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DEVELOPMENTAL PSYCHOLOGY

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A Comparative Analysis of Emotional Health Among First-grade Children Raised with Different Parenting Styles

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Abstract

Introduction. Parenting styles have a considerable impact on the emotional health of children. This study aims to identify the characteristics of emotional health among first-grade children raised with different parenting styles. Methods. The study used the following psychological assessment tools: (a) the Sixteen Personality Factor Questionnaire, 16PF, developed by R. Cattell (junior version); (b) the test for Diagnostics of the Level of Empathic Abilities by V. V. Boyko; (c) the School Anxiety Scale, SAS, developed B. Phillips; (d) Buss–Durkee Hostility Inventory; and (e) the Emotional Faces test developed by N. Ya. Semago. To assess parenting styles, we used the Parental Attitude Research Instrument, PARI (E. S. Schaefer, R. K. Bell) and the Analysis of Family Relationships questionnaire, AFR (E. G. Eidemiller, V. V. Yustitskis). A total of 283 children aged 7–8 years from the schools of Arkhangelsk city (123 girls and 160 boys) participated in the study. Statistical analysis was performed using descriptive statistics, maximum likelihood factor analysis with varimax normalized rotation, and parametric ANOVA. Results and Discussion. Emotional awareness, aggression, anxiety, and empathy were the most significant characteristics of emotional health for all the first-grade students. Indulgent hyperprotaction was associated with a high level of school anxiety; disturbance in family role attitudes correlated with difficulties in the ability to recognize and understand emotions; attachment trauma was associated with a high level of aggression and a low level of empathy. Therefore, unfavorable parenting styles may cause emotional health disorders in children and lead to an increase in the levels of anxiety and aggression, difficulties in recognizing and understanding emotions, and a low level of empathy. Negative parenting styles are a predictor of emotional health disorders in children, which requires timely prevention.

Keywords

emotional health, anxiety, aggression, empathy, emotional awareness, parenting styles, hyperprotection, risk groups, first-grade children

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Highlights

▶ In our study, the most common parenting styles were indulgent hyperprotaction, disturbance in role attitudes, and attachment trauma.

▶ Emotional awareness, aggression, anxiety, and empathy were the most significant characteristics of emotional health for all the first-grade students.

> Unfavorable parenting styles exert a 'damaging' impact on the emotional health of children. Indulgent hyperprotaction parenting style leads to a high level of school anxiety; disturbance in family role attitudes correlated with difficulties in the ability to recognize and understand emotions; attachment trauma leads to a high level of aggression and a low level of empathy.

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Introduction

School age is an important stage in life that determines the direction of the emotional sphere development and the mechanisms of its regulation. In the process of school education, school students often face critical situations that cause a 'surge' of emotional reactions and emotional overstrain. Long-term negative emotional states that children experience may become stable. In the future, it may manifest itself in a particular way of life and behavior style (Kokaeva, Bozhenskaya, & Tetermazova, 2015; Chanchaeva, Aizman, Sidorov, Popova, & Simonova, 2019).

According to current information sources, by adolescence, 40 % of children aged 7–8 years with behavioral disorders may have illegal behavior deviating from the norms of society. In 90 % of adolescent offenders, predictors of such a behavior were manifested at earlier stages of ontogenesis. We should note that the problem of emotional health is acute not only in the territory of the Russian Federation, but also in other countries. For example, a nationwide survey in the UK (2019) showed that 66 % of primary school students suffer from anxiety (HR news). According to UNESCO, approximately 30 % of all the students faced some kinds of school aggression every year (Shamlikashvili, Kharitonov, Pchelintseva, & Grafskii, 2018).

To date, there is no unambiguous interpretation of the concept of emotional health. Several studies attempt to operationalize this concept using their own research findings within various approaches. However, the definition of 'emotional health' was originally introduced by L. V. Tarabakina. According to the scientist, being a part of a person's psychological health, it is a generalized emotional state that implies the stability and adequacy of a child's emotional reactions and attitudes when interacting with the environment; this enables the child to successfully adapt in society (Tarabakina, 2015). In our study we applied this definition.

