

Does parental psychological flexibility play a role in the relationship between anxiety/depression symptoms, parenting stress and parenting styles?

Ana Fonseca*¹, Helena Moreira¹, Catarina Silva, & Maria Cristina Canavarro¹

¹CINEICC – Center for Research in Neuropsychology and Cognitive-Behavioral Intervention, Coimbra University, Portugal

Background

Existing research has shown important associations between parenting styles and child's outcomes. An authoritative parenting style has been associated with more positive outcomes in children (Alizadeh, Talib, Abdullah, & Mansor, 2011), while authoritarian and permissive parenting styles have been associated with less positive developmental pathways (Schaffer, Clark, & Jeglic, 2009). Higher levels of **psychological distress** (anxiety/depression symptoms) may translate into higher levels of **parenting stress** (McCloskey & Pei, 2019), which in turn were found to be associated with **parenting styles**. Specifically, higher levels of parenting stress were found to be negatively associated with authoritative parenting and positively associated with maladaptive parenting styles (authoritarian and permissive), negatively impacting child's outcomes (Carapito, Ribeiro, Pereira, & Roberto, 2018).

Parental Psychological Flexibility [PPF] may be conceptualized as an individual resource, defined as the individual's ability to non-judgmentally accept changes and negative thoughts/emotions in relation to their parenting experience, while also engaging in value-based actions that promote good parenting practices (Burke & Moore, 2015).

This study **aimed to explore** if Parental Psychological Flexibility may play a role in the relationship between psychological distress (anxiety/depression symptoms), parenting stress and parenting styles.

Methods

SAMPLE:

- 250 mothers of children (2-12 years)
- Mean age: 37.50 (SD = 5.30);
- 89.2% (n = 223) were currently employed;
- 59.6% (n = 149) of parents had more than one child;
- Child's mean age: 5.84 years (SD = 2.91)
- Child's gender: 51.2% (n = 128) were male

DESIGN and PROCEDURE:

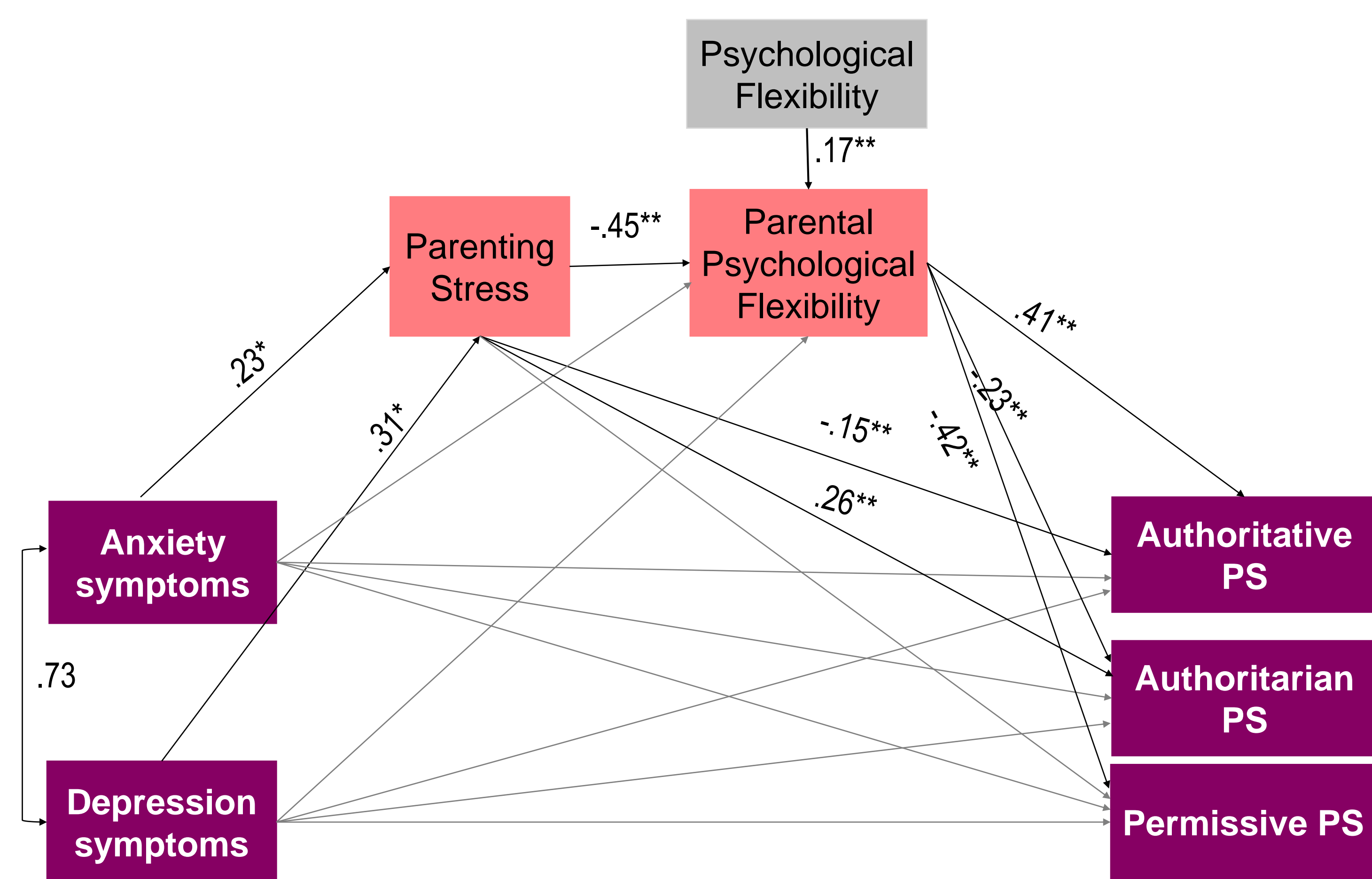
Cross-sectional study
Participants were recruited online (through social networks) and in-person (recruitment at schools).

