

## Parent child attachment and problem behavior reporting by mothers with pathology in different socioeconomic status

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### ABSTRACT

The aim of the present study was to assess the relationship between Parent child attachment and Problem behavior reporting by mothers having Family Pathology, belonging to Upper and Middle Socioeconomic status. The sample consisted of one hundred mothers (N=100). Fifty (N=50) mothers from Upper and fifty (N=50) mothers from Middle Socioeconomic status were included in the study. They reported problem behavior in any one of their children and their children (N=100) reported on their perceived quality of Parent attachment (towards mothers). The children belonged to the age group of 9-12 years. Family Pathology Scale (FPS); Problem Behavior Checklist (PBCL); Inventory of Parent and Peer Attachment (Revised Mother Version) and Socioeconomic Scale of Kuppuswami were used along with Demographic Information schedule. The data obtained from the sample was statistically analyzed by using Mean, SD, Correlation and t-test. The result of the study revealed that perceived quality of parent attachment (for mothers) in children of Upper Socioeconomic status was found to be higher as compared to the parent attachment perceived by the children of Middle socioeconomic status for their mothers. Secondly, low Problem behavior was reported by mothers in Upper socioeconomic status as compared to mothers of Middle Socioeconomic status who reported moderate Problem behavior in their children. But no significant correlation was found in Problem Behavior reporting by mothers and Parent child Attachment within Upper and Middle Socioeconomic status.

**Keywords:** Family, Pathology, Problem Behaviour, Attachment, Socioeconomic Status

Childhood is a very important stage in life as all pervasive development takes place and personality is shaped during this phase (Pianta & Caldwell, 1990). Mothers play an important role in promoting child's well-being by supporting their all-round development, since she spends the maximum time with child as a nurturer, secure anchor, educator and provider of emotional support.

The concept of attachment was proposed by Bowlby (1969) as a biologically based repertoire of organized behaviors that foster infant-parent interactions and maximize survival. It refers to a deep and lasting emotional connection established by an individual in

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Received: September 01, 2020; Revision Received: September 22, 2020; Accepted: September 27, 2020

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the interaction with significant others, expressing the individual's tendency to seek closeness or contact with specific objects (Bowlby, 1973). The attachment system, therefore, allows children to relate to their parents both as a 'secure base' from which to explore, and as a 'safe haven' for obtaining support and protection in times of perceived threat. Parents differ in the nature and quality of care that they provide to their children and over time, children's attachment experiences are consolidated into 'internal working models' of relationships. Parental attunement and appropriate responsiveness give rise to secure attachment, marked by a view of the self as worthy of care and competent in mastering the environment, and a view of others as reliable. Under conditions of stress, parental unavailability is associated with insecure anxious-avoidant attachment. Attachment has been shown to influence almost every aspect of early childhood development, from neuro cognitive development to social-behavioral competence. Hostile, traumatic and non-nurturing experience in the early years directly impacts cognitive and emotional development within brain and leads to inability to assess risk, regulate emotional state under stress, anger and destruction in them (Schore, 2003; Cairns, 2002) whereas, a positive relationship exists between the development of secure attachment in the early years of life and later social competence (Coleman, 2003). Parent child attachment is also important for the emotional development of a child (Berlin, Cassidy & Apleyard, 2008).

Problem behavior by the definition of Jessor (1987) is any behavior that deviates from both social and legal norms or behavior that is socially disapproved from those of authority. Few children sometimes behave badly or break rules accepted in their family and community, to some extent, these behaviors can be regarded as Problem Behavior. Behavioral problems are a symptomatic expression of emotional and interpersonal maladjustment. Family pathology, structure, dynamics, social status, gender, discipline patterns or cohesiveness in a family have a direct role to play on child's development of personality. In problem behavior, children develop external physical symptoms or internal fears associated with personal or school problems. Behavioral problems normally manifest outwardly as aggression, impulsivity, coercion, and non-compliance. Some of the characteristics noticed are hyperactivity, short attention span, impulsiveness, aggression; self-injurious behavior; withdrawal; immaturity and learning difficulties. Children with more serious behavioral problems may exhibit distorted thinking, excessive anxiety, bizarre motor acts and abnormal mood swings. Internalizing behavior problems is normally seen as child being withdrawn, lonely, depressed and anxious. Problem behavior is seen as rising in current times, resulting in psychological distress in family and in society at large.

