

Parental Childrearing Behaviours as Correlates of Anxiety Related Emotional Disorder among Normal Children

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Abstract

In the family set up, parents continue to be the care givers and playmates during the childhood and pre-adolescent stages. During these stages, the need for parents to manage the children's budding autonomy in the hope of instilling a sense of social propriety and self-control while taking care not to undermine his curiosity, initiative and feeling of personal competence becomes very critical to achieving emotional and social competence. The descriptive research design technique of survey type was used for this study. The purposive random sampling technique was adopted to select 780 school children with the age range of 7 – 10 years from twenty primary schools in Ondo State, Nigeria. The instrument for data collection was a self - constructed questionnaire adapted from the Alabama Parenting Questionnaire for age 6-18 years developed by Frick (1991). The questionnaire consists of three sections A, B and C. The findings of the study revealed among others a significant contribution of parental child rearing behaviours to children anxiety disorder ($r=0.528$; $p<0.05$). There is also a significant relationship between corporal punishment ($r=0.182$; $p<0.05$), inconsistent discipline and children anxiety disorder ($r=0.424$; $p<0.05$). However, the study found no significant relationship between children anxiety disorder and parental involvement ($r=0.070$; $p>0.05$). Corporal punishment was observed to contribute most to children anxiety disorder ($\beta=0.363$, 36%) closely followed by inconsistent discipline ($\beta =0.277$; 27.7%) while poor monitoring contributed the least ($\beta =0.018$; 1.8%). Parents were thereafter counselled on the used Cognitive-behavioural therapy (CBT), Acceptance and Commitment Therapy (ACT) and Dialectical Behavioral therapy (DBT) depending on the attitude of the child for positive parent-child relationship and positive mental health.

Keywords: Parental behaviour, mental health, children anxiety, emotional disorder and normal children.

Introduction

One of the oldest controversies among developmental theorists is the nature versus nurture issue; Are human beings a product of their heredity and other biological

predisposition, or are they shaped by the environment in which they are raised? According to heredity theorist Wiggam (1923), heredity and not the environment is the chief maker of man and the differences among men are due to the differences in the germ cells with which they were born. On the contrary Watson (1925), a nature theorist asserted that there is no such thing as an inheritance capacity, talent, temperament, mental constitution and behavioural characteristics, man is a product of his upbringing and environment. However, some contemporary developmental theorists, (Plomin, 2001; Howe, 2004) affirm the relative contributions of nature and nurture and that individual personality is the end product of a long and involved interplay between biological pre-disposition and the environment.

Anxiety disorder seems to be among the most common mental health disorder with a life time prevalence rate of 17% (Somers, Goldner & Waraich, 2006). Beidel and Turner (2007) opined that anxiety runs in families and children of anxious parents are over five times more likely than those of non- anxious parents to have an anxiety disorder. They however asserted that genetic heritability accounted for only a portion of the etiology of anxiety disorders while environmental factor such as parenting plays a major role.

Several parenting behaviours have been identified as pre-disposing children to excessive anxiety. These include: high level of criticism and over control, low level of warmth and granting of autonomy (Ginsburg & Schlossberg, 2002; Mcleod & Wood, 2007). In a study conducted by McHale and RasMussen (1998), they observed that parents' marital satisfaction when their child was one year, predicted child anxiety at four years of age. They concluded that the quality of couple's relationship and parental behaviour early in a child life is a predictor of future anxiety.

The mind of a child may be likened to a white paper. A great philosopher Locker (1902) called it “tabula rasa –a blank sheet”. According to him, you may write upon it what you will and it will become permanent. Therefore, positive and negative items 'written' on the mind of children through interaction with the different agents of socialization such as family, parent, school, society and peer group among others tend to remain permanent throughout life. Socialization may be defined as the process by which children prepare to become successful members of the society. Children learn moral values and social conventions through the process of socialization much of which involve parenting. It is the process by which culture is transmitted or reproduced in each new generation (Maynard & Harding, 2010). The traditional concept of socialization seems to assume that children are born to enter a social world that contains pre- existing rules, values and expectations. The role of parents is assumed to teach or transmit this knowledge to their children. Socialization seems to be a lifelong process that encompasses the different stages of development from childhood to adulthood.