The problem of preserving the emotional health of children is very urgent. As researchers note, children with emotional health disorders may experience high level of anxiety, fears (Kim & Choi, 2020), and inadequate self-esteem (Sankalaite et al., 2021). There is an increasing importance of studies that consider the factors influencing the emotional experience of children in the education process (Lohndorf, Vermeer, de la Harpe, & Mesman, 2020), the influence of school and family on emotional health (Sankalaite et al., 2021; Masagutov & Yuldashev, 2011), and, of course, its

DEVELOPMENTAL PSYCHOLOGY

preservation (Kulikova, Nguyen, & Nguyen, 2017). The Internet, the child's temperament traits, and other children's behaviors were found to be risk factors for aggressive behavior among schoolchildren. Living conditions and microsocial (intrafamily) factors also play a role (Junco-Guerrero, Ruiz-Fernández, & Cantón-Cortés, 2021; Sleed, Isosävi, & Fonagy, 2021).

Not only the school but also the family determines children's education. It becomes its coordinator and regulator and lays the groundwork for children's socialization process (Chanchaeva et al., 2019; Lohndorf et al., 2021). Some researchers note that the resilience of the family environment is a decisive factor (Junco-Guerrero et al., 2021). Parenting styles and intra-family relations may contribute considerably to the harmonious development of emotionally stable individuals. The parent-child relationship determines the further personal development and children's behavior in society (Brandi et al., 2021, Avdulova & Ukhanova, 2019), their self-awareness and the adequacy of decision-making in work and education activities (Tian et al., 2021). Thus, abnormal behavior of parents or confusion in family roles are often accompanied by emotional detachment from children. This entails anxiety, emotional contradictions, obsessive and withdrawn behavior in children (Sleed et al., 2021). Those subjected to domestic violence may have various fears, a low level of emotional security (Stenson, van Rooij, Carter, Powers, & Jovanovic, 2021; Masagutov & Yuldashev, 2011), and a high level of emotional insecurity (Junco-Guerrero et al., 2021). Emotional distress in children is more often observed in families with a lack of father participation in childrearing activities (Kesebonye & Amone-P'Olak, 2021).

Therefore, this study aims to identify the characteristics of emotional health among first-grade children raised with different parenting styles.

Methods

This study involved 283 first-grade children (160 boys and 123 girls, 7–8 years old) and their parents. To assess parenting styles, we used the Parental Attitude Research Instrument, PARI (E. S. Schaefer, R. K. Bell) (Raigorodskii, 2019); this assessment tool examines parents' attitudes (primarily mothers) towards various aspects of family life (family role). To determine parenting impairments and the causes of these impairments, we used the Analysis of Family Relationships questionnaire, AFR (E. G. Eidemiller, V. V. Yustitskis) (Aleksandrova, Alekseeva, Rodionova, Khomenko, & Shchedretsova, 2019).

To obtain the necessary empirical data characterizing the emotional health of children, we used standardized assessment tools.

(a) To examine child personality characteristics, we used the Sixteen Personality Factor Questionnaire, 16PF, developed by R. Cattell (junior version) (Dvoryanchikov et al., 2017).

(b) We used the School Anxiety Scale, SAS, developed B. Phillips to diagnose general school anxiety, frustration of the need to achieve success, social stress, fear of examination and self-expression situations, fear of not meeting the expectations of others, problems and fears in relationships with teachers, and physiological resistance to stress.

(c) To assess the index of aggression and hostility, verbal, physical, and indirect aggression, tendencies to irritation, suspicion, resentment, negativism, feeling of guilt or autoaggression, we used Buss–Durkee Hostility Inventory (Raigorodskii, 2019).

(d) Using the test for Diagnostics of the Level of Empathic Abilities by V. V. Boyko we identified empathic abilities. We assessed the following seven indicators: (i) rational, (ii) emotional, and (iii) intuitive channels of empathy; (iv) attitudes that contribute to empathy; (v) penetrating ability in

empathy; (vi) identification in empathy; and (vii) the general level of empathy (Raigorodskii, 2019). The assessment tool was preliminarily tested on a sample of 7–8 years-old children (N = 283). We calculated reliability using Cronbach's alpha and determined the internal consistency of the questionnaire and its reliability. The reliability analysis of the test showed good consistency of questions for the scales of each indicator. Using Cronbach's alpha, we obtained the following scale reliability indicators: rational channel of empathy ($\alpha = 0.904$), emotional channel of empathy ($\alpha = 0.885$), intuitive channel of empathy ($\alpha = 0.802$), identification in empathy ($\alpha = 0.871$), and general empathy level ($\alpha = 0.862$). Thus, for almost all the test scales, the level of Cronbach's alpha ranged from 0.802 to 0.904, which indicated a sufficient level of reliability of these scales and enabled us to use this assessment tool in our study. Correlation analysis between the indicators revealed their associations (p < 0.01). This corresponds to the test structure and the goals of measuring the corresponding indicators.

