

University of Pécs Faculty of Health Sciences
Doctoral School of Health Sciences
Head of the Doctoral School:
Prof. Dr. József Bódis
Rector and Member of the Hungarian Academy of Sciences

**The relationship between parenting style and family rituals and their effect
on treat anxiety and coping strategies of adolescents and postadolescents**

Ph.D. Thesis

by

Katalin Lantos

Head of the Doctoral Programme:

Prof. Dr. Gábor L. Kovács, Regular Member of the Hungarian Academy of Sciences

Supervisor:

Dr. Kinga Lampek PhD, habil. Faculty of Health Sciences
Institute of Health Insurance Department of Health Promotion and Public Health
University of Pécs
Professor, Head of the Department

Pécs

2016

Introduction

Family as primary medium of socialization strongly influences psychological health and development of children. Stable emotional foundation is built through the support, love and safety experienced in the family. These help in resisting environmental negative stress. Proneness to anxiety and coping strategies are some of the basic personality characteristics and affect both intrapsychic and interpersonal functions.

Plenty of research and theories aimed to reveal the determinants that act as protecting factors in optimally functioning families. The presented research aimed to examine factors and correlations of this topic which might provide practical results that are easily understood and are also useful for families and experts. One of these factors is parenting style. Its effect on development is proven and scientifically underpinned (Schaefer, 1959; Baumrind, 1967; Ranschburg, 1975). Strength and manifestation of parental control and responsiveness are the most important components of parenting styles. They influence the self-esteem (Peden & Reyes, 2004; Milevsky et al., 2007), psychic well-being (Lavasani et al., 2011) and life satisfaction (Pikhye, 2008) of children. Furthermore, parenting styles also affect the level of anxiety in the children (Erozkan, 2012; Bee hui Yap et al., 2014; Aka & Gencoz, 2014) and even their preferred coping mechanism (Margitics & Pauwlik, 2006; Kovács & Pikó, 2007; McCernon et al., 2001).

The next family factor is family ritual, which also provides a summary or picture of family functioning. The course of family rituals might be similar, but it still shows the relationships, communication and the attitudes of family members. Meals are among the most common family rituals and their characteristics are correlated with the children's substance use, self-image and vision of future. Nevertheless there are quite few studies regarding the effects of rituals' course on the anxiety (Fiese, 1993; Markson & Fiese, 2000) and coping strategies (Boyce, 1983) of children.

The study of Friedman and Weissbord (2004) shed light on the relationship between parental treatment and family rituals. No other research data can be found on this topic, although the relationship is supposed to be strong.

Aims and hypotheses

The present research aimed to reveal typical parenting styles, characteristics of family rituals and to describe the frequency and emotional characteristics of the different treatment types in the examined sample. Furthermore we wanted to investigate the effects of parental treatment on family rituals and - through this - the indirect influence on the trait anxiety and preferred coping strategies of the children. We aimed to create and test a theoretical model of the interactions between parental treatment and family rituals and their effects on anxiety proneness and development of coping strategies.

Hypotheses:

1. It was assumed, that restrictive and overprotective treatments increase the level of trait-anxiety, while affectionate parenting decreases it.
2. It was assumed, that restrictive and overprotective parenting styles trigger the development of emotional and avoidance coping strategies, while affectionate parenting leads to the preference for task-oriented coping.
3. It was assumed, that the more common types of family rituals (meals, weekends at home) and the meaningfulness of the rituals decrease the level of trait-anxiety in children.
4. It was assumed, that the more common types of family rituals (meals, weekends at home) and the meaningfulness of the rituals helps to develop task-oriented coping strategies, while less or routine-like rituals lead to the preference of avoidance and emotion-oriented coping.
5. It was assumed, that affectionate parenting style correlates with more frequent family rituals of more emotional meaning, while restrictive or overprotective parenting makes rituals to become routine-like.
6. It was assumed, that family rituals represent a form of preventive mediators among parenting styles and the level of trait-anxiety in children and their preferred coping strategies. Affectionate parenting has both direct and indirect influence on the development of coping strategies. Through the rituals (meals and weekends at home) it helps to develop a preference for task-oriented coping strategies and decreases the level of trait anxiety.

Methods

The relationships among familiar influences and the psychic characteristics of the children were examined empirically with quantitative methods.

