

# Harsh Parenting And Adolescent's Internalized Problems: Evidence From A Sample Of Liberia's Adolescents

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## Abstract

Harsh parenting is one of the most important predictors of adolescent involvement in risky and sexual behaviors, and substance use. Harsh parenting includes a wide range of aversive parenting behaviors, the most common of which include physical aggression (e.g., spanking, slapping, or hitting), and verbal aggression (e.g., yelling and cursing) directed at children who have done something wrong or angered their parents. Previous studies have examined the role of harsh parenting in psychological development, but the underlying mechanism is still unclear. Therefore, this current study will investigate how harsh parenting influences adolescent's internalized problems, and the role of parent-child attachment and psychological resilience of Liberian adolescents. We recruited 782 Liberian adolescents to participate in our study. After receiving the written informed consent, they completed the questionnaire survey on harsh parenting, adolescent's internalized problems, parent-child attachment, and psychological resilience. Results showed that harsh parenting was positively related to depression and resilience of adolescents, and anxiety was positively related to depression, perceived children-parent relationship and resilience are negatively related to depression. Additionally, harsh parenting positively predicted the depression of adolescents, perceived children-parent relationships negatively predicted the depression of adolescents, and resilience positively predicted the depression of adolescents. This finding indicated that harsh parenting can predict adolescents' depression, not anxiety.

**Keywords:** Harsh Parenting; Adolescents; Internalized Problems; Depression, Anxiety

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## I. Introduction

### Background of the Study

Over the years, scholars such as Erath, El-Sheikh, Hinnant, and Cummings (2011) have contended that harsh parenting affects the overall quality of adolescents' behavior. Specifically, they posited that harsh parenting is characterized by parental behaviors such as beating, kicking, and shouting toward their children. By so doing, researchers believe that they sometimes neglect, disapprove, reject, and threaten their children without paying adequate attention to them. Therefore, harsh parents show indifference, vexation, insensitivity, and parent-child attachment toward their children. In that context, proposed to identify children who have been deliberately exposed to harsh parental training are at greater danger of different distressful attitudes such as anxiety and wariness.

In the past two decades, adolescent's internalized behavioral problems have generated great concerns among researchers. The internalizing problems (depression and anxiety) have received adequate attention from scholars across the world. In their collective study, Cartwright and Hatton (2005) posit that for over the past two decades, from 1991, Achenbach and his fellow research students have worked on many studies using the Children's Behavioral Check List (CBCL) as the basic instrument to identify adolescent behavioral problems. During such a study, the problems associated with depression, anxiety, withdrawal, and physical complaints are internalized. Simultaneously, the different classification of violence, children's rebelliousness, disobedience, and drug abuse was classified as externalization problem.

Harsh parenting and risky adolescent behavior imply that parenting is one of the basic responsibilities and key areas that enable researchers to predict any form of adolescent substance use involvement. Research demonstrates that harsh parenting is related to adolescent tobacco use (Shelton et al., 2008) and alcohol intake (Conger & Conger, 2002). In their collective study, Zucker, Donovan, Masten, Mattson, and Moss (2008) contended that the issue of harsh and inconsistent parent-child relationships at the early stage of adolescence

beginning could significantly tell adolescent engagement in the use of tobacco and alcohol, especially within the adolescents' age of 16 above.

Additionally, depression is a severe mood disorder that affects children's and adolescents' physical, emotional, and social-cognitive development. It is characterized by feelings of sadness and displeasure.

Consequently, depression is believed to be one of the most identified risk indicators in adolescent suicidal behavior. In 2000, the NIMH (2003) findings indicated the suicide rate for adolescents ages 15-19 was 8.2 deaths per 100,000. Records showed that suicide attempt rates are about 2-3 percent higher than the actual suicide rate (NIMH, 2003). For example, in the United States, Virginia, the quality of suicide in adolescents ages 10-19 has increased to 32% in the last 25 years (VDH, 2000). Virginia's suicide rate is 6% higher than the national rate (Seifen, 2001). The Virginia Commission on Youth (2001) reported that depression was the second leading cause of adolescent hospital admission in Virginia and hospitalizations cost \$ 51.5 million. The issue of depression in adolescents is a vital aspect of its own. Still, this usefulness is magnified because it is linked to other problem areas in adolescents, such as substance abuse and academic performance depression is prevalent among teenagers in Turkey. In one study, Eskin (2000) contended that 60.5% of the adolescent results scored above the General Health Questionnaire's cut-off point (GHQ-12).

These findings show that 60% of these students' scores were high enough to suggest mental health problems. In another study, Bilal (2005) administered the Structured Clinical Interview for DSM-IV (SCID) to high school students with GHQ-12 scores one standard deviation above the mean. The results revealed that 70.9% of those diagnosed had significant depression. In this regard, adolescence is a considerable life period for understanding depression as a developmental psychopathology and developing strategies for the treatment and prevention of it.

An analysis of the relevant literature concluded that adolescent depression is related to various demographic-, family-, and school-related characteristics. Empirical research by scholars explains depression is more prevalent in girls than boys and it is related to the death or divorce of parents, a psychiatric disorder in a family member and exposure to series of abuse and neglect, increased urgency for adult support (Meadows et al., 2006), failure at school, and a low-grade point average (Undheim and Sund, 2005).

In furtherance, consistent with the view of Patterson et al., (2002) who see social cognitive theory as parents approving harsh parenting style may provide children with physical and verbal aggression models, or at least justify such aggressive behaviors as solutions to interpersonal problems. Similarly, coercive family mechanism theory also emphasizes the impact of negative parent-child relationships and conversation in shaping child aggression.

