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SOCIAL ANXIETY IN CHILDREN: EXPLORING INSECURE ATTACHMENT AND PARENTAL BEHAVIORS IN THE CONSTELLATION OF SOCIETAL AND CULTURAL MODERATORS

Lotem KAROLINSKY¹

Abstract

The associations between insecure attachment, negative parental behaviors, and social anxiety in childhood and adolescence have long been established theoretically and documented by empirical research. Still, it is clear that those associations operate through various moderators that should be addressed, among which are societal, economical, and cultural variables whose effect can be neither ignored nor overlooked. The vicissitudes of individual psychological development are shaped by environments, both physical and symbolic, in which those individuals are embedded: indeed, the cross-cultural studies that compared between Western and non-Western samples consistently reveal interrelatedness between secure/insecure attachments, parenting practices, and socioeconomic and cultural influences. In the light of the above, the present article addresses the interplay between insecure attachment, parental behaviors, and social anxiety in children as a multi-layered constellation of risk-factors which are informed by the broad network of socioeconomic and cultural dimensions. The integrative review of extensive body of literature demonstrates that this constellation cannot be complete without elucidating the role of fathers in parenting that may contribute to developing social anxiety, as well as without taking into consideration characteristics of cultures and society which shape and inform both parental practices and their perceptions.

Keywords: social anxiety disorder, insecure attachment, negative parental behaviors

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Introduction

Anxiety disorders affect from 5.7 % to 17.7% of the children and adolescents population (Costello & Angold, 1995) with approximately 10% of all children who meet the diagnostic criteria for an anxiety disorder during childhood (Copeland *et al.*, 2014). In particular, social anxiety disorder (SAD), characterized by a marked and persistent fear of social or performance situations in which embarrassment or humiliation might occur (American Psychiatric Association, 1994), is the second most prevalent psychiatric condition in the US among children and adolescents (Moitra *et al.*, 2011). The condition is particularly debilitating, as it adversely affects multiple areas of a child's functioning resulting in developmental regression, avoidance behavior, deficits in social skills, poor relationships with peer groups and low academic achievement (Crozier & Alden, 2001).

Those suffering from SAD are more likely to fail a grade or drop out of school, than individuals without the disorder (Aderka *et al.*, 2012). Later in life, those individuals may display a significant decrease in functioning at work and are more than two-times more likely to be unemployed (Moitra *et al.*, 2011). Social anxiety is associated with poor quality of peer relationship: children with social anxiety symptoms fail to develop age-appropriate social skills, and suffer from low levels of peers' acceptance, as well as from low levels of intimacy in friendships (Brumariu & Kerns, 2010; Erath *et al.*, 2010). Individuals with SAD have been found to experience difficulties in forming interpersonal relationships, including close relationships, friendships, romantic relationships and family relationships (Aderka *et al.*, 2012).

Given the grave consequences of childhood anxiety disorders that include societal and financial burdens, identifying risk factors is of paramount importance (Bodden, Dirksen, & Bogels, 2008; Bogels & Perotti, 2011). The etiology of anxiety has been attributed to a variety of factors, such as parenting practices, temperament, parent's psychopathology, stressful life events, and emotion regulation strategies (Brumariu & Kerns, 2010; Brumariu, Kerns, & Seibert, 2012). Additional risk factors, identified as pathogenic of child anxiety, are genetically based vulnerability factors, negative learning experiences (Muris & Meesters, 2002), family functioning, and quality of the marital relationship.

Two major risk factors, parent-child attachment and negative parental behaviors, have been well-established in literature, grounded in and informed by conceptual framework of attachment theories, claiming that child's repetitive exposure to distress in child-parent relationship may be a predictor of later anxiety disorders (Bowlby, 1969; 1973; Ainsworth, 1989). In particular, the caregiver's absence or emotional unavailability may cause chronic anxiety, which implies that insecure attachment is association with fear and anxiety (Bowlby, 1973; Cassidy & Berlin, 1994; Bosquet & Egeland, 2006). The poor quality of parent-child attachment has been postulated to adversely affect child's adjustment, which includes risk for developing psychopathologies in general and social anxiety in particular (Bowlby, 1973; Sroufe *et al.*, 2005). The main tenet of attachment theory is the "competence hypothesis" stating that the formation of a secure attachment in childhood equips a child for coping with other social challenges, such as finding a place in the peer group (Bowlby, 1969; 1973; Weinfield *et al.*, 2008). Conversely, according to