(e) Using the Emotional Faces test developed by N. Ya. Semago, we determined the quality and accuracy of emotional state recognition among the children, the possibility of comparison and correlation with their own experiences and interpersonal relationships. Each child passed the test individually in the following three stages: (i) identification of emotional states of schematic images, (ii) identification of real photographic images in accordance with a child's gender, and (iii) inventing a story based on a certain image (Semago, 2007).

The data processing was carried out using the SPSS Statistics 23.00 software package for Windows. We used descriptive statistics to identify the most common parenting styles. Maximum likelihood factor analysis with varimax normalized rotation with a normal distribution (Shapiro–Wilk test; p = 0.403) was performed to reveal the most significant characteristics of first-grade children's emotional health. The one-way analysis of variance (ANOVA) was used to compare three independent samples with a normal distribution; Levene's test for homogeneity of variance was 0.134. The Kaiser–Meyer–Olkin (KMO) test was 0.823; a significance level for the Bartlett's test (p = 0.032) suggests that there is substantial correlation in the data, which confirms the appropriateness of using factor analysis. We analyzed the arithmetic mean and the standard error of the mean to present quantitative analysis data with a normal distribution. When testing hypotheses, the critical level of statistical significance was p < 0.05.

Results and Discussion

We revealed the most common parenting styles, including attachment trauma (34.04 %), impairment of role attitudes (22.29 %), and indulgent hyperprotection (13.25 %). These data enabled us to distinguish the following three comparison groups: Group 1 – children raised with the 'attachment trauma' parenting style (N = 30; 19 boys and 11 girls); Group 2 – children raised by parents with 'disturbance in family role attitudes' (N = 30; 23 boys and 7 girls); Group 3 – children raised with 'indulgent hyperprotection' parenting style (N = 30; 16 boys and 14 girls).

We analyzed a total of 46 indicators of the children's emotional health. We carried out maximum likelihood factor analysis with varimax normalized rotation and selected the indicators of emotional health with significant factor loadings (/a/ > 0.6). That made it possible to detect the most significant parameters of the first-grade children's emotional health. Tables 1 and 2 present the results of factor analysis.

A Comparative Analysis of Emotional Health Among First-grade Children Raised with Different Parenting Styles **Russian Psychological Journal**, 2021, Vol. 18, No. 4, 18-29. **doi**: 10.21702/rpj.2021.4.2

DEVELOPMENTAL PSYCHOLOGY

Table 1 Character	istics of fact	ors among first	-grade children			
<u>Factor</u>	<u>Extracti</u>	<u>on Sums of Squ</u>	uared Loadings	<u>Rotat</u>	ion Sums of Squ	ared Loadings
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	5.971	22.981	22.981	5.777	11.619	11.619
2	4.878	20.605	43.586	4.380	21.807	33.426
3	3.451	17.403	60.989	3.900	23.543	56.969
4	2.464	6.107	67.096	2.708	10.127	67.096
Note: we u	used princip	al component	analysis as an extra	action tech	nnique.	

Table 2

Factor matrix of emotional health indicators	among first-	grade childrer)	
Characteristics of emotional health	<u>Factors</u>			
	1	2	3	4
Adequacy of emotional state recognition	0.985	0.001	-0.011	0.019
Emotional awareness (schematic image)	0.916	-0.079	-0.055	-0.014
Emotional awareness (photographic image)	0.883	0.066	0.027	0.042
Adequacy of emotional state recognition, accuracy and quality of this recognition (schematic image)	0.863	-0.059	-0.015	0.056
Differentiation of emotional manifestations, adequacy of using the corresponding vocabulary (photographic image)	0.829	0.009	0.093	0.118
Adequacy of emotional state recognition, accuracy and quality of this recognition (photographic image)	0.674	0.094	-0.140	-0.035
Differentiation of emotional manifestations, adequacy of using the corresponding vocabulary (schematic image)	0.643	-0.078	0.056	-0.112
Aggression index	0.031	0.882	0.141	-0.117
Indirect aggression	0.029	0.764	0.011	-0.009

A Comparative Analysis of Emotional Health Among First-grade Children Raised with Different Parenting Styles **Russian Psychological Journal**, 2021, Vol. 18, No. 4, 18-29. **doi**: 10.21702/rpj.2021.4.2

Table 2 Factor matrix of emotional health indicat	ors among first-	grade childrer)	
Characteristics of emotional health				
	1	2	3	4
Irritation	-0.035	0.739	0.041	-0.189
Physical aggression	-0.018	0.628	0.034	-0.109
Suspicion	-0.043	0.057	0.649	-0.097
Fear of examination	-0.022	0.079	0.649	0.068
Frustration	0.031	-0.096	0.613	-0.077
General school anxiety	-0.122	0.198	0.609	0.023
General level of empathy	-0.147	-0.169	0.195	0.825
Identification	-0.092	-0.127	0.149	0.652

Figure 1 shows the factor structure of the children's emotional health.