Children's behavioral problems can be determined by the parent-child relationship. Bi-directionality was previously recognized. Empirical examinations of reciprocity have been limited. Developments in statistical analyses (e.g., structural equation modeling) finally have allowed researchers to examine bi-directionality; however, the number of studies is still sparse.

The parent-child relationship is of the most importance. Parents provide direction, emotional and financial assistance and act as role a models to direct their children as they grow into young adults (Ackard et al., 2006; Day and Padilla-Walker, 2009). Parents play a significant role in the development of a child, and as children develop their sense of independence, parent-child conflicts may increase.

### **Demographic Profile of Liberia**

Liberia is a West African country situated on the coast near the Gulf of Guinea and shares its borders with the following countries such as Sierra Leone, Guinea, and the Ivory Coast. The country's total surface area is 37,189 square miles (96,320 square kilometers), which ranks 108th in the world in terms of sheer size. Liberia has an estimated population of 4.94 million. This compares to the 2008 census population of 3.47 million. Of the official population, 1.1 million people lived in Montserrado County, the most populous county and home of Monrovia. The Greater Monrovia area is home to about 25% of Liberia's population. The next most populous region is Nimba County, with about 500,000 residents. Liberia has a population density of just 127 people per square mile, and 49 people per square kilometer, which ranks 134th globally in terms of population density (Countrymeters.info., 2019). Liberia has 16 indigenous ethnic groups and several foreign minorities, but English is the national language. 95% of the population are indigenous people. The sixteen (16) ethnic groups include The Gio (or Dan), Mano, Bassa, Kpelle, Grebo, Vai, Gola, Kru, Krahn, Mandingo, Fante, Dei (or Dewoin), Bella, Mende, Loma, and the Americo-Liberians or Congo people (Countrymeters.info. 2019). Table 1 below shows the country's basic demographic profile, including population estimates for 2019, based on the latest United Nations Data (Countrymeters.info. 2019).

**Table 1: Population Estimated for Liberia**

The projected population for 2019 is 5,028,892	
Total area	111,370 km <sup>2</sup> (43,000mi <sup>2</sup> )

Population density	45.2 per km <sup>2</sup> (117.0 people/mi <sup>2</sup> )
Sex ratio	1.10 (2,528,061 men to 2501.149 women )
Median age	18.6 years
Life expectancy (2016)	57.0 years (55.4- men, 58.6- women)
Literacy rate	47.6 %

Note: Based on the latest United Nations Data; *Source: Population data for every country as of 2018. Available at <http://contryometers.info/en/>*

### **Statement of The Problem**

The parents are the sociocultural organizational entity that applies important influences on adolescents' behavior in the developmental domain of their characters. Any ignorance on the side of parents may account for unwanted damaging implications on children's growth and may create misbehavior problems in children. Parenting is a composite activity that entails the totality of many particular individual behaviors working collectively or individually to affect the child's behavior. Specific parenting behaviors, like physical punishments, may undermine children's development and cause behavioral disorders. The parenting style pattern is utilized to get normal parents' endeavors to control and socialize their children.

Researchers classified parenting based on two dimensions, responsiveness and demand. The responsiveness and demand create three different kinds of parenting styles: Authoritative practice has high responsiveness and is highly demanding. The authoritarian style has low responsiveness and high demand, and finally, the Permissive manner is labeled by high responsiveness and intensely demanding. In the Authoritative style, increased responsiveness and high demand in parenting behavior are directly related to fewer children's misbehavior and symptoms. Parenting style model theory, it is assumed that different kinds of parenting styles lead to children's misbehavior.

Parenting practices have long been demonstrated to play an important role in children's development. As such, many studies have investigated which parental practices most promote positive development for children and, conversely, which techniques are linked to increased risk for academic, socio-emotional, and behavioral difficulties (O'Connor & Scott, 2007). Recognizing that parenting and family dynamics must be understood within the context of culture, researchers have also focused on parenting in families of various national and cultural backgrounds (Lansford et al., 2014).

### **Objectives of the Study**

Broadly, this study seeks to investigate harsh parenting and adolescents' internalized problems: evidence from the sample of Liberian adolescents. Specifically, the study will be guided by the following objectives:

- (1) To examine harsh parenting practices on adolescents' internal behaviors;
- (2) To determine the relationship between adolescents' internal behaviors and harsh parenting;
- (3) To explore whether an adolescent's internal behaviors are influenced by harsh parenting.

### **Research Questions**

The following research questions will guide the study:

- (1) What are the effects of harsh parenting on adolescents' internalized problems?
- (2) To what extent does harsh parenting effect adolescents' internalized behaviors?
- (3) Are there differences in harsh parenting on internalized problems among adolescents in Liberians?

### **Significance of the Study**

By investigating harsh parenting and adolescents' internalized problems: evidence from a sample of Liberian adolescents; the findings of this research will be useful to various stakeholders in the following ways. Firstly, policymakers will be equipped with reliable and factual information that serves as input for effective policy on the allocation of funds, timely released period, and legal framework guiding its activities. Secondly, it will provide a piece of extensive knowledge on parenting styles and adolescents' developmental outcomes. Thirdly, It will also allow other researchers to gain helpful insight/inputs into areas that are not covered, and seek ways to improve them or carry out similar studies in different parts of the country. Lastly, this study will help to identify that harsh parenting may contribute to the development of internalized problems by creating an environment of fear, hostility, and low emotional support within the family in the Liberian context.

## **II. Literature Review**

### **Harsh Parenting**

According to (Shanahan et al., 2008), harsh parenting is typically defined as high levels of control, coercion, punitive behaviors, and hard punishment applied by parents and has been identified as a risk factor for the development of depression and anxiety problems. More extraordinary, harsh parenting practice appears to be particularly detrimental for fearful children (Degnan et al., 2010a; Levee et al., 2005). Koss et al. (2018) state that

harsh parenting compasses of parenting behaviors, which including unsupportive, coercive, over-control, and insensitive parenting practices. Harsh parenting is directly associated with an increased rate of adolescents' internalized problems (depressive and anxiety). Adolescent aggressive behaviors and poor physical health conditions are externalizing problems (Repetti, Taylor, & Seeman, 2002).