The family is a primary social unit of every culture. Home environment plays a vital role in the development of a child's personality. If the interactions between the family members are good then the emotional bond which exists among the members are strong. But if some kind of maladaptive behaviors are present in the interactions between each of the family members then they might have some pathological problems. Pathology (from the Ancient Greek roots of pathos, meaning "experience" or "suffering", and logia, "an account of") is a significant component of the causal study of disease. Family pathology is defined as the extent to which maladaptive behavior is present amongst the family members in their interaction with each other i.e. in between spouses and between parents and children. In this study, individual member pathology (pathology in mothers) has been considered under family pathology.

Many studies previously have explored associations between parental attachment and problem behavior risk. Secure parental attachment has been associated with greater ego

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resiliency and social competence, a more balanced view of the self and others, and lower levels of internalizing and externalizing symptoms. There is some evidence that children with disorganized representations of attachment or controlling strategies have more negative self-perceptions, poorer school performance, and higher levels of anxiety (Cassidy, 1988; Goldwyn, Stanley, Smith, & Green 2000; Jacobsen, Edelstein, & Hoff-man, 1994; Moss & St-Laurent, 2001; Moss, St-Laurent, & Parent, 1999; Suess, Gross-mann, & Sroufe, 1992) than their secure peers.

Socioeconomic status (SES) is a concept that summarizes an individual's social class position in society. SES is typically broken into three categories (high, middle and low) to describe the three areas a family or an individual may fall into. Many studies show that SES positively relates to behavioral health making the relation as monotonic, meaning that at every level of SES, health and well-being are usually better at the level above and poorer at the level below. Children from families with lower socioeconomic status are about two to three times more likely to have mental health problems than children from more advantaged families. Although there is some variability, low SES is more strongly associated with externalizing behavior disorders, such as attention deficit hyperactivity disorder, anxiety and depression. Parents of high SES can provide a wider range of experiences, material resources and social interactions that many low SES children may not have access to (Bradley & Corwyn, 2002). Weinberg (2001) found that children's outcomes were positively correlated with family income where lower family income produced lower outcomes for children due to limited availability. Reiss (2013) found an inverse relation between SES and mental health problems.

We are living in the era of stress in all walks of life. Previously due to less stress mother-child attachment was warm, loving and caring and less stressful. Today, due to more challenges, stress and involvement of mothers in multi-tasking, there is unhealthy interaction between mothers and children resulting in communication gap and various psychological problems in children like depression, tension, risky behavior, suicide etc. This is alarming as these children would enter the next stage of adolescence (the stage of storm and stress) where both parents and children would be confused in accepting and dealing with each other which would lead to unhealthy attachment and problem behavior in children, leading to an unhealthy, unhappy family and society.

Although the study of attachment and impact of different Socioeconomic status has flourished within the last several decades, there are still a number of gaps in the literature that warrant investigation. Very little research has examined parental attachment, as perceived by children where mothers have pathology and its relation to problem behavior reporting in middle and upper socio-economic status. In this study focus was to see the relationship between attachment of children with their mothers and problem behavior reporting by the mothers who have pathology in upper and middle socioeconomic status.