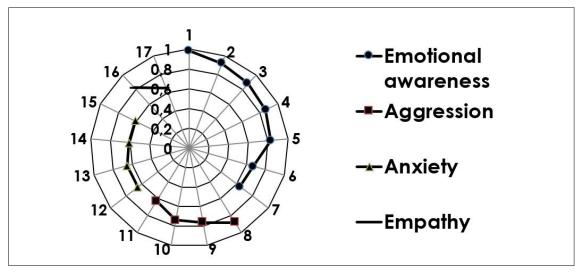


Figure 1. The factor structure of the first-grade children's emotional health

Note: 1 – overall emotional awareness, 2 – emotional awareness (schematic image), 3 – emotional awareness (photographic image), 4 – adequacy of emotional state recognition, accuracy and quality of this recognition (schematic image), 5 – differentiation of emotional manifestations, adequacy of using the corresponding vocabulary (photographic image), 6 – adequacy of emotional state recognition, accuracy and quality of this recognition (photographic image), 7 – differentiation of emotional manifestations, adequacy of using the corresponding vocabulary (schematic image), 8 – aggression index, 9 – indirect aggression, 10 – irritation, 11 – physical aggression, 12 – suspicion, 13 – fear of examination, 14 – frustration, 15 – general school anxiety, 16 – general level of empathy, 17 – identification.

DEVELOPMENTAL PSYCHOLOGY

We found four main factors that determined 67 % of the sample variance. The general factor (factor 1, 22.9 % of the variance) provides a picture of the awareness of emotions with a significant contribution made by adequacy of emotional state recognition, accuracy and quality of this recognition (schematic and photographic images), differentiation of emotional manifestations, adequacy of using the corresponding vocabulary (schematic and photographic images), and emotional awareness (schematic and photographic images). Factor 2 (20.6 % of the variance) describes the level of aggression, combining almost all its components – aggression index, indirect aggression, irritation, and physical aggression. Factor 3 (17.4 % of the variance) characterizes some features of anxiety with the greatest contribution made by the following indicators: general school anxiety, fear of examination, frustration, and suspicion. Factor 4 (6.1 % of the variance) characterizes empathy with the most significant contribution made by the general level of empathy and identification.

Factorial designs for the groups of children raised with different parental styles had a similar tendency in the general structure of distribution of emotional health parameters. Obviously, regardless of parental styles, the 'emotional awareness' parameter makes the most significant contribution to emotional health.

	<u>SP</u>	Factor scores				
Parenting style		Factor 1	Factor 2	Factor 3	Factor 4	
	mean	0.156	-0.252	0.198	0.176	
Indulgent	sd	0.127	0.173	0.160	0.105	
hyperprotaction	min	-3.090	-1.848	-1.715	-1.499	
	max	0.755	1.588	2.086	1.705	
	mean	-0.212	-0.182	0.189	0.262	
Disturbance in role	sd	0.161	0.033	0.004	0.190	
attitudes	min	-2.931	-1.844	-1.809	-1.937	
	max	0.772	1.865	2.450	2.919	
	mean	0.177	0.285	-0.184	-0.460	
Optimal emotional	sd	0.034	1.01	0.149	0.072	
contact	min	-1.768	-1.768	-1.927	-2.251	
	max	1.933	1.933	2.514	1.339	

We used individual factors scores for a comparative analysis of first-grade children raised with different parental styles. The comparison revealed significant differences (Table 3).

Note: reliability is based on one-way ANOVA; SP – statistical parameters; mean – arithmetic mean, sd – standard deviation, min – minimum, max – maximum.

