

Parenting Styles and Psychopathology: The Importance of Grandparents

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Abstract

Background: Controversy exists regarding the role played by parent-children relationships for children's behavioral and psychosocial development. Crucial for some authors, others consider parenting styles as part of a more complex system. Less adaptive parenting styles are generally associated with children who have lower involvement at school and may contribute for psychopathology emergence.

Objectives: To investigate the contribution of parenting styles for the explanation of child psychopathology.

Hypothesis: Parenting styles (H1) and parents' childhood memories regarding parenting styles (H2) do contribute significantly for the explanation of statistical variance of children's psychopathology.

Method: Participants: 110 children (67 boys, 43 girls) aged 7-11 years ($M = 9.22$, $SD = 1.14$) from schools in Portugal as well as 83 fathers and 86 mothers; Instruments: For parenting styles, the Portuguese version of EMBU memories of upbringing (for parents regarding their own parents), EMBU-P (for parents) and EMBU-C (for children) were used. To assess children's psychopathology the Portuguese version of CBCL was used.

Results: According to linear regressions, individual and family factors do contribute significantly for the explanation of all CBCL's indexes. EMBU-C regarding mothers' parenting styles only explains the Hyperactivity/Attention index. EMBU-P explains most of CBCL's indexes. Mothers' and Fathers' EMBU Memories of Upbringing explains the overall CBCL's indexes.

Conclusions: The explanation of children's psychopathology by parenting styles is not restricted to parents' representations regarding their own parenting styles nor to children's perceptions regarding parenting styles but extends to memories of parents regarding parenting styles used by their own parents. The ability of EMBU Memories of Upbringing to explain children's psychopathology seems to exceed the EMBU-P's and EMBU-C's capacity.

Keywords: Psychopathology, Children, Parents, Grandparents and Parenting Styles

1. Background

Families play an important role in the development and outbreak of children's behavior (1, 2). Early relationships are often identified as critical for child development (3, 4) and the quality of parental care is frequently considered the most important variable in children's development (4).

Several studies suggest that representations of parental involvement clearly affect the children's and adolescents' psychological well-being (5-7), particularly regarding self-esteem, self-confidence and interpersonal relationships (5-8).

Supportive parenting is positively related to the children's self-assessments (7) and parenting styles also interfere with personality dimensions (9). Belsky (10) argues that the parents' childhood experiences influence their behavior through the importance of developmental history on their personalities. Positive aspects of parent-

children relationships are positively related with the increasing of children's psychological well being (5). According to Ghazinour et al. (11), parenting styles and personality traits are crucial for the explanation of psychopathology.

1.1. Parenting Styles and Psychopathology

Parenting styles are an important etiologic factor of behavioral problems. However, Ruchkin et al. (12) argued that they are only part of a more complex system, which is why the assessment of predisposition to behavioral problems should not stick to parenting styles.

Reviewing the association between parenting styles and children's psychopathology, Eisemann et al. (13) proposed an interactive model relating the emergence of psychopathological disorders with individual vulnerability, life events as well as biological, physiological and social factors.

Several studies support the relationship between parenting styles and external/internal behavioral problems

such as (14-20): parental attitudes perceived by children, namely rejection and anxiety as well as influencing their external/internal behaviors (21).

Literature reveals relationships between the quality of parenting received by children and the development of extrinsic problems with data repeatedly documenting adverse effects of coercive and conflicted parenting as well as beneficial consequences of warm, sensitive and supportive parenting (22). Despite the fact that Muris et al. (19) did not find any association between parenting styles and internalizing behaviors, Rosa-Alcazar et al. (23), stated that girls show fewer symptoms and a more adaptive perception of parenting styles, compared to boys.

According to Perris (24), psychosocial determinants lead to dysfunctional parental behavior generating parental relationships characterized by negative experiences and subsequently, dysfunctional schemas about the self that would lead to psychopathological manifestations.

