

their surroundings, and thus they can develop a feeling of powerlessness. Both practices can make them regard their surroundings as something threatening over which they have no control. Along the same lines as these authors, Dadds and Barret (2001), Hudson and Rapee (2001) and Rapee (1997) maintain that for children with a genetic vulnerability to anxiety, excessive parental control or over-protectiveness can reinforce this vulnerability, reducing their opportunities for developing coping strategies, giving them a sense of insecurity for successfully handling their setting, and increasing the perception of threat of their surroundings.

In the end, these authors suggest that excessive control and the lack of affection can make the children develop a perception of generalised threat and a feeling of threat of their surroundings; these being the principal components of cognitive or psychological vulnerability of the cognitive models that explain anxiety. According to these models, this vulnerability interacts with personality predispositions and stressful events, explaining the appearance and development of anxiety (Chorpita & Barlow, 1998; Clark & Beck, 2012).

2. Objective

Based on the foregoing and given that on which it is possible to act, and given the high levels of prevalence, comorbidity, and the strong impact of anxiety on the childhood and adolescent population, the aim of this review is to analyse the ex-

isting bibliography to determine whether there is consistent empirical evidence regarding the relationship between educational styles or parenting practices and theoretical questions are considered:

1) Is the empirical evidence that suggests that certain educational styles are related to anxiety in children and adolescents consistent?

2) Is the empirical evidence that parenting practices are associated with anxiety in the childhood and adolescent population coherent?

3. Methodology

3.1. Search process

In October and November 2014, a bibliographic search process was carried out for articles that analyse the relationship between parents' educational styles or parenting practices and anxiety. In the first phase, an initial search was carried out to give an idea of the volume of information and identify key words and descriptors as well as the criteria for selecting the articles. In a second phase, a systematic bibliographical search was carried out in the following electronic databases: Dialnet, Redalyc, PsycInfo, and Medline. The keywords or descriptors used were the following: *estilos educativos, prácticas de crianza, prácticas educativas, ansiedad, infantil, juvenil, infancia, and adolescencia* for the Spanish-language databases (Dialnet and Redalyc) and *parenting practices, parenting styles,*

anxiety, childhood and adolescence in the English-language databases (PyscInfo and Medline). These were combined in various ways to expand the search.

These keywords returned an initial group of articles that was reduced based on the inclusion criteria set out in the next section. In the first stage, the articles were filtered based on the title and the abstract, and in a second phase they were filtered based on their content. In total, one article was selected from Dialnet, five from Redalyc, fifteen from PyscInfo, and one from Medline, giving a total of twenty-two articles that met the inclusion criteria.

3.2. Selecting articles: inclusion criteria

The inclusion criteria used were as follows:

a) Articles that included a direct and up to date measurement of the educational styles or parenting practices of one or both parents.

b) Articles that include a measurement of anxiety in children or where the children have a diagnosis of, as a minimum, an anxiety disorder.

c) Articles in which the association between childhood-adolescent anxiety and parenting practices or parental educational styles has been statistically proven and articles that comprise literature reviews.

d) Articles in which the children and adolescents in the sample were not older than 18.

e) Articles with a date of publication after 2000.

f) Articles published in English, Spanish, or Catalan and for which full access to the text was available.

Consequently, articles that associated childhood-adolescent anxiety exclusively with the type of attachment or, solely, with aspects of the family functioning or type were excluded, as were retrospective studies, as they do not use direct and up to date measurements of educational styles or parenting practices. Similarly, articles that analysed the relationship between parenting styles or practices with anxiety childhood-adolescent when this was the result of a medical condition were excluded.

3.3. Description of the selected articles

Of the twenty-two articles selected, three (Bögels & Brechman-Toussaint, 2006; Cuervo, 2010; Wood *et al.*, 2003) are literature reviews and, two others are meta-analyses (McLeod *et al.*, 2006; Yap, Pilkington, Ryan, & Jorm, 2014); the rest (seventeen) are research articles. Regarding the research design of the seventeen studies, sixteen of these use a cross-sectional design and the remainder a longitudinal design (Muhtadie, Zhou, Eisenberg, & Wang, 2013).