the competence hypothesis, insecurely attached children are also less social and emotionally competent, which may, in turn, lead to developing anxiety, not only because those children lack the secure basis, but also because they are vulnerable to other experiences, such as difficulties with peers (Brumariu & Kerns, 2010). Insecure attachment convey the message to children that their caregivers are: unreliable, unavailable, they cannot be trusted, or communicated; such messages can result in developing a maladaptive approach to future interpersonal situations, due to the disbelief that one's needs will be met by others, this, in turn, leads to limited interpersonal contact or avoidance behaviors; those maladaptive coping and avoidance behaviors may create a chronic state of anxiety thereby placing a child at higher risk for developing SAD and other anxiety disorders (Manassis & Bradley, 1994).

In particular, insecure attachment refers to three distinct patterns of infant behaviors that were observed during the Strange Situation Procedure (Ainsworth *et al.*, 1978): 1) insecure-avoidant: infants either ignore or avoid contact with their care-giver following separation; 2) insecure-resistant, or, insecure-ambivalent behavior: infants seek closeness and physical contact with their parent, yet also display angry behaviors and are unable to modulate their distress; 3) insecure-disorganized: infants show abnormal or fearful behaviors suggesting a breakdown in attachment system (Main & Solomon, 1986).

Attachment theorists suggested that some forms of insecure attachment may be linked to developing social anxiety: for instance, children with avoidant and ambivalent attachment style may be more vulnerable to depression, but only the latter are at greater risk for anxiety because of perceived unavailability of attachment figures (Carlson & Sroufe, 1995). Furthermore, the disorganized attachment style has been most associated with developing psychopathologies in general and social anxiety in particular, as children with disorganized attachments are likely to perceive themselves as helpless and vulnerable when facing threatening situation, while their attachment figures are perceived as unable to protect them, which may lead to developing anxiety (De Klyen & Greenberg, 2008; Lyons-Ruth & Jacobvitz, 2008).

In addition to insecure attachment styles, parental negativity, expressed in such behaviors as rejection, overprotection, and psychological control, have been theoretically linked to developing anxiety disorders in childhood (McLeod, Wood, & Avny, 2011). Parental rejection, characterized by reduced levels of parental warmth, approval, and responsiveness to child's needs, is assumed to cause children to develop negative beliefs about themselves and their competencies, as well as negative/threatening expectation from the world, which may increase the risk of developing anxiety (Creswell, Murray, Stacey & Cooper, 2011), while parental warmth and acceptance is hypothesized to reduce fear and anxiety (Bogels & Brechman-Toussaint, 2006). Still theoretically, parental overprotection, as opposed to granting autonomy, is assumed to minimize child's experience with unexpected situations, thereby reducing development of self-efficacy, feelings of mastery, and control, which, in turn, may increase child's perception of threat and danger (Bogels & Brechman-Toussaint, 2006). Finally, psychological control, characterized by excessive parental vigilance and intrusion, is assumed to interfere with child's experience of control, thereby inducing fear and anxiety (Thirlwall & Creswell, 2010).

Methodology

The search for articles used Google scholar engine to identify large meta-analyses, as well as separate empirical and theoretical works on the subject of attachment, parental practices and behaviors in their relation to SAD in childhood and adolescence. The key words were “social anxiety in childhood/adolescence,” “secure/insecure attachment,” “parental practices / behaviors”, “socioeconomic/cultural factors”.

