Father's and mother's beliefs about children's anxiety

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Abstract

Background: Previous research has focused on parenting styles and parental behaviors associated with children's anxiety. Parental beliefs about their child's anxiety have scarcely been studied, in spite of their probable influence in parents seeking help. The present study intended to fill that gap, by exploring what parents think about their children's anxiety and whether these cognitions are related or not to their use of professional help.

Method: In-depth semistructured interviews were conducted with 48 parents (50% fathers) of children (9–12 years old) with anxiety problems. Theoretical thematic analysis was performed on the transcripts.

Results: Three dimensions were derived from the analysis, concerning (a) the causes of child's anxiety, (b) the impact of anxiety in the child's functioning, and (c) the evolution of anxiety. Most parents perceived the child's anxiety as a permanent condition, attributing it to external and parental factors and considering that the anxiety problems have a negative impact on the child's well-being. Plus, parents who had previously sought professional help for the child's emotional problems tended to believe that anxiety could improve with child's or parents' efforts and with professional guidance, contrarily to those who had not. Implications for research and clinical practice are discussed.

Conclusion: The present study highlighted important parental beliefs about their children's anxiety that might influence their attitudes and decisions (e.g., seek for professional help). Other parental cognitions should be investigated in order to understand parenting in the context of childhood anxiety.

KEYWORDS

beliefs, children anxiety, fathers, help seeking, mixed methods

1 | INTRODUCTION

Anxiety disorders have typically an early onset (Keller et al., 1992; Orvaschel, Lewinsohn, & Seeley, 1995) and are one of the most common emotional disorders experienced by children and adolescents (Essau & Gabbidon, 2013). Anxiety symptoms are associated with considerable impairment across many contexts of the child's life (Essau, Conradt, & Petermann, 2000). However, only a minority of children and adolescents gets help from mental health services (Burns et al., 1995). In fact, anxiety disorders during childhood might continue into

adulthood and are associated with negative life course outcomes if left untreated (Last, Hansen, & Franco, 1997; Pine, Cohen, Gurley, Brook, & Ma, 1998). Consequently, a clear understanding of the mechanisms responsible for anxiety development and maintenance over time is needed in order to promoting effective treatments to those children and adolescents needing intervention.

Family factors are among the most studied mechanisms involved in children's anxiety development and perpetuation over time (Chorpita & Barlow, 1998; Craske, 1999; Vasey & Dadds, 2001). Previous research has established a relation between children's anxiety

and various parenting styles and behaviors, such as overcontrol, negative behaviors, and parental modelling of anxious and avoidant behaviors (see Ginsburg & Schlossberg, 2002; McLeod, Wood, & Weisz, 2007; Van Der Bruggen, Stams, & Bögels, 2008, for reviews).

Despite the emphasis on behavioral and emotional parenting characteristics associated with children's anxiety, the interest in parental cognitive dimensions has been increasing. Most studies about childhood anxiety focused mainly on parental perceptions and expectations about the child (e.g., Micco & Ehrenreich, 2008), parental perception of control over the child (Wheatcroft & Creswell, 2007), and beliefs about the harmfulness of anxiety (e.g., Francis & Chorpita, 2009). In particular, parents of anxious children have specific expectations about their child's anxiety and coping responses. For instance, they anticipate that their children will show poorer coping abilities and be more avoidant, distressed, and unable to comfort themselves when facing stressful situations (Kortlander, Kendall, & Panichelli-Mindel, 1997). These parents also hold more beliefs about the harmfulness of the child's anxiety (Francis & Chorpita, 2009) and perceive themselves to have less control over their child's anxious mood and avoidant behavior (i.e., external parenting locus of control) than parents of nonanxious children (Wheatcroft & Creswell, 2007).

Despite these advances, there are gaps in the literature. Parental beliefs concerning the causes and the evolution of anxiety and parental perceptions about the impact of children's anxiety have been poorly investigated. From our point of view, this represents a promising research area, as they ascribe meaning to children's behavior and, as such, are theorized to guide parents' behavioral and affective responses to their children (Bugental & Johnston, 2000; Rudy & Grusec, 2006). Further, with few exceptions (Ollendick, 1979), most studies failed to analyze parents' beliefs and attributions according to parental gender.

