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**LEAP – Avaliação da Disponibilidade Emocional
Parental Percecionada: Uma Revisão Sistemática**

Mestrado em Psicologia da Educação

Trabalho efetuado sob a orientação de:

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Uma Revisão Sistemática**

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“Eis o meu segredo. É muito simples: só se vê bem com o coração. O essencial é invisível para os olhos.”

- Antoine de Saint-Exupéry, O Príncipezinho.

Resumo

As revisões sistemáticas têm demonstrado a sua relevância em diversas áreas científicas. Estas permitem aos investigadores compreender os principais aspetos numa determinada temática específica e interpretar os diferentes resultados da investigação existente numa área científica. A presente revisão sistémica tem o intuito de compreender a investigação já desenvolvida com o construto da Disponibilidade Emocional Parental Percecionada, sendo esta operacionalizada através da escala LEAP. Pretende-se compreender as características psicométricas e o rigor da escala LEAP, bem como conhecer os principais resultados que emergem da literatura científica.

A revisão segue as diretrizes relativas à *Preferred Reporting for Systematic Reviews* (PRISMA, 2020). Os artigos científicos foram pesquisados na *Scopus*, *Academic Search Complete*, *B-on*, *APA PsyInfo*, *Psychological and Behavioral Science Collection*, *Web of Science* e *MEDLINE*. Os artigos incluídos cumprem os critérios de inclusão e exclusão estabelecidos e foram sistematicamente analisados e selecionados pela equipa de investigação. A qualidade dos mesmos foi avaliada através do *Quality of Survey Studies in Psychology Score* (Protogerou & Hagger, 2020).

Foram selecionados 16 estudos. As 3 validações internacionais da LEAP apresentam características psicométricas semelhantes. Os diferentes estudos não apresentam diferença significativas consoante a idade, porém as crianças com menos idade tendem a perceber os seus pais com uma maior Disponibilidade Emocional (DE). A DE parental percebida foi estudada com 28 variáveis diferentes. Comparações de grupos demonstram que perceções mais reduzidas de DE se associam a problemas comportamentais e emocionais. Ao comparar mães e pais, as mães tendem a ser percebidas como emocionalmente mais disponíveis (mais DE percebida), contudo estas diferenças entre os pais não são estatisticamente significativas.

Os resultados das validações constituem um bom indicador para o desenvolvimento de validações noutros países, para expandir os estudos de DE parental percebida. Um dos resultados mais relevantes encontrados é o impacto das baixas perceções DE parental no desenvolvimento de problemas emocionais (e.g., depressão, ansiedade, baixa autoestima, desregulação emocional) e comportamentais (e.g., agressividade, adição à internet, entre outros) das crianças, sendo esses temas os mais enfatizados nas investigações que contemplam a disponibilidade emocional percebida

avaliada através da LEAP. Os resultados das diversas investigações consideradas demonstram a importância de estudar este constructo e a sua operacionalização através da LEAP e de desenvolver intervenções familiares potencialmente promotoras da disponibilidade emocional parental percebida pelos filhos.

Palavras-chave: Disponibilidade Emocional Parental Percebida; Escala *Lum Emotional Availability of Parents* (LEAP); Revisão Sistemática; PRISMA 2020.

Abstract

Systematic reviews have demonstrated their relevance in several scientific fields, allowing researchers to understand the key aspects of a specific theme and interpret the different results of existing research in a scientific area. The present systematic review aims to understand the research already conducted with the perceived Parental Emotional Availability construct operationalised through the LEAP scale. The goal is to comprehend the psychometric characteristics and rigour of the LEAP scale and gain insight into the main findings emerging from the scientific literature.

The review follows the Preferred Reporting for Systematic Reviews (PRISMA, 2020) guidelines. Scientific articles were searched in Scopus, Academic Search Complete, B-on, APA PsyInfo, Psychological and Behavioral Science Collection, Web of Science, and MEDLINE. The included articles met the inclusion and exclusion criteria studies. The included studies meet the established inclusion and exclusion criteria and were systematically analyzed and selected by the team. Their quality was assessed using the Quality of Survey Studies in Psychology Score (Protogerou & Hagger, 2020).

Sixteen studies were selected. The three international validations of the LEAP scale exhibit similar psychometric characteristics. Different studies show no significant differences concerning age, but younger children tend to perceive their parents as having greater Emotional Availability (EA). Perceived parental EA was examined with 28 different variables. Group comparisons demonstrate that lower perceptions of EA are associated with behavioural and emotional problems. When comparing mothers and fathers, mothers tend to be perceived as more emotionally available (higher perceived EA), although these differences between parents are not statistically significant.

The results of the validations serve as a good indicator for the development of validations in other countries to expand the studies on perceived parental EA. One of the most relevant findings is the impact of low perceived parental EA on the development of emotional problems (e.g., depression, anxiety, low self-esteem, emotional dysregulation) and behavioural problems (e.g., aggression, internet addiction, among others) in children, which are the most emphasised themes in research focusing on perceived emotional availability assessed through LEAP. The results of the various studies considered underscore the importance of studying this construct and its operationalization through

LEAP, as well as developing family interventions that potentially promote parental emotional availability as perceived by their children.

Keywords: Perceived Parental Emotional Availability; Lum Emotional Availability of Parents Scale (LEAP); Systematic Review; PRISMA 2020.

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Introdução

Desde o nascimento da criança é notória a singularidade da relação estabelecida entre a mãe e o bebê. Bowlby (1969), interessa-se por esta relação começando a estudá-la, desenvolvendo a Teoria da Vinculação. De acordo com esta teoria, o vínculo entre mãe e filho tem por base uma conexão emocional, cujo propósito é evolutivamente vantajoso. A mãe é considerada a figura de vinculação primária, representando uma fonte de conforto e segurança para a criança. Desta forma, a criança recorre a esta figura nos momentos de necessidade (e.g., situações que geram medo, angústia, ou quando necessita de cuidado). Por sua vez, as necessidades da criança devem ser atendidas de forma adequada pelo cuidador, devendo este apresentar-se atento, disponível e responsivo às dicas da criança (Ainsworth et al., 2015; Saunders et al., 2015).

A figura de vinculação tem um papel muito importante, pois é ela que ajuda o bebê a gerir as suas emoções. Emoções como a segurança, o medo, a ansiedade e a raiva são destacadas por Bowlby (1969). Certas situações, devido às pistas que o contexto apresenta, podem despoletar medo, algo que ocorre até nos adultos. Um bebê ao experienciar esta emoção, ou ao se encontrar numa situação de possível risco, tende a procurar uma proximidade com a figura de vinculação, na busca de conforto. No entanto, o medo, e até a ansiedade, podem não surgir apenas devido ao contexto. Estas emoções podem ser despoletadas pela perspectiva de indisponibilidade da figura de vinculação. Desta forma, compreende-se que, mais importante que a figura estar fisicamente presente é encontrar-se emocionalmente disponível. Se a figura de vinculação se encontra emocionalmente disponível quando a criança necessita, vai permitir que esta compreenda que mesmo na sua ausência física esta (representação interna) continua a estar disponível e a responsiva quando necessário (Ainsworth et al., 2015).

Por norma, uma criança pequena quando se encontra na presença da sua figura de vinculação sente-se segura, isto é, não experiêcia emoções como o medo ou a ansiedade. A menos que a perspectiva de que a figura de vinculação se torne indisponível a qualquer momento, ou que esta deixe de responder às suas necessidades e desejos perturbe a criança. Assim, compreende-se que, a simples presença física da figura de vinculação não é suficiente para criar um sentimento de segurança, embora, muitas vezes, aparente fazê-

lo. Quando se é bebé o modelo representativo da figura de vinculação encontra-se pouco desenvolvido, desta forma, a presença física torna-se essencial para transmitir segurança.

Por sua vez, quando a criança cresce e se torna mais velha, o seu modelo representativo também evolui e complexifica-se. A mera presença física da figura deixa de ser suficiente para fornecer um estado seguro ou tranquilo, é necessário que a criança, e futuramente jovem, perceciono o cuidador como emocionalmente disponível, mesmo quando não está presente fisicamente (Ainsworth et al., 2015). Esta perceção promove e incentiva a autonomia e a exploração do meio (Ainsworth et al., 2015; Sorce & Emde, 1981).

Compreende-se assim que a Disponibilidade Emocional (DE) parental apresenta uma forte relação com a Teoria da Vinculação. A DE envolve sensibilidade e responsividade, tanto do cuidador como da criança. Sendo essencial o cuidador compreender e dar resposta às necessidades da criança, e a criança transmitir que as necessidades foram suprimidas (Biringen et al., 2014; Biringen & Robinson, 1991). Desta forma, um cuidador DE é percecionado como sendo, sensível, caloroso e responsivo, dando suporte à criança, tendo sempre em conta as suas necessidades desenvolvimentais (Biringen & Robinson, 1991; Saunders et al., 2015). Um cuidador emocionalmente disponível demonstrando que vai monitorizando os comportamentos da criança e que está disponível para responder empática e adequadamente às necessidades expressas (Sorce & Emde, 1981).

Aviezer e Ziv (1999) demonstraram que as interações estruturadas em que a Mãe se apresenta sensível e atenta são preditores de uma vinculação segura. Indicando que a DE materna se vai associar a padrões vinculativos seguros. Easterbrooks et al. (2000), demonstram, ainda, que uma vinculação segura prediz, por sua vez, diferentes indicadores de DE, tais como, sensibilidade materna, estruturação materna, capacidade de resposta da criança e envolvimento da criança. No mesmo sentido, Biringen, et al. (2005) e Easterbrooks e Biringen (2000) referem que interações com um cuidador emocionalmente disponível são essenciais para a regulação emocional do bebé. Por sua vez, Bretherton (2000) refere que comportamentos parentais mais envolvidos (e.g., mais presentes, mais interessados, mais DE) se relacionam com um maior sentimento de segurança da criança. Desta forma, a investigação evidencia que perceções mais elevadas de DE parental estão fortemente associadas a um padrão vinculativo seguro.

O estudo da DE tem se focado em métodos observacionais (*Emotional Availability Scales; EAS*) ou de autopercepções parentais (*The Emotional Availability—Self Report; EA-SR*). No entanto, pouco se tem estudado relativamente às percepções que os filhos têm da DE dos seus pais, ou seja, pouco se sabe em relação ao que os filhos efetivamente sentem. Lum e Phares (2005), desenvolveram a *Lum Emotional Availability of Parents (LEAP) Scale*. Esta escala ao ser preenchida pela criança, adolescente, ou adulto, permite compreender as suas percepções da DE parental. Desta forma, a escala responde a uma lacuna da literatura e permite a complementação das escalas já existentes. Permite conhecer, conseqüentemente, o construto da DE de forma mais completa e profunda.

A presente revisão sistemática alicerça-se na recente emergência deste construto e desta abordagem da DE, assim como na importância e no impacto que as relações pais-filho têm no desenvolvimento da criança, do jovem e do adulto. Esta revisão sistemática pretende compreender a investigação que tem sido realizada com a DE parental percebida e se a sua operacionalização é promissora e eficaz.

Capítulo I - Enquadramento Teórico

Disponibilidade Emocional

Na atualidade existem diferentes formas de conceptualizar e de operacionalizar a disponibilidade emocional (DE) na literatura científica, sendo comum às mesmas a responsividade, a sensibilidade e o envolvimento parental (Lum & Phares, 2005). O construto surge inicialmente através da integração da teoria da vinculação (Bowlby, 1969, 1973) e das perspetivas emocionais (Emde, 1980; Mahler et al., 1975). Sendo também influenciado pelas teorias sistémicas (e.g., Guttman, 1991) e pela perspetiva transacional (ver Sameroff & Fiese, 2000) (Altenhofen et al., 2013; Biringen, 2000; Biringen et al., 2014).

No início do desenvolvimento deste construto, a DE apresenta como foco principal a qualidade da relação mãe-filho. A mãe é considerada como uma fonte de suporte e encorajamento para a criança se envolver em situações exploratórias (Mahler et al., 1975). Desta forma, a mãe é perspetivada como um dos principais promotores de autonomia, fator essencial para o desenvolvimento saudável da criança/adolescente/adulto. Posteriormente, a DE surge associada à recetividade materna, isto é, de que forma a mãe compreende e responde de forma adequada às dicas/pistas que a criança transmite, correspondendo às suas necessidades de forma responsiva, sensível e envolvida (Emde, 1980). No entanto, começa a compreender-se que a DE não consiste apenas no comportamento materno/paterno, implicando também a responsividade da criança às interações com o cuidador (Biringen, 2000; Biringen et al., 2014). Desta forma, considera-se que a DE implica um *feedback* emocional sucessivo, positivo ou negativo, que a criança partilha com o cuidador. Esta partilha mútua e dinâmica de informação emocional permite ao cuidador interpretar e responder adequadamente às necessidades da criança. Da mesma forma, que permite à criança transmitir aos seus cuidadores se os sentimentos (e.g., amor, carinho, respeito...), foram, ou não, apreendidos (Biringen & Robinson, 1991; Biringen et al., 2014). Para o cuidador ser considerado emocionalmente disponível, este tem de se demonstrar sensível, caloroso e responsivo, dando suporte à criança, tendo sempre em conta as suas necessidades desenvolvimentais (Biringen & Robinson, 1991; Saunders et al., 2015), demonstrando que vai monitorizando os comportamentos da criança e que está disponível para responder de maneira empática e adequada às necessidades expressas (Sorce & Emde, 1981).