There seems to be no doubt regarding the impact of children's educational environments in situations ranging from adaptive functioning and school success to a large variety of children's and adolescents' problems such as drug abuse, aggressive behavior and anxiety (25). Parents with high levels of neuroticism and low extraversion tend to be more rejecting and less warm than other parents (26). Mothers' psychoticism correlates negatively with emotional affection and impulsivity/sensation seeking correlates with control exercised by them (26). On the contrary, outgoing and sociable parents reveal more support.

Martin et al. (27) describe a significant association between depression and paternal overprotection for boys and an absence of maternal care for girls. Similarly, analyzing the relationship between parenting styles and disorders of anxiety and depression in six European states, Heider et al. (28) found a homogeneous pattern in which low paternal/maternal care associates to mood disorders.

There is also evidence of a relationship between low acceptance/parental involvement and adolescent depression and a relationship between parents' authoritarian styles and adolescents' externalizing changes (29). Parents of anorectic patients presented higher scores in the care factor and lower scores in overprotection when compared with a control group (30).

Regarding drug abuse, parental disapproval and punishment is the most discriminatory factor concerning alcohol consumption in adolescents (31). Adolescents who perceive their parents as permissive regarding drugs have higher consumptions of tobacco, alcohol and cannabis (32). Villar et al. (32) described not only a positive correlation between antisocial behavior and permissive style but also a negative correlation between antisocial behavior

and democratic style.

Families of children with Attention Deficit and Hyperactivity Disorder (ADHD) and families of children with behavioral problems share some characteristics with dysfunctional families; parental standards are often associated with disruptive behavior (33).

1.2. Parenting Styles Across Generations

Kovan et al. (34) suggest an intergenerational transmission of parental educational styles in which the previous generation psychologically influences attitudes and parental behavior of the next generation (35). Nowadays, most researchers assume that patterns of parental behavior and family functioning processes may be transmitted between generations (36).

According to Van IJzendoorn (37), the most basic model of intergenerational transmission can be described as the influence of parental educational styles of Generation 1 (G1, grandparents) upon the development and parental behavior patterns of Generation 2 (G2, parents) which, in turn, influences the development of Generation 3 (G3, children). Another hypothesis predicts the influence of relevant aspects such as the interaction between grandparents and grandchildren (G1 and G3), overlooked in the first model.

Kerr et al. (38) found that: a) G1's parental style influences the adjustment of the G2's parenting; b) parental behavior patterns of G1 influence the parenting of both G2's early childhood and G3's childhood and c) the parenting received by G2 and G3 influences their behavior problems. Nevertheless, there may be continuities and gaps between parenting styles of several generations (39).

2. Objectives

Considering the previous theoretical framework, it appears that less adaptive parenting styles are generally associated with lower involvement in school activities and can lead to the up rise of psychopathology (5-7, 22). However, this contribution is undervalued by Ruchkin et al. (12) for whom parenting styles are only part of a larger system, not being clear whether parental attitudes lead to psychopathology or what psychopathology results from them. Therefore, the main goal of this research is to examine the role of parental styles in the uprising of child psychopathology.

According to this goal and previous literature review, it seems possible to propose the following hypothesis:

Hypothesis 1: Parental styles play an important role in the incidence of psychopathology in children.

Hypothesis 2: Parents' childhood memories regarding parenting styles play an important role in the incidence

of children's psychopathology. The assumptions described for the previous hypothesis are now extended to children's grandparents.

3. Methods

3.1. Participants

Participants were 110 children (67 boys and 43 girls) aged from 7 - 11 ($M = 9.22$, $SD = 1.14$), from several schools in Portugal (North, Central, South, Madeira and Azores), with 1 - 6 years of successful school education ($M = 3$, $SD = 1.22$) and having a low level of failure at school ($M = 0.24$, $SD = 0.70$). Most of these children's parents participated in this study: 83 fathers aged 23 - 59 ($M = 41.62$, $SD = 6.90$) and 86 mothers aged 25 - 49 ($M = 38.49$, $SD = 4.84$).

