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MEASURING PARENTAL ANCHORING: THE DEVELOPMENT AND VALIDATION OF THE PARENTAL ANCHORING SCALE

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The purpose of the present article is to introduce and validate the Parental Anchoring Scale (PAS). The PAS measures the four dimensions of parental anchoring, a function which includes the ability to define and maintain rules (i.e., structure), actions and attitudes that promote involvement and supervision (i.e., presence), the sense of being supported by friends and family (i.e., support) and the ability to regulate negative reactions in interaction with the child (i.e., self-control). The participants (N = 372) completed an extended version of the PAS scale as well as validation measures. Parallel analysis indicated the existence of four factors in both samples and principal component analysis showed that these four components adhered closely to the hypothesized structure. Confirmatory factor analysis confirmed the hypothesized factor structure across two cross-cultural samples and the final scale showed very good goodness of fit at the metric measurement invariance level, internal reliability as well as convergent and discriminant validity. On a practical level, the PAS can help to pinpoint areas in parenting that are in need of special attention, while the central theoretical importance of the research lies in providing a more nuanced and multifaceted understanding of parental authority.

Key words: Anchoring function; Attachment theory; Authoritative parenting; Parent-child relationship; Scale validation.

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Parental authority is a concept fraught with controversy and mixed connotations. While we have come a long way from the ideal of the authoritarian parent of the past, parents are still faced with the challenge of balancing the sometimes conflicting goals of preventing their children from danger while providing them with the freedom to make their own choices — maintaining boundaries and structure while fostering independence and resourcefulness. The *parental anchoring function* is an attempt to characterize in detail a kind of authority that may be acceptable, legitimate, and positive in its developmental effects (Omer, Steinmetz, Carthy, & Von-Schlippe, 2013). The development of the concept evolved from clinical experience with parents (e.g., Omer & Lebowitz, 2016), but to date, empirical research on the importance of parental anchoring has been stumped by the lack of an established measure of the concept. The purpose of the present article is to present the development and validation of such a measure.

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PARENTAL AUTHORITY

A widely used typology for organizing parenting styles in their relationship to developmental outcomes originated with the work of Baumrind (Baumrind, 1966; Maccoby & Martin, 1983). According to this view, parental styles vary along two orthogonal factors of responsiveness and demandingness. Responsiveness is manifested in the parent's warmth, support, and involvement. Demandingness refers to the claims parents make on the child to become integrated in society by means of behavior regulation, discipline, and supervision. These two dimensions yielded four major combinations: Authoritative parents, who are both responsive and demanding, authoritarian parents, who are demanding but not responsive, permissive parents, who are responsive but not demanding, and rejecting parents, who are neither demanding nor responsive (Baumrind, 1991). Many studies associated authoritative parenting with positive developmental outcomes in children and adolescents (e.g., Fletcher & Jefferies, 1999; Simons & Conger, 2007).

Parental authority is usually measured by the Parental Authority Questionnaire (PAQ; Buri, 1991) or its revised version (PAQ-revised; Reitman, Rhode, Hupp, & Altobello, 2002). Each of these questionnaires aims to capture Baumrind's original taxonomy of parenting styles, but while the PAQ is based on retrospective adolescent ratings, the PAQ-revised is based on parent self-report. The PAQ-revised provides a score on the dimensions of authoritarian, authoritative, and permissive parenting styles. While this typology and its measurements capture an important aspect of parental style, we suggest that a new conceptualization and a corresponding new measurement are needed to reflect societal as well as scientific developments in the area of parental authority.

PARENTAL ANCHORING

Despite the appeal of Baumrind's (1966) typology, a more differentiated view of parental authority may be needed (Smetana, 1995), particularly since the very concept of authority has been subjected to considerable critique (Omer & von Schlippe, 2002; Verhaeghe, 2015). The parental anchoring function constitutes a more detailed account of the different dimensions involved in providing acceptable and legitimate parental authority (Omer, et al., 2013). The anchoring function reflects the parental stance that helps stabilize the child against the pull of powerful drives and emotions, as well as dangerous influences and temptations. The concept offers a bridge between ideas on parental authority and attachment theory. Regarding attachment theory, the model stresses the vital role of the parents' ability to give the child a safe and stable relational frame, which may make attachment more secure, not only in early years, but also in middle childhood and adolescence. Regarding parental authority, the model provides a detailed formulation of its acceptable and legitimate foundations (e.g., parental presence, self-control, structure, and support), contrasting them with some of the no longer accepted bases of traditional authority (e.g., parental distance, coercion, steep hierarchy, and immunity to critique) (Omer, 2011).

