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SUMMARY

Coparenting and Child Anxiety



In this thesis, I aimed to test several associations between coparenting and family member anxiety, as they were proposed in the model by Majdandžić, De Vente, Feinberg, Aktar, and Bögels (2012). Coparenting, the ways parents cooperate in their role as parents, has been hypothesized to play a role in the transmission of anxiety from parents to children, because parental anxiety may affect the way parents coparent, thereby affecting the development of child anxiety. This thesis aimed to disentangle the associations between coparenting and the development of child anxiety by studying longitudinal data on child temperamental predispositions to anxiety (i.e., fearful temperament and negative affectivity), coparenting, and child anxiety (*Chapters 2 – 5*). To uncover whether coparenting plays a role in the development of child anxiety, I also investigated whether coparenting mediates the association from infant fearful temperament to subsequent anxiety (*Chapter 3*) and whether coparenting moderates the associations between infant negative affectivity and child anxiety (*Chapter 4*). In addition, I investigated whether the prenatal factors of parental anxiety and parental relationship satisfaction were associated with coparenting, and whether these two factors moderate the associations between child temperamental predispositions to anxiety, coparenting, and child anxiety (*Chapter 2, Chapter 3 and Chapter 5*).

In Chapter 2, we analyzed longitudinal data of parent-reported child fearful temperament and self-reported coparenting when children were 4 months to 2.5 years old. We found that higher levels of undermining coparenting are associated with higher levels of child fearful temperament across early childhood, but we found no evidence of an association between supportive coparenting and child fearful temperament. Furthermore, we tested whether coparenting predicts later child fearful temperament, and whether child fearful temperament predicts later coparenting. We did not find support for these predictive associations between coparenting and child fearful temperament. We also found that parents with high levels of parental anxiety disorder severity display higher levels of undermining coparenting, but parents' anxiety was unrelated to supportive coparenting. We found that parental anxiety disorder severity did not moderate the associations between child fearful temperament and coparenting. Thus, in this study, undermining coparenting, but not supportive coparenting, was associated with both higher levels of parental anxiety disorder severity, and with higher levels of child fearful temperament.

In Chapter 3, we analyzed longitudinal data on the development of anxiety by studying observations of child fearful temperament at 1 year, observations of coparenting behavior at 2.5 years, and parent-reports of children's anxiety symptoms at 4.5 years. Prenatal measures of parental anxiety disorder severity were included as a moderator in the tested associations between child fearful temperament, coparenting, and child anxiety. We found no significant direct or moderated associations between child fearful temperament, supportive coparenting, and child anxiety symptoms. We did find that parental anxiety significantly moderates the associations between child fearful temperament and undermining coparenting, and between undermining coparenting and child anxiety symptoms. Specifically, we found that highly

anxious parents who have a highly fearful child are less undermining at 2.5 years, and if these anxious parents are highly undermining at 2.5 years, their child shows more anxiety symptoms at 4.5 years. In contrast, we found that if parents are low-anxious and display high levels of undermining coparenting at 2.5 years their child shows less anxiety symptoms at 4.5 years. We conclude that anxious parents appear to be more sensitive to their temperamentally fearful child by becoming less undermining. Further, anxious parents' undermining coparenting seems a risk factor for later child anxiety, whereas low-anxious parents' undermining coparenting appears to serve as a protective factor in the development of child anxiety. We suggest that the combination of having an anxious parent and undermining coparents may induce too much stress in the child's life, thereby leading to adverse outcomes, whereas undermining coparenting by non-anxious parents may serve to toughen the child up, thereby decreasing the risk of becoming anxious.

In Chapter 4, we analyzed parent-reports of infant negative affectivity at 4 months, observations of fathers' and mothers' coparenting simultaneity at 1 year, and parent-reports of child anxiety at 2.5 years. We investigated direct effects between infant negative affectivity, coparenting, and child anxiety symptoms, and the moderating role of coparenting in the associations from infant negative affectivity to later child anxiety symptoms. Parents' coparenting behaviors were categorized as coparenting behaviors that were performed simultaneously (i.e., both parents display the same coparenting behavior at the same time), or divergently (i.e., only mother displayed a certain coparenting behavior while father was neutral, or only father displayed a certain coparenting behavior while mother was neutral). We found that parents who perceive their child as high on negative affectivity at 4 months display less divergent coparenting behaviors. Also, we found that divergent coparenting of the type where father is supportive while mother is not displaying coparenting behaviors is protective in the development from high infant negative affectivity to later child anxiety symptoms; on the other hand, we found that divergent coparenting of the type where mother is supportive while father is not displaying coparenting behaviors is a risk factor in the development from high infant negative affectivity to later child anxiety symptoms. Thus, it appears that parents of highly negative infants are inclined to display less coparenting interactions in which only one parent is supportive, and that fathers' individual supportive coparenting serves as a protective factor in the development of child anxiety, while mothers' individual supportive coparenting may serve as a risk factor.

In Chapter 5, we studied the role of self-reported prenatal relationship satisfaction and infant negative affectivity as a predictor of self-reported coparenting when children were 4 months to 4.5 years old. Also, we investigated whether having low relationship satisfaction before birth in combination with having a child that is perceived as high on negative affectivity is related to less supportive and more undermining coparenting. We found that higher prenatal relationship satisfaction predicts higher levels of supportive coparenting and lower levels of undermining coparenting, from 4 months to 4.5 years. Also, we found

that if fathers perceive their child as high on negative affectivity, they are more supportive; for mothers, we did not find this association between child negative affectivity and their coparenting behavior. Contrary to expectations, we did not find that couples with low prenatal relationship satisfaction who perceive their child as high on negative affectivity display less supportive or more undermining coparenting behaviors than couples who had a child perceived as low on negative affectivity. We conclude that fathers' supportive coparenting when children are high on negative affectivity may serve as a buffer between the mother and the difficult child, and that prenatal relationship satisfaction is a strong and stable predictor of coparenting after the birth of the child, up until 4.5 years.

In conclusion (*Chapter 6*), this thesis demonstrates that (temperamental precursors of) child anxiety and coparenting are interrelated in some cases, but not in all. Specifically, we found evidence for significant associations between higher levels of child temperamental precursors of anxiety and higher levels of undermining coparenting, but not for supportive coparenting. Also, we found some evidence that child fearful temperament is a predictor of later coparenting, but this effect was not found in the opposite direction; coparenting did not appear to predict child fearful temperament. Because we did not study the effects from child anxiety (as opposed to temperament) to later coparenting, it is not possible to conclude from the current thesis whether the associations between coparenting and child anxiety are bidirectional, or possibly unidirectional. Furthermore, this thesis demonstrates that parental anxiety is intertwined with parents' coparenting: we found that highly anxious parents are more undermining than low-anxious parents, and we found that parents' anxiety disorder severity changes the associations between undermining coparenting and (precursors of) child anxiety. Finally, we found some evidence that it is especially fathers' supportive coparenting that is associated with children's negative affectivity and anxiety, rather than mothers' supportive coparenting. Moreover, fathers' supportive coparenting may serve as a protective factor in the development of anxiety. These results lead us to advise both researchers and practitioners to attend to the role of parental anxiety and coparenting in the treatment of child anxiety, and to attend to the different ways fathers' and mothers' coparenting may relate to child anxiety.