A investigação sobre o construto mantém-se e a literatura identifica a DE como apresentando características diádicas, emocionais e estruturais do relacionamento, incluindo ainda a capacidade de dois indivíduos partilharem uma conexão emocional saudável. Na conceptualização, bem como nos resultados de investigação acerca da DE evidenciam-se características que refletem a influência da teoria da vinculação (Biringen, 2000; Biringen & Robinson, 1999; Biringen et al., 2014; Saunders et al., 2015). Mais recentemente, Biringen et al. (2014) conceptualizam a DE como um construto relacional que implica uma díade, onde as componentes do cuidador e da criança, apesar diferenciadas, compõem ambas o construto, e se influenciam mutuamente. Desta forma, a DE implica que dois indivíduos partilhem uma relação emocional saudável e de qualidade. Considera-se assim, que a DE aprofundou e expandiu a conceptualização inicial das relações de vinculação mãe-filho, sendo esta essencial para se compreender aspetos complementares da relação parental-filial (Saunders et al., 2015). Posteriormente compreende-se que a DE parental transcende a presença física do cuidador, implica uma relação afetiva profunda que se promulga, mesmo na ausência física (Biringen & Robinson, 1991; Goede et al., 2009; Gökçe e Yılmaz; Lum & Phares, 2005).

Devido à relevância da DE parental nas crianças, compreende-se que esta impacta, direta e indiretamente, diversas áreas da vida e do desenvolvimento da criança, do jovem e do adulto. A DE parental potencia o desenvolvimento da autonomia, incentivando a exploração do meio, a expressão de afeto e a socialização da criança (Sorce & Emde, 1981). Por sua vez, a desregulação emocional pode ocorrer quando o cuidador principal está fisicamente indisponível, durante as separações precoces, ou, quando é emocionalmente indisponível, (e.g., apresenta sintomatologia depressiva/depressão). Quando o cuidador, se encontra emocionalmente indisponível, o bebé pode exibir uma desorganização comportamental e fisiológica, e os ritmos interativos parental-filial deixam de estar em sintonia. Esta dessincronia pode manifestar-se através de perturbações afetivas e mudanças nas atividades motoras, fisiológicas ou bioquímicas do bebé, decorrentes da perda temporária ou recorrente do cuidador, essencial para que o bebé aprenda a regular as suas emoções (Field, 1994). Desta forma, pode considerar-se que indisponibilidade emocional impacta negativamente a criança, sendo um fator de risco para o desenvolvimento de perturbações emocionais e comportamentais na infância, na juventude e na adultez (Steinberg & Davila, 2008).

A investigação na área da DE tem demonstrado que esta se relaciona com o desenvolvimento positivo, sendo um importante preditor do mesmo. Bons níveis de DE parental indicam, na criança, melhores competências de autorregulação emocional (Pillai-Ridell & Racine, 2009; Saunders et al., 2015), relações mais positivas com pares e professores (Biringen, 2000) e menos perturbações emocionais (Babore et al., 2017; Benedetto et al., 2018) e comportamentais (Babore et al., 2017; White & Renk, 2012). A DE, é também indicada na literatura como um preditor da vinculação das crianças, estando muitas vezes associada a este construto (Almeida et al., 2022; Biringen, 2000; Biringen et al., 2014). A nível cognitivo, a DE encontra-se associada à prontidão académica (Saunders et al., 2015) e ao desempenho académico (Biringen, 2000).

A DE tem sido estudada em diferentes contextos, abrangendo estudos com famílias tradicionais, monoparentais, famílias de acolhimento e/ou adotivas, famílias imigrantes, famílias com crianças com Necessidades Especiais, com mães que apresentam dificuldades económicas e sociais, com mães depressivas, entre outros. Estas investigações, com participantes com diferentes géneros e outras características, permitem compreender como a DE se relaciona com diferentes aspetos e domínios e o seu poder preditivo no que refere a determinados resultados (e.g., vinculação e de outros aspetos relacionados com o desenvolvimento da criança) (Biringen, 2000; Biringen & Robinson, 1991; Biringen et al., 2014).

A operacionalização da Disponibilidade Emocional

Biringen et al. (1998) operacionalizaram a DE através das *Emotional Availability Scales (EAS)*, que permitem compreender a disponibilidade emocional diádica de forma bidirecional, avaliando a contribuição dos pais ou outros cuidadores relevantes (em relação às quatro dimensões sensibilidade, estruturação, não-intrusividade e não-hostilidade) e da criança (quanto à responsividade e envolvimento) nas suas interações emocionais diádicas. As relações são avaliadas através da compreensão da forma como um membro da díade afeta o outro, não se codificando apenas como cada um se comporta. O instrumento é utilizado em crianças desde a infância até à adolescência (Biringen et al., 2014). As EAS integram uma escala de cotação direta (e.g., tipo *Likert*, com pontuações de 1 a 7, em que os valores mais reduzidos são

indicativos de uma menor qualidade e os mais elevados indicam uma maior qualidade de cada domínio) e de cotação da soma das subescalas (e.g., soma dos resultados obtidos nas subescalas específicas de cada dimensão, numa escala de Tipo *Likert*) (Almeida, 2017; Altenhofen et al., 2013). Esta escala segue um método de observação sendo utilizada em contextos diversificados (e.g., situações de separação-reunião, situações de *still-face*, situações de brincadeira semiestruturada e situações naturais), o que demonstra uma grande adaptabilidade do instrumento. As observações podem realizar-se de forma direta (e.g., com os observadores no local onde a interação ocorre, e codificadas no momento) ou podem realizar-se gravações vídeo das situações de interação diádica, sendo estas posteriormente codificadas por dois investigadores independentes. Em ambas as situações e, independentemente do contexto, as observações devem ter, no mínimo, cerca de 15-20 min. É importante ressaltar que o contexto deve ser adaptado aos objetivos específicos da investigação, previamente estabelecidos (Biringen et al., 2014). Compreende-se assim que as *EAS* constituem um instrumento pouco intrusivo, permitindo aos observadores avaliar as interações parental-filial/filial-parental num ambiente natural, livre de *stress* adicional, podendo ser aplicada em contextos diversificados. Permite ainda realizar observações com diversos parceiros interativos, de forma a compreender uma diversidade de perfis de DE (Almeida, 2017).

Apesar das inúmeras vantagens e da riqueza de informação que as *EAS* nos proporcionam, as escalas apresentam algumas condicionantes. A utilização e acesso a este instrumento implica uma formação paga, estando os seus materiais apenas disponíveis para quem realiza a formação e é autorizado. É ainda necessário que o investigador seja aceite na formação, tendo de cumprir critérios de elegibilidade específicos (e.g., os profissionais têm de trabalhar na área da formação educacional; apresentar uma carta a explicitar as razões subjacentes à utilização do instrumento, descrevendo os projetos onde o pretende implementar). A formação tem o intuito de ensinar os formandos a codificar corretamente as observações, sendo este um processo complexo e prolongado. Para a utilização contínua do instrumento é necessário realizar uma recertificação anual (Biringen, 2021). Compreende-se, assim, que este instrumento, embora muito completo e com inúmeras vantagens, apresenta uma elevada complexidade, não sendo de fácil utilização e praticidade. Adicionalmente, não se encontrando disponível para qualquer indivíduo que pretenda realizar investigação na área da DE.

Ainda assim, a DE tem sido amplamente estudada nas últimas duas décadas, apresentando uma literatura vasta. Contudo, continuam a persistir certas limitações na investigação. O moroso e dispendioso processo de formação e certificação torna a utilização das *EAS* um processo complexo e exigente em termos de recursos humanos, monetários e temporais. Adicionalmente, a maioria dos estudos foca-se na relação mãe-criança, existindo ainda poucos estudos que envolvam a figura paterna. As *EAS* permitem avaliar a DE parental (ou do cuidador, e.g., educador de infância) observada, no entanto, não existia registo de um instrumento que permitisse compreender a DE parental percebida pela criança, pelos jovens ou pelos adultos. Desta forma, um indivíduo externo à relação parental-filial avaliava a DE subjacente a esta relação (i.e., um observador treinado e certificado), mas a informação relativa à forma como a DE era percebida nessa relação não era considerada.

De forma a aceder a esta informação acerca de como a DE parental é percebida pelos filhos, Lum e Phares (2005) desenvolveram e validaram um instrumento para avaliar a DE parental percebida para ambos os pais (i.e., mãe e pai separadamente), que abrange diversas faixas etárias, desde crianças a adolescentes e jovens adultos.

Desta forma, surge a escala de autopreenchimento *Lum Emotional Availability Of Parents (LEAP) Scale* (Lum & Phares, 2005).

A Lum Emotional Availability of Parents (LEAP) Scale

A *Lum Emotional Availability of Parents (LEAP) Scale*, mede as percepções dos filhos, crianças e/ou jovens, sobre a DE dos pais. Lum e Phares (2005), para colmatar as lacunas na literatura, desenvolveram uma escala que permite medir a DE de ambos os pais, separadamente, e em diferentes faixas etárias. Considera-se, assim, que o instrumento é mais abrangente, uma vez que, pode ser utilizada na infância, na adolescência e no início da idade adulta, permitindo ainda a avaliação das auto percepções da DE de ambos os pais (Lum & Phares, 2005).

A LEAP, foi concebida e validada através da realização de 4 estudos (i.e., dois estudos piloto e dois estudos formais) realizados de forma sucessiva. O instrumento começa por ser desenvolvido para adolescentes e jovens adultos, pois são as faixas etárias

menos estudadas e com mais facilidade para realizar escalas de autopreenchimento. Posteriormente foi adaptada para crianças a partir dos 9 anos de idades e para amostras clínicas e não clínicas (Lum & Phares, 2005). Dos estudos das autoras surge então uma escala de 15 itens, para cada figura parental, com um estilo de resposta do tipo *Likert* de 6 pontos (e.g., 1 “Nunca” e 6 “Sempre”) (ver anexo 1) (Lum & Phares, 2005).

O primeiro estudo piloto foi realizado com 220 adolescentes e jovens adultos, entre os 18 e os 25 anos. O seu objetivo prendeu-se com o desenvolvimento e seleção dos itens a integrar na escala. De um total de 153 itens, foram selecionados os 15 itens que hoje compõe a escala, tendo estes itens uma versão materna e paterna (Lum & Phares, 2005).

No segundo estudo, 155 adolescentes e jovens adultos, entre os 18 e os 25 anos, responderam à versão final da escala que emergiu do estudo anterior. As análises estatísticas realizadas demonstram uma elevada consistência interna e confiabilidade. Considera-se a LEAP uma escala uni fatorial, com uma versão materna (i.e., *LEAPm*) e uma versão paterna (i.e., *LEAPp*) (Lum & Phares, 2005).

No estudo seguinte, a LEAP foi respondida por 168 participantes entre os 18 e 25 ano. Este estudo implicou dois momentos de recolha de dados, para compreender a validade temporal da escala (i.e., teste e reteste), apurando-se a existência de estabilidade temporal. A escala apresentou bons *alfa de Cronbach* (i.e., a cima dos .90 para ambas as versões) Neste estudo procurou-se compreender a validade convergente e divergente da escala com diferentes comportamentos parentais. Os resultados indicam que a LEAP apresenta associações significativas e positivas com a aceitação parental, o envolvimento parental positivo (através do *Children’s Report of Parental Behavior Inventory—Revised*), o cuidado parental (através do *Parental Bonding Instrument*) e o carinho emocional parental (através de *My Memories of Upbringing*). Quanto à validade divergente, a LEAP demonstrou associações negativas significativas com a sobreproteção (apenas para a mãe, através da *Parental Bonding Instrument*). A DE parental demonstrou ainda uma associação negativa significativa com manifestações de problemas emocionais e comportamentais (através da *Brief Symptom Inventory*). Foi ainda realizado o controlo da deseabilidade social (através da *Marlowe-Crowne Social Desirability Scale*) e do humor (através da *Profile of Mood States*), indicando os resultados que a escala não é afetada por estes fatores.

Os resultados revelam que a LEAP é uma medida promissora para avaliar a DE parental percebida. Os resultados vão ao encontro do esperado na literatura, o que indica que a LEAP apresenta validade de construto relativamente a outras medidas de parentalidade (Lum & Phares, 2005).