### ***Significance of the study***

This study provides an exciting opportunity to advance our knowledge about mothers, who play a pivot role in all round development of their children, are in distress at home and their mental health and well-being is not given much attention. Secondly, this study also focuses on the significance of more problem behavior reporting of children by mothers of middle socioeconomic status in comparison to upper socioeconomic status, which ultimately affects the attachment style of children with their mothers. Therefore, for the healthy growth and

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development of well-adjusted children, counseling could be made mandatory for all families, where one or more members are suffering from pathological relationship. Counseling would improve the interaction pattern and develop healthy attachment within family and in society in general. Personal one to one counseling, as well as counseling in groups would be effective along with online counseling. Online counseling would be helpful for those who fear social stigma or those who do not like to disclose their identity. Schools would be requested to take the first step in this direction, looking into the problems of the children and reaching out to the parents to help them in understanding and dealing effectively with their children for the betterment of their family relations, happiness and sound health. This would prepare children to face the challenges of the upcoming stage more efficiently and deal with problems effectively; thereby, increasing the chances of managing problem behavior in children. Parents would understand the need of improved communication pattern with their children and therefore, interpersonal conflicts with their children would be handled efficiently by them. This would bring balance and harmony in family relations and positively help children to accept their needs, anxieties and problems. They would learn to face challenges and work out problem focused strategies to help themselves at present and also in future. Understanding the extent to which parental relationship quality is linked to behavioral problems may illuminate a key aspect of how stable families contribute to children's long-term success.

### ***Objectives***

1. To study the difference in parental attachment in children of upper and middle socio-economic status with pathology in their mothers.
2. To study the difference in problem behavior reporting by mothers with family pathology in upper and middle socioeconomic status.
3. To study the relation between problem behavior reporting and parental attachment in upper socioeconomic status.
4. To study the relation between problem behavior reporting and parental attachment in middle socio-economic status.

### ***Hypotheses***

1. There is no significant difference in parental attachment in children of upper and middle socio-economic status with pathology in their mothers.
2. There is no significant difference in problem behavior reporting by mothers with family pathology in upper and middle socio-economic status.
3. There is no significant relation between problem behavior reporting and parental attachment in upper socioeconomic status.
4. There is no significant relation between problem behavior reporting and parental attachment in middle socioeconomic status.

## **METHODOLOGY**

### ***Research Design***

One hundred and fifty mothers were requested to fill up Demographic Information Schedule and Family Pathology Scale. From there one hundred mothers from Upper and Middle Socio-economic status were screened out having a score of 64 and above on Family Pathology Scale (FPS) to be part of this study. They were divided into two groups on the basis of their socioeconomic status, Upper S.E.S. (N=50) and Lower S.E.S. (N=50) using Socioeconomic scale by Kuppaswami. These two groups were further requested to fill up

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Problem Behavior Checklist (PBCL) and any one of their children within the age group of 9-12 was asked to fill in Inventory of Parent & Peer Attachment (IPPA) for mother form.