Furthermore, in spite of the empirical evidence of cognitive-behavioral therapy effectiveness for children's anxiety problems (e.g., Cartwright-Hatton, Roberts, Chitsabesan, Fothergill, & Harrington, 2004; James, James, Cowdrey, Soler & Choke., 2013), many parents do not seek professional help. Some predictors have been studied regarding parental recognition of their child's emotional or behavioral problems (e.g., their perception of the problem as nonsevere: Angold et al., 1998; Lyneham & Rapee, 2007) and help seeking (e.g., child's age, the amount of distress or burden parents experience in raising their child, and the existence of related medical or school problems: for a review, see Zwaanswijk, Verhaak, Bensing, van der Ende, & Verhulst, 2003). In a recent exploratory study with parents of anxious children, Alves (2013) explored parents' motives for not seeking professional help and concluded that many did not recognize anxiety as a problem and considered it as without significant impact or to be a transient issue. Therefore, parental beliefs about the child's anxiety might compromise their decision to seek professional help for their child's anxiety problems in cases where it is needed (e.g., parents who believe that anxiety is caused by external reasons, is transitory, and has no significant impact in the child's life might be less prone to seek professional services).

The present study expanded the existent literature by examining parental beliefs and attributions regarding their child's anxiety and including both caregivers. Five specific questions were addressed: To

Key messages

- Anxiety disorders are one of the most common mental health problems during childhood with various implications and costs across the lifespan.
- Parents are considered to play an essential role in the development and maintenance of children anxiety.
- This study showed that parents of anxious children tend to explain the causes of anxiety based on external and parental factors.
- Parents perceive anxiety disorders as a problem with negative impact in child's well-being.
- Fathers tend to believe that anxiety is temporary, whereas mothers consider it as a persistent problem.
- Parents who already sought for professional help believed in the amelioration of anxiety with guidance and effort taking.

which causes do parents attribute their child's anxiety, and what are their beliefs about the evolution of their child's anxiety? How do parents perceive the impact of their child's anxiety? Do mothers and fathers have different beliefs and perceptions about anxiety? Do parents who had sought professional help have different beliefs and perceptions about the child's anxiety, compared with parents who did not?

A qualitative research methodology was used in the initial phase, to explore patterns or themes from parent's verbalizations (for a review, see Braun & Clarke, 2006). Afterwards, a quantitative analysis was done to compare fathers and mothers and two groups of parents (parents who had sought professional help and parents who had not) and answer our last research questions.

2 | METHOD

2.1 | Participants

The sample comprised 48 parents of 35 anxious children (9–12 years old) drawn from a larger study. Half of the sample was constituted by fathers. Fathers' ranged from 31 to 53 years old ($M = 41.6$, $SD = 5.09$), whereas mothers were between 32 and 53 years old ($M = 40.5$, $SD = 5.26$). In terms of parents' educational level, 16.7% of the fathers completed the ninth grade or less, 54.2% finished high school grade or tertiary education, and 20.8% finished college, whereas 45% of mothers had the ninth grade or less, 20% finished high school, and 35% completed college or tertiary education. All parents were married or lived in common law, lived with the child, and were the child's biological parents. The socioeconomic level was relatively well distributed across families (25% low status, 47.9% medium status, 22.9% medium high or high). Children included 57.1% of girls and ranged between 9 and 12 years old ($M = 10$, $SD = 1.02$). The principal diagnoses of the anxious children included generalized anxiety

disorder ($n = 13$), social phobia ($n = 9$), specific phobia ($n = 8$), and separation anxiety ($n = 5$). Twenty-two children met criteria for more than one anxiety diagnosis, one for a comorbid mood disorder, and three for a comorbid behavior disorder (oppositional defiant disorder or attention deficit hyperactivity disorder).

2.2 | Measures

2.2.1 | Interview "Anxious to know"

The qualitative interview followed a semistructured script with open-ended questions specially developed to this study. The interviews were administered individually and were audio recorded, lasting 45 min on average. The questions asked to the parents were as follows:

1. In your opinion, which are the causes of your son/daughter's anxiety?
2. When have these symptoms started?
3. How do you think your child's anxiety will evolve?
4. What impact does anxiety have in your son/daughter's life?
5. Have you ever sought any professional help for your child's anxiety problems?

2.3 | Procedure

Prior to recruitment and data collection, the project was approved by the National Data Protection Commission, the General Administration for Innovation and Curriculum Development from Portuguese Ministry of Education, and the Ethic Committee of the Faculty of Psychology, University of Lisbon. Informed consent was obtained from all participants.