Por fim, o último estudo pretende adaptar e validar a escala para faixas etárias mais novas, e para uma amostra clínica (i.e., receberam apoio de serviços de saúde mental e/ou que participaram num programa de apoio a crianças/jovens com perturbações emocionais/comportamentais). O estudo apresenta uma estrutura semelhante ao anterior, com os mesmos instrumentos, ou semelhantes adaptados à faixa etária avaliada. Desta forma, os participantes são crianças e adolescentes, entre os 9 e os 17 anos (N = 30 teste piloto para adaptação dos itens; N = 635 amostra não clínica; N = 110 amostra clínica). Neste estudo foi ainda desenvolvida uma versão da LEAP a ser preenchida pelos cuidadores. A amostra foi constituída por 553 pais e mães das crianças e adolescentes que participaram no estudo. Os resultados obtidos corroboraram os dos outros estudos já realizados pelos autores. A LEAP apresentou-se, mais uma vez, como uma escala unifatorial, com estabilidade temporal, com bons *alfas de Cronbach* (i.e., amostra não clínica, .96 LEAPm e .97 LEAPp; amostra clínica, .92 LEAPm e .93 LEAPp; amostra dos cuidadores, .93 LEAPm e .95 LEAPp) e com valores das associações semelhantes às já indicadas previamente (e.g., correlações positivas com a aceitação parental em ambas as amostras). Os resultados comparativos entre a amostra clínica e não clínica evidenciaram que o grupo clínico apresenta percepções inferiores de DE parental, sendo este resultado comum a ambos os pais (LEAPm e LEAPp). Por sua vez, este grupo também se apresentou mais suscetível a apresentar perturbações emocionais e comportamentais. Quanto às percepções de DE materna, estas predizem sintomatologia depressiva em ambos os grupos (i.e., clínico e não clínico). Relativamente às percepções da DE paterna esta apenas se demonstrou preditora de sintomatologia depressiva na amostra não clínica, ou seja, os filhos pertencentes ao grupo não clínico que percebem uma menor DE por parte dos pais (i.e., progenitores do sexo masculino) tendem a exibir mais sintomas de depressão (Lum & Phares, 2005).

Desta forma, os resultados dos estudos norte-americanos realizados no âmbito da conceção da LEAP, para avaliar a disponibilidade emocional parental percebida (Lum & Phares, 2005), demonstram o impacto e importância da DE parental em diferentes

momentos/fases da vida. As percepções de DE entre pai e mãe são bastante semelhantes, o que indica que a qualidade da DE parental é semelhante entre cuidadores. Ainda assim, as mães, talvez por, por norma, assumirem o papel de cuidador principal, e consequentemente serem mais envolvidas na relação com a criança/adolescente/jovem adulto, são percecionadas como mais emocionalmente disponíveis. Os resultados indicam também que níveis mais elevados de DE parental estão associados a maiores níveis de bem-estar das crianças, jovens e adultos (Lum & Phares, 2005).

Lum e Phares (2005) trabalharam no desenvolvimento da escala LEAP, para crianças, jovens e jovens adultos (e.g., 9 a 17 anos e 18 a 25 anos), com base numa definição de DE que se foca essencialmente na responsividade parental e no comportamento parental, ao contrário de outras investigações que definiram DE de forma mais ampla, incluindo a responsividade parental, sensibilidade e envolvimento emocional (Biringen & Robinson, 1991). Esta definição mais restrita pode ser a responsável pela existência de apenas um fator a nível estatístico.

A DE parental tem-se assumido como um construto relevante, associando a qualidade nas relações significativas (e.g., com as figuras de vinculação/cuidadores principais) com aspetos individuais, relacionais e familiares diversificados. A LEAP constitui um instrumento de avaliação da DE parental percecionada relativamente recente. Até à data, para além da versão norte-americana original, são conhecidas apenas mais 4 adaptações internacionais. Uma adaptação validada para a população italiana (Babore et al., 2014), uma adaptação validada para a população turca (Gökçe & Yılmaz, 2018) e uma adaptação em processo de validação para a população portuguesa (Martins, 2023). Existe ainda uma adaptação espanhola não validada (ver Fernández-Felipe et al., 2020). É de referir ainda que a LEAP tem sido utilizada como instrumento base ou de inspiração, para o desenvolvimento de outras medidas de avaliação de vinculação e trauma infantil, permitindo a realização de validação convergente (Frewen et al., 2013) e uma melhor compreensão das relações parentais (Wang et al., 2018).

A LEAP italiana, é também validada para crianças, adolescentes e jovens adultos. A escala apresentou bons *alfa de Cronbach* tanto para a LEAP materna (.93), como para a paterna (.95), tendo correlações item-total que variaram de .65 (e.g., LEAP materna) a .74 (e.g., LEAP paterna), sendo também uma escala de apenas um fator (Babore et al., 2014). No estudo italiano, a amostra foi constituída por 578 crianças, adolescentes e jovens adultos. Tal como na validação norte-americana, a escala foi adaptada e aplicada

para cada faixa etária, sendo 47,7% da amostra dos 10 aos 14 anos e a restante dos 15 aos 20 anos (Babore et al., 2014).

Os autores testaram a validade convergente do instrumento, tendo sido o seu principal resultado a forte correlação entre a DE parental e a vinculação (acedida através do *Inventory of Parent and Peer Attachment*, IPPA), para ambos os pais. A associação entre estes dois constructos (LEAP e IPPA) foi positiva e significativa, indo ao encontro do expectável e confirmando a validade do construto (Babore et al., 2014).

Ao considerar as diferenças de idades, os autores constataram que os participantes mais novos tendem a exibir resultados mais elevados de DE parental percecionada comparativamente aos adolescentes e jovens adultos. O que indica que a DE parental percecionada tende a diminuir do início para o meio da adolescência. Tal como no estudo de Lum e Phares (2005), as mães foram consideradas emocionalmente mais disponíveis do que os pais (i.e., progenitores do sexo masculino). Contudo, as diferenças não são estatisticamente significativas (Babore et al., 2014).

Os resultados do estudo italiano permitiram concluir que a LEAP italiana é considerada uma medida válida e confiável, que permite avaliar a qualidade da DE parental percecionada pelos filhos em diferentes faixas etárias (i.e., crianças, jovens e adultos), permitindo ainda compreender as diferenças entre géneros e idades (Babore et al., 2014).

Por sua vez a LEAP turca de Gökçe e Yılmaz (2018), foi validada para adolescentes e jovens adultos, com idades entre os 16 e os 25 anos. O estudo contemplou duas amostras distintas de acordo com as faixas etárias consideradas: (a) uma amostra com 182 participantes entre os 16 e os 18 anos e, (b) a segunda amostra, com 198 participantes entre os 18 e os 25 anos. Nesta validação o resultado do *alfa de Cronbach* é de .95 para a LEAP materna e .97 para a LEAP paterna (Gökçe & Yılmaz, 2018).

Os autores Turcos tentaram compreender a influencia e a relação entre a DE parental percecionada e outros aspetos: a dificuldade em regular as emoções (através da *Difficulties in Emotion Regulation Scale*, DERS); os estilos relacionais do adolescente/jovem adulto (através da *Interpersonal Relationship Styles Scale*, IRSS); as perceções de suporte familiar e social (através da *Multidimensional Scale of Perceived Social Support*, MSPSS); e por fim com o bem-estar e saúde psicológica (através da *Brief Symptom Inventory*, BSI) (Gökçe & Yılmaz, 2018).

Os resultados do estudo turco demonstraram que a DE materna e paterna apresentam associações significativas e positivas com a saúde e o bem-estar psicológico da(o) criança/jovem/adulto, assim como com os estilos relacionais e as percepções de suporte social da(o) criança/jovem/adulto. Por sua vez, quanto às dificuldades de regulação emocional da(o) criança/jovem/adulto, a DE parental apresenta associações negativas significativas (Gökçe & Yılmaz, 2018). Desta forma, quanto maiores as percepções de DE parental, maior o bem-estar psicológico, as relações interpessoais são mais positivas, existindo percepções de maior suporte social (i.e., família extensa, amigos e outros membros da comunidade, como professores, médicos, vizinhos), tendo o filho (criança/jovem/adulto) menos dificuldades em se regular emocionalmente (Gökçe & Yılmaz, 2018).

Dada a importância deste construto é relevante estudar a DE parental ainda mais extensivamente (Lum & Phares, 2005).

Os estudos no âmbito da DE têm sido mais intensamente realizados na díade mãe-criança (Bergmann et al., 2012; Flouri & Buchanan, 2003; Hallers-Haalboom et al., 2014; Lamb, 1997; Lovas, 2005; Monteiro et al., 2010; Rossen et al., 2018; Volling et al., 2002). No entanto, o papel do pai tem-se tornado cada vez mais relevante. Diversos autores, destacam a importância de realizar estudos que incluam o pai, de forma compreender o tipo de relação, a qualidade da mesma e o seu impacto no desenvolvimento dos filhos (e.g., Bergmann et al., 2012; Flouri & Buchanan, 2003; Hallers-Haalboom et al., 2014; Lamb, 1997; Lovas, 2005; Lum & Phares, 2005; Monteiro et al., 2010; Rossen et al., 2018; Volling et al., 2002). Neste sentido, a LEAP revela uma das suas mais valias, pois é uma escala que nos permite diferenciar a DE da mãe e do pai. Adicionalmente, os dados recolhidos através da LEAP podem ser analisados no sentido de compreender a forma através da qual este constructo relacional central, se encontra associado a outros aspetos individuais, relacionais e/ou familiares, e com o comportamento e/ou ao desenvolvimento das crianças, dos jovens e dos adultos.

A extensão etária da escala permite a realização de estudos longitudinais ao longo da vida, o que traz a oportunidade de compreender as mudanças da qualidade emocional da relação pais-filhos (Babore et al., 2014; Lum & Phares, 2005).

Nas últimas décadas, após os estudos relativos à conceção do instrumento LEAP e aos estudos das validações, a DE parental percebida, avaliada através da LEAP, tem

sido utilizada para estudar a DE e a sua relação com diversas variáveis (e.g., dificuldades de regulação emocional, ansiedade, depressão, agressividade, dificuldades de ajustamento social), de forma a aprofundar os conhecimentos em relação a este construto. Desta forma, tem sido possível expandir a compreensão acerca da forma como a DE parental percebida pelos filhos se pode associar, pode influenciar e ser influenciada por diferentes aspetos individuais, familiares e relacionais das crianças, dos jovens e dos adultos na relação parental-filial (Babore et al., 2016; Babore et al., 2017; Demidenko et al., 2015; Gökçe & Yilmaz, 2018; White & Renk, 2012; Lum & Phares, 2005; Saunders et al., 2015; Steinberg & Davila, 2008).

A escala LEAP é considerada uma medida confiável, válida e útil para avaliar a DE dos pais na percepção dos filhos. É considerada uma medida promissora, pois pode ser utilizada para identificar crianças e jovens em risco de desenvolver problemas emocionais e/ou comportamentais, uma vez que permite compreender a existência de percepções de indisponibilidade emocional, por parte dos seus pais em relação aos próprios (Lum & Phares, 2005). Ao se compreender o impacto negativo da falta de DE parental podem desenvolver-se programas de educação parental preventivos, que permitam aos pais desenvolver uma relação emocional de melhor qualidade com os seus filhos (Babore et al., 2017; Karaer & Akdemir, 2019). A LEAP apresenta ainda a vantagem de ser constituída por um número relativamente reduzido de itens (i.e., 15 itens), o que reduz o tempo de resposta e diminui a fadiga, o que torna a operacionalização da DE mais rápida, simples e menos dispendiosa.

No sentido de melhor explorar este construto e a operacionalização da DE parental percebida através da LEAP, e com o intuito de compreender de forma mais completa como tem sido estudada a DE parental percebida e a forma como se relaciona com outros aspetos relevantes da dinâmica familiar, concebemos a presente revisão sistemática da literatura científica.

Revisão Sistemática da Literatura Científica

Nas últimas décadas o desenvolvimento de investigações científicas aumentou exponencialmente. Diferentes temáticas, são estudadas por diferentes autores, com diferentes metodologias, instrumentos, populações e contextos. Esta diversidade, torna

desafiante compreender tudo o que já foi estudado, o que está por estudar e o que é necessário ser mais amplamente estudado. Assim, tornou-se crucial desenvolver investigações científicas que permitissem organizar a literatura existente, sendo desenvolvidas as revisões de literatura. Contudo, compreende-se que estas revisões, por serem tão complexas, devem seguir metodologias de pesquisa e investigação específicas e sistemáticas, de forma a serem mais explícitas e organizadas, para que qualquer investigador a consiga replicar (Camilo & Garrido, 2019; Cooper, 2016).