DEVELOPMENTAL PSYCHOLOGY

The analysis of factor loadings showed that the 'indulgent hyperprotection' parenting style (a child is treated as a family idol; it represents a combination of overprotection, over-satisfaction of the child's needs with insufficient requirements/duties, requirements/prohibitions, and minimal sanctions) (Borovkova, Nikolaeva, Petrova, Razbirina, & Isaeva, 2020) is characterized by a significantly high level of school anxiety. The obtained data are consistent with findings from another study suggesting that such characteristics of interaction as the attitude towards a child's infantilization (immaturity, behaving or having appearance characteristics that are associated with previous age periods), authoritarian hypersocialization (unconditional obedience and discipline demands), childrearing confrontation (conflicting communication between generations with the use of a competitive strategy, accompanied by the accumulation of mutual grudges), and high involvement are gualities of parents whose children have high indicators of anxiety (Mazurova & Trofimova, 2013). Studying the influence of parental attitudes, researchers note that indulgent hyperprotection contributes to the formation of fears and breakdown in communication with the social environment. A conflict between exaggerated claims and underestimation of objective conditions arises. The frustration of the need for success and the fear of being unrecognized lead to emotional overstrain and anxiety. This may cause the development of neurosis (Sharapova, & Kutbiddinova, 2018).

We found that 'disturbance in family role attitudes' (a woman's interests and values are restricted to her family and family-related worries; this parenting style is characterized by her dissatisfaction with a homemaker role, her husband's indifference, his lack of involvement in childrearing activities; feeling of the mother's role self-sacrifice) is associated with difficulties in children's ability to recognize and understand emotions. This is a reliably distinctive feature of the examined group. Experts argue that another person's inconsistency and unpredictability affect children's ability to recognize, understand, and anticipate others' emotions, and the ability to identify their own emotional states as well. This may be explained by the fact that this parenting style 'impairs' the feedback related to a child's own behavior. In a certain situation, children cannot foresee adults' behavior; they interpret adults' reactions as their own misunderstanding of the situation (Krasnov, 2016).

A comparative analysis of factor loadings showed that first-grade children with 'attachment trauma' (parents' indifference and emotional distance from a child) are characterized by a high level of aggression and a low level of empathy. In current studies on childhood aggression, scholars note that aggression develops due to frustration associated with a lack of parental love and permanent parental punishments (Bandura & Walters, 2000). Emotional and physical distancing that characterize 'rejection' as a psychological type of parental attitude cause the development of a child's ability to aggressive antisocial behavior (Brandi et al., 2021). Attachment trauma manifests itself in detachment, rejection of children's inner world, non-acceptance of their feelings, and unwillingness to provide them help and support. This parenting style yields no positive emotional context that unites parents and their children and is important to develop empathy (Junco-Guerrero et al., 2021).

Conclusion

In our study sample, the most common parenting styles were indulgent hyperprotection, disturbance in family role attitudes, and attachment trauma. For all the groups of children, the most significant characteristics of emotional health included emotional awareness, aggression,

DEVELOPMENTAL PSYCHOLOGY

anxiety, and empathy. As a result, we found differences in the emotional health of primary schoolchildren raised with different parenting styles. 'Indulgent hyperprotection' (when a child is raised as a family idol) causes a reliably high level of school anxiety in children. 'Disturbance in family role attitudes' is associated with difficulties in children's ability to recognize and understand emotions of others. 'Attachment trauma' is associated with a high level of aggression and a low level of empathy in first-grade children.

This study emphasizes the importance of family relationships and the role of parents, who must develop personality traits in their children, which would enable them to adequately overcome all life difficulties. Raising an emotionally stable individual, who knows how to establish humane relationships with adults and peers and to control himself/herself, is one of the most important responsibilities of the family. The results of the study also emphasize the importance of early highquality diagnosis of children's emotional health for planning and carrying out corrective measures to prevent difficulties in school and extracurricular activities, emotional and social adaptation, including depression. Maintaining the emotional health of younger students through a thorough preliminary analysis of parenting styles and parent-child relationship and the implementation of corrective measures may help prevent risky antisocial behavior in the future (in particular, in adolescence) and thereby support and ensure well-being of younger generation.

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A Comparative Analysis of Emotional Health Among First-grade Children Raised with Different Parenting Styles **Russian Psychological Journal**, 2021, Vol. 18, No. 4, 18-29. **doi**: 10.21702/rpj.2021.4.2

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A Comparative Analysis of Emotional Health Among First-grade Children Raised with Different Parenting Styles **Russian Psychological Journal**, 2021, Vol. 18, No. 4, 18-29. **doi**: 10.21702/rpj.2021.4.2

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Author Contributions

E. V. Kazakova conducted the empirical study, analyzed and interpreted findings, worked with sources, wrote the literature overview, and contributed to the critical review and revision of the manuscript.

L. V. Sokolova conducted the empirical study, analyzed and interpreted findings, worked with sources, wrote the literature overview, and contributed to the critical review and revision of the manuscript.

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