The framework of moral development explains that persistent and predominant use of harsh parenting strategies is linked with a continued fear of punishment in adolescents. Punishment and harsh punitive behaviors may increase fear and lead to adolescent self-monitoring. Empirical research supports that children at risk experience internalizing problems, which are displayed by over-controlled behaviors (Eisenberg et al., 2001; Santesso et al., 2006). Behavior and heightened self-monitoring are reflections of performance and are directly associated with increased risks for internalizing problems in children.

Therefore, harsh parenting may influence an anxiety risk in children on the performance of a self-monitoring system. Harsh parenting practices, which include hostility, over-reactive, and physical punishment, predict an adverse child outcome. These harsh parenting practices are accompanied by harsh discipline, hostile behaviors by parents, and the failure of parents to set consistent monitoring systems for a child's behavior. Similarly, parents who engage in harsh parenting also experience positive interactions with their children. In family intervention circles for adolescent child behavior problems, policymakers build on existing positive ideas to develop more progressive parenting practices and parent-child relationships (Dishion et al., 2008). Despite the usefulness of understanding the positive relationship dynamics for adolescent family intervention circles, we have identified little evidence of how dynamic, progressive, and positive relationships work in the context of harsh parenting and their role in the transmission of risk factors of depression and anxiety.

### **Harsh Parenting and Internalized Problems in Childhood**

Internalizing childhood and adolescence problems is a debilitating problem, which undermines social and school functions (Beesdo-Baum & Knapp S, 2012; Ramsawh et al., 2010). Epidemiological and clinical studies suggest that these disorders persist into adulthood and may contribute to an increased risk of suicide attempts, alcohol use, depression, and severe social restrictions. Since these symptoms manifest early in life and are chronic and persistent, early recognition and treatment are especially desirable. However, surprisingly, children's internalizing disorders are often overlooked and, consequently, underdiagnosed (Bolton et al., 2008).

Although theoretical models suggest that family processes and parenting are essential factors in developing, maintaining, and transmitting internalizing symptomatology, meta-analytic and vigorous review contributions have provided mixed support for this association. In particular, previous studies identified a linkage between childhood anxiety and the broad parenting dimensions of rejection and control. Parental rejection is hypothesized to undermine children's emotion regulation by weakening self-esteem, promoting a sense of helplessness, and prompting the development of negative self-schemas, leading to heightened sensitivity toward anxiety and depression (Garber & Flynn 2001) states that parental control involves excessive parental regulation of children's life and activity, instructing the children on how to think or feel. Moreover, high control exerted by parents in contexts in which it would be developmentally appropriate for children to act independently can induce a decreased level of self-efficacy and perceived helplessness, thus increasing levels of anxiety and depression (Wood, 2006). Contrariwise, some parental practices encouraging children's autonomy and independence may increase children's perceptions of mastery over the environment. Interestingly, several studies retrospectively concluded that generally, anxious adults remember their parents being rejected and controlled (Hudson & Rapee, 2001).

Twin studies (Gregory & Eley, 2011; Scaini, Belotti & Ogliai, 2014) have suggested that additional genetic effects account for a small portion of the variance in children's trait anxiety and depression compared to the non-shared environment (i.e., non-parenting factors). On the other hand, environmental factors explain children's differences in anxiety traits and depression symptoms and include them in parenting influences. However, it is important to note that certain aspects of parenting (e.g., controlling parenting) could make children within a family alike, hence acting as a shared environmental influence for anxiety (Gregory & Eley, 2011).

Two meta-analytic studies (McLeod, Wood & Weisz, 2007) reported that parenting accounted for 4 and 8% of the variance in childhood anxiety and depression, respectively.

### **Parenting and Depression**

Several researchers have investigated the relationship between parenting style and adolescent depression (Aunola et al., 2000; Greaven et al., 2000). Multiple researchers have concluded that parental care is significantly related to adolescent depression or depressive symptoms, such that low parental care rates of adolescent depression (Heaven et al., 2004). Parental rejection is an indicator of low parental care and perceived parental rejection directly affects adolescent depression such that adolescents who feel rejected by their parent(s) may be more depressed than adolescents who are not abandoned by their parent(s).

It is established that depressive symptoms significantly interfere with parenting competence. Although the relationship is not fully understood. This research is generally guided by the assumption that parenting practices reflect the affective, cognitive, and physical symptoms that characterize depression (i.e., sad mood, loss of interest, fatigue, low energy, poor concentration, feelings of self-reproach, irritability, changes in appetite, motor activity, or sleep patterns, and suicidal thoughts; National Institute of Mental Health [NIMH], 2011). For example, mothers experiencing sad moods and fatigue may be less motivated to be careful with their children's needs.

In contrast, irritable mothers apply more negative behaviors and harsh discipline toward their children due to decreased tolerance for normative child behavior. Additionally, early studies on this topic have proven that irritable parents may likely have more challenges in their parenting role than none depressed mothers and consequently reported less emotional involvement, communication, and affection, and increased aggression in their children (Lovejoy, Graczyk O'Hare & and Newman, 2000).

The association appears to be maternal behavior exerted toward the child. Lovejoy et al. (2000) opined that hostility and aggressive behaviors are mental behaviors. Further studies have examined mothers' self-reports and maintained that depressed mothers may tend to be hostile toward their children and are likely to use harsh, hostile, and coercive parenting styles, sometimes alternating with lax under-control, anxiety disorder (Zahn-Waxler et al., 2002). Moreover, there is some experimental evidence supporting the causal relationship between harsh parenting and depression. The negative perspective of mothers issue few positive statements toward their children and engage in fewer verbal interactions.