This study is part of a broader research project that focused on parenting and children's anxiety. The sample was recruited following different phases. First, 55 children from a larger community sample with high scores in a questionnaire measuring children's anxiety problems (Screen for Child Anxiety Related Emotional Disorders—Revised form; Muris, Merckelbach, Schmidt, & Mayer, 1999) were selected. In the second phase, children and their parents were interviewed to confirm the diagnosis of anxiety (Anxiety Disorders Interview Schedule [ADIS]—Children/Parents version; Silverman & Albano, 1996). To proceed to the next phase, it was required that the child had not only an anxiety disorder as primary diagnosis but whose parents recognized the negative interference of anxiety in the child's well-being. Finally, the children with a primary diagnosis of anxiety and their parents were invited to participate in a second, semistructured interview ("Anxious to know") to assess parental perspectives on children's anxiety. The current study involved the analyses of these qualitative interviews transcripts. Interviews were conducted in schools or other sites in the families' community. The individual interviews were conducted by the first author, who is a clinical psychologist and has experienced in psychological assessment.

2.4 | Data analysis

Interviews were transcribed verbatim and subjected to content analysis. First, familiarizing with the data was accomplished through reading all transcripts to accomplish immersion (Tesch, 1990) and then with more detail to derive codes (Miles & Huberman, 1994). Second, coding and collating the data included attributing codes to all salient ideas. Third, higher (e.g., causes of anxiety) and second-level themes (e.g., internal, parental, external, combined, and normative factors and unknown causes) were derived from the coded data based on their theoretical and clinical importance. Reviewing and deciding the final themes and sub-themes was a process that included the different coders and their validation by other researchers. The first author and two psychology graduate students independently coded 50% of the transcript respectively. The three coders attained 90% of agreement, corresponding to a high reliability. Ambiguities and disagreements were discussed and adjusted among the coders.

The QSR International's NVivo 10 Software (QSR, 2012) was used to store and organize the qualitative material. Afterwards, themes, sub-themes, and sociodemographic data were transformed into nominal variables and entered into an SPSS file. Descriptive statistics were used to obtain the frequencies of parents who have reported each sub-theme. Afterwards, chi-square tests were applied to data to verify if the percentages of fathers and mothers show significant differences in terms of beliefs about causes, evolution, and impact of child's anxiety. The same test was used to compare parents who had previously sought professional help with those who had not, in relation to the themes derived from the previous content analysis.

3 | RESULTS

Three dimensions were analyzed. Each one was divided into more specific subdimensions (see Table 1 for a summary).

3.1 | Causes of anxiety

Most parents attributed their child's anxiety to external causes non-controlled by parents or the child (see excerpts in Table 2). Negative life experiences were the most mentioned. Most of these life experiences represented specific situations that had occurred in the past in different contexts. Socialization problems, evaluations, teacher's negative comments, bullying, parent's divorce or conflict, losses or separations, and traumatic situations (e.g., being attacked by a dog) were among the experiences referred by parents. Exposure to certain sources of information was also identified as a potential stressor. One father and one mother referred that children were in contact with anxiety provoking information.

On the other hand, many parents mentioned *parental factors* as causes of the child's anxiety. Distinct mechanisms for anxiety transmission were identified. First, parents' own parenting rearing styles and behaviors (e.g., overprotection and demandingness) were identified by three fathers and two mothers. Parents recognized their own attitudes or their partner's attitudes as relevant contributors to the child's anxiety. Second, three fathers and one mother considered that they were themselves quite anxious and tended to believe that their

TABLE 1 Proportion of fathers and mothers who referred each subdimension

Dimension	Subdimension	Fathers	Mothers	Total (%)
Causes of anxiety	External causes	9 (37.5)	7 (29.2)	16 (33.3)
	Parental causes	7 (29.2)	5 (20.8)	12 (25.0)
	Combined causes (internal and external or parental)	4 (16.7)	7 (29.2)	11 (22.9)
	Internal causes	1 (4.2)	3 (12.5)	4 (8.3)
	Normative causes	2 (8.3)	2 (8.3)	4 (8.3)
	Unknown causes	1 (4.2)	0 (0)	1 (2.1)
Evolution of anxiety	Permanent	6 (25)	12 (50)	18 (37.5)
	Temporary	12 (50)	4 (16.7)	16 (33.3)
	Improvement by child's effort or external help	6 (25)	8 (33.3)	14 (29.2)
Impact of anxiety	Negative for the child/family	13 (54.2)	15 (62.5)	28 (58.3)
	No impact	9 (37.5)	8 (33.3)	17 (35.4)
	Positive for the child	2 (8.3)	1 (4.2)	3 (6.3)