3.2. Instruments

A socio-demographic questionnaire (SDQ) was developed to collect general information regarding the parents (gender, age, education, occupational status, marital status and socioeconomic status) and children (gender, age, education, number of academic failures and number of siblings).

Intellectual level was controlled using Raven's Colored Progressive Matrices - CPM (40, 41). Internal consistency analyses with our data yielded an excellent value ($\alpha = 0.940$, $M = 29.53$, $SD = 5.75$).

To assess parenting styles, three different versions of the EMBU (Egna Minnen av Barndoms Uppfostran) were used.

The EMBU - My Memories of Upbringing assesses the frequency of certain educational practices during the subjects' childhood and adolescence regarding their father and mother separately over three factors: emotional support, rejection as well as overprotection (42). The Portuguese version of this questionnaire shows good psychometric characteristics and a high proximity with the original version (43). Regarding internal consistency, Cronbach's alphas ranged from 0.60 - 0.90.

EMBU-C (44, 45) assesses children's perceptions about parenting styles using 32 items with 4 points Likert scales. Factorial structure of the Portuguese version replicates the original version with three factors: Emotional Support, Rejection and Attempt to Control (45). Cronbach's alphas ranged from 0.62 - 0.85 (45) and similar values were found for this research ($0.51 \leq \alpha \leq 0.88$).

EMBU-P (46, 47) is an instrument that aims to assess parents' self-perceptions regarding their parenting styles, organized in the same three dimensions (emotional support, rejection and attempt to control). Regarding internal consistency, acceptable Cronbach's alphas were found (ranging from 0.58 - 0.82).

To avoid confusion between the several instruments used to assess parenting styles, we used the following terminology: "memories of upbringing" to refer to EMBU, "children's perceptions" to refer to EMBU-C and "parents' representations" to refer to EMBU-P.

Child Behavior Checklist (CBCL) assesses behavioral and emotional problems and competencies in children and adolescents according to the information provided by their parents or caregivers (48, 49). Items were carefully chosen to represent the most frequent children's pathologies as well as indexes showing high correlations with other questionnaires completed by parents regarding general psychopathology (49). Studies in several cultures revealed good internal consistency ($0.61 \leq \alpha \leq 0.83$). In the present study, Cronbach's alpha ranged from 0.55 - 0.94, except for the subscale of somatic complaints, which was removed ($\alpha = 0.43$).

4. Results

Hypotheses were tested using the multiple hierarchical linear regression analysis. As predictor variables, we used socio-demographic children's variables, family variables and children as well as the parents' perceptions regarding parenting styles. As criterion variables, each one of the CBCL's subscales was used individually. Non-continuous scales were recoded to dichotomous scales (0 or 1). To avoid multicollinearity, Tolerance (> 0.1) and VIF (< 10) were tested. According to the Durbin-Watson's statistic ($d \sim 2$), errors are random and independent. The analysis with Kolmogorov-Smirnov, Shapiro-Wilk and Normal QQ Plots showed that the data's distributions do not prevent statistical analysis with linear regressions.

4.1. Testing Hypothesis 1

In linear hierarchical regression analysis, four models were considered: Model 1, individual factors (age, gender, education and intellectual level); Model 2, family factors (socio-economic status - SES, parents' education, parents' marital status, parents' occupational status and number of siblings); Model 3, EMBU-P's subscales and Model 4, EMBU-C's subscales.

According to results of the regression analysis, all CBCL's subscales can be explained by family factors and most of these indexes are also explained by individual factors.

As can be seen in Table 1 and contrary to hypothesis 1, when considering all these factors, children's perceptions about maternal parenting styles (Model 4) only significantly increase the explanation of the variance of Hyperactivity/Attention index. However, if we consider the

representations of parents regarding their own parenting styles (Model 3), several CBCL's indexes of psychopathology (aggressiveness, anxiety, obsessive/schizoid) present a significant change of the explained variance.