Every individual in the world is born to some parents or families which should be responsible to bring up the child to become positively acceptable to the larger community. Child rearing is the process of promoting and supporting the physical, emotional, social and intellectual development of a child from infancy to adulthood while parenting refers to the aspects of raising a child aside from biological relationship. According to Spera (2005), a parenting style is the overall emotional climate at home. Furthermore, Baumrind (2015) identified four parenting styles which is a combination of acceptance, responsiveness on one hand and demand and control on other. Researchers (Morrison 2008; Abraham, 2017) found that parenting styles are significantly related to subsequent states of mental health and well-being of children. In particular, authoritarian parenting negatively related children's mental health and well-being (Rubin & Kelly, 2015). Carlson, Faja and Beck (2015) describe the concept of “good enough” parenting in which a minimum of prerequisites for healthy child development are met. According to them, the “good enough” parenting varies from culture to culture.

Parenting practice is a specific behaviour the parent uses in raising a child (Fletcher, Madison, & Bridges, 2008). Parenting practice reflects the cultural understanding of the parents and children (Morrison, 2008). These practices may include: story-telling, face to face interaction and mediated communication Bourne (2006). Parenting practices involve different skills that parents need to possess. Parenting skills may be defined as the guiding forces of a “good parent” to lead a child to behave positively and become as healthy adult for the cognitive potential, social skills and behaviour functioning a child acquires during the early years are fundamentally dependent on the quality of his interaction with parents.

Cursory observations show that most individuals come with a parenting style when they become parents, even though they may not be aware of it. Individuals have first-hand experience of the parenting styles of both parents (and one parent if a single parent only). People's experiences begin early in childhood when they are in a more malleable phase of development. The types of parental styles experienced have great impact on them and these may be internalized on a subconscious level. More so, individual's experiences with being nurtured, soothed, cared for, taught, and disciplined are not something they learn about from outside themselves, but are directly embedded into their psyche through experiences with parents. Therefore, when they become parents, the blueprints from their own families of origin are already set in and this blueprint is the background of the parenting style they develop as they begin parenthood. The blue prints of most parents seem to fall into one of different categories such as involvement, positive parenting, poor monitoring, supervision, inconsistent discipline or corporal punishment.

Corporal punishment according to Baumrind (2015) is the use of physical force with the intention of causing a child to experience pain but not injury for the purpose of correction or control of the child's behaviours. Corporal punishment encompasses the use of

'reasonable', force with some adding qualifiers that it must also be appropriate, 'moderate' or 'necessary' Carlson et al (2015). Psychologists and professionals seem to be divided on the question to whether the benefits of corporal punishment might outweigh any potential hazards: some concluded that corporal punishment is both effective and desirable (Lazelere, 2000) while others (Beidel & Turner, 2007) have concluded that corporal punishment is ineffective, harmful and result in negative emotions like fears, anxiety and depression. Spera (2005) also observed that the painful nature of corporal punishment can evoke feelings of fear, anxiety and anger in children: if these emotions are generalized to the parent they can interfere with positive parenting relationship by inciting children to be fearful and avoid the parent and erode the bond of trust. Poor monitoring parents set very few rules and boundaries and they are reluctant to enforce rules. These parents are warm and indulgent but they do not like to say no or disappoint their children. According to Morrison (2008) the children of poor monitoring parents:

- * cannot follow rules;
- * have worse self-control;
- * possess egocentric tendencies; and
- * may encounter more problems in relationships and social interactions;

Moreover, these parents do not set firm boundaries or high standards. They are indifferent to their children's need and uninvolved in their lives. More often than not, most of these parents may have mental issues themselves such as loneliness, maternal depression, physical abuse or child neglect when they were kids. Joseph (2017) in his research observed that children of neglectful parents:

- * are more impulsive;
- * cannot self-regulate emotion;
- * encounter more delinquency and addiction problems and
- * have more mental issues – e.g. Suicidal behaviours in adolescent.

Sampson (2008) observed that parents who were less warm or generally harsh with rejecting behaviours had kids who more often experienced both anxiety and depression. He noted that keeping track of children's where about or "monitoring" while giving them autonomous in family decisions by parents are associated with lower level of depression and anxiety. In the same vein, inconsistent use of discipline has been linked to disruptive child behaviours. (Fletcher et al., 2008). According to them, failure to use positive strategies (e.g positive reinforcement for appropriate behaviour) and excessive use of corporal punishment may enhance fear, anxiety and depression among children. On the other hand, positive parents have high expectations for achievement and maturity, they are also warm and responsive. These parents set rules and enforce boundaries by having open discussion using reasoning. They are affectionate and supportive and encourage independence. This parenting style is also known as Democratic parenting style. Based on

Baumrind (2015) research, children of positive parents;

- i. appear happy and content;
- ii. are more independent
- iii. achieve higher academic success
- iv. develop good self-esteem
- v. interactive with peers using competent social skills
- vi. have better mental health – less depression, anxiety, suicide attempts, delinquency, alcohol and drug use;
- vii. and exhibit less violent tendencies