TABLE 2 Examples of excerpts of beliefs about causes of anxiety

Subdimension	Excerpts from the interview
External causes	<p><i>Her teacher used to say that her homework was all wrong. We were asked to talk with the teacher many times because of that. (Father, 9-year-old girl)</i></p> <p><i>Maybe anxiety comes from some less positive situations or experiences that might have caused him fear and apprehension. Now, he is afraid that they might happen again [Father, 9 years boy].</i></p> <p><i>I think she got those fears from the television, from cartoons and so on. (Father, 9-year-old girl)</i></p>
Parental causes	<p><i>My wife protected her too much. She is so attached to all of our children, but especially to this one because she was our first daughter. (Father, 11-year-old girl)</i></p> <p><i>The mother gives him too much affect and caring. She is not able to provide some balance. (Father, 9-year-old boy)</i></p> <p><i>We let her sleep in our bed for a long time. Her fear of darkness might be somehow related to this. (Father, 9-year-old girl)</i></p> <p><i>Sometimes I just think that it's because we are such overprotective parents. I worry too much about him. (Mother, 10-year-old boy)</i></p> <p><i>I am a very clean and organized person. She has copied some of these features from me. For instance, all these post-its she uses ... She saw me doing the very same thing. (Mother, 11-year-old girl)</i></p> <p><i>I think he is afraid of flying because he sees that his mother and his father are too. (Father, 10-year-old boy)</i></p> <p><i>Maybe I influenced her because I was always telling her that these would be her first exams and that having good grades would be fundamental to move to the next school year. (Mother, 9-year-old girl)</i></p>
Internal causes	<p><i>It is something that comes from herself. She is too dependent on us. (Mother, 10-year-old girl)</i></p> <p><i>I think anxiety comes from her own sensibility. When I compare her to her sister, I realize they are different. It's just her temperament; she is too attached to the family. (Mother, 11-year-old girl)</i></p>
Combined causes	<p><i>Maybe I have given her too much responsibility for a girl her age. She had to take care of her little brother (...) She always has been very attached to us ... too much! She does not sleep at other people's houses and lacks the courage to cope with her fears because ... it's in her. She is a very dependent girl. (Mother, 11-year-old girl)</i></p> <p><i>Probably I passed my anxiety to her through my genes. And I might be passing this same worry to her, without being aware of it. (Father, 11-year-old girl)</i></p>
Normative causes	<p><i>It's a natural reaction. He sees a dog and is afraid because he thinks the dog will bite him. That's perfectly normal. (Mother, 10-year-old boy)</i></p> <p><i>It's inevitable. We can't be happy and calm all the time, can we? There will always be something causing anxiety in our lives. (Mother, 10-year-old girl)</i></p>

attitudes and behaviors might have caused the child's anxiety through emotional contagion, modelling, and verbal transmission. Third, one father and one mother mentioned that they were responsible for conveying information that might increase the child's anxiety.

Four parents attributed the child's anxiety to *internal factors*, considering anxiety as internally driven and stable, inherent to the child's traits, personality, or temperament. Terms such as "sensible," "dependent," "nervous," "anxious," or "preoccupied" were used by these parents to describe their offspring. For a few, their child's anxiety was acquired through genetic or biological influences.

Nearly a quarter of parents attributed their child's anxiety to the complex combination of internal and external or parental factors. Moreover, four parents perceived their children's anxiety as a "normal response" to stressful situations, as part of everyone's experience. One father did not find any reason for his son's anxiety, because he did not recognize the child's anxiety as a problem and had trouble identifying any symptoms.

In sum, most parents attributed the causes of their children's anxiety to external factors, such as negative events or anxiogenic information. Parental-related causes were mentioned by many parents, such as negative parenting and modelling. Mothers and fathers evidenced no significant differences in their beliefs about the causes of child's anxiety, $\chi^2(4, 48) = 3.39, p = 0.495$.

3.2 | Evolution of anxiety

Eighteen parents, mostly mothers, believed that the child's anxiety is a *permanent* problem that will not be resolved or disappear (Table 3). Although all these parents considered their children's anxiety to be long-lasting, some differences should be highlighted. One father and three mothers perceived it as a stable condition that will be sustained over time without significant changes. One father and five mothers were more pessimistic and expected anxiety symptoms to worsen with growth, with an increasing interference in