Thus, results indicate that, among other factors, representations of parents regarding their own parenting styles have an important role in explaining child psychopathology, being consistent with hypothesis 1.

In a more detailed analysis for each one of the indexes of psychopathology (Table 2), and through the linear regression lines, we can say that problems such as aggressiveness, anxiety and obsessive/schizoid are associated with the children feeling as if they are being rejected by their parents while hyperactivity/attention is related to the children feeling less emotional support received from mothers, which is consistent with studies indicating that less adaptive parenting styles lead to psychopathological manifestations.

It thus appears that children's psychopathological manifestations are mainly associated with parental representations involving rejecting behavior towards children or in the case of hyperactivity/attention with children's perceptions of less emotional support provided by mothers.

4.2. Testing Hypothesis 2

In the linear hierarchical regression analysis, the same first three models were considered, however, now Model 4 becomes complete with the addition of the subscales of EMBU- My Memories of Upbringing.

According to Table 3, even considering the individual and family factors as well as the parents' representations regarding their parenting styles:

- Mothers' childhood memories regarding parenting styles of their own mothers (Model 4) significantly contribute to the explanation of the variance of aggressiveness, hyperactivity/attention, depression, social problems and total of child psychopathology indexes;

- Fathers' childhood memories regarding parenting styles of their own mothers (Model 4) significantly contribute to the explanation of the variance of the opposition/immaturity, hyperactivity/attention and isolation indexes;

- Mothers' childhood memories regarding parenting styles of their own fathers (Model 4) significantly contribute to the explanation of the variance of aggressiveness, hyperactivity/attention, depression, social problems, isolation and total of child psychopathology indexes;

- Fathers' childhood memories regarding parenting styles of their own fathers (Model 4) significantly contribute to the explanation of the variance of the

opposition/immaturity, aggressiveness and hyperactivity/attention indexes.

Thus, as embodied in hypothesis 2, parents' childhood memories regarding parenting styles play an important role in the explanation of children's psychopathology.

A more detailed analysis (Table 4), based on regression lines, has shown that in general, as described in literature and previously mentioned, when parents' memories regarding their own parents' styles show more adjusted behaviors (e.g., greater emotional support and less overprotection) the psychopathology indexes of their children tend to be lower.

5. Discussion

5.1. Parenting Styles and Children's Psychopathology

The role of parenting on the children's psychological well-being has been studied by many authors over several decades. Literature suggests an association between less adaptive parenting styles and child psychopathology but while some authors highlight the external behaviors, others prefer to highlight internal behaviors (14-20).

Our results indicate that, even after controlling the effect of individual and family variables, parenting styles do contribute for the explanation of the statistical variance of aggressiveness, anxiety and obsessive/schizoid indexes (through the parents' representations regarding their own parenting styles) and hyperactivity/attention (through the perception of children regarding the parenting styles of their mothers). It is interesting to note that in spite the fact that the increase of the explanation of the variance of the index of social problems ($P = 0.052$) and the total psychopathology ($P = 0.053$) did not reach the statistically significant values, they remain very close to the recommended value ($P < 0.05$).

Thus, it is considered that these results are consistent with the aforementioned studies arguing that parenting styles play a key role in children's psychopathological manifestations.

The relationship found between children's psychopathology and their parents' representations regarding rejecting behavior towards children or, in the case of hyperactivity/attention with perceptions of children on less emotional support provided by mothers, comes in line with results obtained by other authors. Rejection and lack of parental support have previously been described as causing external and internal problems (20). Child psychopathology tends to be associated to less emotional support and greater overprotection/rejection (50).