Of these seventeen studies, seven of them relate the educational styles or parenting practices with anxiety only (Erozkán, 2012; Hale, Engels, & Meeus, 2006; Lindhout, Markus, Hoogendijk, & Boer, 2009; Luis *et al.*, 2008; Varela, Niditch, Hensley-Maloney, Moore, & Creveling, 2013; Varela, Sanchez-Sosa, Biggs, & Luis, 2009; Woldfradt, Hempel, & Miles, 2003); one with anxiety and oppositional

defiant disorder (Hudson & Rapee, 2001); two of them with internalising problems (Laskey & Cartwright-Hatton, 2009; Muhtadie *et al.*, 2013); and seven of them with internalising and externalising symptoms separately (Betancourt & Andrade, 2011; Franco, Pérez & de Dios, 2014; García-Linares, Cerezo, de la Torre, Carpio, & Casanova, 2011; Nunes, Faraco, Vieira, & Rubin, 2013; Oliva *et al.*, 2007; Roelofs, Meesters, Teer-Huurne, Bamelis, & Muris, 2006; Yahav, 2006).

Regarding the measurements of the educational styles or parenting practices, fourteen of the articles evaluate and analyse this variable from a dimensional approach (Betancourt & Andrade, 2011; Franco *et al.*, 2014; García-Linares *et al.*, 2011; Hale *et al.*, 2006; Hudson & Rapee, 2001; Laskey & Cartwright-Hatton, 2009; Lindhout *et al.*, 2009; Luis *et al.*, 2008; Nunes *et al.*, 2013; Oliva *et al.*, 2007; Roelofs *et al.*, 2006; Varela *et al.*, 2013; Varela *et al.*, 2009), two articles from a typological approach (Erozkan, 2012; Muhtadie *et al.*, 2013), and a single study analyses this variable from both of these approaches (Wolfradt *et al.*, 2003).

4. Results

4.1. Typological approach

Regarding the articles that start from a typological approach, consistency is only observed in the results for the authoritarian style. This style has been linked to higher levels of anxiety (anxiety sensitivity and trait anxiety) in two articles (Erozkan, 2012; Wolfradt *et al.*, 2003). In a third study (Muhtadie *et al.*, 2013) it is noted that the interaction of the author-

itarian style with low levels of effortful control (temperament) of children predicts internalising problems. In Cuervo's literature review (2010), the existence of evidence that relates this style with internalising behaviour is also noted.

On these lines, the work by Lindhout *et al.* (2009) shows that high levels of negative affection (or rejection) and low levels of promotion of independence (the other extreme to control), are jointly related to the presence of anxiety disorders. The interaction of high levels of parental control and low levels of expressions of affection match the definition of the authoritarian style; therefore, these findings are coherent with the articles that analyse the authoritarian style and can be added to the evidence that links this style to higher levels of anxiety.

Nonetheless, for the democratic or authoritative style the results are more ambiguous; two articles (Erozkan, 2012; Muhtadie *et al.*, 2013) show that this style is related to lower levels of anxiety sensitivity or internalising problems, but a third (Wolfradt *et al.*, 2003) associates it with moderate levels of trait anxiety.

The remaining educational styles are different in each article, thus preventing comparisons between the results from being made.

4.2. Dimensional approach

Regarding the affection dimension, we can see different results depending on the geographical origin of the sample.

Most of the pieces of research used in this review give reasonably consistent

evidence about its relationship with the levels of anxiety symptoms or internalising symptoms in a generally European population. More specifically, affection or warmth show a significant relationship with lower levels of trait anxiety (Wolfradt *et al.*, 2003) and internalising symptoms (Oliva *et al.*, 2007), and rejection, at the opposite extreme, has been related to higher levels of anxiety symptoms, or internalising symptoms in seven pieces of research (Franco *et al.*, 2014; García-Linares *et al.*, 2011; Hale *et al.*, 2006; Hudson & Rapee, 2001; Nunes *et al.*, 2013; Roelofs *et al.*, 2006; Yahav, 2006).

Nevertheless, inconsistencies have been found in the articles that use samples of Latin American families that have emigrated to the USA. The study by Luis *et al.* (2008) obtains results that contradict the previous ones. That is to say, it finds that a lack of warmth and acceptance is associated with lower levels of anxiety. This study's sample comprises children and adolescents from European and Mexican families resident in the USA, and Mexican children and adolescents who live in Mexico. However, in another study (Varela *et al.*, 2009) that uses a similar sample (children and adolescents from Mexican families resident in Mexico, and children from European and Latin American families who live in the USA), results indicate that acceptance by the father is associated with lower anxiety symptoms, while acceptance by the mother is related with greater anxiety symptoms for the groups of Latin American and European children resident in the USA but not for the group of Mexican children who live in their country of origin. The third piece of

research using a sample comprising Latin American families who have emigrated to the USA (Varela *et al.*, 2013), finds no links between this dimension and childhood-adolescent anxiety symptoms. The inconsistency of the results of the studies performed with children from Latin American families who live in the USA suggests that further research is required to analyse relations in this group, as it is possible that cultural characteristics have an influence, as well as situational ones deriving from the process of migration or relating to the context in which these families live, such as potential difficulties accessing work, health care, education, economic problems, cultural assimilation, etc. (Ramírez & De la Cruz, 2003; cited in Varela *et al.*, 2009). This might explain the discrepancies with the results of the other articles (generally using European samples) that find reasonably consistent evidence for the relationship between affection or rejection and childhood-adolescent anxiety.