The relationship between harsh parenting and depression depends on the depressive level, and chronicity is it. Cross-sectional studies show that a depressive level moderate has a negative on maternal attitudes, which indicates that current depression has more negative effects than previous depression. However, prior depression may harm mothers' parenting behaviors and interactions with the child. Lovejoy et al., (2000) mentioned that mothers whose depression has been reported for a lifetime experienced more negative and coercive in their parenting behaviors than those women with no history of depression.

Depression on the other hand mainly associated with parenting challenges when the duration of the depression is longer.

### **Harsh Parenting and Anxiety**

Research on focuses developing anxiety disorders and the effects caused by parenting style (McLeod, Wood, & Weisz, 2007). Harsh parenting practices can significantly influence the anxiety level of children's self-report. Harsh parenting has contributed to the continuation of anxiety traits (Gallagher & Cartwright-Hatton, 2008). Harsh physical parenting practices by the father are directly associated with anxiety, which increases the level of anxiety-related arousal. Cartwright-Hatton, Phil, McNally, White, & Verduyn, (2005) maintained that interventions should focus on how to improve parental discipline techniques to alleviate anxiety symptoms in adolescents and children.

Cartwright-Hatton et al., (2005) proposed that during adolescent early experience with harsh, punitive, and inconsistent parenting style is related to anxiety. Cartwright-Hatton (2008) also reported that an over-involved or controlling parenting practice may be a risk factor for increased anxiety symptoms in adolescents. Psychologically, parenting style is associated with adolescent anxiety (Pettit, Laird, Dodge, Bates, & Criss, 2001).

### **The Role of Parent-Child Attachment**

Adolescents who are more securely attached to their parents are less likely to be delinquent. Attachment to parents is a critical component in developing a moral values system and a conscience, just as a child's first exposure to a moral code is typically experienced through socialization by parents (Grusec, 2006). Securely attached adolescents tend to respect their parents' opinions and consider how their parents would receive their decisions or actions before engaging in delinquent.

Positive attachment between parents and adolescents has been linked to positive outcomes such as autonomy, peer relationship competency, self-esteem, fewer risk behaviors, and enhanced coping skills (Parker & Benson, 2004). Secure attachment leads to positive outcomes for youth, insecure attachments can negatively affect youth development. Allen et al. (2002) found that ages 16 and 18 are securely attached adolescents demonstrated an increase in social skills, whereas adolescents with an insecure attachment to their parents demonstrated increased delinquency.

Thus, adolescents with secure attachments to their parents have better outcomes than those who have insecure attachment relationships. It also suggests that parents are the primary source of socialization and moral development for youth during childhood. However, what remains unclear is how moral values are affected by these types of attachment relationships during adolescence when the adolescent begins forming solid attachments to peers. Certainly, it can be debated whether a particular attachment relationship, such as parents or peers, is more salient or influential than another relationship. However, research seems to indicate that as peer relationships become stronger during adolescence, peers tend to take over as the main source of moral value influence, and the effects of parents on adolescent moral values are lessened (Pardini, Loeber, & Stouthamer-Loeber, 2005).

Nevertheless, research suggests that both parent and peer attachments are positive outcomes for youth. Adolescent attachment to parents and peers is significantly positively linked with youth reports of self-esteem and life satisfaction. Additionally, studies have examined that attachment, in general, is associated with well-being.

### **The Role of Psychological Resilience**

Psychological resilience plays an essential role in the life of adolescents during negative stress. Resilience remains a defined concept in traumatic stress. Previously, research has examined pathological reactions as an adverse outcome that arises from being exposed to extremely stressful events, which include risk of psychopathology, physical illness, and disability (Breslau et al., 2001). Research has proven notable individual differences in the trauma response, and suggested that adults in the community are exposed to trauma (Yehuda, 2004). Findings suggest that other factors associated with trauma exposure must be taken into consideration to examine trauma-related causes, such as psychopathology stress disorder (PTSD). Overemphasis in research literature focuses on adverse reactions to trauma has limited understanding of the individual's ability to adapt, and overcome in coping with chronic stress (Bonanno et al., 2005). More research should be conducted that will focus on adaptive responses and outcomes of trauma exposure and lead to a complete understanding of stress-related circumstances of psychopathology treatments and preventions.

Much knowledge of resilience has primarily emerged from developmental psychology literature. Children and adolescents at risk of exposure, or who have been exposed, to stressful life experiences. Resilience research has to other populations who are at risk, and directly experiencing or witnessing traumatic events that involve human suffering and death. Populations who are regularly exposed to chronic stressors include civilian emergency services workers, such as paramedics, police officers, firefighters, and military personnel which include combat soldiers, peacekeepers, and peacemakers.

### **Rationale of the Study**

Liberia, a country that has experienced significant social and political challenges, presents a unique context for studying the impact of harsh parenting on adolescent internalized problems. The legacy of civil conflict, poverty, and social disruption in Liberia may have lasting effects on parenting practices and adolescent mental health. Understanding the specific challenges faced by Liberian adolescents and the role of harsh parenting in shaping their internalized problems is crucial for the development of targeted interventions and support systems in Liberia.

In this study, the researcher is curious to identify the effects of harsh parenting on adolescent's internalized problems amongst Liberia's senior secondary school students, which caused a poor academic performance in Liberia. This is because internalized problems in childhood and adolescence are a significant, persistent, and debilitating problem, undermining social and school functioning in Liberia. The aim of this study was to explore these effects that will claim the attention of national government through the Ministry of Education and other stakeholders to design a implementable strategy to reduce the level of harsh parenting by parents that Liberian school going adolescent academic performance will be enhanced.

