESS MEDIATED” PROPOSED PATHWAY**

Parent-dependent stressors and parent-dependent chronic adversities have been found to influence the development of anxiety in children.[14] Chronic adversity includes issues with no set start or end, such as family conflict or bullying. This adversity-anxiety relationship is explained by the ability of chronic adversities to produce long term changes that increase a child’s vulnerability, even after that adversity or stressor has been removed.[15] Models have also proposed that contextual elements, such as genetic vulnerability, cognitive biases, and parental modeling of anxious behaviors, may interact with external stressors, to influence the development of anxiety in children.[15] Additionally, stressful events may influence parental stress, feelings of incompetence, dissatisfaction with the child or parent-child relationship, and frustration, which in turn may increase child anxiety. [16] This supports the proposed “stress mediated” pathway, in which stress responses are transmitted from parent to child.[16]

**ENVIRONMENTAL RISK FACTORS**

As a parent’s own anxious behaviors can impact the child’s behaviours, this evidence suggests that one’s environment may have a larger influence on anxiety disorder development compared to genetic influences. [11] However, recent literature discusses the interplay between genetics and environment.[17] Environmental factors may themselves be heritable as genetic expression is shaped by the environment and life experiences. As a result, observed environmental influences may involve a genetic component.[17]

**THE DEVELOPMENTAL PSYCHOPATHOLOGY PERSPECTIVE[18]**

Other than the three aforementioned groupings of acceptance, control, and modeling of anxious behaviours, some of the literature highlights a framework called the developmental psychopathology perspective. This considers multiple perspectives when understanding child and youth mental disorders; not only focusing on risk factors that promote the development of a specific psychopathology, but also analyzes risk factors that promote its maintenance. This perspective functions under four core principles.

Its first principle regards the processes of typical and atypical development as mutually informative. Mental disorders are often neither simply present or simply absent and deviations from what is considered normal exist on a continuum. Understanding what is considered normal development is an imperative first step in recognizing deviations in its processes. In the same way, understanding normal development informs us about abnormal development, and conversely, abnormal development informs us about normal development.

Second, this perspective acknowledges that development processes are reciprocal and transactional. Environmental factors influence other factors and contexts within a child’s life (for example, family relationships, home dynamics) and vice versa. Because of the reciprocal and transactional nature of influence, the child and the environment change with respect to one another.

The next core element is the developmental pathway principle. A developmental pathway refers to the sequence and timing of behaviors and transformations seen within development. Each child is inclined to uniquely progress along their own developmental pathway with variance. More specifically, equifinality and multifinality are other key ideas within developmental pathways. Equifinality emphasizes the possibility that multiple different pathways can lead to the development of childhood clinical and trait anxiety. Multifinality is similar, wherein there is recognition that a singular risk factor can lead to myriad outcomes in the way a child experiences and develops anxiety.

Lastly, the developmental psychopathology perspective requires consideration of contexts such as family as family relationships, educational background, and social experience. Developmental psychopathology examines these areas of analysis together, in a comprehensive, multidisciplinary way.

**CRASKE’S 1999 THEORETICAL MODEL[19]**

A theoretical model developed by Craske (1999) utilizes the developmental psychopathology perspective and engages with emotion theory and learning theory to outline two ways in which parenting plays a role in childhood anxiety. Craske differentiates between parenting style and parenting behaviors. Parenting “style” is an environmental context that influences the development of childhood trait anxiety. Parenting “behaviors” or “practices” offer reinforcement of a child’s anxiety experiences. Certain parenting behaviors can act as stimuli which the child responds to through psychological and physiological arousal (e.g., a parental behavior may contribute to a child’s perception and belief about what is deemed threatening); this contributes to the progression of anxiety disorders.

**ATTACHMENT THEORY**

Attachment encourages the proximity between a child
and their caregiver. Attachment behaviors such as crying serve to encourage the caregiver to care for and protect the child. Secure attachment styles are when caregivers are continuously sensitive to these behaviors and result in a child having a secure base from which they can grow and explore. Insecure attachment occurs when caregivers either exhibit a lack of sensitivity or inconsistent response to a child’s attachment behaviors. Ambivalent attachment is characterized by inconsistent or unreliable response to attachment behaviors.[20]