The concept of the anchoring function offers a possible answer to some major parental challenges. Many parents who struggle to maintain their demands find it hard to do so while remaining responsive to the child. The need to monitor the child's activities conflicts with the child's growing need for autonomy and for an untouchable private sphere (Omer, Satran, & Driter, 2016). Moreover, the heightened emotional responsiveness, sensation seeking, and immature impulse control that characterize the adolescents' brain (Casey, Jones, & Hare, 2008) challenge parents' abilities to maintain their self-control in conflict situations. In manifesting an anchoring function, the parents are present without being invasive, exercise self-

control without giving in to attrition or emotional pressure, aim at transparency and social legitimacy instead of arbitrary dominance, and achieve influence through persistence rather than pursuing automatic and immediate obedience (Omer, 2011; Omer et al., 2013).

While the concept emanated from clinical experience with parents of violent and self-destructive children (Omer & Lebowitz, 2016; Weinblatt & Omer, 2008), parents of children with anxiety disorders (Lebowitz & Omer, 2013), and parents of adolescents at risk of gang membership or sexual exploitation (Newman, Fagan, & Webb, 2013), the anchoring concept proved equally relevant for parents of children in nonclinical populations who face the daily challenge of keeping their children safe in a world stocked with temptations and dangers (Omer et al., 2016; Omer, in press).

Dimensions of Parental Anchoring

The concept of parental anchoring can be organized around four components: structure, presence, social support, and self-control.

Structure. Structure is created when parents define and maintain rules, routines, limits, and rights. Structure plays a crucial role in providing a stable and secure frame for family life (Minuchin, 1974) and is considered a central factor in promoting positive development (Grolnick, Deci, & Ryan, 1997; Grolnick & Pomerantz, 2009). Like an anchor that defines how far the ship can drift until it is halted, structure enables autonomous functioning ("yes, you can go to the party"), while setting clear limits that guarantee safe exploration ("but you have to be back by midnight").

Presence. Parental presence is conveyed by actions and attitudes that reflect availability, involvement and supervision or, as it has been termed, *vigilant care* (Omer, 2011; Omer et al., 2016). When the child's autonomous sphere grows and new threats appear, the parent can safeguard the child by staying involved in effective but nonintrusive ways (e.g., maintaining open communication, knowing who the child's friends are, where the child spends his/her time, etc.). By functioning as an anchor that is always present but only occasionally restrains, the parent models a caring presence that may be internalized and transformed into self-care.

Social support. Parents anchor themselves in the support provided by the marital unit, the extended family, friends, and community groups, or institutions. This support may guarantee a broad, legitimate, and transparent base for their authority (Omer, 2011). Support has been found to contribute both to parental efficacy and to the child's well-being (Hoagwood et al., 2010). The anchor image is particularly apt here: A small anchor can stop even a very big ship by virtue of its spikes. An anchor of one spike (the isolated parent) would make the task infinitely more difficult. This quality is of particular relevance in middle childhood and adolescence, as the child's social map grows and authority requires backing and legitimization. Parents that bolster their authority with the help of a supportive network report less conflict with their children and have less need to use punitive measures (Ollefs, von Schlippe, Omer, & Kriz, 2009; Weinblatt & Omer, 2008).

Self-control. Parents provide an anchor by exercising self-control, when they are able to restrain their negative reactions and persevere in their parental goals. Parental emotional dysregulation is significantly related to child psychopathology (Han & Shaffer, 2013). Parental self-control gains new forms and relevance as the growing child develops new ways of challenging them (Casey et al., 2008). By avoiding escalation, facing intimidation without surrendering, and resisting contagion by the child's negative feel-

ings, parents manage to remain stable, thus helping the child to weather his or her emotional storms (Gergely & Watson, 1996).

These four components of the anchoring function show parental authority as a connected and stabilizing rather than a distant and intimidating process. They thus provide a detailed characterization of how the unacceptable authority models of yore can be reformulated so as to provide actual safety and secure attachment (Omer, 2011).