On the other hand, the meta-analysis studies analysed also show that rejection is linked to greater levels of anxiety. The study by Yap *et al.* (2014) states that aversiveness is associated with greater levels of anxiety, with a medium effect size; similarly, in the study by McLeod *et al.* (2006) it is noted that aversiveness is associated with greater levels of anxiety, and warmth with lower levels of anxiety, but with a small effect size, noting that aversiveness might have a larger impact on anxiety than the absence of positive parenting.

Similarly, the literature reviews show evidence for this relationship, while noting

that the consistency between the pieces of research is lower than for the control dimension in one of the reviews (Bögels & Brehman-Toussaint, 2006), or is only moderately consistent when dealing with observational studies (Wood *et al.*, 2003).

With regards to the control dimension, the results of the articles included in this review are less consistent, among other aspects, because the evidence depends on the conceptualisation and operationalisation of the construct used. Despite this, a series of constructs have been found that give reasonably consistent findings.

Consequently, for the psychological control construct generally consistent evidence is observed throughout the studies. Apart from the research by Nunes *et al.* (2013), which does not find correlations with anxiety, the other pieces of research (Betancourt & Andrade, 2011; Hale *et al.* 2006; Oliva *et al.*, 2007; Wolfradt *et al.*, 2003) show positive and significant correlations, indicating that this construct is related with greater levels of anxiety symptoms or internalising symptoms.

Similarly, studies that analyse over-involvement (Hale *et al.*, 2006; Hudson & Rapee, 2001), excessive parental control (Luis *et al.*, 2008), and hostile control (Varela *et al.*, 2009; Varela *et al.*, 2013) are also fairly consistent, demonstrating that these constructs are related with greater levels or symptoms of anxiety or internalising symptoms. Nevertheless, it is important to note that some differences are apparent in two of the articles, in particular regarding the gender of the parent and when cultural factors intervene, as is stated below. In the study by Varela

et al. (2009), while control by the mother is related with the anxiety symptoms of the groups of European-American and Latin American children and adolescents, control by the father is only related with anxiety symptoms in the group of European-American children and adolescents. In the study by Luis *et al.* (2008), excessive parental control is associated with higher levels of anxiety for Mexican and European-American children and adolescents, but with lower levels of anxiety for the group of Mexican children and adolescents resident in the USA.

Regarding the rigid, harsh, or punitive discipline construct, the results agree on identifying its relationship with greater internalising symptoms (García-Linares *et al.*, 2011; Laskey & Cartwright-Hatton, 2009), albeit with a different magnitude or strength of the associations (the associations found in Laskey and Cartwright-Hatton, 2009 being only moderate), and with differences according to the gender of the minor in one of the studies (in García Linares *et al.*, 2011, the magnitudes of the correlations are lower in the case of girls).

On the other hand, for the behavioural control, overprotection, and lax (low or indulgent) discipline constructs the results are less coherent and conclusive. In one study (Yahav, 2006), for paternal overprotection no differences were found between overprotection by the parents of children and adolescents with internalising symptoms in comparison with those from the control group, but differences were found in comparison with their siblings who did not display symptoms. In the other study (Roelofs *et al.*, 2006), positive associations

with anxiety symptoms are found but their magnitude differs according to the gender of the children.

Regarding lax, low, or indulgent discipline, one of the studies (Franco *et al.*, 2014) finds that this is connected with greater levels of social withdrawal and anxiety, another (García-Linares *et al.*, 2011) finds associations with internalising symptoms but only for boys, and the third (Laskey & Cartwright-Hatton, 2009) does not show such associations.

Likewise, the evidence on behavioural control is also inconclusive, finding discrepancies in the magnitude and even the direction of the associations: Betancourt and Andrade (2011) find that maternal behavioural control is negatively correlated with all of the emotional problems, and behavioural control by the father with only two of the problems (depression and self-harm); in the study by Oliva *et al.* (2007) the correlations found are low or of limited significance, indeed it even found a positive relationship with internal problems when behavioural control is exercised by the mother.

As for the meta-analysis studies analysed (McLeod *et al.*, 2006; Yap *et al.*, 2014), both show that over-involvement is related to higher levels of anxiety, even though the effect sizes are not very large.