### **Hypothesis of the Current Study**

In this study, the researcher hypothesized that there is a relationship between harsh parenting and adolescent internalized behaviors. This discussed factors may account for the less significant resilience, parent-child relationships are supported by the idea that adolescent resilience is also a function of self-esteem. In this case, self-esteem is a vital individual feature associated with resilience. While resilience is a foundation of positive development in adolescents, emotional symptoms such as anxiety and depression linked to academic activities may have a challenging effect on adolescents. So when an adolescent faces an academic challenge or harsh parenting, his self-esteem forms a resilience push. This is because resilience is characterized by outcomes, processes, and personality that are positive in an individual. Therefore, individual resilience is a product gradually derived from innate characteristics, and external circumstance contributed factors.

In this study, the researcher hypothesized that there are limited self-regulation skills and symptoms of depression commonly among adolescent as an effect of harsh parenting on their internalized problem.

In a recent study by Hook et al. (2020) to determine Liberia's student's mental health, they assert that adolescent substance use is associated with behaviors stemming from substance use. Substance use includes alcohol, marijuana, hard drugs, and other sexual behaviors. The study focused on adolescents and reported vulnerable factors amongst Liberian adolescents. This vulnerability in risky behavior stems from exposure to conflict as well as post-conflict society. Instructively, between the years 1989 and 2004, Liberia experienced a devastating fourteen years of civil conflict that resulted in widespread trauma with almost no mental health infrastructure to help citizens cope.

### **III. Methodology**

#### **Participants**

According to Mugenda and Mugenda (2003), a population is an entire group of individuals, events, or objects. Also, Kombo and Tromp (2006) also assert that a population is an entire group of persons or elements with at least one thing in common. Therefore, a population is defined as a complete set of individuals, cases, or objects with some common observable characteristics. The study sampled 782 students from four selected senior secondary schools (two public and two private schools) in Montserrado County, Liberia. Meanwhile, this research study targeted grades 10th-12th who are aged between 13 to 18 years, which is a developmental stage where an adolescent is seeking identity, as identified by Erickson's psychological theory. It is at this stage that the adolescent may attain identity or role confusion.

#### **Consent of Confidentiality**

Ethical concerns will be considered and prioritized by the researcher to protect participants' anonymity since human participants must be protected from having their identities exposed (Behling & Law, 2000). A letter of authorization from the School of Psychology and a letter of permission will be sought from the Ministry of Education of the Republic of Liberia through the County Educational Officer (CEO) will be presented to authorities of selected public schools. Also, respondents will be assured of protecting their confidentiality and further guarantee that information collected from them will not be used for any purpose other than the research under consideration. Respondents will similarly be informed of their right to disengage from the research at any point in time they may deem it necessary.

#### **Sample Size and Sample Techniques**

Sampling size is the process of selecting from the population under consideration. The population will consist of individuals who have the same characteristics. The study will sample from a list of available participants. According to Creswell, Murray, Stacey, and Cooper (2011), a sample is a subset of the target population that the researcher planned to study to generalize the target population. Creswell et al., (2011) noted that a sample is a fraction of the target population that researchers use to make generalizations about the group as a whole.

Mugenda & Mugenda (2003) defined sampling techniques as the number of observations or a statistical sample. Furthermore, it is an important feature of any empirical study in which the goal is to make inferences about the population. Additionally, the sample size employed in a research study is determined based on the expense of data collection and the need to have sufficient statistical power. Meanwhile, this research study's targeted population will be limited to selected senior secondary school students of selected public and private schools in Monrovia, Liberia from grades 10th-12th who are aged between 13 to 18 years. Therefore, the targeted population for this research study was 782 respondents. This is a developmental stage where an adolescent is seeking identity, as identified by Erickson's psychological theory. It is at this stage that the adolescent may attain identity or role confusion. The researcher will adopt the five Likert scales (agreed, strongly agreed, undecided, strongly disagreed, and disagreed). The Likert scale contains a list of states that has a relationship with the issue in question; it does not only allow the respondent to check those states in which they agree or disagree, but allows the respondent to state the degree of agreement or disagreement with every statement (Osuala, 2007).

Sampling techniques are methods used in selecting a sample from a population. Sampling techniques are classified into two types; probability and non-probability sampling. In this study, the non-probability (purposive) sampling technique that will be applied in the research study is purposive sampling to collect data (Creswell et al., (2011).

#### **Data Analysis Procedures**

According to Bendat and Piersol (2011), data analysis procedures are the process of inspecting, cleansing, transforming, and modeling data to discover useful information, suggest conclusions, and support decision-making. It is also being defined as multiple facets and approaches, encompassing diverse techniques under various names in different businesses, sciences, and social science domains.

As such, descriptive statistics were to present the result of the analysis. Descriptive statistics helps a researcher to describe in summary form what the data generated represents. The research uses a correlation analysis, central tendency measures, and standard deviation to make sense of the data presented. For central tendency measures, we employed 1 of 3 main steps of central tendencies, such as the Mean, which is the most common method used in central tendency measures. The Mean in the study is used to present the average of respondents, while the standard deviation helps the researcher relate to the Mean by finding the Mean's values. The importance of standard deviation allows the researchers to make several conclusions based on the values generated and presented through the Mean in the SPSS.

In analyzing the hypotheses, we employed correlation analysis. The essence of correlation analysis in testing our hypotheses lies in quantifying the degree to which two variables are related. The correlation techniques

evaluate the coefficient that tells a researcher how much one variable changes when the other one does. This correlation technique, data in correlation research design can be used to analyze and interpret in any of the following ways: simple correlation, factor analysis, cross-sectional, complex correlation, multiple regression analysis, and canonical correlation path analysis.