Irrespective of parenting styles and child rearing practices, fear and anxiety seem to be common among children and occur as part of normal development. However, in some children, anxiety symptoms may become worse, over time and interfere with the child daily routine. Children seem to through phases of anxiety such as having an imaginary friend or recurring nightmares about monsters under the bed. These phases of anxiety are usually temporary and harmless whereas, children who suffers from an anxiety disorder experience fear, nervousness, shyness and avoidance of places and activities that persist despite helpful efforts of parents, caretakers and teachers. Reassurance and comfort may not be enough to help a child suffering from anxiety disorder get past his or her fear and anxiety. Researchers such as (Halmes & Robin, 1988) observed that anxiety disorders are caused by a combination of biological and environmental factors such as parenting practices, stressful events such as starting school, moving to a new location or loss of a parent or grandparent and these can trigger the onset of an anxiety disorders.

The term anxiety disorder refers to a group mental disorders that includes generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), social anxiety disorder (also called social phobia) and specific phobia. Anxiety is regarded as an unpleasant affective state or condition, which may be characterized by nervousness. An anxiety reaction may be termed normal, if it is proportionate to the objective danger and does not involve repression or other defense mechanism. According Barrett (2009), anxiety is also viewed as an intensively unpleasant state of tension arising from experiencing disapproval in interpersonal relations. Through an emphatic linkage between a child and his mother, the tension of anxiety, when present in the mother induces anxiety in the infants (Beidel & Turner 2007). Once aroused, anxiety may distort individual's perception of reality. According to Bourne (2006), anxiety is an unpleasant emotional state which is characterized by subjective feelings of tension apprehension, worry by activation or arousal of the autonomic nervous system.

The current global economic recession seems to have enhanced negative marital adjustment among many couples in recent times. The children being at the receiving end of these negative situations. cursory observations show that the society is witnessing a rise in

maladjusted children and a gradual decrease in the age at which young people commit crime. The increase in divorce rate and the incidence of more women taking up paid employment seem to have led to decreased available time for holistic parenting of children. Consequently, more children are left with care givers who are not emotionally prepared for the work of parenting. Under estimating the consequences of parenting behaviours may result in children and adolescents who have disruptive emotions with tendencies of committing various crimes and social vices released continually into the community. This may have negative impact on the peace and tranquility of the society.

In view of the fact that parenting behaviour may be significant etiological factor for children vulnerability to psychosomatic, psychosocial and even psychopathology health issues, investigating the correlation between anxiety related disorder and parental behaviours is of paramount importance. More importantly, identifying parental factors linked to anxiety could inform prevention efforts. Consequently, results of the investigation may give clues that would assist parents to assess their parenting style and the implication on children's mental health. Identifying ways by which parents' behaviour influence anxiety in their children could help them alter their current behaviours by accepting teachings and re-orientation that would prevent the development of emotional disorders.

Research Questions

1. Is there any relationship between parental behaviours and anxiety disorder in normal children?
2. What is the contribution of different parental behaviours to children anxiety?

Methodology

The population of study consists of primary school pupils who live with their biological parents in Ondo state, Nigeria. The sample consisted of 780 school children within the age range of 7 – 10 years who were randomly selected from twenty primary schools in Ondo State Nigeria. The study employed a descriptive research design to investigate parental behaviours as they relate to anxiety disorder among normal children. Only children living with their biological parents were used for the study. All the subjects for the study had no history of pathological anxiety disorder. A questionnaire consisting of three sections was used to elicit information from, the respondents. Section A contains items on children bio data (Age, school, sex and caregiver) section B dealt with the parental child rearing behaviours. The Alabama Parenting questionnaire for age 6 – 18 years developed by Frick (1991) was adapted for the study. It was a 42 item self- report questionnaire with the sum of ratings used as total scale score. The items are categorized on five subscales that are reflective of involvement, positive parenting poor monitoring, inconsistent discipline and corporal punishment. The adapted version had a test – retest reliability coefficient of 0.85.

The response formats range from Never = 1 rarely = 2, sometimes = 3 often = 4 and Almost always = 5. Section C contains items on perceived anxiety by the children based on: separation, panic and generalized anxiety, specific and social phobia. The adapted version of the multidimensional anxiety scale for children developed by John (2000) was used for the study. The scale measured anxiety disorder in children and youth aged 8-19. The internal consistency, Cronbach alpha for the total score was 0.89 and a test-retest reliability given as 0.93. The questionnaire was also reported to provide evidence for discriminative validity between clinical and non-clinical types of anxiety disorder. The adapted version employed for the study had a test re-test reliability co-efficient of 0.82 and the scoring ranged from never=1, sometimes=2 often=3 and always =4. The research questionnaire was administered through the help of research assistant for the purpose of educative, research and proper data collection. All the data collected was subjected to descriptive analysis using correlation matrix, the multiple regression model was again employed as an inferential statistic to show the extent of the contribution of each of the independent variables (parental behaviours) to the dependent variable (child anxiety disorder).