Demographic data were gathered along with the administration of four questionnaires. The level of trait-anxiety was measured by the means of STAI-T (Sipos, Sipos & Spielberger, 1994). This inventory provides information on how much a person is prone to react with anxiety to a stressful situation in general.

The Coping Inventory for Stressful Situations was also administered (CISS-48; Endler & Parker, 1994; Hungarian version: Perczel, Kiss & Ajtay, 2005) to define the dominant coping strategy from the three possible options – emotion-oriented, task-oriented and avoidance.

The Hungarian version of the Parental Bonding Instrument (H-PBI; Parker, Tupling & Brown, 1979; cited in: Tóth & Gervai, 1999) was applied for the investigation of parental treatment. This inventory includes three factors (affection, overprotection, restriction), along which the children have to characterize their parents.

The Family Ritual Questionnaire (Fiese et al., 2003; Hungarian version: Kiss, 2006) includes different statements regarding family rituals and traditions, they are characterized along their frequency and psychological qualities.

The study was conducted between March of 2012 and May of 2013 in three high schools and in one university faculty. The heads of the high schools gave their permission to the data collection. In every class of two high schools the head of the study presented the instructions and informed the students about the voluntary and anonym nature of the participation. Hereafter the teachers stayed with the children during the test administration. In the third high school the counsellor provided the children with information and instruction. University students got the questionnaires at different courses in the presence of their lecturers.

Nonprobability convenience sampling was used to gather the sample. The response rate was 83%, as from 850 questionnaires 776 were sent back and 704 of them were valid. One hundred and fifty boys and 554 girls took part in the study. The mean age of the participants was 19.1 years (the oldest person was 25, the youngest 14). For statistical

purposes three age groups were created: in the middle of adolescence (mean age 15.5 years), at the end of adolescence (mean age 18.7 years) and post-adolescence (mean age 22.2). Two hundred and forty-two of the participants were attending high school and 462 were university students at the time of the study. Six possible family types were included – according to these categories 64% of the participants lived in a full family, 19% lived with one parent (mother or father), 11% in a blended family and 6% lived in other family type (e.g. with partner or grandparents).

Data were treated according to the effective ethical regulations.

Statistical analyses were calculated with the SPSS 20.0 statistical software package. Descriptive statistics (absolute and relative frequency, mean, standard deviation, median, and modus) were used to characterize the sample and the scale items. The following tests were applied to reveal the possible relationships among the variables: Levene's test, two-sample t-test, Shapiro-Wilk test, Kruskal-Wallis test, Mann-Whitney test, regression analysis, ANOVA, correlation analysis, cluster analysis and pathway analysis. Results were regarded as significant when $p < 0.05$.

Results

Results are presented in light of descriptive statistics and hypothesis testing.

The characterization of parental treatment was first examined in gender groups. Girls rated their mothers as more affectionate, while boys rated their mothers as more overprotective. When age groups served as splitting variable it was revealed that adolescents between 14-16 years of age perceived their parents as more overprotective than the other two age groups. The youngest group also thought their fathers to be more restrictive compared to the opinion of the participants aged between 21-25 years.

Regarding family rituals there were significantly higher scores in the girls' answers in every rated dimension – frequency, emotions, symbolic meaning, awareness, routine-like nature and meaningfulness. Age group differences were also analysed. According to our results the youngest group (14-16 years) takes part less often in family gatherings. These have less emotional and symbolic meaning for them. The youngest participants are less aware of the importance of family rituals and they are less involved in them than the older groups.

Girls are more prone to anxiety than boys. Trait anxiety levels are gradually elevating in the three age groups, although only the scores of the youngest and oldest groups differed significantly. To sum it up, the oldest group has the highest level of trait anxiety.

In both gender groups the task-oriented coping was preferred followed by emotion-oriented and avoidance coping. Task-oriented coping is more common in the older age groups. Emotion-focused coping is the most widespread in the 17-20 years old group. The frequency of avoidance coping was not different in the three age groups.

The first hypothesis about the relationship between parental treatment and proneness to anxiety was tested with correlation and regression analysis. This hypothesis was partially underpinned, as the results suggest that maternal and paternal affection decreases the level of trait-anxiety and maternal overprotection increases it. The other types of parental treatment did not have any significant effect on the children's level of trait-anxiety.