Although Gecas et al. (51) already registered discrepancies between parents' and children's perceptions regarding parental investment, it is nonetheless interesting to

Table 1. Linear Regression: Psychopathological Indexes Explained by Parenting Styles

Model	R	R ²	Adjusted R ²	SE of the Estimate	Change Statistics				
					R ² Change	F Change	df1	df2	Sig. F Change
Index of aggressiveness									
1	0.357	0.127	0.073	3.372	0.127	2.367	4	65	0.062
2	0.759	0.575	0.467	2.557	0.448	5.805	10	55	0.000
3	0.813	0.661	0.550	2.351	0.085	4.367	3	52	0.008
4	0.824	0.680	0.549	2.353	0.019	0.966	3	49	0.416
Index of hyperactivity/attention									
1	0.435	0.189	0.139	2.547	0.189	3.795	4	65	0.008
2	0.766	0.588	0.483	1.975	0.398	5.310	10	55	0.000
3	0.784	0.614	0.488	1.964	0.027	1.201	3	52	0.319
4	0.823	0.677	0.546	1.851	0.063	3.193	3	49	0.032
Index of anxiety									
1	0.496	0.246	0.200	1.823	0.246	5.302	4	65	0.001
2	0.796	0.634	0.540	1.381	0.388	5.819	10	55	0.000
3	0.848	0.720	0.628	1.242	0.086	5.327	3	52	0.003
4	0.868	0.754	0.654	1.199	0.034	2.271	3	49	0.092
Index of obsessive/schizoid									
1	0.405	0.164	0.113	1.823	0.164	3.196	4	65	0.019
2	0.776	0.602	0.501	1.368	0.438	6.054	10	55	0.000
3	0.824	0.678	0.573	1.265	0.076	4.111	3	52	0.011
4	0.843	0.711	0.593	1.235	0.033	1.842	3	49	0.152

note that, according to our results, parents' representations regarding their own parenting styles have a greater capacity to explain children's psychopathology than the children's perceptions regarding parenting styles. Besides the fact that these instruments assess the same dimensions, we should not forget that CBCL is a questionnaire answered by parents and therefore it is natural to get a bigger agreement with EMBU-P (also answered by parents) than with EMBU-C.

Another fact that is equally interesting is that the children's perception of parenting styles starring the father show highly significant positive correlations with parenting styles perpetuated by the mother, which relates to Pereira et al. (20), under which, children tend to perceive similar parental profiles for both parents.

The fact that family factors assume a high and generalized capacity to explain children's psychopathology is in line with Ruchkin et al. (12) who recognized that, although parenting styles are an important etiological factor for behavioral problems, they should be regarded as part of a more complex system. As advocated by Kendler (52), there are ample evidences that the pathways to psychopathology involve causal processes that operate at macro and micro levels, inside and outside of the individual and whose understanding requires a biological, psychological and sociocultural framework.

5.2. Grandparents' Parenting Styles and Children's Psychopathology

According to our results, the explanatory power of parenting styles regarding the psychopathology of children is not limited to representations of parents regarding their own parenting styles and to perceptions of children regarding parenting styles, extending also to memories of parents with regards to parenting styles of their own parents. Based on the results of the present study, children's psychopathology can be explained by the childhood memories of parents in respect to parenting styles.

Even after considering the results of EMBU-P, the childhood memories regarding parenting styles explain the variance of the psychopathology indexes of CBCL (except for the anxiety index and the obsessive/schizoid index).

Furthermore, multiple regression analyzes carried out by Lundberg et al. (53) showed that parenting styles are more strongly determined by the personality of the parents than by children's personality.

It seems to conclude that, regarding the children's psychopathological manifestations, the explanatory power allowed by EMBU-My Memories of Upbringing exceeds both the EMBU-P and the EMBU-C.

Nonetheless, we should note that bigger rejection (in parents' memories) associates with lower levels of children's psychopathology. It is believed that two aspects can explain this inverse relationship between rejection

Table 2. Impact of Parenting Styles upon Children's Psychopathology

Indexes of Psychopathology	EMBU-P			EMBU-C M			EMBU-C F		
	ES	Rej	AC	ES	Rej	AC	ES	Rej	AC
Opposition/Immaturity									
Aggressiveness		+							
Hyperactivity/attention				-					
Depression									
Social problems									
Isolation									
Anxiety		+							
Obsessive/schizoid		+							
Total of psychopathology									

Abbreviations: ES, Emotional Support; Rej, Rejection; AC, Attempt to Control; EMBU-P, Parents' representations regarding their own parenting styles; EMBU-C M, Children's perceptions regarding mothers' parenting styles; EMBU-C F, Children's perceptions regarding fathers' parenting styles; (+) Direct relation (positive slope); (-) Inverse relation (negative slope).