THE PRESENT RESEARCH

Developing a measure of parental anchoring is important for theoretical and practical reasons. Measuring this parental function may help us evaluate its importance in child development and the effects of treatment interventions. In the present study we present the development and validation of the Parental Anchoring Scale (PAS). We started by creating a list of statements describing parental attitudes and behaviors that our work with parents indicated as characterizing parental anchoring. We then collected data with Israeli and Belgian samples to see whether the items could be meaningfully organized into different dimensions and whether these dimensions would correspond to the theorized components of the anchoring function. We further examined whether the resulting scale would constitute a psychometrically reliable and valid measure of the anchoring construct.

We were unable to utilize other measures of the anchoring construct, since concept has only been recently proposed (Omer et al., 2013) and no measures of concept exist at present. Instead, we used measures that are similar to the four components of the anchoring concept (i.e., structure, presence, self-control, and social support) and utilized those measures to validate each one of the components.

METHOD

Participants

Israeli sample. Two hundred participants took part in the Israeli sample. The participants were all parents of school-age children, recruited through online advertisements in parents' forums. The mean age of the participants was 40.68 years (*SD* = 5.39) and the gender distribution was 80 males (40%) and 120 females (60%). The study had approval from the ethical committee of Tel Aviv University, and all participants gave informed consent.

Belgian sample. One hundred and seventy-two participants took part in the Belgian sample. Participants were Flemish speaking parents of school-age children, recruited through a networking sampling system. The estimated mean age of the participants was 44.14 years (for reasons of privacy, the participants were asked to indicate which age group they belonged to rather than state their age in years). The gender distribution was 38 (22%) males and 134 (78%) females. The study had the approval of the Ethics' Committee for Human Science of the Vrije Universiteit Brussel. All participants gave informed consent to participate in the study.

Measures

Parental Anchoring Scale (PAS)

The second and fourth authors, experienced in psychotherapy of adolescents and parent training, generated an initial item pool of 70 items. The item generation was based on a conceptual analysis of the subcategories of parental anchoring, what the different subcomponents entail and what their behavioral manifestation would be. The extant literature on parental authority as well as measurements of close-lying concepts were also consulted during this stage. Once the items were generated, consultations were carried out with two external psychologists who work with parents in order to improve face and content validity (Vogt, King, & King, 2004). As a result of this consultation, 18 items were dropped. The revised item-pool consisted of 52 items covering parental behaviors in the four hypothesized dimensions. The parents were asked to answer the questions with regard to the child that they had the most difficulties with. They were asked to rate how well each item described themselves as parents on a five-point scale, ranging from 1 = *to a very low degree* to 5 = *to a very high degree*.

To use the PAS with the Belgian sample, we used back-translation (Brislin, 1970). The original 52-item Hebrew version of the PAS was translated into Flemish by two bilingual professional caregivers in mental health. The resulting Flemish text was translated back to Hebrew by an independent bilingual professional caregiver in medicine. After examining the back-translation, a number of minor editorial adjustments were made to the Flemish translation of the questionnaire.

Validation of the Structure Dimension

The Family Routines Inventory (FRI; Jensen, James, Boyce, & Hartnett, 1983) measures the frequency of family routines. Family routines are defined as observable, repetitive behaviors which involve two or more family members and occur with predictable regularity in the daily life of a family. The scale consisted of 13 items ranging from 1 (*almost never*) to 4 (*always, every day*), with a Cronbach alpha of .68 and .84, for Israeli (IL) and Belgian (BE) samples, respectively.

Validation of the Presence Dimension

The Parental Monitoring Child Disclosure Questionnaire (PMCDQ; Stattin & Kerr, 2000) measures parental monitoring behavior and child disclosure. Five items from the parental monitoring subscales with a response scale from 1 (*very seldom*) to 5 (*very often*), were used in the study with a Cronbach's α of .86.

The Parental Behavioural Scale (Van Leeuwen, 1999) measures parental skills based on the theory of Patterson, Reid, and Dishion (1992). The scale included 11 items from the monitoring subscale with a response scale from from 1 (*very seldom*) to 5 (*very often*) with a Cronbach's α of .73.

Validation for the Social Support Dimension

The Perceived Support Scale (PSS; Weinblatt & Omer, 2008) measures the level of support a parent needs and perceives to receive from the surrounding (e.g., friends, his/her partner, extended family).

The scale consisted of seven items measuring perceived social support with a response scale from 1 (*not at all*) to 5 (*to a very high extent*), with a Cronbach's α of .68.