TABLE 3 Examples of excerpts of beliefs about the evolution of anxiety

Subdimension	Excerpts from the interviews
Permanent	<i>His fears won't get worse. They will just remain the same. (Mother, 9-year-old boy)</i> <i>He will probably become more and more anxious, a sad child. (Father, 9-year-old boy)</i> <i>She will get used to feel anxious and stressed before the exams. (Father, 11-year-old girl)</i> <i>Her anxiety will not evolve, such as her mother's anxiety didn't. Human brain functions like that and she will have to control or get around her anxiety in some way. (Father, 10-year-old girl)</i>
Temporary	<i>It's the development. Feeling anxious is a normal aspect in our lives, evolution and transition. It comes in waves. It's a cycle. (Father, 9-year-old boy)</i> <i>Sincerely, I think this is a phase. These are the natural worries for any child. When he gets a bit older and interact more with friends, he will feel less nervous and insecure. (Father, 9-year-old boy)</i>
Improvement	<i>I think these will pass with age. But I will also encourage her to go to school on her own next year. (Mother, 9-year-old girl)</i> <i>I hope these fears will evolve in a positive manner. I will have to force her to face situations such as this last one, in which she wanted to give up going to the theatre. I will say: Yes, you will go! (Mother, 11-year-old girl)</i> <i>Her fears will fade away. She will face many difficult situations and learn how to deal with them. (Father, 9-year-old girl)</i> <i>I think that his fear of darkness will get better if he talks to some specialist. Maybe our family doctor might suggest us someone specialized in these problems. (Mother, 9-year-old boy)</i>

the child's life. With a more moderate perspective, three fathers and five mothers considered that, although anxiety would be maintained, the child would be able to accommodate and learn to live with it. Some of them compared the child's anxiety with their own or their partner's anxiety and concluded that people are able to adapt. In the child's future, anxiety, although stable, will have less impact or consequences.

Contrastingly, one third of the parents, mostly fathers, perceived their children's anxiety as a *temporary state*, associated with their developmental stage. These parents considered that anxiety symptoms are common in their child's age group and expect that this will decrease with time and maturity.

Finally, nearly a third of the parents considered that the child's anxiety problems would *improve*. This belief was shared by a similar proportion of fathers and mothers. However, most of them specified that some changes or efforts were necessary to guarantee this improvement. For some, positive changes would result from the parents' intervention, namely, adequate educational strategies. Other parents considered that improvement would occur due to the child's

efforts and learning. In some cases, the possibility of improvement was associated with a professional intervention (e.g., physician, teacher, and psychologist).

In conclusion, parents expressed different expectations about the evolution of the child's anxiety. Most mothers expected anxiety to be permanent (50%), whereas a smaller number tended to believe that anxiety is transitory (12.5%) or is possible to improve (37.7%). Differently, most fathers considered anxiety as a temporary state (54.2%), whereas a small part tended to believe it to be permanent (20.8%) or possible to improve (25%). Significant differences were found in these beliefs according to parental gender, $\chi^2(4, 48) = 9.73$, $p = 0.008$.

3.3 | Impact of anxiety

Eight fathers and six mothers perceived the *negative impact* of anxiety in many facets of the children's and family's daily lives (Table 4). Some parents worry about the impact that anxiety might have in the future adjustment of their children. One father and three mothers mentioned

TABLE 4 Examples of excerpts of perceptions about the impact of anxiety

Subdimension	Excerpts from the interview
Negative	<i>This can have many consequences. He may not be able to study enough to be someone with a good future. (Mother, 12-year-old boy)</i> <i>It's clearly bad for her because anxiety narrows the way she sees things, isn't it? To be nervous restrains your vision of life. (Father, 9-year-old girl)</i> <i>I am not worried about how anxiety may hurt him, but I worry about his struggles in the future. He may be unable to make decisions in the future. (Mother, 10-year-old boy)</i> <i>If this anxiety continues, she might get more isolated and have other possible consequences that I can't even imagine. (Father, 10-year-old girl)</i> <i>It won't be good at all. She will have no friends. (Mother, 11-year-old girl)</i> <i>It may inhibit her from experiencing new things, things that are good for her. (Mother, 11-year-old girl)</i> <i>Anxiety prevents her from appreciating the good things of life. (Mother, 11-year-old girl)</i> <i>It might become a serious illness. (Father, 10-year-old girl)</i> <i>If anxiety won't stop, it might be horrible. I think he won't go far in his life. (Father, 9-year-old boy)</i> <i>She needs us to always be with her. That's tiring for all the family and affects us all ... (Mother, 9-year-old girl)</i>
No impact	<i>There isn't any impact. These are normal fears. (Mother, 11-year-old girl)</i> <i>I think there is no impact. Well, in fact, I never thought much about it. (Mother, 10-year-old girl)</i> <i>Well, she might feel uncomfortable, but she can handle these situations. (Father, 9-year-old girl)</i> <i>I am anxious as well. How is that affecting me? Not at all! She and I, we might feel nervous, an upset stomach, our hands sweating and all that stuff, but in the end, we cope with it and the anxiety simply goes away. (Mother, 10-year-old girl)</i>
Positive	<i>He is in the right track! In school, he is a very good student with great results. Being nervous is not bad for him. (Father, 9-year-old boy)</i> <i>I think it will help her to grow. Feeling worried and anxious will lead her to the right answers in the right moments and that will help her becoming more mature. (Father, 9-year-old girl)</i>

possible implications in the child's socialization, namely, social isolation. Parents also highlighted that anxiety reduced the child's opportunities to have positive experiences. A few of them expressed more catastrophic expectations about the way anxiety might evolve. One mother identified the negative impact of her child's anxiety on the family.