### Measures

- 1. Family Pathology Scale (FPS):** The family pathology scale was developed by Dr. Vimala Veeraghavan and Dr. Archana Dogra (2000). The family pathology scale indicates the extent to which maladaptive behavior is present amongst the family members in their interaction with each other that is between spouses and between parents and children. There are 42 items in the scale to be responded by the subject with 'most often', 'occasionally' and 'never'. That indicates scoring as 3 for 'most often', 2 for 'occasionally' and 1 for 'never'. That indicates scoring as 3 for 'most often', 2 for 'occasionally' and 1 for 'never'. Test-retest reliability is 0.79 of this scale.
- 2. Problem Behavior Check List (PBCL):** This tool has been devised by Dr. Vimala Veeraghavan and Dr. Archana Dogra (1999) to assess problem behavior in children (above 8 years). PBCL was devised to identify the emotional and conduct problems of children. A total of 58 items have been prepared in the form of symptoms which has to be rated on a 3-point scale indicating 'never', 'occasionally' and 'most often'. It indicates scoring as 3 for 'most often', 2 for 'occasionally' and 1 for 'never'. As per ICD-10, specific diagnostic criteria have been included separately for emotional, conduct and mixed disorder of conduct. The test-retest reliability of this scale is 0.85 with an index of reliability being 0.85.
- 3. Inventory of Parent & Peer Attachment (IPPA):** This tool has been devised by Greenberg and Armsden (1987). The IPPA was developed in order to assess adolescents' perceptions of the positive and negative affective/cognitive dimension of relationships with their parents and close friends, particularly how well these figures serve as sources of psychological security. Three broad dimensions are assessed: degree of mutual trust, quality of communication; and extent of anger and alienation. The instrument is a self-report questionnaire with a five-point likert-scale response format. The original version consists of 28 parents and 25 peer items, yielding two attachment scores. The revised version (Mother, Father, and Peer version) is comprised of 25 items in each of the mother, father, and peer sections, yielding three attachment scores. The IPPA is scored by reverse-scoring the negatively worded items and then summing the response values in each section. Scores can range from 25 to 125. Higher scores indicate more attachment. In the present study only the revised mother's version of the test is used.
- 4. Modified Kuppaswami Socio-economic Scale:** The Kuppaswami Socio-economic Scale was developed by Kuppaswami in 1976. It was modified by B.P.Ravi Kumar , Shankar Reddy Dudala and A.R.Rao in the year 2012. This scale is based on a composite score considering education, income and occupation of the family/head of the family. In Socio-economic scale, there are 7 levels each under the three categories with each level having different scoring pattern. For example, under education, there are 7 levels of scores, viz. Professional or Honors(7), Graduate /Post-Graduate (6), Intermediate/Post-High School Diploma (5), High School Certificate(4), Middle School Certificate(3), Primary School /Literature(2), and Illiterate(1). Similarly, under Occupation, there are 7 levels of scores, viz. Profession (10), Semi-profession (6), clerical/shop-owner/farmer (5), Skilled worker (4), Semi-skilled worker (3), Unskilled worker (2) and Unemployed (1). Family income category also comprises 7 levels of scores , viz. Above Rs.19,575/-(12) from

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Rs.9,788/- to Rs.19,574/-(10), from Rs.7,323/- to Rs.9,787/-(6), from Rs.4,894/- to Rs.7,322/-(4), from Rs.2,396/- to Rs.4,893/-(3), from Rs.980/- to Rs.2,395/-(2) and below Rs.980/-(1). The total scores earned by a family from all these levels under the 3 categories decide the family's socio-economic status.

### *Procedure and Analysis*

Principals of five schools were contacted to participate in the study. Aims and objectives of the study were explained to them. out of which three principals granted the permission for data collection. The total number of students, recruited from the three participating schools, was 150. They were met and the study was explained to them. Date and time were decided with the principals to meet mothers of those children within the school premises. As per the schedule, mothers were met and requested to fill up Demographic Information Schedule, Family Pathology Scale and Problem Behavior Checklist for their children who were studying in those schools. It was ensured that their children were within the age group of 9-12 years and those children who were assessed by mothers for PBCL were asked to fill in inventory of Parent & Peer Attachment (IPPA) revised mother form.

From the pool of data, one hundred mothers from Upper and Middle Socioeconomic status were successfully screened out having a score of 64 and above on Family Pathology Scale (FPS) and included in the study. They were divided into two groups on the basis of their socioeconomic status, Upper S.E.S. (N=50) and Lower S.E.S. (N=50) using Socioeconomic scale devised by Kuppuswami. Data collected was analysed using mean, standard deviation, t-test and correlation.

## **RESULTS**

*Table 1: Scores on FPS, PBCL and IPPA in Upper Socioeconomic status*

SCORES	IPPA (Reported by Children)	PBCL (Reported by mothers)	FPS (only Pathology in mothers considered)
Mean	88.54	80.42	86.7
S.D.	14.95	17.80	16.09

**Table 1** depicts Mean value of Inventory of Parent and Peer Attachment scores reported by children, Problem Behavior Checklist Scores reported by mothers of Upper Socioeconomic Status and Family Pathology Scores of mothers. Mean of their FPS Scores is 86.7 and SD is 16.09. According to the norms, range of low or no pathology is between 42-63, moderate pathology is between scores of 64-98 and high pathology is between 99-128. Therefore, only those mothers who exhibited moderate or high pathology were included in this study. In case of PBCL, Mean and SD scores are 80.42 and 17.80 respectively. Range of Low Problem Behavior is (58-96) which means mothers of Upper Socioeconomic status have shown no or low problem behavior in their children. In case of IPPA, the reporting was done by their children. Mean and SD score on IPPAs are 88.54 and 14.95 respectively. According to the norms, attachment score can range from 25-125 and higher score indicate more attachment which means that children of upper socioeconomic status perceived themselves more securely attached to their mothers.