#### IV. Results

##### Descriptive Statistics

According to the descriptive statistics, the results showed that there were gender differences in the respondents for Liberians, but the age bracket is the same for the two public and private schools as they fall within the same age bracket. Given that adolescent male respondents had the highest percentage in Liberia, it represents the proposition of sex in a study that found boys to have a higher possibility of developing risky behaviors.

For instance, on the issues of sex for Liberians, the male constitutes (64.1%) of the respondents, while the female respondents are (35.9%). In the case of the age of respondents, the data shows three age intervals in the column for respondents. On the part of Liberia, 13-14 of the age bracket constitute 19.2%, 15-16 of the age bracket constitutes 35.5%, and the final 17-18 has 44.8%, and unreported is 0.8%. In sum, the table showed that a greater number of respondents in Liberia are male, which constitutes 35.9%. On age brackets, 15-16 of the respondents in Liberia, 35.5% of the age falls within 17-18 years of age. Concerning private schools, Haywood Mission High School constitutes 17.6%, while World Wide Mission High School constitutes 10.2%. On the part of public schools, Paynesville Public School constitutes 35.4%, while G. W. Gibson High School constitutes 36.3%. in this study, the researcher that public schools have more respondents than private schools.

**Table 1 basic information of demographic variables(N =782)**

		Frequency	Percentage
Gender	Male	501	64.1
	Female	281	35.9
Age	13-14	150	19.2
	15-16	278	35.5
	17-18	354	45.3
Effective	10th Grade	190	24.3
	11th Grade	282	36.1
	12th Grade	310	39.6
	Total	782	100.0

##### Correlation Analysis

Results showed that harsh parenting was positively related to depression and resilience of adolescents, and anxiety was positively related to depression, perceived children-parent relationship and resilience are negatively related to depression.

**Table 2 Descriptive and Correlation Analysis (N=782)**

	M	SD	1	2	3	4	5
1 Harsh parenting	8.63	2.96	-				
2 Depression	47.14	7.67	.090*	-			
3 Anxiety	50.34	6.71	-.044	.141**	-		
4 Perceived children-parent relationship	37.16	5.15	-.017	-.133**	-.069	-	
5 Resilience	74.24	8.73	.088*	.141**	.057	-.069	-

Note: \*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$ .

##### Regression Analysis

Multiple regression was run to determine the extent to which harsh parenting, perceived children-parent relationship and psychological resilience predict depression and anxiety in adolescents. The model showed a statistically significant result ( $F = 10.38$ ,  $R^2 = .04$ ,  $p = .000$  (See Table 6), which means the predictors as a group provided a better fit to the data. In combination, all the predictor variables accounted for 4% of the variance in adolescents' depression levels. Individual effects in Table 6 showed that harsh parenting, perceived children-parent relationship, and psychological resilience are significant predictors of adolescents' depression levels ( $\beta = .077$ ,  $t = 2.18$ ,  $p = .029$ ;  $\beta = -.121$ ,  $t = -3.43$ ,  $p = .001$ , and  $\beta = .125$ ,  $t = 3.53$ ,  $p = .000$ ), which means harsh parenting, perceived children-parent relationship, and psychological resilience are good predictors of depression in adolescents. Therefore, the researcher failed to reject the null hypothesis that harsh parenting, perceived children-parent relationships, and psychological resilience are not good predictors of depression in adolescents.

On the other hand, the regression results to determine the effect of harsh parenting, perceived children-parent relationship, and psychological resilience on anxiety in adolescents was significant ( $F = 2.59$ ,  $R^2 = .010$ ,  $p = .000$ ). However, the individual effect of harsh parenting, perceived children-parent relationship, and psychological resilience on anxiety in adolescents was not significant ( $\beta = -.050$ ,  $t = -1.4$ ,  $p = .160$ ;  $\beta = -.065$ ,  $t = -1.83$ ,  $p = .068$ ,



and  $\beta = .057, t = 1.58, p = .115$ ). Therefore, the researcher rejected the null hypothesis that harsh parenting, perceived children-parent relationships, and psychological resilience are not good predictors of depression in adolescents.

**Table 3 Regression of Depression and Anxiety of Adolescents**

	<i>R</i>	<i>R</i> <sup>2</sup>	<i>F</i>	Predictor	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
Depression	0.20	0.04	10.38*	Constant	44.012	3.163		13.915	.000
				Harsh parenting	.197	.090	.077	2.18	.029
				Perceived children-parent relationship	-.179	.052	-.121	-3.43	.001
				Psychological resilience	.109	.031	.125	3.53	.000
Anxiety	0.099	0.010	2.59*	Constant	51.253	2.838		18.06	.000
				Harsh parenting	-.114	.081	-.050	-1.41	.160
				Perceived children-parent relationship	-.086	.047	-.065	-1.83	.068
				Resilience	.044	.028	.057	1.58	.115

## V. Discussions

### Basic Characteristics of Harsh Parenting in Liberia

Results shows that harsh parenting was positively related to depression and resilience of adolescents, and anxiety was positively related to depression, perceived children-parent relationship and resilience are negatively related to depression.

Given risky adolescent behavior, as argued by Stanton et al. (2002), Chapman et al. (2008), and Arnett (2003), the development of risky behavior during adolescence is a harsh parenting product mixed up with deviant behavior like alcoholism, sexual activity, smoking of cigarettes, and others. At the same time, this attribute of risky adolescents varies from culture to culture. In this study, given the 782 (48.8%) respondents aged 17-18, there is more likelihood of such identified adolescent behavior in Liberia. The results indicated that children suffered little harsh parenting in their family life, and most children are reared warmly and well. They argued that specific parenting styles or practices hinge on the totality of the quality of a parent-child relationship, which later affects the adolescent problem. These percentages in Liberia make a case for self-reported anxiety, parent-child relationship, and adolescent resilience as the effect of harsh parenting.