The Social Support Questionnaire (SSQ; Sarason, Sarason, Shearin, & Pierce, 1987) consisted of six items, using a response scale from 1 (*very dissatisfied*) to 6 (*very satisfied*), dealing with satisfaction of the received support; Cronbach's α was .92.

Validation for the Self-Control Dimension

The Self-Expression and Control Scale (SECS; Van Elderen, Verkes, Arkesteijn, & Komproe, 1996) consisted of 17 items assessing self-control in situations of negative emotions (i.e., anger and stress) and had a response scale from 1 (*almost never*) to 4 (*almost always*), with a Cronbach's α of .91.

The expression suppression subscale of the Emotion Regulation Questionnaire (ERQ; Gross & John, 2003) measures tendency to control and suppress emotional expression. This ERQ subscale consists of 10 items with a response scale from 1 (*strongly disagree*) to 7 (*strongly agree*) with a Cronbach's α of .91.

Procedure

In both samples, a network sampling system was used. In the case of the Israeli sample, the experimenters posted a message on a parent forum, encouraging potential participants to enter a link leading to the questionnaire. The Belgian data used a snowball sampling method. The presumptive participants in both samples were told that the study dealt with parenting styles and that participation in the study was voluntary. Upon clicking on the link, the participants accessed a questionnaire containing the measures of the study.

RESULTS

Exploratory Analyses

We randomly divided the Belgian and Israeli samples and carried out parallel analysis and principal component analysis (PCA) on the first half, reserving the second half of the samples for confirmatory factor analysis (CFA). We first conducted parallel analysis, a method for determining the number of factors to retain in factor analysis (Ledesma & Valero-Mora, 2007), on the full set of 52 items. The cut-off point of the parallel analysis was defined as when the eigenvalue of the component was larger than the 95th percentile eigenvalue associated with the parallel analysis (Monte Carlo simulation). The parallel analysis pointed to the existence of four components in the Israeli as well as in the Belgian samples. We then conducted separate PCA in the two samples, limiting the number of factors to four. The resulting component structure adhered closely to the theoretical model in both samples with components corresponding to structure, presence, social support, and self-control (see Table 1). We compared the PCA results from the two samples in order to identify items that loaded on the same components in both samples. Thirty-two such items were identified (nine items from the structure component, six items from the presence component, six items from the social support component, and 11 items from the self-control component).

TPM Vol. 26, No. 2, June 2019
271-286

TABLE 1
Component loadings in the Israeli and Belgian samples

	Structure		Presence		Social support		Self-control	
Items	BE	IL	BE	IL	BE	IL	BE	IL
I insist that the rules that are important to me are followed in our house	.78	.57						
I am consistent with the demands that I put on my child	.75	.68						
There are boundaries in my home that I do not compromise on	.63	.56		.44				
I stand behind the demands that I make to my child	.61	.68						
I maintain the house rules that are important to me	.52	.60						
It is clear to me which rules I insist on with my child.	.49	.55						
I am able to resist my child's badgering that I will do something for him that I do not want	.48	.52						
I tend to compromise on my space at home to avoid confrontations with my child	–.44	–.54						
When my child is angry with me I "fold" and compromise on my demands	–.51	–.47						
In my home there are no rules	–.65							
My child manages me and the house		.74					.59	
I am clear with my child about my demands		.66	.40					
I sometimes compromise about important demands on my child in order to get some quiet		.66						
I check who the people that my child spends time with are			.69	.57				
I insist on knowing what is happening with my child when he/she is not with me			.66	.64				
I make an effort to know what my child does in his/her spare time			.65	.68				
I check what is happening with my child at school			.59	.55				
I watch over my child and intervene when needed			.57	.57				
I keep my eyes open about what happens to my child so that I can intervene when needed			.52	.67				
I compromise on my spare time activities in order to avoid confrontations with my child			.51					
When I am frustrated with dealing with my child I turn to friends and relatives					.71	.78		
When I have problems with my child I turn to my friends for help					.69	.78		
I share my difficulties in my child's upbringing with those close to me					.66	.71		
I talk to other parents about our children's upbringing					.59	.58		
I get support for my viewpoint from my close surroundings					.56	.46		
I feel that turning to other parents for help is a sign of my failure as a parent					–.58	–.42		
When I am exhausted with dealing with my child I am able to restore my inner balance					.43			.45

(Table 1 continues)

Table 1 (continued)