The literature reviews emphasise the consistency of the evidence that relates control with higher levels of anxiety in observational studies. Nonetheless, the two pieces of research that use questionnaire measurements give different conclusions: Bögels and Brechman-Toussaint (2006) state that there is consistent evidence for

this relationship, but Wood *et al.* (2003) state that the results are inconclusive.

5. Discussion

Regarding the first question posed for this review, we can conclude that the authoritarian style has consistently been related with childhood-adolescent anxiety throughout the studies, being associated with higher levels of anxiety or internalising symptoms. These results agree with the claim by Aroca *et al.* (2014, p. 217) who state that families who adopt this style “usually oblige the minors to perform actions that create tension and anxiety in them.” Similarly, they support the evidence that indicate that this style has a negative impact on the adjustment and development of the minor. The other styles should be investigated in greater depth.

As for the second question, reasonably consistent evidence has been found linking affection, warmth, and acceptance with lower levels or symptoms of anxiety or internalising symptoms in a generally European population, and linking rejection, psychological control, over-involvement, excessive parental control, rigid discipline, and hostile control, with higher levels or symptoms. The other constructs on the control dimension do not provide sufficiently consistent data, nor do they make it possible to establish decisive conclusions. These results agree with the perspectives and hypotheses of the authors of the cognitive models to explain anxiety, which hold that excessive parental control and a lack of warmth can give minors a perception of generalised threat and a feeling of personal inefficacy.

These elements interact with personality predispositions and stressful events to explain the appearance and development of anxiety. Although the results match these perspectives, they are not empirical proof for them they do not make it possible to demonstrate these hypotheses. This is principally because while the relationship between these practices and anxiety is analysed, the specific mechanisms that can mediate this relationship are not examined (for example, the minors' cognitive biases: attentional bias towards threatening information, interpreting ambiguous information as threatening, underestimated assessments of their own coping resources, etc.) on which the previous hypotheses are based. Similarly, a large majority of the pieces of research analysed in this review do not consider the temperament or personality of the minors, these also being relevant components for explaining anxiety in cognitive theories. It would be interesting to examine the specific mechanisms that might mediate the relationship between educational styles or parenting practices and childhood-adolescent anxiety, as well as analysing the interaction of the minors' temperament with the educational styles or practices and anxiety, and even examining the possible interactive effects of other factors (such as the anxiety of the parents, beliefs, and cognitions about their own parental competence and their own children, the family functioning and type, etc.) in future research.

This review has also made it possible to detect a series of limitations in the field of research that it is important to note. It is possible that these limitations might,

at least partially, explain the lack of consistency of the results of some of the studies. These, in turn, propose new lines of enquiry or questions that should be tackled in future research on the topic.

Firstly, in this work the results of the dimensional approach have been grouped based on two dimensions (affection and control), even though not all of the research projects use the same terms or constructs to evaluate them. Furthermore, it is important to note that most of the studies do not define the dimensions or constructs evaluated. This is especially significant in the control dimension. While for the affection dimension there seems to be a large degree of agreement between researchers on its conceptualisation, for the control dimension "researchers have not reached agreement on the aspects to include under this label" (Oliva *et al.*, 2007, p. 49), something that involves a "range of criteria and inconsistent results" (Aroca *et al.*, 2014, p. 218), and so, "it is difficult to know which of them is the one that is really related with the adjustment of the children" (Oliva *et al.*, 2007, p. 49). Consequently, there is a clear need to define precisely the dimensions evaluated in the pieces of research, using the same criteria and constructs.

Similarly, for the anxiety variable, this review has included studies that use different constructs and measurements for this problem. Furthermore, while most of the studies use non-clinical samples of children and adolescents, three pieces of research start with diagnoses of anxiety disorders in the minors. It may be that there are variations in the effects of the parenting practices in minors who suffer

from an anxiety disorder in comparison with the non-clinical population, or that the diagnostic status of the minors has an impact on the parents' parenting practices.

Likewise, the fact that studies examining the relationship between parenting styles or practices and internalising symptoms are included, prevents us from concluding that the findings are specific to anxiety. Much of the literature on this topic has focused on analysing the relationship between educational styles or parenting practices and the minor's internal adjustment. In fact, of the selected pieces of research, half examine the relationship with the problems or internalising symptoms together.

Furthermore, few of the pieces of research reviewed, apart from analysing the relationship with anxiety, examine the association with other problems to check whether the results found are specific to anxiety or shared with other types of problems of psychopathology in general.

Consequently, for future pieces of research, it would be advisable to examine the relationship between parenting styles or practices and measurements of anxiety specifically, and include groups of children or adolescents with other problems to check whether the results are specific to anxiety or are shared with other problems.