Findings

The theoretical assumptions on the predictive value of parental negativity found empirical support in three reviews. Van der Bruggen, Stams, & Bogels (2008) found moderate effect sizes for negative parental behaviors, with the strongest for overprotection ($d=.93$), with psychological control ($d=.52$) and rejection ($d=.41$) respectively. McLeod, Woo, & Weisz (2007) found similar associations between parental control and anxiety which were stronger than between anxiety and rejection. Finally, Creswell, Murray, Stacey & Cooper (2011) found consistent relationships between parental control and anxiety, as opposed to less consistent evidence for relationship between anxiety and rejection. However, the overall association between anxiety in childhood and negative parental behaviors has been quite modest, explaining only 4% variance in anxiety (McLeod, Wood, & Avny, 2007). As a consequence, researchers' attention turned to additional factors within the child-parent interaction, namely, to the construct of child-parent attachment (Brenholst, Tolstrup, & Esbjorn, 2019).

The proposition of the attachment theory that a child's level of anxiety is related to the way in which she is attached to her caregiver(s) (Bowlby, 1973) has indeed found empirical support: the exemplary research by Warren, Huston, Egeland, and Sroufe (1997) showed that early attachments are predictor of fears and anxieties later in childhood. The results of the study demonstrate that children with insecure attachment patterns, especially, those with ambivalent pattern, suffered more frequently from anxiety disorders as compared to their counterparts with secure attachment (Warren *et al.*, 1997). Several recent meta-analyses defined insecure attachment in infancy as a non-specific risk factor for psychopathology which predicts both internalizing and externalizing symptoms. The meta-analysis conducted by Colonnese *et al.* (2011) found moderate association between insecure attachment and anxiety, with a medium effect size of $r = .30$. In two recent meta-analyses by Ollendick & Benoit, (2012), significant but modest associations were found between insecure attachment and internalizing symptoms ($ds = 0.15$ and 0.37 , respectively). Likewise, in a meta-analysis that examined associations between insecure attachment and externalizing behavior. As Brumariu & Kerns note, the modest associations found between attachment and internalizing problems is not surprising, as it is clear that insecure attachment, by itself, does not invariably lead to anxiety (2010: 196). The findings clearly point out to moderating effects of other variables, in particular, of childhood behavioral inhibition (BI),

which was found seven times to increase the risk for developing social anxiety disorder (Clauss & Blackford, 2012). BI refers to a relatively enduring tendency with genetic component and moderate heritability (DiLalla *et al.*, 1994) to display distress, fear, avoidance, or quiet restraint and reticence when exposed to situations, persons, and objects which are unfamiliar (Kagan *et al.*, 1987).

Attachment style and behavioral inhibition were found to be interrelated, as higher levels of BI were linked to a higher frequency of insecure attachment patterns and both attachment style and BI accounted separately for a unique proportion of the variance of anxiety disorders symptoms (Muris & Meesters, 2002). However, it was also found by other studies that most children with the BI temperament do not develop anxiety disorders, while many children who meet the criteria for anxiety disorders; do not have history of high BI (Degnan & Fox, 2007). Consistently high level of BI was found to predict social anxiety disorder in adolescence only when the maternal over-control was present (Lewis-Morrarty *et al.*, 2012). Overprotective, controlling, and critical parenting practices have been associated with BI and developing SAD symptoms (Rubin *et al.*, 2002).

Despite solid conceptual foundations, the empirical support for the theoretical premises of attachment theories and parental negativity has been all but unequivocal. The studies in the field are consistent in displaying mixed results. Thus, for instance, maternal overprotection was found to predict anxiety disorders in children, while neither child's insecure attachment to mother nor maternal negativity were predictive for anxiety disorders (Hudson & Dodd, 2012). Yet, several other studies found that negative maternal behavior and mother-child insecure attachment do predict anxiety symptoms in non-clinical samples (Brown & Whiteside, 2008; Muris & Meesters, 2002, Breinholst *et al.*, 2015). There has been some empirical evidence suggesting that ambivalent attachment is associated with higher levels of anxiety, as compared to avoidant attachment; however, those studies did not include the disorganized attachment classification (Brumariu & Kerns, 2010; Colonesi *et al.*, 2011).