Nos últimos anos, as revisões sistemáticas têm demonstrado a sua relevância em diversos campos científicos. Este tipo de revisões tem permitido aos investigadores compreender de forma mais completa os principais aspetos e de interpretar os diversos resultados da investigação existente numa área científica específica e em temáticas particulares. Através de procedimentos rigorosos de revisão da literatura científica é possível aceder ao estado da arte de uma determinada temática. Desta forma, torna-se possível conhecer e compreender o que foi estudado, de que forma, recorrendo a que instrumentos e quais os seus resultados. É ainda possível perceber, através da panóplia de resultados apurados e discutidos em diferentes estudos sobre os mesmos temas, a forma como diferentes aspetos da realidade humana se relacionam entre si, e de que forma, quais as populações mais ou menos estudadas, quais as implicações práticas dos resultados obtidos e quais as lacunas existentes na literatura. Tais conhecimentos permitem, planejar investigações futuras para enriquecer o campo de estudo, ou até eleger a intervenção mais adequada para uma população específica (Camilo & Garrido, 2019; Galvão et al., 2015; Gurevitch et al., 2018; Page et al., 2021).

No âmbito da Psicologia, a *American Psychological Association* (APA; 2020) considera as revisões de literatura contribuem para a definição e compreensão de conceitos e construtos. As revisões permitem ainda compreender as tendências da investigação já existentes. Os autores das revisões devem focar-se em sintetizar os principais resultados das diferentes investigações, identificando as lacunas, similaridades e divergências da investigação, assim como, relações, contradições e inconsistências na literatura. Permitindo ainda formular hipóteses de investigação e intervenções inovadoras (Camilo & Garrido, 2019; APA, 2020).

A *American Psychological Association* (2020) recomenda ainda metodologias de organização dos artigos de revisão de literatura, indicando que os artigos podem ser organizados com base na semelhança nos conceitos, construtos ou teorias, com base nas

semelhanças metodológicas, de instrumentos e/ou intervenções entre os diferentes estudos (APA, 2020).

De forma a desenvolver revisões sistemáticas mais precisas, completas, confiáveis e replicáveis, foi desenvolvido o PRISMA *Statement – Preferred Reporting Items for Systematic Reviews and Meta-Analysis* (Liberati et al., 2009). O PRISMA disponibiliza aos investigadores um protocolo específico, que orienta o desenvolvimento da revisão nas suas diferentes etapas, proporcionando uma pesquisa completa e transparente (Camilo & Garrido, 2019; Liberati et al., 2009). As diretrizes PRISMA foram atualizadas em 2020, de forma a espelhar os recentes avanços na metodologia e na terminologia das revisões sistemáticas (Page et al., 2021).

Desta forma, a presente dissertação pretende desenvolver, em formato de artigo, uma revisão sistemática da literatura com base na metodologia PRISMA (2020), apresentando como principal objetivo compreender a literatura existente sobre a DE parental percecionada, e consequentemente sobre a sua operacionalização, através da escala LEAP. Desta forma, pretende-se responder às seguintes questões:

- 1) A escala LEAP é uma escala confiável?
- 2) A LEAP é sensível às diferentes idades dos participantes?
- 3) Quais aspetos psicossociais associados à DE parental percecionada?
- 4) As perceções de DE parental estão associadas a psicopatologias emocionais ou comportamentais?
- 5) Existem diferenças entre a perceção de DE materna e paterna?

Capítulo II - Revisão sistemática

Abstract

Background: Comprehend the investigation developed with the perceived parental emotional availability (EA), and the psychometrics of the LEAP scale, which allows the construct operationalization.

Methods: The review follows the Preferred Reporting for Systematic Reviews guidelines (PRISMA, 2020). The studies were searched in Scopus, Academic Search Complete, B-on, APA PsyInfo, Psychological and Behavioural Science Collection, Web of Science and MEDLINE. The included studies follow the inclusion and exclusion criteria studies. The identified studies were systematically analysed and selected. The quality of the included studies was assessed through the Quality of Survey Studies in Psychology Score.

Results: There were selected 16 studies. The 3 validations present similar psychometrics characteristics. The 3 validations present a one-factor scale, with high Cronbach's alphas for mothers and fathers, presenting convergent and divergent validity. There are no significant age differences, however, young children tend to perceive their parents as more EA. Perceived parental EA has been studied with 28 different variables. Group comparisons demonstrate that lower perceptions of EA can be associated with the development of behavioural and emotional problems. High perceptions of parental EA are associated with, better emotional regulation, less anxiety and depressive symptoms, and less tendency to be addicted to the internet. When comparing mothers and fathers, mothers tend to be perceived as more EA.

Discussion: The results of the validations are a good sign to develop more validations in other countries, and to expand the studies of perceived parental EA. One of the most relevant found outcomes is the impact of the child's perceptions of their parent's EA in the development of children's emotional and behavioural problems, being these themes the most emphasized in the investigations. The results of scientific literature demonstrate the importance of studying this construct and developing adequate familiar interventions.

Other: The review does not present funding and is not registered.

Keywords: Perceived Parental Emotional Availability; Lum Emotional Availability of Parents Scale (LEAP); Systemic Review; PRISMA 2020.

Introduction

In the present day, there are various ways to conceptualize and operationalize Emotional Availability (EA) in the scientific literature, common elements being responsiveness, sensitivity, and parental involvement (Lum & Phares, 2005). This construct initially emerged through the integration of attachment theory (Bowlby, 1969, 1973) and emotional perspectives (Emde, 1980; Mahler et al., 1975). It was also influenced by systemic theories (e.g., Guttman, 1991) and the transactional perspective (see Sameroff & Fiese, 2000) (Altenhofen et al., 2013; Biringen, 2000; Biringen et al., 2014).

In the early development of this construct, EA primarily focused on the quality of the mother-child relationship, being the mother the source of support and encouragement for the child/adolescent/adult to engage in exploratory situations (Mahler et al., 1975). Subsequently, EA became linked to maternal receptivity, understanding and responding to their child's needs in a responsive, sensitive, and engaged way (Emde, 1980). These behaviours are currently associated with both caregivers (Lum & Phares, 2005; Saunders et al., 2015). However, EA does not only consist of maternal/paternal behaviours, but it also involves the child's responsiveness to interactions with the caregivers (Emde, 1980; Biringen, 2000; Biringen et al., 2014).

More recently, Biringen et al. (2014) refer to EA as a relational construct that involves a dyad, where both caregiver and child components, though differentiated, include the construct and mutually influence each other. Thus, EA implies that two individuals share a healthy and high-quality emotional relationship. Nowadays, it is understood that parental EA transcends the physical presence of the caregiver, encompassing a deep emotional relationship that persists even in the caregiver's physical absence (Biringen & Robinson, 1991; Goede et al., 2009; Gökçe & Yılmaz, 2018; Lum & Phares, 2005).

To be considered emotionally available, the caregiver must be sensitive, warm, and responsive, supporting the child, considering his/her developmental needs (Biringen & Robinson, 1991; Saunders et al., 2015), demonstrating that s/he will monitor the child's behaviours and that is available to respond empathetically and appropriately to expressed needs (Sorce & Emde, 1981).

Scientific research in the area has shown that EA is related to positive development, being an important predictor of it. High levels of parental EA indicate children have better emotional self-regulation skills (Pillai-Ridell & Racine, 2009; Saunders et al., 2015), more positive relationships with peers and teachers (Biringen, 2000) and less emotional (Babore et al., 2017; Benedetto et al., 2018) and behavioural problems (Babore et al., 2017; White & Renk, 2012). EA is also indicated in the literature as a predictor of children's attachment, often associated with this construct (Almeida et al., 2022; Biringen, 2000; Biringen et al., 2014). At a cognitive level, EA is associated with academic readiness (Saunders et al., 2015) and academic performance (Biringen, 2000).

Operationalisation of Emotional Availability

EA was operationalized by Biringen (1998; see Babore et al., 2014), through the Emotional Availability Scales (EAS). This instrument follows an observation method, being used in multiple contexts (e.g., separation-meeting situations, still-face situations, semi-structured play situations and natural situations). In this way, the researchers can carry out direct observations or make video recordings of the dyadic interactions, that are subsequently coded by two independent investigators formed by Biringen and her team. Regardless of the context, observations should be at least about 15-20 min. However, the context must be adapted to the previously established specific research objectives (Biringen et al., 2014).

Most of the studies developed with this instrument focus on the mother-baby relationship, being the father figure neglected in the current investigations. The EAS allows the evaluation of the observed parental EA, however, there was no record of an instrument that allowed understanding the parental EA perceived by the child, adolescent, or adult. That is, an individual external to the parent-child relationship that evaluated this relationship, but we were not given information related to how the child “felt” this relationship, and how he perceived it.

Emotional Availability Perceived

So far there is only one scale that allows understanding the children's perceptions: the Lum Emotional Availability of Parents (LEAP) Scale. Lum and Phares (2005) developed and validated a self-completed instrument to measure perceived parental EA for both parents, which covered different age groups, from children to adolescents and young adults. LEAP allows to measure children's, adolescents' and adults' perceptions of EA for both parents. Lum and Phares (2005), to fill the gaps in the literature, developed a scale to measure the perceptions of EA for both parents, separately, and in different age groups. It is therefore considered that the instrument is wider since it can be used by children, adolescents, and adults, also allowing to assess self-perceptions of parental EA for both parents.

The LEAP was conceived and validated through the completion of four studies, (e.g., two pilot studies and two formal studies), conducted successively. From the authors' studies emerged a 15-item scale for each parental figure, with a 6-point Likert-type response format (e.g., 1 "Never" to 6 "Always") (Lum & Phares, 2005). The first pilot study involved 220 adolescents and young adults from 18 to 25 years old. Its objective was to develop and select the items to be included in the scale. Out of a total of 153 items, the 15 items that now make up the scale were selected, each with a maternal and paternal version (Lum & Phares, 2005). In the second study, 155 adolescents and young adults from 18 to 25 years old responded to the final version of the scale that emerged from the previous study. The statistical analyses demonstrated high internal consistency and reliability. The LEAP is considered a unifactorial scale, with a maternal version (LEAPm) and a paternal version (LEAPp) (Lum & Phares, 2005).

In the next study, the LEAP was completed by 168 participants from 18 to 25 years. This study involved two data collection points to understand the scale's temporal validity (e.g., test-retest reliability) and assess temporal stability. The scale showed good Cronbach's alphas (e.g., above .90 for both versions). In this study, the convergent and divergent validity of the scale concerning different parenting behaviours was investigated. The results indicated that the LEAP had a significant positive association with parental acceptance, positive parental involvement, parental care, and parental emotional warmth. Regarding divergent validity, the LEAP showed significant negative associations with overprotection. Parental emotional unavailability also demonstrated a

negative association with manifestations of emotional and behavioural problems (Lum & Phares, 2005). The final study aimed to adapt and validate the scale for younger age groups and for a clinical sample (i.e., those receiving mental health services and/or participating in a program for children/adolescents with emotional/behavioural disorders). The participants were children and adolescents from 9 to 17 years old (N = 30 in the pilot test for item adaptation; N = 635 in the non-clinical sample; N = 110 in the clinical sample). The results obtained were in line with previous studies by the authors. Once again, the LEAP presented itself as a unifactorial scale, with temporal stability and similar associations as previously indicated (e.g., positive associations with parental acceptance in both samples). When comparing the clinical and non-clinical samples, it was found that the clinical group had lower perceptions of parental EA, and this result applied to both mothers and fathers (LEAPm and LEAPp). In turn, this group also showed a greater susceptibility to develop/display emotional and behavioural problems. Regarding maternal perceptions of EA, these predicted depressive symptoms in both groups (i.e., clinical, and non-clinical). As for paternal perceptions of EA, they only predicted depressive symptoms in the non-clinical sample, meaning that children in the non-clinical group who perceived less EA availability from their fathers tended to exhibit more symptoms of depression (Lum & Phares, 2005).

Lum and Phares (2005) worked on the development of the LEAP scale for children, adolescents, and young adults (e.g., ages 9 to 17 and ages 18 to 25), based on a definition of EA that primarily focuses on parental responsiveness and parental behaviour, unlike other research that defined emotional availability more broadly, including parental responsiveness, sensitivity, and emotional involvement (Biringen & Robinson, 1991). This narrower definition may be responsible for the presence of only one statistical factor.

Parental EA has been considered a relevant construct with significant relationships to various individual, relational, and family aspects. The LEAP represents a relatively recent tool for assessing perceived parental EA. To date, in addition to the original North USA version, only four international adaptations are known. There is a validated adaptation for the Italian population (Babore et al., 2014), one for the Turkish population (Gökçe & Yılmaz, 2018), and one adaptation in the process of validation for the Portuguese population (Martins, 2023). There is also an unvalidated Spanish adaptation (see Fernández-Felipe et al., 2020). It should be noted that the LEAP has been used as a

foundational or inspirational instrument for the development of other measures of child attachment and trauma, allowing for convergent validation (Frewen et al., 2013) and a better understanding of parental relationships (Wang et al., 2018).

Given the importance of this construct, it is relevant to study parental emotional availability more extensively (Lum & Phares, 2005).