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**Table 2: Scores on FPS, PBCL and IPPA in Middle Socioeconomic status**

SCORES	IPPA (Reported by children)	PBCL (Reported by mothers)	FPS (only Pathology in mothers considered)
Mean	61.78	121.06	86.94
S.D.	14.38	18.38	16.17

**Table 2:** depicts Mean value of Family Pathology Scores of mothers and Problem Behavior Checklist Scores reported by mothers of Middle Socioeconomic Status and Inventory of Parent and Peer Attachment scores reported by their children. Mean of their FPS Scores is 86.94 and SD is 16.17. According to the norms, range of low or no pathology is between 42-63, moderate pathology is between 64-98 and high pathology is between 99-128. Therefore, only those mothers who exhibited moderate or high pathology were included in this study. In case of PBCL, Mean and SD scores are 121.06 and 18.38 respectively. According to the norms, range of Low Problem Behavior is 58-96 and Moderate Problem Behavior is 97-135 which means mothers of Middle Socioeconomic status have reported Moderate Problem Behavior in their children. In case of IPPA, the reporting was done by their children. Mean and SD score on IPPAs are 61.78 and 14.38 respectively. According to the norms, the score can range from 25-125 and higher score indicate more attachment, which means that children of middle socioeconomic status perceive themselves having low attachment towards their mothers.

**Table 3: Scores on PBCL & IPPA in Upper and Middle Socioeconomic status**

<b>IPPA in Upper &amp; Middle SES</b>	t-value= 9.12*
<b>PBCL in Upper &amp; Middle SES</b>	t-value = 11.23*

\*p-value is <than .00001 and Significant at 0.05 level

**Table 3:** shows t-value was obtained to see the difference in Parental Attachment in children of Upper & Middle socioeconomic status. The t-value obtained is 9.12 and p-value<than .00001 and it is significant at 0.05 level. The result reveals that there is a significant difference in Parental Attachment in children of Upper and Middle socioeconomic status with pathology in their mothers. Thus, on the basis of the result above, hypothesis 1 is rejected.

Mean difference in Problem Behavior reporting in Upper & Middle socioeconomic status was done where t-value obtained is 11.23 and p-value is <than .00001 it is significant at 0.05. The result further reveals that there is a significant difference in Problem Behavior reporting by mothers with family pathology between Upper and Middle socioeconomic status. Thus, on the basis of the above result, hypothesis 2 is also rejected.

**Table 4: Scores of PBCL & IPPA of Upper & Middle SES**

	CORRELATION VALUE	P-VALUE
PBCL & IPPA of Upper SES	0.02	0.86*
PBCL & IPPA of Middle SES	0.13	0.35*

\*Not significant at p<0.05

**Table 4:** depicts the relationship between Problem Behavior and Parental Attachment in Upper & Middle socioeconomic status. The correlation value obtained for relation between

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Problem Behavior and Parent child Attachment of Upper SES is 0.02 and p-value is 0.86 and it is not significant at 0.05. Therefore, there is a weak positive relationship between Problem Behavior and Parent Child Attachment but it is very insignificant. Thus, no significant relationship was found between Problem Behavior reporting and Parent Child Attachment in Upper SES. Thus, hypothesis 3 is accepted.

Also, the correlation value obtained for relation between Problem Behavior and Parent Child Attachment of Middle SES is 0.13 and p-value is 0.35 and it is not significant at 0.05. Here too, the variables have very low positive correlation between them. Thus, no significant relationship was found between the two variables. Therefore, on the basis of the above results, hypothesis 4 is accepted.