Amidst mixed and inconclusive findings, the extant research found partial support for the combined influence, both direct and indirect of attachment insecurity and negative parental behaviors upon children's self-reported anxiety levels (Breinholst, Tolstrup, & Esbjorn, 2019). The researchers pointed out to serious lacunae in the present body of research which made no reference to fathers' role in parenting that may contribute to developing anxiety in childhood. Therefore, the researchers continued to focus on interactions between parental behaviors and attachment, by including fathers; as the earlier research that examined the distinctive influence of maternal and paternal behaviors revealed significance only in mother's behaviors (Breinholst, Esbjorn, & Reinholdt-Dunne, 2015). In contrast, the latest study found that child-reported insecure attachment to father fully mediated between fathers' report on rejection and child-reported anxiety levels (Breinholst, Tolstrup, & Esbjorn, 2019).

Discussion

The review of theoretical and empirical body of literature clearly indicates that no single factor alone can be held accountable for direct influence upon developing social anxiety in childhood and adolescence. Rather, consistent associations between SAD in children and a variety of variables, such as parent-child attachment style and parental behaviors, conditioning events, and various environmental causes, manifest a complex interplay of factors in a network of relationships operating in a transactional way (Ollendick & Vasey, 1999). In particular, the review identifies two major flaws that seem to bias the research on etiology of social anxiety in terms of parent-child attachment and parental behaviors.

Western versus non-Western societies

By definition, social anxiety is manifested in social situations because of intense fears of negative evaluations (Erath *et al.*, 2010); yet, evaluation of a person's functioning or performance depends on the social standards of the culture in which this person is situated; it is directly linked to social standards and role expectations, as defined by culture (Hofmann, Asnaani & Hinton, 2010). Thus, shy and unsociable individuals in Korea displayed better adjustment, both social and emotional, as compared to their Australian counterparts (Kim *et al.*, 2008). Both theoretical and empirical evidence has already shown cultural differences in attachment patterns between Western and non-Western countries, e.g. Africa and Japan (Ainsworth, 1989; Van IJzendoorn & Kroonenberg, 1990). Children in the north of Germany were reported to display higher levels of insecure-avoidant attachment, as compared to American children (Grossmann *et al.*, 1985). In their meta-analysis, Colonnese *et al.* (2011) note that 71% of European studies examined were conducted in the Netherlands, situated on the border with the North of Germany. In addition, an association between insecure-avoidant attachment and anxiety was found only in studies which compared between Indonesian, Japanese, American, and Israeli (Kibbutz) populations (Rothbaum *et al.*, 2000; van IJzendoorn & Kroonenberg, 1988; Zevalkin, Riksen-Walraven, & Van Lieshout, 1999). Furthermore, individuals living in countries considered collectivistic displayed more positive attitude towards socially avoidant behaviors than their counterparts from countries considered individualistic (Heinrichs, Rapee, & Alden, 2006). In this context, it is noteworthy that although shy and anxious Chinese kids were not less popular and even seen as more socially competent (Chen *et al.*, 1999), more recent studies found that, in urban China, shy and anxious kids are less accepted by their peers (Liu *et al.*, 2015). The authors of the latter research explained the change in peer perceptions by increased urbanization and industrialization, whose effects include more negativity towards avoidant and reticent behaviors.

Mother-dominant approach

The research on the role of parenting behavior and attachment in child anxiety reflects a priori beliefs on the dominant role of maternal influence, as it primarily focused on mothers (Bogels & Perotti, 2011; Bruggen *et al.*, 2008; McLeod, Wood,

& Avny, 2007). In addition, mothers are more likely to refer a child to therapy or to research settings, which may explain data availability (Bogels & Perotti, 2011). Yet, such an approach, referred to as a mother-dominant approach is problematic for the following reasons: (1) mother and father form a dynamic system in raising their children by either compensating or reinforcing each other's behavior. For instance, a combination of an overprotective symbiotic mother and an absent or disengaged father operates such a relationship (Levy, 1943), (2) social anxiety is the only anxiety disorder that is equally common in men and women, moreover, it is the most prevalent mental disorder in men (Kessler *et al.*, 2005), (3) theories about parenting which is anxiety-inducing are based on mothering and a model does not distinguish paternal from maternal functions, (4) missing data concerning fathers due to children living with their mother after a divorce, socially anxious fathers and father that are very active in the outside world (Bogels & Perotti, 2011). Indeed, in different cultures, mothers and fathers play quite different roles in parenting; in Pakistani culture, for instance, mothers are perceived as warmer and less controlling while father's role is to be authoritative and responsible for discipline, yet, the mother is the real source of economic, physical and emotional support for children (Yousaf, 2015).