Items	Structure		Presence		Social support		Self-control	
	BE	IL	BE	IL	BE	IL	BE	IL
I do not have anyone with whom I can share my difficulties as a parent						.65		
Sometimes my child's behavior frustrates me so much that I simply explode							.81	.77
My child's behavior makes me lose my self-control							.81	.69
I tend to lose my patience with my child							.80	.70
I do not know how to deal with the anger and stress that my child makes me feel							.80	.69
My child makes me act in ways that I did not want to							.79	.45
Sometimes the conversation with my child gets out of control and escalates							.77	.67
I get drawn into saying or doing things to my child that I regret afterwards							.62	.64
When I start getting angry with my child it is hard for me to stop							.52	.75
When I have disagreements with my child I am able to stop and think in order to decide							–.59	–.53
I know how to calm myself when my child annoys me							–.60	–.52
I usually keep my self-control when I get into conflicts with my child							–.71	–.51
If I check what my child is doing, he/she will do things in secret or lie							.50	
Even when my child is agitated I am able to keep my peace of mind							–.68	
I can not stand it when my child screams and goes wild								.58
My partner often opposes the way in which I deal with my child								.50
My child deals with his/her difficulties by him-/herself, I do not interfere								
I will protect my child even at the expense of compromising his/her autonomy								
Sometimes my child annoys me so much that I am dragged to physical violence								
I tend to talk to professionals (e.g. teachers etc.) when I have questions about my child								
The people close to me do not support my style of parenting								
I manage to keep a basic daily routine at home								
I leave the family's "dirty laundry" within the confines of the home								
I usually do not check what my child is doing in his/her room								
When one way does not work in dealing with my child, I search for another way								

Note. BE = Belgian sample; IL = Israeli sample. Component loadings < .40 are not displayed in the table.

Confirmatory Analyses

Before carrying out the confirmatory analysis, we examined the normal distribution of the items, using cut-off points of –2 and +2 for skewness and kurtosis (George & Mallery, 2010). One item was leptokurtic (kurtosis > 2) in the Belgian sample (but not in the Israeli sample) and another item was leptokurtic in the Israeli sample (but not in the Belgian sample). Apart from that, all items showed acceptable levels of skewness and kurtosis. The 32 items from the exploratory factor analysis were then entered into a CFA in order to confirm the factor structure and test measurement invariance across the Israeli and Belgian samples. Measurement invariance was used in order to test whether the psychometric properties of the items were generalizable across the two different groups. The CFA was carried out using analysis of moment structures (AMOS, version 21.0; Arbuckle, 2012), using a multigroup approach, which allowed us to analyze the Israeli and Belgian samples in a single analysis. We used the second half of the random split samples in order to ensure that the participants used in the CFA were independent from those used for the parallel analysis and PCA. Measurement invariance, the degree to which the items under study measure the same thing across different groups, can be achieved at different levels. Comparisons of goodness of fit were made at the metric measurement invariance level, which tests whether respondents across groups attribute the same meaning to the constructs under study.

In the first step, we compared three models that could potentially explain the data. Model 1 included the four factors from the PCA as well as a superordinate parental anchoring factor. Model 2 excluded the superordinate factor, retaining only the four subscales and Model 3 entailed a one-factor solution including only the superordinate parental anchoring factor. The goodness of fit of the different models was compared using chi square χ^2, χ^2/df, RMSEA (root mean square error of approximation), TLI (Tucker-Lewis index), CFI (comparative fit index), and AIC (Akaike information criterion). Model 1 and Model 2 had comparable levels of goodness of fit, but the AIC of Model 1 was somewhat lower than the AIC of Model 2, indicating that this model provided a better balance between goodness of fit and parsimony (see Table 2).

TABLE 2
Goodness of fit at the metric measurement invariance level

	χ^2	*df*	χ^2/df	RMSEA	TLI	CFI	AIC
Model 1	1398.09	952	1.469	.051	.775	.784	1734.09
Model 2	1386.41	945	1.467	.051	.775	.786	1736.41
Model 3	2325.23	963	2.415	.088	.320	.340	2639.23

Note. Model 1 = four factors and a superordinate parental anchoring factor; Model 2 = four factors without a superordinate parental anchoring factor; Model 3 = only one superordinate factor. RMSEA = root mean square error of approximation; TLI = Tucker-Lewis index; CFI = comparative fit index; AIC = Akaike information criterion.