Results

Research Question One: Is there any relationship between parental behaviours and anxiety disorder in normal children?

Table 1

Correlation matrix between parental behaviours and anxiety disorder in normal children.

S/N	Variables	x	S.D	1	2	3	4	5	6	7
1	Parental Involvement	30.74	4.573	-						
2	Positive Parenting	21.07	4.105	0.528**	-					
3	Poor Monitoring/ Supervision	23.81	6.153	0.103	0.121*	-				
4	Inconsistent Discipline	13.82	3.781	0.094	0.195**	0.484**	-			
5	Other Discipline	7.67	2.902	0.102	0.252**	0.240**	0.218**	-		
6	Corporal Punishment	19.55	4.914	0.182**	0.041	0.284**	0.355**	0.467**	-	
7	Child anxiety	26.08	5.458	0.070	0.196**	0.237**	0.424**	0.265**	0.465**	-

** . Correlation is significant at the 0.05 level (2-tailed).

Table 1 indicates that there is no significant relationship between parental involvement and child anxiety ($r=0.070$; $p>0.05$). However, significant relationships exist between child anxiety disorder and positive parenting ($r=0.196$; $p<0.05$), poor monitoring

/supervision ($r=0.237$; $p<0.05$) other discipline ($r=0.265$; $p<0.05$), inconsistent discipline ($r=0.237$; $p<0.05$) and corporal punishment ($r=0.465$; $p<0.05$).

Research Question Two: What is the contribution of each type of the parental behaviours to anxiety disorder in normal children?

Table 2
 Multiple Regression Analysis of contribution of each parental behaviour to child anxiety disorder.

Model	Unstandardized Coefficients		Std Coefficients		Sig.	R	R2	F
	B	Std. Error	Beta	t				
(Constant)	16.494	1.994		8.27	0.000*			
Positive Parenting	0.169	.063	0.127	2.683	0.008*			
Poor Monitoring/ Supervision	0.016	.046	0.018	0.338	0.736	0.556 ^a	0.309	30.738
Inconsistent Discipline	0.400	.078	0.277	5.156	0.000*			
Other Discipline	0.013	.099	0.007	0.131	0.896			
Corporal Punishment	0.403	.060	0.363	6.757	0.000*			

Dependent Variable: Child anxiety

* Significant at 05 alpha ($P<0.05$, $df = 349$)

Table 2 reveals that a significant positive contribution by parental behaviours to child anxiety disorder 55% ($r = 0.741$; $p<0.05$). The joint contribution of parental behaviours to child anxiety disorder is ($F = 30.738$; $p<0.05$). This implies that various parental behaviour variables jointly explained only 30.9% ($r^2 = 0.309$) to the child anxiety disorder. The remaining 69.1% unexplained variance in child characters is largely due to other variables outside the regression model.

The various contributions of each type of parental behaviours is indicated by the β weight, corporal Punishment (β) is 0.363 (36.3%). Closely followed by Inconsistent Discipline ($\beta = 0.277$; 27.7%), next by Positive Parenting ($\beta = 0.127$; 12.7%), and Poor Monitoring/Supervision ($\beta = 0.018$; 1.8%), while Other Discipline ($\beta = 0.007$; 0.7%) contributed the least to child anxiety in normal child.

The level of significant of the independent variable (parental behaviours) was further analyzed using the t value at 0.05 level of significance. The levels indicated that Corporal

Punishment ($t = 6.757$; $p < 0.05$) is most significant, closely followed by inconsistent discipline ($t = 5.156$; $p < 0.05$), and Positive parenting ($t = 2.683$; $p < 0.05$) while Poor Monitoring/ Supervision ($t = 0.338$; $p > 0.05$) and other discipline ($t = 0.131$; $p > 0.05$) are not significant to child anxiety disorder in normal children.

Discussion

The findings of the research revealed that a significant correlation between child anxiety and parental behaviours. This has been attested to by many researchers (Ginsburg and Schlosberg, 2002; Morrison, 2008, Mcleod and Wood, 2007). Corporal punishment was observed to contribute the most to child anxiety disorder, closely followed by inconsistent discipline. This is in agreement with the observations of Fletcher et al (2008) that linked disruptive child behaviours and anxiety to inconsistent discipline and corporal punishment. The unexplained contributions in the regression model contributing to child anxiety disorder may be due to other forms of discipline outside corporal punishment and inconsistent discipline. These other forms may include: denying children food and watching of television, preventing them from playing outside by locking them in their rooms and the like which are 'normal' forms of discipline in the African context.