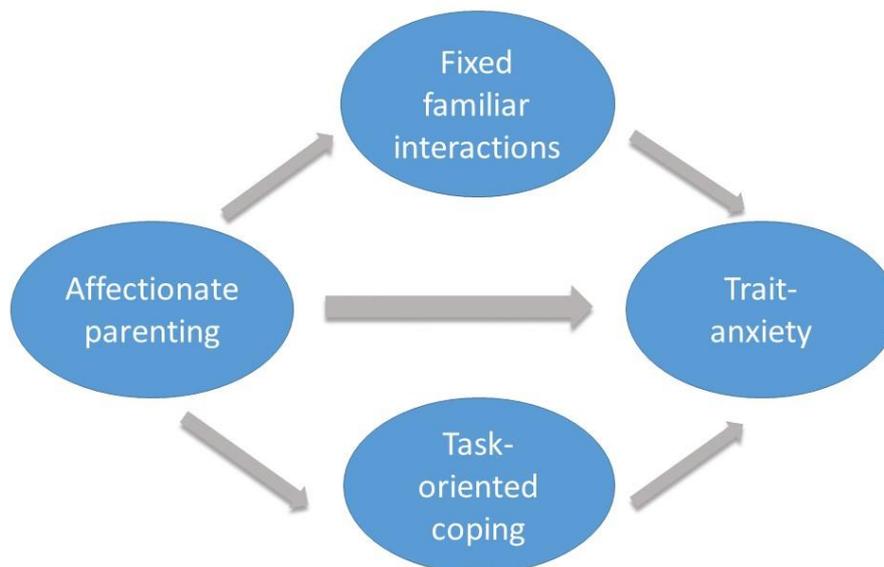
The second hypothesis concerned parental treatment and coping strategies. The participants were clustered according to their preferred coping strategies resulting in three groups: task-oriented, emotion-oriented and ignorant. There is a correlation between group membership and perceived parental treatment. Maternal and paternal affection helps to develop task-oriented coping mechanisms, while low affection leads to avoidance. Maternal overprotection is related to emotion-focused coping.

In the third hypothesis it was assumed that frequent family rituals (meals and weekends at home) and their meaningfulness decreases the children's trait-anxiety level. This assumption was proven, as frequent family rituals, e.g. meals and weekends at home decrease the children's trait-anxiety level. The frequency and symbolic meaning also reduces the level of trait-anxiety, while empty and routine-like rituals elevate it.

The fifth hypothesis focused on the connection between parental treatment and family rituals. Six parenting styles were created with cluster analysis and they were compared in the different dimensions of family rituals' characteristics. The hypothesis was partially underpinned. Parental affection correlates with more frequent and emotionally saturated rituals; maternal affection has a bigger role in this than perceived paternal love. Parental neglect leads to fewer and less important rituals. Controlling (overprotective or restrictive) behaviour did not have any effect on family rituals.

The sixth hypothesis aimed to examine the mediating role of family rituals in the relationship of parental treatment, proneness to anxiety and preferred coping strategies. As the main emphasis was on revealing the positive role of family, variables with supposed positive influence were selected for the analysis. As such, affectionate parenting and the most frequent rituals (fixed familiar interactions, e.g. meals and weekends at home) were included. The pathway analysis created to test this hypothesis gave a significant result. According to this it can be stated that the model (Figure 1) created on the basis of the presented data underpins the 6th assumption. That is, affectionate parenting decreases proneness to anxiety directly and also indirectly. One path of this effect leads through common meals and weekends, the other way is through the development of task-oriented coping, which also has a reducing effect on trait-anxiety. Summing up it can be stated that affectionate parenting, common meals and weekends serve as preventive factors in the development of anxiety level and preferred coping strategies.

Figure 1. The model created according to the results of the pathway analysis



Conclusions

According to our results parenting style and family rituals are indeed very influential. The presented study verifies the common standpoint that a well-functioning family improves the children's emotional development and helps them to resist difficulties in their lives.

Gender specific results are of particular importance. In the literature there are vast amount of data regarding higher levels of trait-anxiety in girls, which was also found in the present study. Furthermore, girls scored higher on all three coping mechanism scales compared to boys. Based on the above it might be concluded that higher level of trait-anxiety induces stronger drive to cope with stress. Another important result is that girls perceived their mothers to be more affectionate. We assume that the reason for this lays in the communication style differences. There are more socially accepted ways to express caring towards girls (e.g. besides words hugs and caresses can be used even in adolescence), while the channels of emotional communication are more restricted in the case of boys. Furthermore, social norms and expectations suggest that boys should be 'tougher', which makes it even harder to express positive emotions. The differences in the involvement in family rituals between genders might be due to the phenomenon that in Hungary household keeping and coordination of family matters are usually regarded as the tasks of women (Pongrácz, 2006). Possibly this attitude is reflected in the presented results, too. Girls are more often involved in the activities of family rituals, that is the reason why these are more important part of the girls' lives.