### DISCUSSION

The aim of the study is to have a comparative analysis on Parent child attachment and Problem Behavior reporting by mothers with Family Pathology of Upper and Middle Socio-economic status.

Table 3 shows mean difference in Parental attachment as perceived by children of Upper and Middle Socioeconomic status with pathology in their mothers. The t-value obtained is 9.12 and p-value is < than .00001 and it is significant at 0.05 level. The results reveal that children of Upper socioeconomic status have reported high attachment with their mothers, whereas children of Middle socioeconomic status have reported less attachment. The present finding is supported by the findings of Zendoorn & others (1996) in which they state that mothers from low-SES displayed more insecure attachment styles and unresolved loss and trauma. Bradley & others (2002); Mc Loyd (1998) study states that socioeconomic status may affect access to resources, education, maternal availability, and the amount of trauma and stress parent and child experience. Research indicates all of these influences may impact the development of secure attachment. Factors such as health literacy, locus of control, and health behaviors are important factors related to SES and may contribute to caregiver ability to support secure attachment bonding (Liu, 2011). Individuals in high-SES environments are likely to have a better sense of control in their lives and an internal rather than external locus of control. Socioeconomic status is an important factor in the formation of attachment between mother and child, especially when pathology is present in the mother. A mother who has a sense of her own efficacy in the child rearing process may be more likely to respond sensitively and attend more consistently to her child's needs, therefore fostering secure attachment as compared to the mothers having pathology. Family systems theory suggests that children's development is intrinsically related to interactions among other factors within the family (Bronfenbrenner, 1979). The mother-father relationship is often perceived to be at the center of this system, influencing all aspects of family functioning (Easterbrooks & Emde, 1988). Therefore, parents' ability to communicate effectively, generate emotional closeness, and support each other's decisions likely has implications for their children's well-being and development. Thus, on the basis of the current finding and the findings of other scholars, hypothesis 1 is rejected.

Table 3 further shows mean difference in problem behavior reporting by mothers in their children of Upper and Middle socioeconomic status. The t-value is 11.23 and p-value is < than .00001 and it is significant at 0.05 level. The results reveal that mothers of Middle Socioeconomic status have reported moderate problem behavior in their children whereas mothers of upper socioeconomic status have reported low problem behavior in their



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children. The present finding is supported by the findings of Tremblay (1999) where he found that SES positively relates to behavioral health in every age-group and social context in which it has been studied. The relation is monotonic, meaning that at every level of SES, health and well-being are usually better at the level above and poorer at the level below. Youths from higher SES backgrounds exhibit fewer internalizing and externalizing problems, fewer social skills deficits, and higher life satisfaction. This is also reflected in the studies of Reiss (2013) who found that 52 of the 55 studies included in her sample showed an inverse relation between SES and mental health problems. Furthermore, children from families with lower SES were about two to three times more likely to have mental health problems than children from more advantaged families. Research into the causal mechanisms that underlie SES differences in behavioral problems focuses on the direct consequences of material deprivation and the indirect psychosocial consequences of relative socioeconomic position (Adler and Snibbe, 2003). Poor neighborhoods have fewer social resources, poorer schools, and fewer safe play and green spaces. These factors impact on the rate of behavior problems (Singh and Ghandour, 2012) and may also exert an indirect effect via parental behavior (e.g., harsh parenting, low monitoring) or other mechanisms. In many poor households, caregivers often lack warmth and sensitivity (Evans, 2004) and fail to form solid, healthy relationships with their children (Ahnert, Piquart, & Lamb, 2006). Thus, on the basis of the current finding and the findings of other scholars, hypothesis 2 is rejected.

Table 4 shows, contrary to our expectations, little evidence in relationship between parent child attachment and problem behavior reporting, between mother and child of different families from Upper socioeconomic status. The correlation value computed is 0.024 and p-value is 0.86 and it is not significant at 0.05. Though the relation is slightly positive, no significant relationship was found between the two variables.