In each African society, there seems to be emotional display rules that specify the circumstances under which various emotions should or should not be displayed or expressed. These emotional codes of conduct are similar to the pragmatic rules of language children must acquire and use in order to get along with other people in the community and to maintain their approval. When children act contrary to these expectations, the culture allows the use of corporal punishment to make the children to comply. More often than not, many parents tend to be inconsistent in their methods and intensity of discipline. In some cases, the punishment may outweigh the offense as result of displaced aggression or other emotional swing of the parents. Many parents may also threaten to punish their children for an offense committed and may forget to carry out their threats. These inconsistent and unpredictable behaviours may place children in an apprehensive mode, not knowing what to expect from their parents per time for their behaviours. When children are constantly apprehensive, it may result in negative psychosomatic affective symptoms and anxiety disorder. Cursory observation also shows that many Nigerian mothers especially the illiterate ones, spank their children on impulse whenever they misbehave. This maternal behaviour may also pre-dispose children to anxiety.

However, the results of the study indicated no significant relationship between positive parenting, poor monitoring/ supervision and children anxiety disorder. This finding is in line with the report of Baumrind (2015) whom observed that children of positive parents appear; happy, content, independent, have good self-esteem and better mental health. Though Morrison (2008) found that children of poor monitoring parents cannot follow rules, have worse self-control but they are less anxious. Joseph (2017) in line with the

findings of this study also found that children of uninvolved parents are more impulsive, cannot regulate their emotions and have poor mental health while children of involved parents demonstrated better mental health.

Conclusion

The study found a positive correlation between parental behaviours and children anxiety disorder. Specifically, significant correlations exist between corporal punishment and inconsistent discipline and children anxiety disorder. There was no significant relationship between parental involvement, positive parenting poor monitoring and children anxiety. Though all parents have a blueprint of what parental behaviour should be from their various backgrounds, embracing positive parenting children's positive mental health cannot be overemphasized. Although immediate compliance may be a salient goal when parents initiate discipline, promoting the development children internal controls through love and positive reinforcement is advocated for long term positive socialization rather than immediate compliance through corporal punishment and inconsistent discipline. Recognizing that every child that makes up the society is socialized in families, positive and adequate parental behaviour is paramount to their positive mental health and societal peace.

Recommendations

1. Though anxiety seems to be common among children, parental behaviours play a major role in the development of anxiety disorder. It is therefore counselled that parents should endeavour to be supportive, warm and open to their children. They are encouraged to give them clear guidelines, instructions and boundaries at the same time allow them freedom to learn from their own mistakes and not to over control them. Parents especially mothers need to be emotional “rocks” that their children can lean upon. This is because children tend to feed on their parents' emotions. When a child communicates her worry to the mother, for the mother to start worrying and getting anxious herself send the message that anxiety is the “right” reaction to problems. Parents must endeavour not to send negative signals but rather be understanding, supportive, advise (if need be) without showing that problems also make them anxious.
2. Building on the areas of strength of children and helping them focus of these areas would enhance self- efficacy and confidence which are good antidotes against anxiety and other negative emotional disorder. Parents are counselled to make their children realize that while the good values they have inculcated in them are very important, they understand the realities and temptations the children face in the larger society. A culture whereby children are too anxious to confide in their parents for fear of being beaten or not knowing the reaction to expect their parents may continually result in anxiety and devastating negative emotional disorders.

3. In cases where children are already displaying symptoms of anxiety disorder and cannot be simply talked out of it by their parents, they need to be helped by the psychologist through counselling. Counselling therapies such as; Cognitive-behavioural therapy (CBT) which is a type of talk therapy that has been scientifically shown to be effective in treating anxiety disorders may be use. CBT teaches skills and techniques that can be used to reduce anxiety. The therapy works by assisting clients to replace negative thinking patterns and behaviours with positive ones, and learning to separate realistic from unrealistic thoughts.
4. Other therapies that may be used among others include; Acceptance and Commitment Therapy (ACT) which uses strategies of acceptance and mindfulness (living in the moment and experiencing things without judgment) as a way to cope with unwanted thoughts, feelings and sensations. Dialectical Behavioral therapy (DBT) also emphasizes taking responsibility for ones' problems to deal with conflict and intense negative emotions. Though children suffering from anxiety disorder can be helped through counselling, making sure that parental behaviours enhance positive and constructive emotions and consequent good mental health among children is of paramount importance.

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