### Relationship Between Harsh Parenting and Internalized Problems

Results show that the regression of depression on harsh parenting, perceived children-parent relationship, and resilience showed that, harsh parenting positively predicted the depression of adolescents, perceived children-parent relationship negatively predicted the depression of adolescents, and resilience positively predicted the depression of adolescents.

Similarly, the regression analysis of anxiety on harsh parenting, perceived children-parent relationship and resilience showed that no significant predictors excite as shown in Table 2. The study on parenting has established certain emotional and behavioral problems that begin from childhood into adolescence and then adulthood. The adverse effect of this transitional internalized problem ranges from the use of drugs to depression, and anxiety disorder, among others. What this implies is that adolescents who experience these psychological or emotional outcomes from the parent-child relationship were at an increased percentage compared to adolescents who had not experienced any form of harsh parenting. Therefore, the suggestion is that harsh parenting is associated with increased psychological internalized and internalized problems in adolescents.

However, some research findings have argued that this suggestion is not always the case as some factors may offer a different outcome of psychological resilience. In that regard, the scholarly works of Gregory and Eley (2007), Boomsma, Beijsterveldt, and Hudziak (2005), and Scaini et al. (2014), all identified some factors that may point otherwise to the outcome when harsh parenting sometimes falls to account for internalized problem in an adolescent. In their collective suggestion, the scholars argued that genetic effects sometimes account for a fraction of variance in adolescents' trait anxiety and depression compared to a non-shared environment, that is, non-parenting factors. What this implies is that a combination of a shared trait in a child and a small part of environmental influence may explain adolescent differences in anxiety and depression symptoms during harsh parenting. On the part of environmental factors, the point is that individuals withstand psychological resilience is a condition of environmental and personal circumstances and not harsh parenting that may have few psychosocial repercussions.

In support of these findings, some scholars agreed that parenting accounted for 4-8% of the trait variance in adolescents' internalized behavioral outcomes like anxiety and depression or the use of a substance. To be certain, McLeod, Weisz, and Wood (2007) and Creswell, Murray, Stacey, and Cooper (2011) maintained that a stronger relationship between depression symptoms and anxiety symptoms is determined by parenting behaviors. In other

words, a parent is more likely to impact anxiety and depression on adolescents' moods compared to their fears and experiences during harsh parenting control and training. Their findings went ahead to argue that the extent of intergenerational transmission of both internalized and externalized problems in an adolescent can be traced to parents. This debate has made some observers raise the question as to whether harsh parenting produces better or more resilient kids who do not rebel.

The study notes that while the parent has the interest of their children at heart by using different parenting methods, either democratic or harsh method, some parenting style sometimes has to meet confrontation by the adolescent. Hagan (2019) posits that adolescent defiance resilience, and push-back are best understood as expressing vengeful disapproval of their parent's harsh style of parenting. He further contends that adolescence resisting parental influence or rebelliousness is a healthy outcome because it shows the child's mental and emotional growth. We must state that resilience in adolescents is manifested from a stressful situation; therefore, a significant factor in adolescent development.

In this study, the researcher hypothesized that there is a relationship between harsh parenting and adolescent internalized behavior. On the other hand, the result showed that only harsh parenting is positively related to psychological resilience while other variable remains less significantly related. While the above-discussed factors may account for the less significant resilience, parent-child relationships are supported by the idea that adolescent resilience is also a function of self-esteem. Self-esteem is a vital individual feature associated with resilience. While resilience is a foundation of positive development in adolescents, emotional symptoms such as anxiety and depression linked to academic activities may have a challenging effect on adolescents. So when an adolescent faces an academic challenge or harsh parenting, his self-esteem forms a resilience push. This is because resilience is characterized by outcomes, processes, and personality that are positive in an individual. Therefore, individual resilience is a product gradually derived from innate characteristics, and external circumstance contributed factors.

In the first research question and hypothesis, the researcher studied harsh parenting's effect on adolescent internalized problems. In a recent study by Hook et al. (2020) to determine Liberia's student's mental health, they assert that adolescent substance use is associated with behaviors stemming from substance use. Substance use includes alcohol, marijuana, hard drugs, and other sexual behavior. The study focused on adolescents and reported vulnerable factors amongst Liberian adolescents. This vulnerability in risky behavior stems from exposure to conflict as well as post-conflict society. Instructively, between the years 1989 and 2004, Liberia experienced a devastating fourteen years of civil war that resulted in widespread trauma with almost no mental health infrastructure to help citizens cope. Easton et al. (2011) contend that the post-conflict society may be responsible for risky adolescent behavior symptoms.

### **The Relation Between Harsh Parenting and Depression Anxiety**

Several researchers have investigated the relationship between parenting style and adolescent depression (Aunola et al., 2000; Greaven et al., 2000). Multiple researchers have concluded that parental care is significantly related to adolescent depression or depressive symptoms, such that low parental care rates of adolescent depression (Heaven et al., 2004). Parental rejection is an indicator of low parental care. Perceived parental rejection directly affects adolescent depression such that adolescents who feel rejected by their parent(s) may be more depressed than adolescents who are not abandoned by their parent(s).

It is established that depressive symptoms significantly interfere with parenting competence. Although the relationship is not fully understood. This research is generally guided by the assumption that parenting practices reflect the affective, cognitive, and physical symptoms that characterize depression (i.e., sad mood, loss of interest, fatigue, low energy, poor concentration, feelings of self-reproach, irritability, changes in appetite, motor activity, or sleep patterns, and suicidal thoughts; National Institute of Mental Health [NIMH], 2011). For example, mothers experiencing sad moods and fatigue may be less motivated to be careful with their children's needs. In contrast, irritable mothers apply more negative behaviors and harsh discipline toward their children due to decreased tolerance for normative child behavior (Lovejoy et al., 2000). Additionally, early studies on this topic have proven that irritable parents may likely have more challenges in their parenting role than none depressed mothers and consequently reported less emotional involvement, communication, and affection, and increased aggression in their children.