Based on these model comparisons, we used the model including four factors and a superordinate parental anchoring factor in order to assess goodness of fit. In order to improve the goodness of fit and create a more parsimonious scale, we added two covariances between error terms within the same variable, based on the modification indices provided by the software. We then systematically excluded items with weak loadings on their respective factors in the different samples, checking whether each item's exclusion improved or worsened the goodness of fit of the model. Twelve items were excluded in this way. The re-

sulting 20-item scale showed a very good goodness of fit at the metric level of measurement invariance, χ^2 (348) = 444.87, $p < .001$; RMSEA = .039; TLI = .914; CFI = .921. The final items included in the parental anchoring questionnaire can be found in the Appendix.

Reliability and Validity

Reliability analysis was then carried out, using the full samples. The analyses showed that all subscales had internal reliabilities of > .70 in both samples. The structure subscale had internal reliabilities of α = .78 and .82 in the Belgian and Israeli samples, respectively. The presence subscale's reliabilities were α = .75 and .77, the social support scale's reliabilities were α = .75 and .75, and the self-control subscale's reliabilities were α = .88 and .82, in the Belgian and Israeli samples, respectively. A composite α was also calculated for the superordinate parental anchoring factor consisting of all 20 items in the scale; α = .77 and .78, for Belgian and Israeli samples, respectively

Convergent validity was further examined by calculating intercorrelations between the subscales of the PAS and the validation questionnaires selected for the study (the validation scales used differed somewhat between the Belgian and Israeli samples). The structure subscale was significantly correlated with its validation measure — the Family Routines Inventory, $r(146) = .36$, $p < .001$ and $r(68) = .25$, $p = .041$, in the Belgian and Israeli samples, respectively. The presence subscale correlated significantly with the validation measure in both samples — the Parental Behavior Scale (SOG-scale), $r(147) = .65$, $p < .001$ in the Belgian sample, and the Parental Monitoring Questionnaire, $r(56) = .52$, $p < .001$, in the Israeli sample. The social support subscale correlated with the validation measure in both samples — the Social Support Questionnaire, $r(143) = .34$, $p < .001$ in the Belgian sample, and the Perceived Social Support Scale, $r(65) = .45$, $p < .001$ in the Israeli sample. The self-control subscale also correlated significantly with the validation scales — the Self-Expression and Control Scale, $r(58) = .67$, $p < .001$ in the Israeli sample, while it had a marginally significant relationship with its validation measure in the Belgian sample, the Emotion Regulation Questionnaire, $r(147) = .16$, $p = .052$.

Discriminant validity was examined by comparing the average variance extracted with the intercorrelations between the factors obtained in the CFA. The indication used to assess discriminant validity was whether the value of the average variance extracted for a certain variable was greater than the value of the correlation coefficients in which the factor was involved. In cases in which this condition was fulfilled, the subscale was said to have good discriminant validity. This condition was fulfilled in all cases.

Relation between the Subscales

The means, standard deviations, and intercorrelations between the four subscales, as well as the full PAS can be found in Table 3. The overall parental anchoring score was calculated as the mean of the 20 items that made up the four subscales. The Israeli sample had a higher score on structure, $t(370) = 4.86$, $p < .001$, presence $t(370) = 9.71$, $p < .001$, and social support $t(370) = 2.03$, $p = .043$ subscales, while the Belgian sample was higher on self-control $t(370) = 2.60$, $p = .010$. The Israeli sample consequently had a higher overall score on parental anchoring, $t(370) = 4.98$, $p < .001$. The intercorrelations between the subscales were generally positive but weak in both samples. Structure was weakly to moderately related to presence and self-control in both samples, with the only significant negative correlation being between social support and self-control in the Israeli sample. There were no differences in the strength of the correlations between the subscales between the samples. There were, however, differences between the strength of

the correlation between overall parental anchoring and the different subscales. Notably, social support was more weakly correlated to the overall parental anchoring score than the other subscales of the PAS. In light of the scalar measurement noninvariance, we compared the intercepts for the items in the two samples. The main difference, and most likely the prime source of the failure to achieve scalar measurement noninvariance, was that the intercepts for the self-control items in the Belgian sample ($M_{intercept}$ = 3.78) were markedly higher than the intercepts in the Israeli sample ($M_{intercept}$ = 1.97).