Age group differences are also reported. Maybe the most important of these is the elevating level of trait-anxiety with age. The scores of participants aged 21-25 are significantly higher than those of the youngest group (14-16). Quarterlife crisis might be one of the background factors of the high anxiety level, which is caused by the beginning of own life and the undertaking of responsibility (Thorspecken, 2005). In this period of life the family cannot be there anymore as an active support, like it was during adolescence. Although it can be of much help that the frequency of task-oriented coping also increases with age. In the age group of 14-16 years family rituals and their meaningfulness were scored lower than in the other two groups. For the youngest included group these activities are not as important as they are for the older participants. Children aged 14-16 years are at the beginning of adolescence, they begin to create their own autonomy and they are not as close to their parents and family as they were earlier. This period is a so called centrifugal stage in the lifecycle of the family

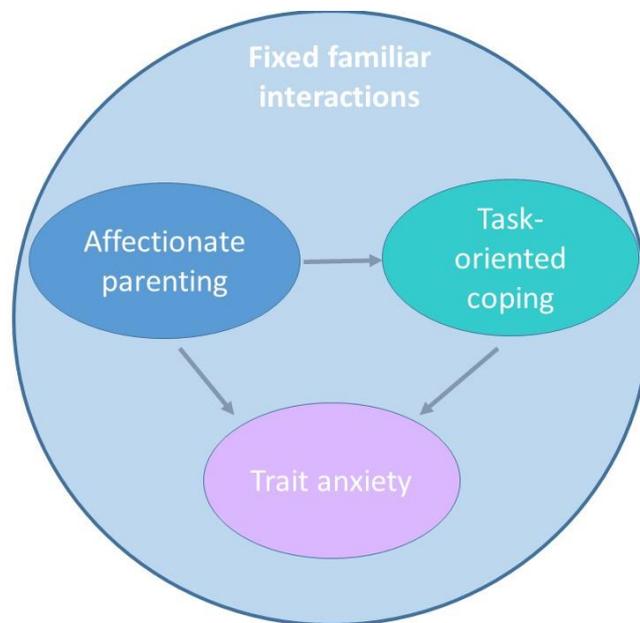
(Combrick-Graham, 1985 cited by Szabóné, 2004). Parents experience at this time their midlife crises, which also might play a role in the decreased importance of family rituals. This age group rated overprotection and restriction higher than the older groups, so it can be assumed that family rituals seem to be ‘compulsory family programs’ for the teenagers. As such, pushing them to take part on these programs might be bothersome for the adolescents.

Family rituals are important factors in the psychological development of children, but only if they are filled with positive emotions and are not routine-like. Positive emotions connected to common meals and weekends at home can decrease proneness to anxiety and help to develop task-oriented coping. Family rituals have direct and indirect influence on the children. Through observation and social learning children can acquire coping strategies for stressful events. The children also have the opportunity to tell stories and experience parental attention and support; furthermore they can get and give feedback, too. Family rituals may serve as protective factors in many ways. The responsibility of parents in providing sufficient family rituals is big. Well organized rituals with high emotional importance are most common in the case of affectionate parenting. These events are important and everyday channels for the expression of parental attitudes.

Based on our results a model was created (Figure 2) representing how family rituals give a framework to the get-togethers. Family gatherings are occasions when parents can express towards their children the emotional safety, love and support they provide them. This symbolic communication influences the children’s psychological development. Affectionate parenting correlates with more frequent common meals and weekends at home and increases their meaningfulness and emotional saturation. Fixed familiar interactions are events which are the most frequent in a family’s life (Wolin, Benett, 1984). This might mean that although teenagers are often not willing to take part at family events, they need their parents to be present in their lives. As the presented results indicate, family rituals improve coping strategies, decrease the level of trait-anxiety and are beneficial in many psychological aspects. It is logical, that feeling competent in stressful situations and being able to focus on the solution of the problem results in a strong feeling of control, which diminishes anxiety. It is important to keep in mind that family rituals only serve as framework if the affectionate parenting style is dominant. In the case of family rituals affectionate parenting manifests in flexible rules created according to the characteristics of the developmental period of the children. Furthermore, the organization of family gatherings is adapted to the family lifecycle.