Regarding the demographic characteristics of the samples in the studies, it is important to note that, on the one hand, the results of the pieces of research for the childhood and adolescent population are analysed without differentiating the childhood stage from adolescence, as many of the pieces of research reviewed

do not differentiate between them. It is possible that parenting styles or practices have a different impact depending on the minor's developmental stage, or that the parents adapt their strategies or behaviour according to the developmental characteristics of their children. Along these lines, Yap *et al.* (2014) suggest that some of the factors that are especially relevant in adolescence might differ from those that are more important in early childhood. Therefore, analysing the relationship separately for each of the developmental stages seems opportune.

Furthermore, while a large majority of the pieces of research analysed use samples of European background, studies on other cultures are also included. It is likely that culture has influences relationships between educational styles or parenting practices and anxiety. Indeed, for the affection dimension, major discrepancies were observed in the studies with samples from Latin American families who have emigrated to the United States. Similarly, certain cultural differences were also noted for the control dimension. Some authors claim that control or authoritarian practices seem to have neutral effects –or even positive ones– on Latin American children (Halgunseth, Ispa, & Rudy, 2006; cited in Varela *et al.*, 2009). These practices are valued in collectivist cultures (such as the Latino and Asian ones), insofar as they are seen as a mechanism for instilling respect for authority and for collective or family needs compared with individual ones (Luis *et al.*, 2008; Varela *et al.*, 2009); consequently, they might not have the same repercussions as they do

in more individualist cultures such as the European. In this way, these discrepancies, suggest the need to examine the relationship of the parenting styles or practices in different ethnic and cultural groups, and examine possible trans-cultural differences.

Regarding the gender of the parents, most of the pieces of research analysed the parenting styles or practices of both parents together. Despite this, the studies that considered the parents' practices separately found differing results according to the gender of the parent. This might indicate that the impact of the different parenting practices varies according to the gender of the parents, illustrating the need to consider the styles or practices of both parents separately and analyse the impact of this variable in research. Likewise, it would be interesting to take into account the effect of the gender of the minors on the results, as it is possible that boys and girls respond differently to parenting practices (as has been noted in some of the studies analysed in this review, such as García-Linares *et al.*, 2011).

Regarding the evaluation measures, pieces of research have been included in this review that used different types of measures. However, apart from two studies, all of them solely used questionnaire measures to evaluate both variables, these being measures that are questioned by several authors. For example, Holden & Edwards (1998; cited in McLeod *et al.*, 2006) criticise these measures for their lack of convergent validity. In future research, it would be advisable to use different evaluation measures, and to use multiple informants.

To conclude the limitations, while this review has provided evidence for the relationship between certain styles or dimensions and anxiety, it has not been possible to demonstrate the nature of said relationship as, apart from one study, the rest are pieces of research of cross-sectional design. Therefore, it is not possible to demonstrate causal hypotheses that explain a possible directionality of the results obtained: whether certain parenting styles or practices might, along with other factors, explain the appearance and development of childhood-adolescent anxiety; whether the particular characteristics or inner states of the minors determine the parenting styles or practices; whether the relationship is bidirectional, etc. Consequently, one challenge for future research is to use longitudinal research designs and so clarify the nature or direction of the effects.

Ultimately, generally consistent evidence has been found in this review that links affection, warmth, and acceptance with lower levels or symptoms of anxiety or internalising symptoms in a mainly European population. Furthermore, rejection, psychological control, excessive parental control, over-involvement, rigid discipline, hostile control, and the authoritarian style have been linked to higher levels or anxiety symptoms or internalising symptoms. The need to continue with the field of research to resolve the limitations and tackle the new questions that emerge has also been demonstrated. Although the results cannot be regarded as completely definitive and, in the absence of corroboration with other more consistent empirical evidence, they could have significant im-

plications in the practical and professional field. Specifically, in the development of preventive family education programmes focused on providing parents with guidance on the types of practices and behaviour to use to avoid the appearance of anxiety problems in their children and to encourage their development and well-being; always trying to adapt these programmes to the uniqueness of each family and individual, and valuing the family “as a setting for learning [at the same time as] an educational environment” (Torío, Peña, & Rodríguez, 2008, p. 171). Likewise, in the clinical setting, parenting styles or practices should also be included as key elements to be worked on in intervention and treatment programmes for childhood-adolescent anxiety.

In conclusion, it is clear that there is a need for continued research on this topic and to identify the parenting styles or practices that are risk or protection factors for childhood-adolescent anxiety. Once identified with solid empirical evidence, the next challenge will be to develop prevention programmes and include these factors in treatments and interventions for childhood-adolescent anxiety.

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