Studies on EA have been more intensively conducted in the mother-child dyad (Bergmann et al., 2012; Flouri & Buchanan, 2003; Hallers-Haalboom et al., 2014; Lamb, 1997; Lovas, 2005; Monteiro et al., 2010; Rossen et al., 2018; Volling et al., 2002). However, the role of the father has become increasingly relevant. Several authors highlight the importance of conducting studies that include the father to understand the type of relationship, its quality, and its impact on child development (e.g., Bergmann et al., 2012; Flouri & Buchanan, 2003; Hallers-Haalboom et al., 2014; Lamb, 1997; Lovas, 2005; Lum & Phares, 2005; Monteiro et al., 2010; Rossen et al., 2018; Volling et al., 2002). Due to this, the LEAP reveals one of its strengths as it allows for the differentiation of EA between the mother and father, facilitating the assessment of parental EA. Additionally, data collected through the LEAP can be analysed to understand how this central relational construct is associated with other individual, relational, and family aspects, as well as with the behaviour and/or development of children, youth, and adults in the parent-child relationship.

The wide age range covered by the scale allows for longitudinal studies throughout life, providing the opportunity to understand changes in the emotional quality of parent-child relationships (Babore et al., 2014; Lum & Phares, 2005).

In recent decades, following studies related to the development of the LEAP instrument and its validation perceived parental EA assessed through the LEAP has been used to study EA and its relationship with various variables (e.g., attachment, depressive symptoms, anxiety, emotion regulation, internet addiction, aggressiveness). This has allowed for a deeper understanding of this construct and its association with different individual, relational, and family aspects in the parent-child relationship (Babore et al., 2016; Babore et al., 2017; Demidenko et al., 2015; Gökçe & Yilmaz, 2018; White & Renk, 2012; Lum & Phares, 2005; Saunders et al., 2015; Steinberg & Davila, 2008).

The LEAP scale is considered a reliable, valid, and useful measure for assessing parents' EA as perceived by their children. It is viewed as a promising measure because

it can be used to identify children and youth at risk of developing emotional and behavioural problems, as it allows an understanding of the presence of perceptions of emotional unavailability from their parents. By understanding the negative impact of the lack of parental EA, preventive parenting education programs can be developed to help parents develop a higher quality emotional relationship with their children (Babore et al., 2017; Karaer & Akdemir, 2019). The LEAP also has the advantage of consisting of a relatively small number of items (i.e., 15 items), reducing response time and minimizing fatigue, assessing emotional availability quicker, simpler, and less costly.

To better explore this construct and the operationalization of parental emotional availability as measured by the LEAP, and to gain a more comprehensive understanding of how perceived parental emotional availability has been studied and how it relates to other relevant aspects of family dynamics, this systematic literature review was conceived.

The Present Study

Considering that EA, and mainly perceived parental EA, is an emerging area, it becomes relevant for scientific researchers to understand the investigations carried out in the area, and what important gaps continue without responses. To comprehend the impact of the existing literature and guide future research, the present investigation is a systematic review based on PRISMA, following the steps of its checklist.

In this way, the present study pretends to answer the following questions:

- 1) Is the LEAP scale reliable?
- 2) Is LEAP sensitive to the participant's different ages?
- 3) Which psychosocial aspects are associated with perceptions of parental EA?
- 4) The perceptions of parental EA are associated with emotional or/and behavioural psychopathologies?
- 5) Are there differences between perceived maternal and paternal EA?

The *PRISMA Statement – Preferred Reporting Items for Systematic Reviews and Meta-Analysis*, PRISMA 2020 developed an article about the explanation and elaboration of a systematic review according to the actualized protocol. The article indicates all the essential and additional elements that should be reported in the review (see Page et al.,

2021). The maximum of PRISMA 2020 recommendations were followed to accomplish a clear, transparent, and rigorous process of the scientific systematic review.

Methods

Data Search Process

The guidelines of the Preferred Reporting for Systematic Reviews were followed (PRISMA, 2020), to explore the implications of perceived parental EA through LEAP operationalization. The protocol of this review was not registered on the International Prospective Register of Systematic Reviews (PROSPORO) due to PROSPORO team recommendations.

“Students: We do not (have the resources to) register reviews done as part of training courses, modules or other 'mini' reviews. Feel free to use the system in your learning and to help you develop a full protocol, but do not press the button.”

University of York, Centre for Reviews and Dissemination, January 2022.

The present Systemic Review was initiated in January 2022, the search for studies was conducted in Scopus, Academic Search Complete, B-on, APA PsyInfo, Psychological and Behavioral Science Collection, Web of Science and MEDLINE. There were no defined specific dates, but there were only eligible articles since 2005 when the first validation was published. The search was redone in December 2022, to confirm that are not been published new articles.

The keywords used were: Lum Emotional Availability of Parents - Tx All text (AND) LEAP - Tx All text.

As restrictors, we included: Pear analysed and Academic Journal.

Inclusion and Exclusion Criteria

The inclusion criteria were established based on the PICOS method (Methley et al., 2014; see PRISMA 2020). In this way, the (P)opulation includes children,

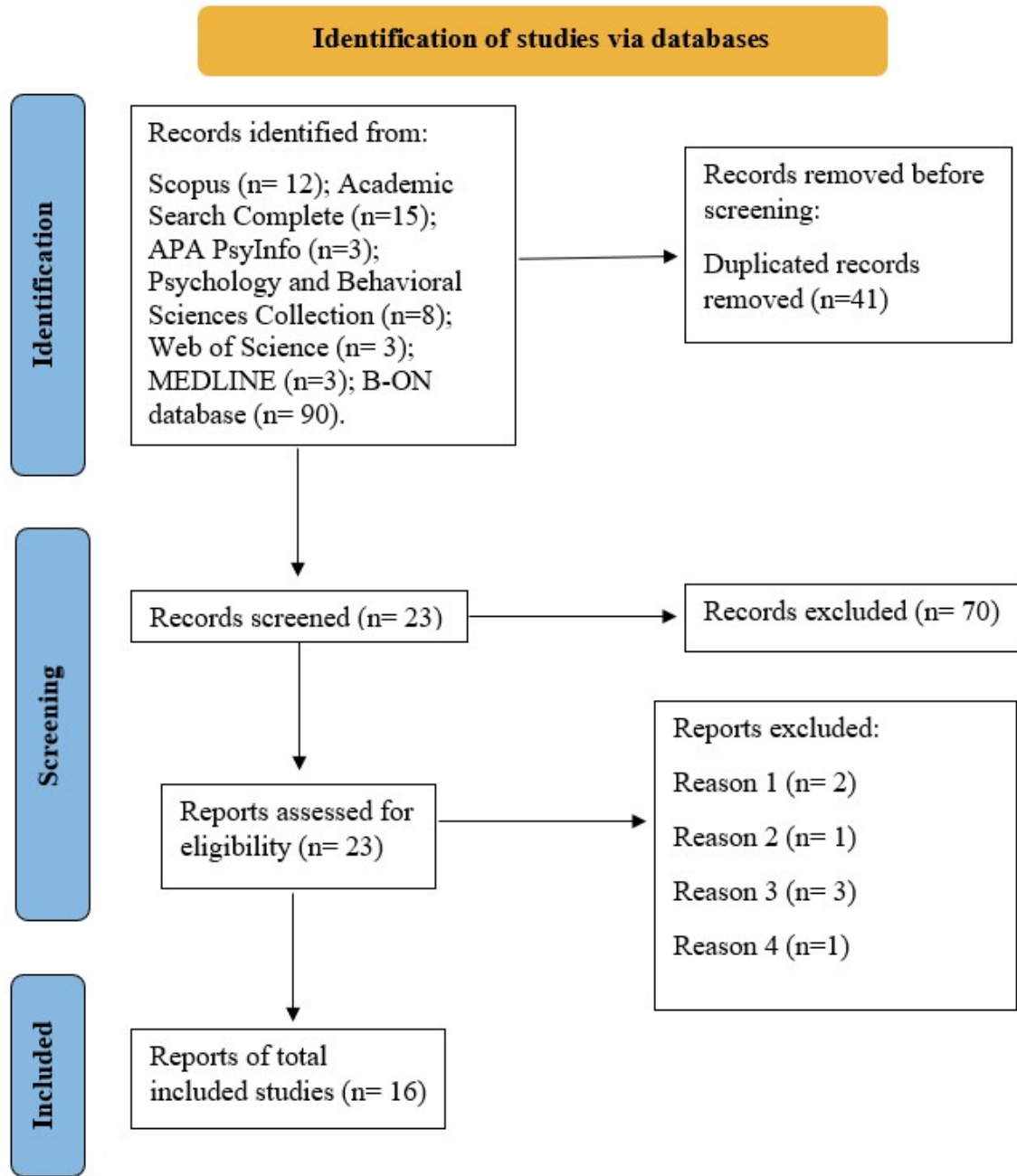
adolescents, and adults, who address their perceptions of parental EA; The (I)ntervention, implicates the participants to complete a validated version of LEAP; The (O)utcomes are explicit the diversity of the perceptions of parental emotional availability of parents through LEAP; The (S)tudy design select are quantitative correlational studies (e.g., descriptive, cross-sectional).

Other Inclusion criteria are: (a) Articles using the LEAP as a measure of parental perceived EA; (b) the study needs to present the results of the LEAP Scale; (c) the EA data collection was done using validated LEAP scale, and (d) evaluate the child/adolescent/young adults' perceptions of their parents.

Where not included in the review: studies that are not published in English (e.g., Italian, Turkish); use other EA measures than LEAP (e.g., use EAS that is an observational measure does not allow us to understand the perceived EA); use a non-validated LEAP scale; use LEAP to measure other variables that not perceived parental EA; use LEAP to evaluate Parental self-perceptions of EA, literature reviews, thesis, books, and qualitative studies.

Studies Selection

Figure 1. Flowchart of the full process of the identification and selection of the studies (according to the PRISMA, Page et al., 2020 guidelines).



Reason 1: articles not written in English; Reason 2: articles that did not use LEAP to evaluate perceptions of parental EA; Reason 3: articles that did not use a validated LEAP, and Reason 4: articles that use LEAP only to measure the parents auto perceptions of EA.

From the scientific research, a total of 134 articles were found, 41 were duplicates, remaining 93 for analysis. Duplicates were removed, and the screening was based on the titles and abstracts, the remaining 23 articles for a full analysis. The second screening was

fulfilled, by searching the full text of the articles that fit the eligibility criteria. The studies that did not fit the eligibility criteria, 7, were excluded.

The 4 reasons for final exclusion were, (reason 1) articles not written in English, (reason 2) articles that didn't use LEAP to evaluate perceptions of parental EA, (reason 3) articles that didn't use a validated LEAP, and (reason 4) articles that use LEAP only to measure the parents auto perceptions of EA.

The selection process identified 16 papers that were considered adequate. The search and selection were performed by the master's student responsible for the systematic review, and two students attending the psychology degree, to have a more precise search and selection.

Data Extraction Plan

The data extraction was conducted by the master's student responsible for the review. Categories were established to summarize the results of the selected studies, such as the country where it was developed, the principal objectives, the participant's characteristics, the study variables, the instruments used to operationalize them, and the presented results of perceived parental EA through LEAP.

The quality of the included studies was assessed through the Quality of Survey Studies in Psychology Score (Q-SSP, Protogerou & Hagger, 2020; see <https://osf.io/5aepd/>, accessed in February 2023), the most adequate index for various designs and instruments. All 16 studies present acceptable quality.

Results

The included studies, address the children's perceptions of parental EA, in the United States of America (5), Italy (5), Turkey (4) and Canada (2). Witch demonstrates the importance of extending the study of perceptions of parental EA worldwide.

Table 1: Studies date and country

Reference	Country
(Lum & Phares, 2005)	USA
(Cordero & Israel, 2009)	
(White & Renk, 2012)	
(Curran, 2016)	
(Schmidt et al., 2018)	
(Frewen et al., 2013)	Canada
(Demidenko et al., 2015)	
(Babore et al., 2014)	Italy
(Babore et al., 2016)	
(Babore et al., 2017)	
(Benedetto et al., 2018)	
(Trumello et al., 2018)	
(Gökçe & Yılmaz, 2018)	Turkey
(Özdoğan & Önder, 2018)	
(Karaer & Akdemir, 2019)	
(Eyüboğlu & Eyüboğlu, 2020)	

RQ1: Is the LEAP scale reliable?

Table 2: LEAP validations psychometrics

References	Participants	Psychometrics
(Lum & Phares, 2005)	1st pilot (e.g., item generation study): 220 college students, ages 18-25 years old; 2nd pilot (e.g., scale development): 155 college students, ages 18-25 years old; 1st study (e.g., validation) 168 college students, ages 18-25 years old; 2nd study (e.g., Downward Extension): 110 children and adolescents of a clinical sample and 608 children and adolescents of a nonclinical sample, age 9-17 years old.	Pilot studies: One-factor scale, 15 items for mothers and 15 items for fathers. α . 98 for maternal and paternal versions. Maternal item-factor correlations range from .82-.91, and paternal item-factor correlations range from .80-.92. 1st study: test-retest correlation coefficients, mother form .92 ($p < .0001$) and for the father form .85 ($p < .0001$). 2nd study: One factor scale. Interitem correlations ranged between .68 and .80. The mean for mothers is .71 and for fathers .70. α . of the non-clinical sample are .96 for the mother and .97 for the father. For the clinical sample mothers present a α . of .92 and fathers of .93.