However, almost one third of the parents considered that anxiety had little or *no impact* in the child's current functioning. Although in some cases parents recognized that they were not aware of the child's anxiety consequences or simply had never put much thought on this issue, some parents considered that, in spite of some possible emotional impact, children were able to cope or did not avoid the anxiogenic situations. Consequently, parents did not consider it as interfering in the child's functioning. For a few parents, their perception of lack of impact was related to the expectation that anxiety would not affect the child in the future.

Finally, two fathers and one mother believed that anxiety had a positive impact in the child's functioning, associated with positive characteristics of the child (i.e., responsible and hardworking student). Anxiety was also considered a challenge, leading to the improvement of the child's skills and maturity.

In sum, most parents considered that anxiety has a significant negative interference in the child's well-being and future. No significant differences were found in beliefs about the impact of anxiety, according to parental gender, $\chi^2(2, 48) = 0.53, p = 0.765$.

3.4 | Differences between parents who looked for professional help and those who did not

Quantitative analysis was used to understand if there were differences between the beliefs endorsed by parents who had previously sought some form of professional help for their child's anxiety and those who had not. Twelve parents stated they had sought professional help to treat their child's anxiety complaints.

Chi-square tests evidenced that the beliefs about the causes of anxiety, $\chi^2(4, 48) = 4.69, p = 0.320$, and the impact of anxiety, $\chi^2(2, 48) = 1.40, p = 0.496$, were not different whether they had sought professional help or not. However, beliefs about the evolution of anxiety showed significant differences between the two groups, $\chi^2(2, 48) = 10.43, p = 0.034$. Half of the parents who had sought professional help tended to believe in improvement of anxiety (50%), whereas a smaller part was more likely to believe that anxiety is transitory (25%) or permanent (8.3%). Parents who had not sought professional help tended to believe that anxiety would be maintained across time (44.4%) or was a temporary state (36.1%), whereas few parents expected that anxiety could improve (19.4%).

4 | DISCUSSION

The current study intended to identify and describe parental beliefs about their child's anxiety problems, following an exploratory qualitative approach. A complementary quantitative analysis of data allowed

examining if these cognitions were different for mothers and fathers and were related to previous professional help seeking.

Three dimensions were derived from the analyses. The first dimension organizes parental *beliefs about the causes of anxiety*. Parental causal attributions have been shown to influence parents' behavioral and emotional responses to their child's behavior (Bugental & Johnston, 2000; Rudy & Grusec, 2006). In our study, external factors were the most often referred causes. Parents believed that their child's anxiety was a response to external influences, namely, peers' and teacher's pressure, traumatic experiences, or negative events (Rotter, 1990). We hypothesize that this result might be related to a reductionist way of perceiving anxiety as a conditioned response to the environment, put in evidence in previous studies (e.g., King, Clowes-Hollins, & Ollendick, 1997; Merckelbach, Muris, & Schouten, 1996). According to Muris and Field (2010), attributions result from people's subjective experiences and, as such, they are influenced by their own beliefs about how fears develop as well as the culture and society where they live. Further, parents might also tend to perceive situations in a threatening manner (e.g., Bugental & Johnston, 2000). If parents are anxious themselves, they might tend to perceive the world as a risky place and themselves and/or the child as lacking control over the environment (e.g., Becker, Ginsburg, Domingues, & Tein, 2010). Therefore, parental perceptions of the environment as threatening might reinforce the child's psychological vulnerability and increase her external locus of control, through modelling and information transfer mechanisms (Bugental & Martorell, 1999; Burks & Parke, 1996), which constitute risk factors for anxiety development.