And the parents are able to create an atmosphere during family rituals in which the children do not feel inconvenient and rituals maintain their symbolic character.

Figure 2. Relationship between affectionate parenting and family rituals and their effects on task-oriented coping and trait-anxiety



The presented results might be useful for the experts working on the field in many ways. We would like to illustrate this with a few examples. During the work with families assessing the family's rituals might serve as an important diagnostic tool. It can provide information about the characteristics of the family and parenting styles. How and how much time do they spend together? How do they organize their everyday life and holidays? Who are invited? What is the atmosphere like at these gatherings? The answers to these questions can show what role rituals play in the family's life. Furthermore, they give information about the relations in the family and about parenting styles, too. If needed, the changing and correction of family routine and rituals can induce complex changes in the family system, which also affects the individual functioning of the family members. By the means of rituals – especially fixed familiar interactions – communication can be improved. Furthermore, they also provide good opportunities to express emotions, to clarify roles and as such they give a framework to the functions of the parental sub-system. Via psychoeducation important information can be given throughout the whole life-span – from childhood through adolescence and adulthood – about the importance of family rituals and their role in the family system. Families also can be thought about the significance of affectionate parenting, good organized family rituals and their protective roles in the children's lives.

Publications in the topic

International original article

- **Lantos Katalin**, Kígyós Tamás, Nagy Lajos, Lampek Kinga (2014): Correlations between parental treatment and family rituals. In: www.sgemsocial.org (ed.): *SGEM2014 Conference on Psychology and Psychiatry, Sociology and Healthcare, Education*. SGEM, 2014. pp. 91-99. (ISBN: 978-619-7105-22-3)

Hungarian journal articles

- **Lantos Katalin**, Nagy Lajos, Lampek Kinga (2015): The effect of parenting style on trait anxiety and mood of children. *EGÉSZSÉG-AKADÉMIA* 6.:(2) pp. 81-90.
- **Lantos Katalin** (2012): Extracts of the relationship between family rituals and health. *ACTA SANA: MENS SANA IN CORPORE SANO: AZ EGÉSZSÉGÜGYI ÉS SZOCIÁLIS ELLÁTÁS ELMÉLETE ÉS GYAKORLATA* 7.:(2) pp. 44-46.
- **Lantos Katalin**, Inántszy-Pap Judit (2012): The relationship between family effects and children's health behaviour. In: Koncz István, Nagy Edit (ed.) *Nemzedékek együttműködése a tudományban: PEME IV*. Budapest., 2012. pp. 5-12. (ISBN:978-963-88433-7-1)
- **Lantos Katalin**, Inántszy-Pap Judit (2012): The relationship between adolescents' trait anxiety and coping strategies in the mirror of relations in the family. In: Vargha András (ed.) *A tudomány emberi arca: A Magyar Pszichológiai Társaság XXI. Országos Tudományos Nagygyűlése : Kivonatkötet*. Hungarian Psychological Association, 2012. pp. 368-369. (ISBN:978-963-87915-6-6)

Oral presentations at international congresses

- **Lantos Katalin** (2012): Anxiety in adolescence: Possibilities of Art therapy. II. International Conference of Art Therapy, East European Arts Therapy Association, Obzor, 2012.09.20-25.
- **Lantos Katalin**, Inántszy-Pap Judit (2012): Anxiety and health behaviour – Possibilities to help adolescents with anxiety. II. International Congress of Psychiatric Nurses, Budapest, 2012.10.18-2012.10.20.

Oral presentations at national congresses

- **Lantos Katalin** (2014): The role of family rituals in the life of adolescents. Science Cafe presentation (2014), Szeged
- **Lantos Katalin**, Inántszy-Pap Judit (2012): Anxiety and coping in adolescence. Magatartástudományi Napok, Szeged, 2012.06.14-2012.06.15.

Acknowledgements

I would like to express my gratitude to my supervisors, **Dr. Kinga Lampek, PhD.** for her endless patience and for helping me with her expertise and advices during the process of preparing this dissertation.

I would like to thank **Nagy Lajos** his help in the statistical analyses.

I am grateful to all participants who contributed to the success of the survey with filling the questionnaires.

I would like to say thank you to **Klára Bársonyné Kis**, to my husband **Attila Farkas** and to all of my family members and friends for their support and incentive.