Table 4. Parents' Childhood Memories Regarding Parenting Styles Upon Children's Psychopathology

Indexes of Psychopathology	M → M			F → M			M → F			F → F		
	ES	Rej	Op	ES	Rej	Op	ES	Rej	Op	ES	Rej	Op
Opposition/Immaturity						+				-	-	+
Aggressiveness	-	-					-	-		+		
Hyperactivity/Attention	-	-		-	-	+		-		-	-	
Depression	-	-					-	-				
Social problems	-	-							-			
Isolation							-					
Anxiety												
Obsessive/Schizoid												
Total of psychopathology	-	-					-	-				

Abbreviations: M → M = Mother childhood memories regarding her mother; F → M = Father childhood memories regarding his mother; M → F = Mother childhood memories regarding her father; F → F = Father childhood memories regarding his father; ES = Emotional Support; Rej = Rejection; Op = Overprotection; (+) Direct relation (positive slope); (-) Inverse relation (negative slope).

and children's psychopathology and the few exceptions in which the above-mentioned pattern is not verified. Initially, we should not forget that we are studying the impact of parents' childhood memories regarding their own parents in children's psychopathology and that there may be continuities or discontinuities between the parenting styles across generations (39). Parents whose childhood memories regarding their own parents suggest that rejecting parenting styles are possibly creating more adaptive parenting styles (in a certain way, "learning from mistakes") and consequently leading to a reduction of psychopathological levels in their children. In addition, sometimes, there may be false childhood memories of parents

that affect the answers to these questionnaires, especially in insecure attachment situations (54).

When comparing the explanatory power of mothers'/fathers' childhood memories in relation to their own mothers/fathers, it appears that the greatest explanatory power focuses on maternal childhood memories regarding their own fathers, explaining six indexes of psychopathology (total of psychopathology, aggressiveness, hyperactivity/attention, depression, social problems and isolation) followed by the mothers' childhood memories regarding their own mothers, explaining five psychopathology indexes (total of psychopathology, aggressiveness, hyperactivity/attention, depression and social

problems).

However, we cannot fail to mention that, as appearing in the previous case, family factors return to take a leading role in explaining children's psychopathology, which proves consistent with scientific literature. For example, Van IJzendoorn (37) and Kerr et al. (38) conceived a theoretical model of intergenerational transmission that combines biological systems, individual characteristics, contextual factors, socialization experiences and social influence of affective relationships with pairs.

5.3. Conclusions

5.3.1. Parenting Styles and Children's Psychopathology

According to our results, even after controlling the effects of individual and family variables, parenting styles contribute to the explanation of the statistical variance of aggressiveness, anxiety, obsessive/schizoid and hyperactivity/attention indexes.

Although we cannot completely confirm the hypothesis that the perceptions of children regarding parenting styles give a significant contribution to the explanation of children's psychopathology, the results show the importance of parenting styles, namely through the impact of parental representations in children's psychopathology, which comes in line with what has been cited in the scientific literature.

The fact that, compared to children's perceptions, parents' representations regarding parenting styles have a higher explanatory power for children's psychopathology can be associated into two different aspects: Not only the EMBU-P leaves little explanatory room for EMBU-C but also both EMBU-P and CBCL are self-reported questionnaires, filled out by parents.

In the future, it would be interesting to test this hypothesis by using another instrument different from the CBCL, also quantitative, but without using parental rating to assess the children's psychopathology.