In this way, the association appears to be maternal behavior exerted toward the child. Lovejoy, Graczyk O'Hare & and Newman, (2000) opined that hostility and aggressive behaviors are mental behaviors. Further studies have examined mothers' self-reports and maintained that depressed mothers may tend to be hostile toward their children and are likely to use harsh, hostile, and coercive parenting styles, sometimes alternating with lax under-control, anxiety disorder (Zahn-Waxler et al., 2002). Moreover, there are some experimental evidences supporting the causal relationship between harsh parenting and depression. The negative perspective of mothers issue few positive statements toward their children and engage in fewer verbal interactions.

The relationship between harsh parenting and depression depends on the depressive level, and chronicity is it. Cross-sectional studies show that a depressive level moderate has a negative on maternal attitudes, which

indicates that current depression has more negative effects than previous depression. Depression on the other hand mainly associated with parenting challenges when the duration of the depression is longer. According to Zahn-Waxler et al., (2002), the general impairments of depression do not necessarily disappear between depressive episodes, and depressed mothers may be continuously problematic the nature.

Harsh parenting and anxiety, on the other hand, research focuses on developing anxiety disorders and the effects caused by parenting style (McLeod, Wood, & Weisz, 2007). Harsh parenting practices can significantly influence the anxiety level of children self-report (Hill & Bush, 2001). Harsh parenting has contributed to the continuation of anxiety traits (Gallagher & Cartwright-Hatton, 2008). Briere and Runtz (1988) argued that harsh physical parenting practices by the father are directly associated with anxiety, which increases the level of anxiety-related arousal. Cartwright-Hatton, Phil, McNally, White, & Verduyn, (2005) maintained that interventions should focus on how to improve parental discipline techniques to alleviate anxiety symptoms in adolescents and children.

### **Perceived Children-Parent Relationship and Psychological Resilience can Predict the Depression but not Anxiety**

Based upon the above supra, the researcher found, in accordance of the results that perceived children-parent relationship and psychological resilience are good predictors of depression but not anxiety in Liberia's adolescents. Even though the overall model fit was significant, but the individual effect was not significant. The results mean that depending on the child-parent relationship and the psychological resilience level of the child, their depression level either increase or decrease. In other words, the stronger the child-parent relationship and the higher they psychological resilience the higher their state of depression and the weaker the child-parent relationship and the lower the psychological resilience the lower their state of depression. On the other hand, child-parent relationship and psychological resilience were not good predictor of children anxiety. This means that regardless of the relationship and resilience, children anxiety level is not affected. This finding confirmed Allen et al. (2002) who found that ages 16 and 18 are securely attached adolescents demonstrated an increase in social skills, whereas adolescents with an insecure attachment to their parents demonstrated increased delinquency.

Thus, adolescents with secure attachments to their parents have better outcomes than those who have insecure attachment relationships. It also suggests that parents are the primary source of socialization and moral development for youth during childhood. However, in this study, what remains unclear is how moral values are affected by these types of attachment relationships during adolescence when the adolescent begins forming solid attachments to peers. Certainly, it can be debated whether a particular attachment relationship, such as parents or peers, is more salient or influential than another relationship. However, research seems to indicate that as peer relationships become stronger during adolescence, peers tend to take over as the main source of moral value influence, and the effects of parents on adolescent moral values are lessened (Pardini, Loeber, & Stouthamer-Loeber, 2005). Nevertheless, research suggests that both parent and peer attachments are positive outcomes for youth. Adolescent attachment to parents and peers is significantly positively linked with youth reports of self-esteem and life satisfaction. Additionally, this studies have examined that attachment, in general, is associated with well-being.

## **VI. Conclusion**

In conclusion, harsh parenting is characterized by parental behaviors such as yelling, shouting, spanking, slapping toward children, and neglect, disapproval, rejection, and threat, which has captivated more and more researchers. Harsh parenting tends to show indifference, anger, insensitivity, and over-activity toward their children. The family is a socio-cultural arrangement that exerts a significant influence on children's behavior and the development of their characters. On the one hand, harsh parenting and risky adolescent behavior suggest that parenting is one of the primary components responsible for predicting adolescent substance use involvement.

### **Educational Implications**

As shown in the result of this research, Liberian children scored significantly higher on harsh parenting, parent-children attachment, and psychological resilience; therefore the researcher would like to recommend to the Government of Liberia (GoL) through its Ministry of Education (MOE), in collaboration with the Ministry of Gender, Women & Children Protection and the department of Social Welfare at the Ministry of Health for a national awareness on the impact of harsh parenting with child development.

The Ministry of Education (MOE) and other educational stakeholders could design a strategy towards the inclusion of Guidance and Counseling in its national curriculum to be taught as a subject in both junior and senior secondary schools and also be offered as a compulsory course at all tertiary institutions such as colleges/universities to enhance students'/adolescent's psychological resilience skills. This is because psychological resilience will serve as a protective mechanism against harsh parenting by parents, guardians, and caregivers for the achievement of students'/adolescents' social and cognitive development.

Additionally, the Ministry of Gender, Women, and Children Protection of Liberia in collaboration with the Department of Social Welfare at the Ministry of Health could monitor and re-enforce the policy on 'parents-child protection with treatment and welfare of adolescents being treated by parents. The monitoring and re-enforcement of this policy will curtail harsh parenting on children and adolescents.

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