For the first time in 1973, both John Bowlby, a British psychologist, psychiatrist, and psychoanalyst, and Mary Ainsworth, an American-Canadian developmental psychologist, and her student, Donelda Stayton, independently hypothesized a link between attachment and anxiety. In an updated meta-analysis of 46 studies, there was a similar conclusion of attachment being moderately associated with anxiety. Ambivalent attachment were found to be the most strongly associated with anxiety.[21] The association between attachment and anxiety was stronger in studies in which the outcomes were reported by a child, anxiety and attachment were elicited through questionnaires, a cross-sectional study design was employed, and Europe was chosen as the location of study.[21]

**DISCUSSION**

1. **Current Research Gaps**

There are multiple gaps in the current literature regarding parental influence on anxiety disorders including: the breadth of knowledge, measurement of the disorder, generalizability, and assessment of directionality and risk factors. In terms of specific knowledge gaps, since the age of onset of anxiety disorders can be as early as age 3, there is a need for more studies among early ages to better understand parental influence.[17] Challenges remain due to the ongoing cognitive development in young children, which makes it difficult to communicate and identify emotions.[29] Furthermore, although the majority of the evidence points to non-authoritative parenting having an association with child anxiety disorders, some recent literature suggests that more anxiety disorder symptoms are associated with authoritative parenting.[30] As such, there are inconsistencies in the current literature that would necessitate further research to confirm.

In addition, measurement of anxiety disorders often relies on self-report or clinician diagnosis, both of which involve biases. Self-reported measures are subject to response bias, where there is a tendency to answer questions untruthfully due to reasons such as social stigma.[31-32] Clinician diagnosis may also be influenced by personal biases and assumptions that can lead to misdiagnosis.[33-34]

Limited generalizability of results further reflect gaps in the literature. Studies have employed samples that were primarily Caucasian and ethnic differences regarding “acceptable” parenting styles are rarely considered. This can skew results to fit a predominantly Western context and thus limits their applicability to other settings.

Finally, there is often an issue with assessing the directionality of the relationship between parenting and child anxiety.[31] Due to cross-sectional study designs, it becomes difficult to demonstrate whether the risk factor comes before the onset of the anxiety disorder.[29] Additionally, many studies examine parenting styles in isolation, failing to assess the moderating effects of other risk factors. Thus, it remains unclear the mechanisms through which parenting behaviors/styles may impact childhood anxiety.[9]
II. Potential Future Developments in the Field

Future developments in the field may target current research gaps. Intervention designs and longitudinal studies are encouraged as future study designs to better assess the directional relationship between parenting style and child anxiety.[35] Intervention designs seek to relax family interaction patterns, assessing the resulting children’s” behavior before and after. Although this may not provide knowledge regarding its initial causes, such study designs may reveal the impact of current family interactions on childhood anxiety.[9,36] Further, while longitudinal studies can be expensive and time consuming, they provide crucial insight into the temporality of the factors surrounding child anxiety. Additional future directions may include focusing on Craske’s 1999 model, and the assessment of specific parental behaviors rather than styles, as this can help better child specialists advise parents.9 Greater questioning regarding “typical” relationships between parenting styles and child behavior can also help contribute to advances in the field. For example, high levels of parental control may inhibit children’s sociability. However, in some cases it may positively influence child behavior by providing structure.[37]

The impact of several facets of parenting on child anxiety also remain poorly understood. For example, one fruitful avenue for future research is parental punitive responses in anxious children. A 2021 study suggested that increased parental punitive responses could actually reduce social anxiety symptoms in children with fearful temperament.[38] However, the authors note that the motivations, frequency, situational factors, and child perceptions of punitive responses need to be examined further in future research to understand the role that punitive responses play in the development and enance of child anxiety.[38] Another interesting evolution in parenting and anxiety is the influence of technology. Although the concept of “technoference”, referring to parental preoccupation with technology, recently emerged in the literature through a 2018 study by McDaniel and Radesky, the role of technology in the parenting and child anxiety literature remains poorly understood.[39] McDaniel and Radesky offer a preliminary investigation that suggests “technoference” can increase child anxiety; however, future studies will have to examine the role of parental technology use on child anxiety and the relationship between the parent and the child. Overall, the relationship between parenting and child anxiety is multifaceted and there are still several areas of research that need to be explored and clarified.

CONCLUSION

This review examined the influences of parenting styles and behaviors on the development of childhood anxiety disorders. Accepting parental behaviours reduce the likelihood of anxiety disorders, while controlling behaviours may increase chances of anxiety disorders in children. Other risk factors included children inducing stress from parent-related adversities and stressors. The article also reviews models and theories including the developmental psychology perspective and Craske’s theoretical model. Further research on anxiety disorders in younger-aged children is required to better understand parental influences and this review highlights potential future developments that can target these research gaps.