In both samples, mothers indicated a significantly higher degree of presence (IL: *M* = 4.11, *SD* = .64; BE: *M* = 3.38, *SD* = .72) compared to fathers — IL: *M* = 3.88, *SD* = .72, *t*(198) = 2.37, *p* = .019; BE: *M* = 3.11, *SD* = .66, *t*(170) = 2.05, *p* = .042. Similarly, in both samples, mothers indicated a higher degree of social support (IL: *M* = 3.00, *SD* = .96; BE: *M* = 2.88, *SD* = .89) than did fathers — IL: *M* = 2.61, *SD* = .97, *t*(198) = 4.94, *p* < .001; BE: *M* = 2.34, *SD* = .60, *t*(170) = 3.51, *p* < .001.

TABLE 3
Means, standard deviations, and intercorrelations between the subscales of the PAS

				Intercorrelations			
		M	*SD*	Structure	Presence	Social support	Self-control
Structure	IL	4.19	0.57				
	BE	3.90	0.55				
Presence	IL	4.02	0.68	.35**			
	BE	3.32	0.71	.29**			
Social support	IL	2.89	1.11	.10	.19**		
	BE	2.67	0.94	.11	.15†		
Self-control	IL	3.69	0.76	.28**	.19**	–.15*	
	BE	3.90	0.82	.15*	.02	–.08	
Parental anchoring	IL	3.80	0.45	.68***	.68***	.40***	.65***
	BE	3.57	0.42	.64***	.59***	.39***	.63***

Note. IL = Israeli sample; BE = Belgian sample; *M* = mean; *SD* = standard deviation.
† *p* < .10. * *p* < .05. ** *p* < .01. *** *p* < .001.

DISCUSSION

The current study introduced the Parental Anchoring Scale (PAS) and showed it to be a reliable and valid measure of the parental anchoring construct. Parallel analyses and PCA carried out in two cross-cultural samples indicated the existence of four factors, corresponding to the hypothesized four-factor structure of the parental anchoring model — structure, presence, social support, and self-control. The factor structure was corroborated by CFA, using a multigroup approach, running measurement invariance analysis across Israeli and Belgian samples. The results from the CFA showed that a factor structure including the four factors as well as a superordinate parental anchoring factor had a high degree of goodness of fit with the data at the metric measurement invariance level. Based on these analyses, a 20-item final scale was created. The subscales of the PAS were shown to form reliable scales with convergent as well as discriminant validity. The subscales of the PAS were positively but weakly correlated to each other and the social support subscale had a weaker correlation to the overall parental anchoring scale than the other subscales.

Practical and Theoretical Implications

The present research has important implications in the fields of parent training and therapy, as well as in developmental psychology. The PAS and its subscales are hypothesized to predict child psychopathology, parental distress, and the quality of the parent-child bond. The subscales of the PAS can assist in pinpointing areas of parenting that are in need of special attention (e.g., low ability to sustain structure, low ability to maintain self-control). The findings regarding the PAS's structure closely reflect clinical experience with the authority model that lies at its base (Lebowitz & Omer, 2013; Oleffs et al., 2009; Omer & Lebowitz, 2016; Weinblatt & Omer, 2008). In those treatment programs, parents are helped to create structure, intensify presence, amass social support, and improve self-control. Although these skills, and the steps designed to further them, are fairly distinct and often addressed in different parts of the treatment, the overarching concept of the *anchoring function* helps the parents (and the therapists) to experience the treatment as a unified whole. The use of the anchor metaphor in the clinical setting thus serves the double goal of providing a central explanatory concept and of illustrating the desired parental attitude in a cogent way. The PAS could thus be used as an evaluative tool for programs and treatments that aim to improve parental functioning and parental authority, or to measure parental tendencies and vulnerabilities in those areas.

The central theoretical importance of the present research is to provide a more multifaceted and nuanced understanding of parental authority. Parental authority is often conceptualized as a uni- or bi-dimensional construct and is usually associated with establishing and upholding boundaries in relation to one's child (i.e., the structure and to some degree presence dimensions). The present research provides a multidimensional conceptualization of this phenomenon and establishes a reliable and valid measure to accurately measure it. Further, the PAS may contribute to validate the connection between concepts of parental authority and attachment theory, especially in middle-childhood and adolescence. Anchoring may complement the functions of safe haven and secure base of classical attachment theory by including parental authority among the factors that contribute to a secure parent-child bond.

