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Parent-Child Relationships in Early Childhood and Development of Anxiety & Depression

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Introduction

Parents play a substantial role in shaping children's emotional health, particularly in early childhood.[1] To better understand the impact of the parent-child relationship on the development of anxiety and depression in young children, research has focused on three main constructs 1) the degree to which a parent may be overprotective and/or critical, 2) parental modelling of anxiety and 3) the security of the child's attachment to his or her caregivers.

Subject

One of the key factors involved in the maintenance of anxiety disorders is the degree to which the child avoids feared situations. Parenting behaviours, such as overprotection, that serve to accommodate or enhance avoidant strategies are likely to impact on the maintenance and development of anxiety disorders.[2] Overprotective and overinvolved parenting is likely to lead to

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reduced opportunities for the child to approach new and potentially fearful situations. By reducing these opportunities, it is theorised that the child is less able to habituate to the perceived threat in these situations, less able to learn to accurately detect threat in new situations and less likely to learn they can cope with difficult situations. Another parenting style that has received attention with respect to the development of emotional health problems is critical parenting. Critical parenting has been consistently associated with depression and, to a lesser extent, anxiety.[3-5] It is hypothesized that parents who criticise and minimise the child's feelings, undermine the child's emotion regulation and increase their sensitivity to emotional health problems such as anxiety and depression.

Parental modelling of fearful behaviour and avoidant strategies is also likely to increase a child's risk of developing later emotional health problems.[6] An anxious parent may be more likely to model anxious behaviour or may provide threat and avoidant information to their child, increasing the child's risk of anxiety disorder. It is theorised that the impact of an anxious parent, as well as an overprotective and critical parent, may be exacerbated in the context of a child with an inhibited temperament.[2]

Finally, an insecure parent-child attachment has also been identified as a risk factor for the development of anxiety disorders.[7] Attachment is defined as the intimate emotional bond that forms between a child and caregiver and different patterns of attachment have been identified.[8] An insecure, in contrast to a secure, attachment is one in which the child experiences the caregiver as unpredictable or does not experience comfort from the relationship. Attachment theorists propose that an insecure attachment occurs when the caregiver is unresponsive and insensitive to the child's needs. It is an insecure attachment that has been associated with anxiety and depression.[7,9-11] It has been proposed that children with an insecure attachment are not able to develop adequate emotion regulation skills or a positive sense of self.

Problems

A significant problem arising in this area of study is the accurate assessment of the parent-child relationship. Early research examining overprotective and critical parenting focused on retrospective reports from adults with anxiety and depression, leading to potentially biased reports.[12] More recently, researchers have used observational methods to assess parental overprotection and negativity.[13] Observational methods however, are not without problems, as parents may behave more positively when being observed in a research laboratory or at home.

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Research Context

The majority of studies examining the relation between parenting behaviour and emotional disorders are cross-sectional in design thus limiting their ability to test causality. A few longitudinal studies, along with a small number of experimental studies, have recently emerged allowing an improved estimate of the causal impact of parenting behaviour on emotional health. The majority of this research focuses on school-aged children with few studies investigating parent interactions with younger children.

Key Research Questions

1. What parenting behaviours are associated with anxiety and depression in early childhood?
2. Is there a causal relationship between parenting behaviours and anxiety and depression in early childhood?
3. Is the impact of parenting behaviours greater for children with an inhibited temperament? In other words, do these parenting behaviours increase the risk of emotional health problems in all children or only in children already at risk for anxiety (e.g., inhibited children)?

Recent Research Results

Longitudinal studies have recently emerged showing that overprotective parenting in early childhood is associated with later anxiety disorders.[14] For example, Hudson and Dodd[15] followed a group of inhibited and uninhibited children from the age of 4 years. In this study, children's anxiety at age 9 was predicted by the child's anxiety and inhibition at age 4 but also by the mother's anxiety and the mother's overprotective behaviour: Greater maternal anxiety and maternal over-involvement predicted greater child anxiety. This finding has also been demonstrated in a number of other studies. In this study, the security of a child's attachment and maternal negativity did not predict later anxiety. Although these findings provide support for the relation between parenting and later psychopathology, these effects are only likely to be small. In support of this, a meta-analysis reported that overall parenting accounts for 4% of variance in anxiety in school aged children and 8% in child depression.[5]

Although theoretical models propose that parenting behaviours should interact with a child's temperament to increase risk, there has been minimal support for this type of interaction. Instead, the findings to date suggest that this relationship may in fact be additive, that is, the

parenting behaviour may increase risk for all children not just children with an inhibited temperament.[15] In contrast, Rubin and colleagues[16] showed that mother's observed intrusive behaviour and derisive comments moderated the relation between toddler inhibited temperament and social reticence at preschool.

With regards to parental modelling, there have been a number of studies demonstrating that parent anxiety can be transmitted through modelling and verbal transmission of threat and avoidant information.[17,18] In one experimental study, young infants showed increased fearfulness and avoidance of a stranger following exposure to a socially-anxious mother-stranger interaction.[19] In this study, the effect was stronger for children with an inhibited temperament.

Research Gaps

The majority of research to date has focused almost exclusively on mothers. Knowledge about the role of fathers in the development of anxiety and depression in early childhood is limited. Fathers may in fact play a unique role in preventing the development of emotional health problems through encouraging risk-taking and encouraging 'rough and tumble' play. Further research investigating the role of fathers is needed.

Although some longitudinal research has emerged, further research is needed to assess the causal role of these parenting behaviours in the development of emotional health problems as well as the possible interactions between temperament and parenting. One of the difficulties of research examining the transmission of anxiety from parent to child is to examine the impact of parenting or parental modelling independent of the influence of shared genes.

Conclusions

Parenting has a small but significant impact on the development of anxiety and depression in young children. The most consistent evidence for this relationship has come from research examining maternal overprotection and child anxiety. Research has demonstrated a clear link between maternal overprotection and anxiety disorders in young children. Evidence for the causal nature of this relationship has started to emerge but further research is still needed to better understand the intricacies of this relationship and, particularly, its bidirectional nature. Theories propose that certain parenting behaviours should have a greater impact in the presence of an inhibited child but the empirical evidence for this has yet to be convincing.

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Another body of research has demonstrated that parents can have an impact on their child through modelling anxiety. The degree to which a parent behaves in an anxious manner by either showing fearful or avoidant behaviours or by communicating threat to the child has been shown empirically, in a number of experimental studies, to impact on subsequent child emotion and behaviour. Longitudinal research which shows the impact of this modelling, over and above the influence of shared genes is needed.

The security of a child's attachment with their parent has been linked to later psychopathology. Given the overlap with other constructs (such as the child's temperament, other parenting behaviours) the degree to which attachment independently predicts child outcome is uncertain.

Implications for Parents, Services and Policy

Understanding which parenting behaviours increase a child's risk for later emotional health problems has direct implications for early intervention. The findings to date suggest that reducing overprotective parenting and reducing parent anxiety (and hence anxious modelling and verbal transmission of threat and avoidance) would be important in preventing later emotional health problems. Theoretical models predict that parenting strategies should be aimed at parents of inhibited children, however empirical evidence has yet to fully support this notion and would suggest that all parents should be taught to use strategies to increase a child's autonomy (rather than overprotective strategies). Still, there remains an argument for specifically targeting parents of at-risk children. With risk being so far identified as additive (rather than multiplicative), overprotective parenting increases an inhibited child's already high-risk status. For a child who is uninhibited, the increased risk conferred by an overinvolved parent may be inconsequential. Thus, targeting parents of inhibited preschool children may prove to be a more beneficial approach.

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