Therefore, it is considered that this research not only highlights the importance of parenting styles, but also contributes to the clarification of the less adaptive parental attitudes and the psychopathologies and how its impact is more significant.

5.3.2. Grandparents' Parenting Styles and Children's Psychopathology

As previously advanced, results indicate that the explanatory power of parenting styles in relation to childhood psychopathological manifestations is not limited to the perceptions of children or even to their parents' representations regarding their own parenting styles or extending to childhood memories of parents relatively to parent-

ing styles performed by their own parents, whose explanatory power comes as even higher.

These results not only confirm the models of intergenerational transmission of parenting styles but also emphasize the role of memories that parents (especially mothers) have regarding parenting styles performed by their own parents (especially maternal grandfathers) upon children's psychopathology. Once again and as stated in the previous case, it is suggested that in future research, childhood psychopathological manifestations should be assessed through another instrument that does not refer to parental rating.

Highlighting the importance of parents' childhood memories regarding parenting styles in the manifestation of children's psychopathology and by concluding that their explanatory power goes beyond both parental representations and children's perceptions regarding parenting styles, this study allows a unique contribution to the understanding of childhood psychopathology.

Footnotes

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Table 3. Explanation of Children's Psychopathology Through Parents' Childhood Memories Regarding Parenting Styles

Model	R	R ²	Adjusted R ²	S E of the Estimate	Change Statistics				
					R ² Change	F Change	df1	df2	Sig. F Change
Mothers About Grandmothers									
Index of aggressiveness									
1	0.398	0.158	0.088	1.579	0.158	2.260	4	48	0.076
2	0.682	0.464	0.286	1.398	0.306	2.476	9	39	0.024
3	0.777	0.604	0.427	1.252	0.139	4.209	3	36	0.012
4	0.890	0.792	0.672	0.947	0.188	9.950	3	33	0.000
Index of Hyperactivity/Attention									
1	0.427	0.182	0.114	1.922	0.182	2.677	4	48	0.043
2	0.714	0.510	0.347	1.650	0.328	2.899	9	39	0.010
3	0.758	0.574	0.385	1.601	0.064	1.808	3	36	0.163
4	0.834	0.696	0.521	1.413	0.122	4.419	3	33	0.010
Index of Depression									
1	0.406	0.165	0.095	1.953	0.165	2.367	4	48	0.066
2	0.637	0.405	0.207	1.828	0.241	1.753	9	39	0.109
3	0.669	0.448	0.203	1.834	0.043	0.928	3	36	0.437
4	0.774	0.599	0.367	1.633	0.151	4.124	3	33	0.014
Index of Social Problems									
1	0.117	0.014	- 0.069	2.494	0.014	0.165	4	48	0.955
2	0.461	0.212	- 0.051	2.473	0.198	1.091	9	39	0.391
3	0.479	0.229	- 0.114	2.546	0.017	0.265	3	36	0.850
4	0.653	0.426	0.095	2.295	0.197	3.773	3	33	0.020
Total of Psychopathology									
1	0.063	0.004	- 0.079	12.404	0.004	0.048	4	48	0.996
2	0.526	0.276	0.035	11.729	0.272	1.631	9	39	0.140
3	0.657	0.431	0.178	10.824	0.155	3.264	3	36	0.032
4	0.743	0.552	0.294	10.031	0.121	2.975	3	33	0.046
Fathers About Grandmothers									
Index of Opposition/Immaturity									
1	0.285	0.081	0.005	3.604	0.081	1.064	4	48	0.384
2	0.514	0.264	0.043	3.534	0.182	1.238	8	40	0.303
3	0.605	0.367	0.110	3.409	0.103	2.003	3	37	0.130
4	0.706	0.498	0.232	3.166	0.131	2.960	3	34	0.046
Index of Hyperactivity/Attention									
1	0.370	0.137	0.065	1.924	0.137	1.906	4	48	0.125
2	0.752	0.565	0.435	1.496	0.428	4.928	8	40	0.000
3	0.791	0.625	0.473	1.445	0.060	1.960	3	37	0.137
4	0.861	0.742	0.605	1.251	0.117	5.133	3	34	0.005
Index of Isolation									