Conclusions

The review of the findings presented above suggests that the data on parental styles and practices be situated and interpreted in the framework of parenting ideas that are socially, culturally, and politically driven. Parenting is most personal, intensive, and intuitive experience yet, it is permeated with behaviors, actions, and disposition determined by social class and other societal variables (Vincent, 2012). To understand the nature and extent of problems, experienced by the parents, as well as their support systems in the parenting process, it is critical to understand the influence of such statuses as social class and race-ethnicity (Nomaguchi & Milkie, 2017). The exposure to multiple stressors might challenge families' coping resources and lead to developing anxieties. Socioeconomic backgrounds may also constitute a risk factor, as children from lower SES were found more vulnerable to developing insecure attachments than their peers from more advantaged backgrounds (Cyr *et al.*, 2010; Raikes & Thompson, 2005). In the research conducted in Turkey, socio-economic factors have been found to affect the mothers' parenting style: mothers from low socioeconomic status families were overprotective towards their male children, while mothers from middle class who had the lowest score on overprotection, as compared to high and low classes – a possible explanation for this finding might lie in the fact that mother from middle class generally have to work and spend less quality time with their children (Anli & Karsli, 2010).

The findings from the recent studies and meta-analyses further emphasize that the research on childhood social anxiety antecedents and risk-factors should be culturally and socially contextualized. The interrelatedness between social anxiety in children, insecure parent-child attachment and negative parental behaviors, such as overprotection, over-control, and rejection, should be viewed as an intricate constellation of risk factors operating together to increase or diminish the likeli-

hood of developing social anxiety symptoms later in childhood. It is important to keep in mind that those risk factors are informed not only by what can be seen as universal human need for attachment, but also by the unique interplay of cultural and societal variables that shape and moderate the associations. The meaning of secure attachment, “good-enough” parenting, and social anxiety symptoms in childhood is generated and modified by social norms, expectations, and situations, as well as by cultural and ethical factors.

In the light of the above, future studies should address the interrelatedness of individual and societal factors, as well as account for cultural and ethnic variance in exploring and conceptualizing parenting practices and social anxiety symptoms. In particular, the moderating effect of socio-economic factors in predicting social anxiety in children who are insecurely attached to and overprotected by their parents, demands further investigation. Additionally, future studies should continue to explore the role of father attachment and parenting style in predicting social anxiety in childhood, as well as elucidate the effect of its interaction with mother-child attachment and parenting. Both separate and joint effects of father and mother parenting should be situated in the cross-cultural framework of Western and Eastern samples, accounting for differences in social norms, roles, and expectations. Implementing those recommendations calls for a perceptual shift that requires expanding the framework of reference by integrating sociological and cultural discourse into theoretical premises.

Such a perceptual shift has numerous practical implications. First, designing interventions and treatment programs for children suffering from social anxiety symptoms should adopt a multi-disciplinary perspective; that is to say, those programs should be culturally and ethnically sensitive. From the Western point of view, screening school children to identify socially anxious individuals who would have otherwise been unnoticed, because their problems are non-disruptive, may be helpful. However, in cultures where shyness and reticence are not viewed as possible signs of social avoidance, phobia, or anxiety, such a screening would be of little relevance. On the other hand, low socioeconomic status of the family is among the risk factors for developing social anxiety, and therefore, preventive programs should invest more in less advantaged children.

Next, given the importance of developing secure attachment, a particular emphasis should be placed on developing programs for parent guidance. Managing dyadic interventions with parents and children should account for ethnic, cultural, and social factors that shape parenting practices and styles. Authoritarian parenting style may be considered a norm in one culture and perceived as over-controlling in another. Therefore, an appropriate dyadic intervention should be uniquely attuned to the caregiver’s parenting style which is informed by ethnic, cultural, socio-economic backgrounds. Enhancing the quality of attachment and reinforcing positive parental behaviors may facilitate child’s secure socialization and contribute to developing social competence.

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