References	Participants	Psychometrics
		Test-retest reliability is indicated to be .81 for both parents in the non-clinical sample. For the clinical samples, it is .77 for mothers' reports and .76 for fathers' reports. The LEAP demonstrates strong stability over time, even 3 months.
(Babore et al., 2014)	578 middle and high school students 1° sample 10-14 years old (e.g., 45,7% of the sample) 2° sample 15-20 years old	One factor scale, which stays similar across distinct age groups (e.g., 10-14 years old / 15-20 years old). Item-total correlations ranged between .65 for the mother form, and .74 father form. Cronbach's alpha of the mother form is .93 and for the father form .95. LEAP demonstrate a significant effect of age because children present higher scores than adolescents/young adults.
(Gökçe & Yılmaz, 2018)	380 Adolescents and adults Ages from 16 to 25	One factor scale. Cronbach's alpha coefficient for the mother form is .95 and for the father form .97. Item-test correlation for the mother form ranged between .65 and .83, and for the father form ranged between .76 and .86.

To the present day, LEAP presents 3 validations. The original scale was developed by Lum and Phares (2005), followed by an Italian validation from Babore et al. (2014), being the most recent validation of the Turkish by Gökçe and Yılmaz (2018). The 3 validation studies carried out an Exploratory Factor Analysis, for each version of the scale (e.g., LEAPm and LEAPp). As a result, all 3 studies present a one-factor scale, with 15 items for each parent's perceptions. The Cronbach's alpha of all validations is above .90 which indicates a high reliability. In the 3 studies both LEAPm and LEAPp present good internal consistency, having the 3 validations similar outcomes, demonstrating the quality of scale.

The original study (Lum & Phares, 2005) performs a test-retest, indicating that LEAP presents good stability over time. The Lum and Phares (2005) study, includes all age groups which opens an option for the development of longitudinal studies. The USA study (Lum & Phares, 2005) also executed a group comparison between clinical and non-clinical samples, demonstrating the importance of studying the perceptions of parental EA and the development of emotional and behavioural problems. On the other hand, the Turkish study (Gökçe & Yılmaz, 2018) introduced the study of the impact of perceived EA on emotional regulation but did not include younger ages.

RQ2: Is LEAP sensitive to the participant's age differences?

Table 3: Age Comparison

Reference	Age	Age Differences	Country
(Lum & Phares, 2005) (Babore et al., 2014) (White & Renk, 2012) (Babore et al., 2016) (Benedetto et al., 2018) (Trumello et al., 2018) (Schmidt et al., 2018)	Children (5-11 years old)	Both parents present higher levels of EA, but young children tend to perceive their mothers have more EA than their fathers.	Italy (4) USA (3)
(Lum & Phares, 2005) (Babore et al., 2014) (Gökçe & Yılmaz, 2018) (White & Renk, 2012) (Frewen et al., 2013) (Demidenko et al., 2015) (Babore et al., 2016) (Babore et al., 2017) (Benedetto et al., 2018) (Trumello et al., 2018) (Özdoğan & Önder, 2018) (Schmidt et al., 2018) (Karaer & Akdemir, 2019) (Eyüboğlu & Eyüboğlu, 2020)	Adolescents (12-17 years old)	Adolescents, in comparison to younger ages, tend to consider their parents a little less EA. Studies did not detect significant differences in paternal EA in different age groups, even though they are at different stages of development.	USA (3) Italy (5) Turkey (4) Canada (2)
(Lum & Phares, 2005) (Babore et al., 2014) (Gökçe & Yılmaz, 2018) (Cordero & Israel, 2009) (Frewen et al., 2013) (Demidenko et al., 2015) (Curran, 2016) (Babore et al., 2017) (Trumello et al., 2018) (Özdoğan & Önder, 2018) (Schmidt et al., 2018) (Eyüboğlu & Eyüboğlu, 2020)	Adults 18 -53 years old)	The perceptions of parental EA are similar. It is a little less high than young children with no significant differences. Some articles did not evaluate the adult perceptions of EA in the present, they resort to evoking childhood memories.	USA (4) Italy (3) Turkey (3) Canada (2)

Globally, the results indicate that when the children are younger, they tend to perceive their parents as more EA. These EA perceptions tend to decrease during adolescence and increase and stabilise during adulthood, although the differences are not considered significant. These results are consistent with the existing literature, that

according to the stages of development, the parental-filial relationship suffers slight differences (DeGoede et al., 2009; Hair et al., 2008; Vassallo et al., 2009).

Seven studies evaluated young children's perceptions, 14 with adolescents, and 12 studies with evaluate adult's perceptions. Most of the studies include more than one age group, being common studies include children and adolescents or adolescents and young adults. There was some inconsistency in the definition of age groups because each author defines the age group according to his own vision (e.g., some consider adolescence until 18 or 19 years old, and childhood until 13 or 14 years old) and the participants available. The age groups defined in this review are based on the original scale of Lum and Phares (2005).

The number of studies developed indicates that is necessary to perform more articles with young ages. However, it is important to comprehend that it is a difficult population to access due to the necessity of parental authorization. If the data is retrieved in schools, it is also necessary the school authorization, which may jeopardize the collection of data. In Turkey, at the moment of this review, there are no studies developed with young ages.

RQ3: Which psychosocial aspects are associated with perceptions of parental EA?

Table 4: Psychosocial aspects associated with perceptions of parental EA (LEAP)*

Reference	Variables	Instruments	Results
(Lum & Phares, 2005) (Babore et al., 2014) (Demidenko et al., 2015)	Attachment	Parental Bonding Instrument (PBI) Inventory of Parent and Peer Attachment (IPPA) Inventory of Parent and Peer Attachment (IPPA-Revised)	Parental EA and Attachment presented positive strong correlations in subscales like, care. Having negative correlations with overprotection. Which contributes to divergent validity.
(Lum & Phares, 2005) (White & Renk, 2012) (Karaer & Akdemir, 2019)	Parenting Styles	My Memories of Upbringing (EMBU) Parenting Style Scale (PSS)	Parental EA and parenting styles demonstrate positive strong correlations with emotional warmth, and negative correlations with overprotection or strictness.
(Gökçe & Yılmaz, 2018) (Trumello et al., 2018)	Emotional Regulation	Difficulties in Emotion Regulation Scale (DERS)	Parental EA is demonstrated to influence positively emotional regulation, which will impact general psychological health. (e.g., internet addiction).

Reference	Variables	Instruments	Results
(Özdoğan & Önder, 2018) (Karaer & Akdemir, 2019)		Emotion Regulation Questionnaire (ERQ)	Difficulties in emotional regulation mediate a relationship between parental EA and aggression. Difficulties in emotional regulation indicate less EA which predicts Internet addiction. Parental EA has a direct and significant mediator effect on the difficulty in emotion regulation. Parental EA demonstrates significant positive correlations with the cognitive ability to modify the meaning and the emotional impact of the situation.
(Demidenko et al., 2015) (Babore et al., 2016) (Eyüboğlu & Eyüboğlu, 2020) (Curran, 2016) (Lum & Phares, 2005)	Depression/depressive symptoms	Mini International Neuropsychiatric Interview (PlusMINI Plus) Mini International Neuropsychiatric Interview for Children and Adolescents (MINI KID) Beck Depression Inventory-II (BDI-II) Children's Depression Inventory (CDI) Hospital Anxiety and Depression Scale (HADS)	Parental EA presents negative strong correlations with depression/depressive symptoms. When the child presents depression (study with daughters-fathers and other with child-mother), tend to consider their parents as less EA. Depressed parents are perceived to have less EA. Gender and age can mediate the relationship between depression and EA.
(Cordero & Israel, 2009) (Babore et al., 2016) (Babore et al., 2017)	Self-esteem	Rosenberg Self-Esteem Scale (RS-ES)	Parental EA has positive strong correlations with self-esteem. Authors suggest exploring in the future how interactions between self-esteem and parental EA predict depression. Parental EA impacts aggression through the mediation of self-esteem (e.g., better EA correlates with better self-esteem and less aggression).
(White & Renk, 2012) (Babore et al., 2017) (Özdoğan & Önder, 2018) (Lum & Phares, 2005)	Self-perception of Externalizing behaviour problems (aggressiveness)	The Youth Self-Report (YSR) Aggression Questionnaire Short-Form (AQ-SF) Reactive-Proactive Aggression Scale	Parental EA has a strong negative correlation with aggression (e.g., externalizing behaviour problems). Parental EA impacts aggression through the mediation of self-esteem (e.g., better EA indicates better self-esteem and less aggression). The relation between EA and aggression is mediated through emotion regulation. Adolescents highly committed to their ethnic identities reported better positive perceptions of their parents' EA and warmth. In this way,

Reference	Variables	Instruments	Results
			adolescents' acculturation and commitment to their ethnic identity might be indirectly associated with externalizing behaviour problems. So, EA may mediate the relationship between ethnic identities and aggression.
(Benedetto et al., 2018) (Eyüboğlu & Eyüboğlu, 2020)	Anxiety	Revised Children's Manifest Anxiety Scale (RCMAS-2) Hospital Anxiety and Depression Scale (HADS)	Parental EA demonstrates strong negative correlations with child/adolescent/adult anxiety.
(Trumello et al., 2018) (Karaer & Akdemir, 2019)	Internet addiction	Shorter Promis Questionnaire (SPQ)-Internet addiction subscale Young's Internet Addiction Test (IAT)	Results indicate that maternal EA, but not paternal EA, predicted Internet addiction. Internet addiction correlates negatively with maternal EA (with paternal EA it is not significant). Both parent's EA have a negative strong correlation with internet addiction. When adolescents with internet addiction have comorbid depression tend to perceive their parents as less EA.
(Gökçe & Yılmaz, 2018) (White & Renk, 2012)	Social Support/ neighbour support	Multidimensional Scale of Perceived Social Support (MSPSS) Student Perceived Availability of Social Support Questionnaire (SPASSQ)	Parental EA has a strong positive correlation with social support. Parental EA has a direct and significant mediator effect on multidimensional perceived social support.
(Lum & Phares, 2005) (Gökçe & Yılmaz, 2018)	Psychological Function/Psychological symptoms	Brief Symptom Inventory (BSI)	Parental EA has a positive significant correlation with general psychological health. Having a negative significant relation with maladjustment.
(Curran, 2016)	Social Skills	Texas Social Behaviour Inventory (TSBI)	Maternal EA positive and strong correlation with social skills.
(White & Renk, 2012)	Social Perceptions	The Harter Self-Perception Profile for Children (SPPC)	Parental EA is positive and significantly correlates with global self-worth. On the other hand, only maternal EA correlates in a meaningful way with scholastic competence and social acceptance.
(Demidenko et al., 2015) (Benedetto et al., 2018)	Perceptions of Parent	Perception of Parents Scale (POPs)	Maternal EA has a positive and strong correlation with autonomy support. Paternal EA has a positive and strong correlation with autonomy support.

Reference	Variables	Instruments	Results
			Parental EA demonstrates a significant positive correlation with the perceptions of parents.
(Lum & Phares, 2005)	Parental Behaviour	Children's Report of Parental Behaviour Inventory-Revised (CRPBI-R)	Parental EA indicates a strong positive correlation with Acceptance, Control and Positive Involvement subscales and has a negative strong correlation with the rejection and withdrawal of relations subscales.
(Lum & Phares, 2005)	Mood	Profile of Mood States (POMS)	Parental EA did not present significant correlations with mood.
(Lum & Phares, 2005)	Social Desirability	Lie Scale on the Revised Children's Manifest Anxiety Scale (RCMAS) Marlowe-Crowne Social Desirability Scale (M-C SDS)	Parental EA did not present significant correlations with Social Desirability.
(Gökçe & Yılmaz, 2018)	Interpersonal Relationship Styles	Interpersonal Relationship Styles Scale (IRSS)	Parental EA has a direct and significant mediator effect on interpersonal relationship styles.
(Cordero & Israel, 2009)	Parental Acceptance/rejection	Parental Acceptance/Rejection (Abbreviated) Questionnaire	Parental EA has a negative strong correlation with rejection, so the inverse is for acceptance.
(Cordero & Israel, 2009)	Parents' Perception of Physical Appearance	Parental Messages Concerning Weight and Shape	Maternal EA has a negative strong correlation with maternal eating/appearance messages.
(Cordero & Israel, 2009)	Sociocultural Acceptance of Physical Appearance	Attitudes Towards Appearance Sociocultural Questionnaire (SATAQ)	Parental EA did not present significant correlations with sociocultural attitudes.
(White & Renk, 2012)	Acculturation/Ethnic Identification	Psychological Acculturation Scale (PAS) Multigroup Ethnic Identity Measure (MEIM) The Sense of Community Index (SCI)	Parental EA is associated with higher ethnic identification and acculturation.
(Benedetto et al., 2018)	Metacognition	Metacognition Questionnaire for Children (MCQ-C)	Parental EA has a significant positive correlation with a positive meta-worry subscale.