1	0.444	0.197	0.130	1.407	0.197	2.951	4	48	0.029
2	0.641	0.411	0.234	1.321	0.214	1.813	8	40	0.103
3	0.749	0.561	0.383	1.186	0.150	4.205	3	37	0.012
4	0.811	0.657	0.475	1.093	0.096	3.180	3	34	0.036
Mothers About Grandfathers									
Index of Aggressiveness									
1	0.422	0.178	0.105	1.592	0.178	2.443	4	45	0.060
2	0.687	0.472	0.282	1.427	0.294	2.229	9	36	0.043
3	0.784	0.615	0.428	1.273	0.143	4.073	3	33	0.014
4	0.896	0.803	0.678	0.956	0.188	9.515	3	30	0.000
Index of Hyperactivity/Attention									
1	0.409	0.167	0.093	1.952	0.167	2.254	4	45	0.078
2	0.739	0.547	0.383	1.610	0.380	3.349	9	36	0.005
3	0.766	0.587	0.386	1.606	0.040	1.069	3	33	0.375
4	0.853	0.728	0.556	1.366	0.141	5.194	3	30	0.005
Index of Depression									
1	0.412	0.170	0.096	2.008	0.170	2.300	4	45	0.073
2	0.650	0.423	0.214	1.872	0.253	1.752	9	36	0.113
3	0.693	0.480	0.229	1.855	0.058	1.224	3	33	0.316
4	0.817	0.668	0.457	1.556	0.187	5.637	3	30	0.003
Index of Social Problems									
1	0.109	0.012	- 0.076	2.567	0.012	0.135	4	45	0.968
2	0.469	0.220	- 0.062	2.550	0.208	1.066	9	36	0.410
3	0.481	0.231	- 0.141	2.644	0.011	0.164	3	33	0.920
4	0.700	0.490	0.167	2.259	0.259	5.072	3	30	0.006
Index of Isolation									
1	0.326	0.106	0.027	1.352	0.106	1.334	4	45	0.272
2	0.593	0.351	0.117	1.288	0.245	1.511	9	36	0.182
3	0.681	0.464	0.204	1.222	0.113	2.320	3	33	0.093
4	0.797	0.635	0.404	1.058	0.171	4.694	3	30	0.008
Total de Psychopathology									
1	0.060	0.004	- 0.085	12.773	0.004	0.041	4	45	0.997
2	0.540	0.292	0.036	12.040	0.288	1.627	9	36	0.144
3	0.656	0.431	0.155	11.273	0.139	2.689	3	33	0.062
4	0.794	0.631	0.397	9.519	0.200	5.427	3	30	0.004
Fathers About Grandfathers									
Index of Opposition/Immaturity									
1	0.340	0.116	0.039	3.483	0.116	1.507	4	46	0.216
2	0.615	0.378	0.181	3.214	0.262	2.001	8	38	0.073
3	0.700	0.490	0.271	3.032	0.112	2.563	3	35	0.070
4	0.820	0.672	0.487	2.544	0.182	5.907	3	32	0.003
Index of Aggressiveness									
1	0.597	0.356	0.300	3.126	0.356	6.359	4	46	0.000

2	0.809	0.655	0.546	2.516	0.299	4.121	8	38	0.001
3	0.837	0.700	0.571	2.446	0.045	1.744	3	35	0.176
4	0.882	0.777	0.652	2.205	0.077	3.693	3	32	0.022
Index of Hyperactivity/Attention									
1	0.452	0.204	0.135	1.850	0.204	2.945	4	46	0.030
2	0.758	0.575	0.441	1.487	0.371	4.146	8	38	0.001
3	0.792	0.628	0.468	1.450	0.053	1.654	3	35	0.195
4	0.873	0.763	0.629	1.211	0.135	6.054	3	32	0.002