MEASURES:

- Sociodemographic form
- Hospital Anxiety and Depression Scale [HADS] | PV: Pais-Ribeiro et al., 2007
- Parenting Stress Scale [PSS] | PV: Mixão, Leal, & Maroco, 2010
- Parental Acceptance Questionnaire [6-PAQ] | Greene, Field, Fargo, & Twohig, 2015
- Acceptance and Action Questionnaire-II [AAQ-II] | PV: Pinto-Gouveia, Gregório, Dinis & Xavier, 2012
- Parenting Styles and Dimensions Questionnaire [PSDQ] | PV: Pedro, Carapito, & Ribeiro, 2015

Results

- No significant differences were found in the study variables as a function of the recruitment method (online vs. person) – therefore, both groups of mothers were combined and analyzes as a total sample.
- Mothers with a higher educational level ($r = -.15, p < .05$) and income ($r = -.12, p < .05$) tend to use with a significant less frequency an authoritarian parenting style. A higher income was also significantly associated with less anxiety ($r = -.20, p < .01$) and depression ($r = -.16, p < .05$) symptoms. Moreover, mothers of female children were found to report a greater use of the authoritative parenting style ($r = .21, p < .05$). These variables were introduced as covariates in the model.
- The path model presented a very good fit to data [$\chi^2(37) = 68.54, p < .001$; CFI = .97; SRMR = .046; RMSEA = .059, $p = .243$, 90% CI = 0.036/0.080].



- For **anxiety symptoms**, a **sequential indirect effect was found** [Estimate = -.006, -.012/-.002]. Higher levels of anxiety symptoms were associated with higher levels of parenting stress, which in turn resulted in lower parental psychological flexibility. Lower parental psychological flexibility was translated into lower use of an authoritative parenting style and with a higher use of authoritarian and permissive styles of parenting.
- The **effect of depression symptoms on authoritative and authoritarian parenting styles also occurred indirectly**, through parenting stress (for both authoritative [Estimate = -.006, -.021/-.001] and authoritarian styles [Estimate = .010, .003/.017]) and through parental psychological flexibility (for authoritative style only [Estimate = -.009, -.021/-.001]).

Figure 1. Statistical diagram of a sequential mediation model for the presumed influence of anxiety/depression symptoms on parenting styles through parenting stress and parental psychological flexibility.

Note. All paths were presented, but the significant paths were presented in bold and path values are reported. * $p < .05$, ** $p < .01$, *** $p < .001$.

Discussion

- Our results are innovative by **highlighting the important role of parental psychological flexibility** on parenting behaviors;
- Parental Psychological flexibility **can be seen as a self-regulatory skill in the parent-child context**, as it influences the parents' ability to regulate their emotions and behaviors in a way that promotes a sensitive response to the child's needs and good parenting practices, even in the presence of stressful demands.
- Designing and testing the **efficacy of psychosocial interventions aiming to promote parental psychological flexibility** is one important clinical implication of the current study;