Reference	Variables	Instruments	Results
(Benedetto et al., 2018)	Parental Psychological control	Psychological Control Scale - Youth Self-Report (PCS)	Maternal EA has a strong negative correlation with maternal psychological control.
(Trumello et al., 2018)	Callous-unemotional traits	The Inventory of Callous-Unemotional Traits (ICU)	Parental EA presents a negative significant correlation with unemotional and uncaring subscales. Only maternal EA has a negative significant correlation with the Callousness subscale
(Trumello et al., 2018)	Technology Behaviours	Questionnaire New Digital Technologies (QNDT)	Parental EA has a significant positive correlation with positive Technology Behaviours.
(Cordero & Israel, 2009)	Eating Attitudes	Eating Attitudes Test-26 (EAT-26)	Parental EA did not present significant correlations with eating attitudes.
(Schmidt et al., 2018)	Grief of a lost pet	Prolonged Grief Disorder scale (PG-13)	Mothers are perceived as having more EA after the loss of a pet when experience higher levels of grief, even though both parents were viewed as EA.
(Eyüboğlu & Eyüboğlu, 2020)	Prenatal attachment	The Prenatal Attachment Inventory (PAI)	Parental EA has a significant positive correlation with Prenatal attachment.
(Frewen et al., 2013)	Negative traits /affectivity	Childhood Attachment and Relational Trauma Screen (CARTS)	Results indicate that childhood negative affectivity was more likely to be reported if the participants considered their parents as less EA during childhood. Mother EA didn't present significant correlations with self-reports of negative traits. However, fathers' EA presents a negative significant correlation with self-reports of negative traits.

*(some aspects are integrated in the studies but not directly associated with EA - LEAP, depending on the purpose of each study)

Table 4 shows that perceived parental EA has been studied with a variety of aspects, being included in this review 28 variables. The most studied variables associated with parental EA (LEAP) are emotional regulation (4 studies: 3 Turkish and 1 Italian) and depression (4 studies: 1 Turkish, 1 Canadian, 1 USA and 1 Italian). Followed by attachment (3 studies: 1 Italian, 1 USA and 1 Canadian), parenting styles (3 studies: 1 USAs and 1 Turkish), self-esteem (3 studies: 2 Italians and 1 USA) and aggression (3 studies: 1 Italian, 1 USA and 1 Turkish). Subsequently, perceived EA is evaluated with, anxiety (2 studies: 1 Italian and 1 Turkish), internet addiction (2 studies: 1 Italian and 1 Turkish), social support (2 studies: 1 USA and 1 Turkish), psychological function (2 studies: 1 USA and 1 Turkish), perceptions of parents (2 studies: 1 Canadian and 1

Italian), social skills (1 USA study), social perceptions (1 USA study), parental behaviour (1 USA study), mood (1 USA study), social desirability (1 USA study), interpersonal relationship styles (1 Turkish study), parental acceptance/rejection (1 USA study), parents perception of physical appearance (1 USA study), sociocultural acceptance of physical appearance (1 USA study), acculturation/ethnic identification (1 USA study), metacognition, (1 Italian study), parental psychological control (1 Italian study), callous-unemotional traits (1 Italian study), technology behaviour (1 Italian study), eating attitudes (1 USA study), grief of a loss pet (1 USA study), prenatal attachment (1 Turkish study), and negative traits /affectivity (1 Canadian study).

Three of the variables (i.e., mood, social desirability and eating attitudes) did not present significant correlations with perceived parental EA. Due to that, the authors Cordero and Israel (2009), even advise redoing the study because the literature indicates an interaction between the variables. The rest of the results demonstrate to be according with the literature, indicating that LEAP presents promising results.

From all the variables studied some, present negative associations with the perceptions of parental EA (LEAP).

Table 5: Negative and positive associations Paternal EA (LEAP)

Negative	Positive
<ul style="list-style-type: none"> • Overprotection (Karaer & Akdemir, 2019; Lum & Phares, 2005; White & Renk, 2012). • Depression/depressive symptoms (Babore et al., 2016; Curran, 2016; Demidenko et al., 2015; Eyüboğlu & Eyüboğlu, 2020; Lum & Phares, 2005). • Externalizing behaviour problems – aggressiveness (Babore et al., 2017; Lum & Phares, 2005; Özdoğan & Önder, 2018; White & Renk, 2012). • Anxiety (Benedetto et al., 2018; Eyüboğlu & Eyüboğlu, 2020). • Internet addiction (Karaer & Akdemir, 2019; Trumello et al., 2018). • Parental rejection (Cordero & Israel, 2009; Lum & Phares, 2005). 	<ul style="list-style-type: none"> • Attachment (Babore et al., 2014; Demidenko et al., 2015; Lum & Phares, 2005). • Emotional warmth (Karaer & Akdemir, 2019; Lum & Phares, 2005; White & Renk, 2012). • Emotional Regulation (Gökçe & Yılmaz, 2018; Karaer & Akdemir, 2019; Özdoğan & Önder, 2018; Trumello et al., 2018). • Self- esteem (Babore et al., 2016; Babore et al., 2017; Cordero & Israel, 2009) • Social support (Gökçe & Yılmaz, 2018; White & Renk, 2012). • Psychological health (Gökçe & Yılmaz, 2018; Lum & Phares, 2005).

Negative	Positive
<ul style="list-style-type: none"> • Maternal eating/appearance messages (Cordero & Israel, 2009) • Maternal psychological control (Benedetto et al., 2018). • Unemotional and Uncaring (Trumello et al., 2018). 	<ul style="list-style-type: none"> • Social skills (Curran, 2016). • Autonomy (Benedetto et al., 2018; Demidenko et al., 2015) • Parental acceptance (Cordero & Israel, 2009; Lum & Phares, 2005). • Parental positive involvement (Lum & Phares, 2005). • Ethnic identification and acculturation (White & Renk, 2012). • Positive meta-worry (Benedetto et al., 2018). • Prenatal attachment (Eyüboğlu & Eyüboğlu, 2020).

It is important to note that most of the studies explore correlations between perceived parental EA and the children's Psychosocial variables/aspects (Babore et al., 2014; Babore et al., 2017; Benedetto et al., 2018; Clay et al., 2017; Cordero & Israel, 2009; Curran, 2016; Eyüboğlu & Eyüboğlu, 2020; Lum & Phares, 2005; Schmidt et al., 2018).

Some of the studies test models (see Babore et al., 2017; White & Renk, 2012; Özdoğan & Onder 2018), using regressions (e.g., multiple regressions, see Frewen et al., 2013; Trumello et al., 2018; hierarchical regressions see White & Renk, 2012) EA as a predictor of internet addiction (Trumello et al., 2018), externalizing behaviour problems (White & Renk, 2012), reactive and proactive aggression (Özdoğan & Onder 2018), depression/depressive symptoms (Babore et al., 2016; Curran, 2016), anxiety (Benedetto et al., 2018); social skills (Curran, 2016). So far, EA has been associated with diverse psychosocial variables/aspects, but its causal role needs to be explored.

RQ4: The perceptions of parental EA are associated with emotional or/and behavioural psychopathologies?

Table 6: Group comparisons

Reference	Group comparisons	Results
(Lum & Phares, 2005)	Clinical (55.5% externalizing disorder; 35.4% internalizing	The Nonclinical sample demonstrates higher perceptions of EA for both parents, the mothers with the higher

Reference	Group comparisons	Results
	disorder, and 9.1% both an externalizing and an internalizing disorder, diagnosed with a specific learning disorder, 58.2%.) vs non-clinical. Adolescent and children's samples.	<p>scores. That indicates that low Parental EA makes it susceptible to the development of emotional/behavioural problems and psychological maladjustment.</p> <p>In both samples, higher reports of maternal EA were associated with lower levels of depressive symptoms, internalizing and externalizing behaviour problems. However, fathers' EA did not present significant correlations with internalizing problems.</p> <p>The results indicate that LEAP partially explains variances in psychological function (mothers present a greater impact than fathers).</p>
(Demidenko et al., 2015)	Depressed vs non-depressed daughters and fathers	Daughters with fewer perceptions of less fathers' EA. When the fathers have depression, the daughters tend to perceive them as less EA.
(Benedetto et al., 2018)	Meets the criteria for anxiety disorder diagnosis vs non-clinical	<p>Non-clinical sample tend to score higher for both parents. Children's anxiety and parental EA present a significant negative correlation in the clinical sample. In the nonclinical sample, the correlations are not significant.</p> <p>In the clinical sample, parental EA presents a significant negative correlation with a child's anxiety, and a positive significant correlation with positive meta-worry, maternal EA and the perceptions of fathers' support. On the other hand, in the nonclinical sample, the maternal EA presents a strong positive correlation with superstition, punishment and responsibility scale, and parental support. It has a negative significant correlation with maternal psychological control.</p>
(Karaer & Akdemir, 2019)	Adolescents with internet addiction vs without internet addiction	<p>Non-clinical sample tend to score higher for both parents. Adolescents with internet addiction perceived their parents as less EA. When presenting comorbid depression, the perception of parental EA is even lower. With comorbid anxiety disorder or disruptive behaviour disorder, there were no significant differences.</p>

Reference	Group comparisons	Results
(Eyüboğlu & Eyüboğlu, 2020)	Pregnant vs non-pregnant adolescents In pregnant adolescents, it also compared the impact of EA on pregnancy complaints	Both groups present similar scores of Parental EA, which indicates that, normally, teen pregnancy didn't influence the previous relationship established with parents. In pregnant adolescents' depression is demonstrated to be associated with parental EA, the results indicate a negative significant correlation with depression and a strong positive correlation with prenatal attachment. The results indicate that the higher perceptions of parental EA may predict fewer pregnancy complaints. So, higher levels of parental EA may indicate fewer complaints, less depressive symptoms, and in this way, higher prenatal attachment.
(Frewen et al., 2013)	Non-clinical sample vs psychiatric outpatients' sample	The clinical sample indicates fewer perceptions of parental EA.

The studies indicate that clinical samples, with emotional and behavioural pathologies tend to perceive their parents as less EA. The results indicate that when the parents are perceived as less EA the children are more likely to present one of these problems, and/or when the children have already developed the problems, they tend to perceive their parents as less EA.

The principal psychopathologies studied are depression, anxiety, aggression, and internet addiction. In the clinical samples is also studied and compared the impact of EA in pregnant and non-pregnant witch did not present differences, indicating that teen pregnancy didn't influence the child's perceptions of parental EA.

RQ5: There are significant differences between the perceptions of maternal EA and paternal EA?

Table 7: Mothers vs Father EA

Reference	Parental differences
(Lum & Phares, 2005)	The differences between mothers and fathers EA do not differ significantly. Results suggest that the quality of parental EA is relatively stable across caregivers, even though, mothers score a little bit higher than fathers.

Reference	Parental differences
(Babore et al., 2014)	The differences between mothers and fathers EA do not differ significantly. For fathers, sons tend to score higher than the daughters. On the other hand, for mothers both sons and daughters present higher scores.
(Gökçe & Yılmaz, 2018)	The differences between mothers and fathers EA do not differ significantly. Results indicate that the child's difficulty in emotion regulation, interpersonal relationship style, and social support has a complete mediation effect on the relationship between maternal EA and psychological health. However, the same mediator variables assume only a partial mediator role in the relationship between paternal EA and psychological health. Parental EA in general is related to different characteristics of children, such as difficulty in emotion regulation, interpersonal relationship style, social support, and psychological health during adulthood.
(Cordero & Israel, 2009)	The study didn't demonstrate the impact of the EA or acceptance of parents on daughters' unhealthy eating. The differences between mothers' and fathers' EA do not differ significantly.
(White & Renk, 2012)	Mothers are considered a little bit more EA than fathers but with no significant differences. Adolescents that report higher perceptions of parental EA in general, also demonstrate lower levels of externalizing behaviour problems. However, the impact of maternal EA was more significant in the report of externalizing behaviour problems. The authors consider that mothers' and fathers' characteristics impact differently the adolescents' behaviour, so future research should focus on comprehending these differences.
(Frewen et al., 2013)	The differences between mothers' and fathers' EA do not differ significantly, even though mothers score higher than fathers. Fathers' EA demonstrates have a higher impact on the self-reports of negative traits and negative affectivity.
(Babore et al., 2016)	The differences between mothers' and fathers' EA do not differ significantly, even though mothers score higher than fathers. Maternal EA presents a slightly stronger relation with depressive symptomatology, than paternal EA.
(Babore et al., 2017)	The differences between mothers and fathers EA do not differ significantly. Both parents partially influenced less aggressive behaviours through an indirect effect on self-esteem. Parental EA presents a negative correlation with aggression and a positive one with self-esteem.
(Benedetto et al., 2018)	The differences between mothers and fathers EA do not differ significantly. For boys, fewer perceptions of paternal EA impact the development of anxiety. For girls' other maternal variables, other than EA, tend to impact anxiety.