Table 4 further shows no significant relationship between parent child attachment and problem behavior reporting by mothers in families from Middle socio-economic status. The correlation value computed is 0.13 and p-value is 0.34 and it is not significant at 0.05.

This primary lack of relationship can be due to the presence of pathology in the family structure, as only those family structures where pathology was present were taken as part of the study. The results convey that even if a child feels securely attached to the parent, he/she may model adult maladaptive behavior which he sees on everyday basis, leading to problem behavior, if family pathology is present in the family structure. These findings suggest that security in attachment organization is not simply a marker of one's relationship with parents, but there are various psychosocial factors that influence one's relationship. Parents' relationship quality may affect children directly or indirectly via the parent child relationship (Easterbrooks & Emde, 1988). In terms of direct effects, social learning theory suggests that children model the behavior and interactions of significant others, in particular their parents (Bandura, 1978). Witnessing positive and low-stress interactions between parents may produce similar behavioral styles in children. Couples' relationship quality may also affect children's well-being indirectly via parenting behaviors (Belsky, 1984; Engfer, 1988).

Thus, on the basis of the current finding and the findings of other scholars, the third and the fourth hypothesis is accepted. Further research is required probably with a larger sample size to study the relationship.

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Although an extensive literature has shown that family structure is important for children's outcomes, much less attention has been given to how positive family dynamics within families may be salient for child development and well-being. Several studies have suggested associations between Parent child attachment and Problem behavior reporting by mothers. However, little has been done to investigate the effect of mothers' pathology on Parent child attachment.

This study also emphasises on the fact that Socioeconomic status could strongly influence the quality of communication and interactions between parents and children, and higher quality of communications and interactions during early childhood have been positively associated with later development of sociability and adaptability. Children from lower-income families tend to experience lower quality home environments than children from higher-income families. Furthermore, the economic hardship can also cause practical difficulties for parents because it is related to elevations in parental psychological distress. These negative parenting practices, in turn, are related to a range of damaging outcomes for children's well-being.

Family is the single most important influence in a child's life. From their first moments of life, children depend on parents and family to protect them and provide for their needs. Parents and family form a child's first relationships. They are a child's first teachers and act as role models in how to act and how to experience the world around them. Family has a great influence on children behavior and parent attachment as perceived by child can influence the dynamics within the family. Therefore, interventions can be designed to develop feelings of trust and closeness with parents, as well as lines of communication, which might result in improvements in the level of attachment as perceived by the child.

The findings of this study could be a good lead to make parents understand the needs of the children and how parents' communication pattern could bring positive change in their interpersonal conflicts with their children. By making parents and society understand the importance of attachment, more balance and harmony can be sought in family relations. Some effects of material deprivation and indirect psychosocial consequences of relative socioeconomic position can be worked on, if the parents and society at large, is made aware of the effect it has on parental attachment and problem behavior in children.

Therefore, it is clear that both parent child attachment and socioeconomic status are important constructs in understanding human development and subsequent functioning across the lifespan. The environments in which children grow and the quality of their relationships with adults and caregivers have a significant impact on their cognitive, emotional and social development (Shonkoff, 2009).

### **CONCLUSION**

The result of the study revealed that perceived quality of parent attachment (for mothers) in children of upper socioeconomic status was found to be higher as compared to the parent attachment perceived by children of middle socioeconomic status for their mothers. Secondly, low problem behavior was reported by mothers in upper socioeconomic status as compared to mothers of middle socioeconomic status who reported moderate problem behavior in their children. But no significant correlation was found in problem behavior reporting by mothers and parent child attachment within upper and middle socioeconomic status.

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### **Acknowledgements**

The author appreciates all those who participated in the study and helped to facilitate the research process.

### **Conflict of Interest**

The author declared no conflict of interest.

**How to cite this article:** Bindawala H. & Basu R. (2020). Parent child attachment and problem behavior reporting by mothers with pathology in different socioeconomic status. *International Journal of Indian Psychology*, 8(3), 1810-1821. DIP:18.01.186/20200803, DOI:10.25215/0803.186