Some parents recognized their own role on promoting their child's anxiety through modelling or through parenting rearing styles, particularly referring to overcontrol and overprotection. Parents who tended to believe that their children are vulnerable and fragile may be more overcontrolling and overprotective in order to guarantee the child's safety. As a consequence, parental control behavior increases children's symptoms because it limits children's autonomy and diminishes their sense of mastery and perception of control over stressors (Ballash, Pemble, Buckley, & Woodruff-Borden, 2006; Chorpita & Barlow, 1998). Furthermore, parents who referred their own anxiety and negative parenting behaviors (e.g., overprotection) as potential causes for the child's anxiety tended to feel responsible for their child's distress and for the management of the child's problems (Apetroia, Hill, & Creswell, 2015; Lester, Seal, Nightingale, & Field, 2010; Reeves, Reynolds, Coker, & Wilson, 2010; Salkovskis et al., 2000). Nonetheless, they might engage in a "control paradox"; that is, they feel an inflated sense of responsibility about causing and preventing harm to their child, and consequently, respond with excessive control, hoping to reduce the child's distress.

Fewer parents attributed the child's anxiety solely to internal factors. These attributions are in accordance with previous literature that found evidence for the relation between negative attributional styles (stable and global attribution) and internalizing problems (e.g., Bell-Dolan & Wessler, 1994). It is possible that these parents perceive themselves as less in control over their child's anxiety or even helpless, given their beliefs that anxiety is an inherent and dispositional

characteristic. We can also speculate that these beliefs about the causes of children's anxiety might be associated, with the child's specific main diagnostic. For instance, generalized anxiety might be attributed to the child's own traits, whereas specific phobia might be attributed to negative events.

Parents who attributed the child's anxiety to an interaction of internal and external/parental factors expressed more complex beliefs in line with theoretical models and research (Chorpita & Barlow, 1998; Morrissey-Kane & Prinz, 1999; Sameroff, 2009; Stein, Jang, & Livesley, 2002) highlighting the dynamic interaction between environmental factors (e.g., stressors, parental influences, and interactions with peers) and the genetic or biological predisposition to anxiety, expressed through temperamental characteristics (e.g., behavioral inhibition, anxiety sensitivity, or fear of negative evaluation).

An alternative perspective was conveyed by parents who perceived anxiety as a normative response. Most of these parents considered that anxiety exerts an adaptive function and perceive some fears and worries as normative during specific stages of development. A few parents also empathized with their child's symptoms and simply accepted them as a natural aspect of life. Although there are common fears and worries during specific stages of the development (e.g., Muris, Merckelbach, & Collaris, 1997; Ollendick & King, 1991; Ollendick, Yule, & Ollier, 1991), these beliefs might blur parents' recognition of anxiety as a problem and lead them to devalue symptoms that should be recognized as a problem and receive the needed attention and treatment.

The second dimension explored concerned parents' perspectives about the *evolution of anxiety*. A majority of parents were likely to believe that their child's anxiety would be permanent and last throughout the development. Some parents expected anxiety to be stable without significant fluctuations, whereas others were more pessimistic and considered it would increase. In an intermediate position, some parents expected that the child would simply get used to the anxiety symptoms. Believing that anxiety is long-lasting might promote negative parental behaviors. For instance, parents might engage in overcontrolling parenting as a way to protect and reduce the continuous effects from anxiety in the child (Schleider, Vélez, Krause, & Gillham, 2014), whereas others may adopt a passive or even helplessness attitude, as they believe that their child's symptoms cannot improve (Alloy et al., 1999). Furthermore, these beliefs may affect parental management of the child's anxiety. Parents might not consider seeking professional help because they believe that it will be useless or unsuccessful.

A considerable number of parents believed that anxiety is a temporary state that will simply go away when the child grows up. Some parents expected some improvement with specific acquisitions (e.g., cognitive development) or life experiences (e.g., increased exposure to social interactions with peers), whereas others had no rational to support these expectations. We may hypothesize that these beliefs prevent parents from worrying, through the minimization of the problem and its impact. However, expecting this "natural" improvement may have several consequences, such as preventing the use of more adaptive coping strategies or delaying the decision to seek professional help, in cases where it would be necessary.

A smaller number of parents revealed a more positive perspective, believing that anxiety problems would be improved with parents' or child's efforts and/or through professional help. These parents recognized the intensity and the negative interference of anxiety in the child's functioning but perceived themselves and/or the child as able to control it. Seeking professional help was one of the strategies mentioned by some parents to overcome these problems.

The last theme referred was the impact of anxiety. In most cases, parents recognized that anxiety had a negative interference in various contexts of the child's functioning (e.g., social adjustment, academic performance, and family relations). Particularly, most parents considered that anxiety compromised the child's current well-being and expected that it could also affect the child's future.