Limitations and Future Directions

As indicated earlier, the measurement invariance analysis allowed us to assess the level at which the two samples could be compared. The PAS had very good goodness of fit at the metric measurement invariance level, indicating that the participants across the Israeli and Belgian samples attributed the same meaning to the latent variables under study (structure, presence, social support, and self-control) and that the items of the scale indeed measure these constructs. This allows us to compare the samples with regard to the relations between the different subscales and their respective relationships to third variables, which was the main purpose of the research. Scalar invariance, however, was not achieved. This indicates that the intercepts in the two samples, the baseline level in the samples, is not equal. Direct comparisons regarding the absolute levels between the two samples should thus be made with caution. For example, it is difficult to know whether the higher level on self-control in the Belgian sample indicates that the Belgian participants are more self-controlled parents than the Israeli participants, or whether the difference is due to more general cultural differences between the countries in the exercise of self-control. Indeed, a more in-depth examination of the intercepts for the PAS items revealed that the main source of the scalar measurement invariance was due to higher baseline levels of self-control in the two samples. This finding supports the cultural differences explanation — that Belgians in general are more self-controlled than Israelis and that

the meaning of a certain score on this subscale therefore attains a different meaning in the two samples. Because of the lack of scalar measurement invariance, we were careful to limit our conclusions to the comparisons warranted by metric measurement invariance — the factor structure and psychometric properties of the PAS and the relations between the different subscales. A related limitation regards the nature of the samples included. The samples do not constitute representative samples of the national population in the two countries and no conclusions can therefore be drawn with regard to the general level of parental anchoring in Israel or in Belgium. Future studies in which large-scale representative samples are used could remedy this. An additional limitation regards the validation measures used to assess convergent validity in the two studies. Since the parental anchoring concept is a novel one, we were not able to include other measures of the same construct as validation. In hindsight, we could however have included measures of close-lying concepts, notably the PAQ-revised. Doing so could have helped to distinguish the PAS from the PAQ and future studies should include both measures in order to ensure the distinctiveness of the measures and their underlying constructs. For several of the subscales different validation measures were used in the two samples. While this decision was based on the availability of validated measures in the languages spoken in the two countries, these methodological differences make it more difficult to compare convergent validity in the samples. The results from these analyses do, however, indicate that the subscales of the PAS relate in the expected way to parallel measures in Israel as well as in Belgium. The scale depends on parental self-report. Parental self-report is a method of data collection with potential limitations, in particular in terms of possible social desirability effects in response to the items. Future studies could compare such self-report measures with reports provided by a clinical professional, such as a psychologist responsible for parental supervision. If these different methods of data collection correlate, it would increase the convergent validity of the scale. Another option could be to develop a protocol for a structured interview. Such a structured interview is in fact in the process of development by the third author of the article and could be used in future studies to validate the PAS.

Parental authority has long been in disrepute in the literature, in spite of its central role in the day-to-day reality of most parents. The metaphor of the parent as an anchor could serve to reconcile between these differing experiences of parental authority and the detailed description and measurement of the building blocks of such an anchoring function can assist in the practical work of parental supervision and in the understanding of what constitutes a positive, supportive, and legitimate exercise of this parental role.

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APPENDIX

The Parental Anchoring Scale

1. I check what is happening with my child at school
2. I maintain the house rules that are important to me
3. My child's behavior makes me lose my self-control
4. When I am frustrated with dealing with my child I turn to friends and relatives for emotional support
5. I usually keep my self-control when I get into conflicts with my child
6. When I have problems with my child I turn to my friends for help
7. I tend to lose my patience with my child
8. I check who the people that my child spends time with are
9. I am consistent with the demands that I put on my child
10. Sometimes the conversation with my child gets out of control and escalates
11. It is clear to me which rules I insist on with my child.
12. I insist on knowing what is happening with my child when he/she is not with me
13. I get drawn into saying or doing things to my child that I regret afterwards
14. I watch over my child and intervene when needed
15. I make an effort to know what my child does in his/her spare time
16. When my child is angry with me I "fold" and compromise on my demands
17. I stand behind the demands that I make to my child
18. I share my difficulties in my child's upbringing with those close to me
19. Sometimes my child's behavior frustrates me so much that I simply explode
20. I insist that the rules that are important to me are followed in our house

Structure: 2, 9, 11, 16, 17, 20
Presence: 1, 8, 12, 14, 15
Social support: 4, 6, 18
Self-control: 3, 5, 7, 10, 13, 19