However, a considerable number of parents perceived no significant impact of anxiety in the child's present and future adjustment. This result seems to contradict the classification of interference of anxiety in their child's actual functioning previously obtained in the ADIS. As mentioned in Section 2, only parents who perceived a moderate to high degree of impairment in the child's adjustment resulting from the anxiety problems were interviewed for this study. We hypothesize that parents might have been influenced by the child's perspective during ADIS or that this inconsistency might be a result of different measurement procedures (i.e., rating scale vs. open-ended question). Despite this discordance, this finding suggests that parents might recognize anxiety as a problem but that does not necessarily imply the awareness of its impairment in the child's functioning. Besides, some parents might only classify anxiety as a significant problem when symptoms are intense and frequent, rather than moderate. Moreover, some families have adapted their routines to the child's symptoms (e.g., avoiding situations or places that might enhance fearful reactions from the child), which might attenuate the perception of impact. In several cases, parents simply minimized anxiety's impact because of the internalized nature of symptoms (Achenbach, McConaughy, & Howell, 1987). Furthermore, given that this is a community sample, this result may reflect a reduced recognition of anxiety as a problem.

Curiously, for a few parents, anxiety was associated with positive outcomes. As clinical and empirical experience shows, sometimes, anxious children are socially reinforced for their sense of responsibility and high academic efforts. This parental perception might reflect not only the positive consequences of being anxious, such as having good school's results, but also the internalized and uncovered nature of some symptoms (Sanders et al., 1999). It is possible that these parents associate the perception of anxiety's positive impact with some lack of awareness of the negative consequences and the suffering of the child. Internalizing problems in childhood are perceived by parents as having less impairment than other diagnoses (Angold et al., 1998).

In relation to parental gender, overall fathers and mothers shared similar beliefs about the causes and the impact of the child's anxiety. However, whereas mothers were prone to expect anxiety would be maintained or even aggravated, fathers tended to perceive it as a temporary condition. The higher involvement of mothers in childrearing (Beaujot & Liu, 2005; Sun & Roopnarine, 1996) and the consequent proximity to the child might influence their awareness about children's

symptoms, their frequency, and their consistency across time and situations (e.g., Achenbach et al., 1987).

At last, our findings also suggest that most parents who had previously sought professional help for the child's emotional problems were more likely to believe that anxiety would only improve with their child's efforts and/or professional intervention. In contrast, parents who had not sought professional help tended to believe that anxiety would be maintained across time or that it was a temporary state that would naturally fade away in the future. Contrary to previous studies (e.g., Farmer, Burns, Angold, & Costello, 1997), the perception of impact was not related to the decision to seek help. This finding might be explained by nonrecognition of anxiety as a severe problem or as not having impact in the family's functioning, given their internalized nature (e.g., Cantwell, Lewinsohn, Rohde, & Seeley, 1997; Grills & Ollendick, 2002), parents' reduced reflection about the consequences of children's anxiety, and parent's adaptation to the problem (e.g., allowing avoidance behaviors exhibited by the child; e.g., Lindhout et al., 2006).

4.1 | Limitations

The current findings have to be interpreted with caution because of several limitations. First, the homogeneous sample (e.g., in terms of marital status) does not allow generalizing these themes and sub-themes to other groups of parents of anxious children. Second, we did not control parents' anxiety, which might have influenced the results. Third, this retrospective study cannot conclude that parental beliefs influenced the professional help seeking. Future prospective studies could confirm if that relation exists previous to intervention. Furthermore, the stability of these beliefs should be addressed in future studies. For instance, it would be important to evaluate these cognitions before, during, and after treatment, and in different stages of the child's development.

4.2 | Implications on science and practice

Despite these limitations, this study integrates some new contributions to the understanding of the parental role in children's anxiety. First, the inclusion of fathers, usually underrepresented in research (e.g., Van Der Bruggen et al., 2008), allowed to identify some specific gender differences regarding beliefs about anxiety evolution. Second, the qualitative analysis was an important tool to improve our understanding of parental cognitions related to children's anxiety. Future studies and new measures are needed to confirm the role of these beliefs in parenting and anxiety management. Third, our findings provide preliminary evidence for the association between specific parental beliefs (e.g., "child's anxiety is only temporary," "child's anxiety will be there forever," "anxiety will become worst," and "children will get used to anxiety as time goes by") and parental help seeking for anxiety problems in childhood.

Regarding the implications for clinical practice, our findings have potential relevance for the development of family-based interventions to address children's anxiety. Psychoeducation and promotion of adaptive strategies should include cognitive restructuring of parental beliefs based on external control or on self-blame and

helpless attitudes towards this problem. Further, preventive programs that include information about how to recognize pathological anxiety and its consequences and pathways of pervasive anxiety symptoms and how anxiety can interfere in the child's functioning should be addressed.

CONFLICT OF INTERESTS

No conflicts of interest are reported by the authors.

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