Reference	Parental differences
(Trumello et al., 2018)	Less maternal EA is demonstrated to impact the development of internet addiction. Paternal EA didn't present significant results.
(Özdoğan & Önder, 2018)	The differences between mothers' and fathers' EA do not differ significantly, even though mothers score higher than fathers. Both parents' EA presents a negative relation with reactive-proactive aggression.
(Schmidt et al., 2018)	After the loss of a pet children perceived their mothers as more EA compared to their fathers, even though both parents were viewed as EA. When experiencing higher levels of grief the mothers are perceived as more EA.
(Karaer & Akdemir, 2019)	The differences between mothers' and fathers' EA do not differ significantly, even though mothers score higher than fathers. Both parents are perceived as less EA when the children present internet addiction and comorbid major depression.
(Eyüboğlu & Eyüboğlu, 2020)	The differences between mothers' and fathers EA do not differ significantly, even though mothers score higher than fathers. Results indicate there was no difference between the impact of maternal EA and paternal EA in the prenatal attachment and fewer pregnancy complaints.

In general, all the results of studies indicate that mothers tend to be considered more EA than fathers. The reduced perceptions of maternal EA by children tend to be associated with the manifestation of externalized and internalized behaviour problems in children. Additionally, reduced perceptions of paternal EA tend to be associated with the display of externalized problems in children.

However, fathers' also present high scores of perceived EA, there are differences between both parents but they did not seem significant. In this way, the perceptions of EA were demonstrated to be stable across parents.

Discussion

EA is a construct associated with the quality of the relationship with the caregivers (see Almeida et al., 2022; Babore et al., 2014; Demidenko et al., 2015; Lum & Phares, 2005), emotional regulation (see Gökçe & Yılmaz, 2018; Özdoğan & Önder, 2018; Pillai-Ridell & Racine, 2009; Saunders et al., 2015; Trumello et al., 2018; Karaer & Akdemir,

2019), social relationships (see Biringen, 2000; White & Renk, 2012) and academic performance (see Biringen, 2000; Saunders et al., 2015).

In order to comprehend the sons' and daughters' perceptions of parental EA, and study another aspect of EA, the LEAP scale was developed (Lum & Phares, 2005). LEAP is a self-report instrument that evaluates children's perception of parental EA, allowing the simultaneous evaluation of the paternal EA and maternal EA. LEAP presents many advantages, such as easy and quick administration, does not present temporal and economic costs, allows you to evaluate different age groups enhancing longitudinal studies, and is considered an appropriate instrument to assess the risk of developing emotional and behavioural problems. In this way, it can be considered that the adaptation and validation of LEAP for different populations, cultures and languages is essential for the development of this scientific field.

The present review explores the psychometrics of the LEAP scale and the current investigation involving perceived parental EA, and its associations with other psychosocial aspects in childhood, adolescence, and adulthood.

To respond to the first investigation question “Is the LEAP scale a reliable scale?”. The psychometrics of the 3 validations of the LEAP scale were analysed. The scale demonstrates to be consistent in the three countries with validations, presenting the same one-factor structure for father and mother versions, and similar, strong, item correlations and Cronbach alphas (Babore et al., 2014; Gökçe & Yılmaz, 2018; Lum & Phares, 2005). This represents a good sign to develop more validations in other countries, to expand the studies of perceived parental EA. Thus, it is possible to comprehend the impact of this construct worldwide. With more investigations in other countries, it becomes possible to understand if the perceived parental emotional availability (LEAP), exhibits different results within diverse cultures and/or if the scale is consistent, despite the cultural differences. The scale is under validation for the Portuguese populations of ages between 18 and 25 years old (Martins, 2023), presenting similar psychometrics to other validations and results consistent with the literature. In this way, it is considered important to develop a version for children and adolescents, to study all the age groups and the differences between them. The authors of the Spanish (Fernández-Felipe et al., 2020) version should continue trying to proceed with the validation since it would add value for research with its population.

To respond to the second question, “Is LEAP sensitive to the participant's different ages?”, studies that present different age groups are compared, in order to understand the main differences between these groups. The studies' outcomes indicate that younger children tend to perceive their parents as more EA. These EA perceptions tend to decrease during adolescence and increase and stabilised during adulthood, although the differences are not considered significant (see Babore et al., 2014; Benedetto et al., 2018; Lum & Phares, 2005; Trumello et al., 2018; Schmidt et al., 2018) These results are consistent with the literature, which may indicate that LEAP is adequate to comprehend how perceived parental EA and parent-child relationship alters during different stages of life. The literature indicates that as the child grows the parent-child relationship suffers various changes. Growing up presents new challenges for the child/adolescent, in this way, parents need to adapt to the new parenting challenges. During adolescence, with the beginning of puberty, there is naturally an increase in independence and consequently a decrease in closeness to the caregiver. The adolescent starts to explore his sexuality, engage in risk-taking behaviours, and develop a new social dynamic, where parents present a “secondary role”. The search for independence tends to accelerate due to changes in physical and cognitive abilities, the strengthening of social bonds, and the acquisition of additional rights and responsibilities. Adolescents become more self-reliant, capable of making their own decisions, gradually solidifying their identity, and learning to regulate their own emotions and behaviour, being less dependent on their parents (Inguglia et al., 2014; Suleiman & Dahl, 2019). Although during adolescence closeness between young daughter/son and caregivers decline, young adults tend to perceive their parents as an important source of support for important aspects of their life (Inguglia et al., 2014). The adult child starts to comprehend their parent's point of view, understanding their weakness, mistakes, needs and limitations (Birditt et al., 2008). As results indicate, the perceptions of parental EA change through life, and it is important to encourage the adaptation of this relationship, depending on the stage of life in which the child, adolescent or adult is, so that they always feel their parents as EA.

To respond to the next investigation question “Which psychosocial aspects are associated with perceptions of parental EA?” the selected studies' results, were analysed to comprehend the impact or associations of children's/adolescent's/adult's perceptions of parental EA in different aspects of their life (e.g., social, emotional, behavioural). One of the most relevant found outcomes it's the associations of the young daughter/son

perceptions of their parents EA in the development of young daughter/son emotional and behavioural problems, being these themes the most emphasized in the investigations (see Babore et al., 2016; Babore et al., 2017; Benedetto et al., 2018; Curran, 2016; Demidenko et al., 2015; Eyüboğlu & Eyüboğlu, 2020; Karaer & Akdemir, 2019; Lum & Phares, 2005; Özdoğan & Önder, 2018; Trumello et al., 2018; White & Renk, 2012). The studies demonstrate the impact of perceived parental EA in very different and important areas of the child's life, such as emotional regulation, development of anxiety, depression, aggressive behaviours, and internet addiction. The present evidence demonstrates the negative impacts of low perceptions of parental EA, on the promotion of the referred problems, which is in line with the literature (see Saunders et al., 2015).

The included studies focus on group comparisons, between clinical and non-clinical groups. This permitted us to comprehend if “The perceptions of parental EA are associated with emotional or and behavioural psychopathologies?”. The group comparisons demonstrated that child perceptions are more negative in the presence of these psychological and behavioural problems (Benedetto et al., 2018; Demidenko et al., 2015; Frewen et al., 2013; Karaer & Akdemir, 2019; Lum & Phares, 2005). The studies' outcomes highlight the importance of the parent-child relationships, and the necessity to involve the parents in their young daughter/son's lives since early age. As results indicate, the perceptions of parental EA change through life, and it is important to encourage the adaptation of this relationship, depending on the stage of life in which the child, adolescent or adult is, so that they always feel their parents as EA.

Some studies focus on more specific and less addressed variables, being the only ones studying the perceived parental EA with these variables, such as eating disorders (Cordero & Israel, 2009), pet loss (Schmidt et al., 2018), or adolescent pregnancy (Eyüboğlu & Eyüboğlu, 2020). Being the only studies to include this type of investigation they don't present other studies to compare results and their methodology. Even so, two of the studies present results according to the expectations and the literature (Eyüboğlu & Eyüboğlu, 2020; Schmidt et al., 2018), indicating that are well conceived, and that the LEAP scale behaves as expected with an extended variety of variables.

The study approaching eating disorders did not present significant results on the impact of perceived parental EA, in college female students. The study must be replicant since the literature indicates the existence of a relationship between these variables (Cordero & Israel, 2009). Recently, a study revealed similar results, not presenting

significant correlations between eating disorders (e.g., anorexia) and perceived parental EA (Criscuolo, et al., 2023). The authors consider that maybe parental EA did not affect directly the development of the disorder, but can be important in the treatment stages (Criscuolo, et al., 2023).

Another relevant fact about perceived parental EA, specifically its operationalization, is the fact that allows us to comprehend the difference between the perceptions that the son/daughter has of the mother and father. It is easily understood if one parent influences more the development of one specific pathology than the other. The studies indicate that both parents tend to be perceived as EA, even though mothers are considered a little bit more EA than fathers, but the differences are not significant (see Babore et al., 2014; Babore et al., 2016; Babore et al., 2017; Benedetto et al., 2018; Cordero & Israel, 2009; Eyüboğlu & Eyüboğlu, 2020; Frewen et al., 2013; Gökçe & Yılmaz, 2018; Karaer & Akdemir, 2019; Lum & Phares, 2005; Özdoğan & Önder, 2018; Schmidt et al., 2018; Trumello et al., 2018; White & Renk, 2012). Perceptions of lower mother's EA tend to be associated with both emotional and behavioural problems. On the other hand, perceptions of lower father EA tend to have more impact on the development of behavioural problems. These results can indicate that mothers are considered as being more predisposed to emotional matters. For example, in the study of Schmidt et al. (2018), about pet loss, when the child presented higher levels of grief the mothers were considered more EA than the parents. This trend may indicate that in situations of emotional distress, the mother presents a bigger role, being representative of big positive and negative impacts according to the child's perception.

Conclusion

EA is an emerging construct that has been more studied in the last few years. The investigations have been consensual. Comparing this review information with other literature, it's possible to observe that, even with different operationalizations and applications protocols, the results indicate that both parents tend to be EA to their young daughter/son and are perceived in this way (see, Benedetto et al., 2018; Biringen et al., 2014; Lum & Phares, 2005; Salo et al., 2021; Saunders et al., 2015). When the parents don't present as EA for their young daughter/son or are not perceived in this way, the

offspring tend to express low self-esteem (Babore et al., 2016), difficulties in emotional regulation (Gökçe & Yılmaz, 2018; Karaer & Akdemir, 2019; Özdoğan & Önder, 2018), anxiety (Benedetto et al., 2018; Lum & Phares, 2005), depression (Babore et al., 2016; Demidenko et al., 2015; Lum & Phares, 2005), aggressiveness (Babore et al., 2017; White & Renk, 2012).

The LEAP scale is a promising measure, allowing the perception of parental EA evaluation in different age groups. The relationship with parents does not stagnate during childhood. As the child develops, the relationship he has with his parents also develops, changing and adapting to the new stages of life and its challenges.

The growth and development of the young daughter/son will cause changes in the relationship with their parents. When the child enters school age, parents need to remain sensitive, attentive, and available, as with this change several challenges and adversities arise, but allow the beginning of the development of autonomy and new significant social relationships. It is therefore a challenge for caregivers to establish appropriate limits for the child's age, maintaining an effective, supportive and EA environment (Simões et al., 2011).

Adolescence also represents an important phase in development, in which several physical, emotional, and cognitive changes occur, which in turn also causes significant changes in the parent-adolescent relationship. Studies indicate that the perception of parental support and EA decreases in early to mid-adolescence (Babore et al., 2014; DeGoede et al., 2009), “stabilizing” at the end of adolescence, The relationship becomes more equal, and the adult “restart” to considerer their parent as an important source of support (Inguglia et al., 2014; Vassallo et al., 2009). As the literature states the initial decrease in perceptions of parental EA is related to the fact that adolescence is marked by the search for autonomy and independence, which may initially cause conflicts in the relationship with parents (DeGoede et al., 2009; Inguglia et al., 2014; Suleiman & Dahl, 2019). Despite the changes that occurred during this period, the parent-child relationship continues to play an important role in the emotional adjustment of adolescents (Hair et al., 2008; Inguglia et al., 2014; Vassallo et al., 2009).

Another important conclusion involves the maternal and paternal EA differences as the studies reveal and the literature supports. The literature indicates that the mother is usually considered to be the young daughter/son's main caregiver (Hallers-Haalboom et

al., 2014; Lovas, 2005; Monteiro et al., 2008; Monteiro et al., 2010). For this reason, EA studies have been more intensely carried out in the mother-child dyad (Bergmann et al., 2012; Flouri & Buchanan, 2003; Hallers-Haalboom et al., 2014; Lamb, 1997; Lovas, 2005; Monteiro et al., 2010; Rossen et al., 2018; Volling et al., 2002). However, the role of the father has become increasingly relevant, and there is also an evolution in the social conception of the role that the father has in the education and development of the son/daughter. Fathers are more present and become more involved in the tasks inherent to parenting that, previously, essentially fell to the mother (Monteiro et al., 2010). The fathers' increasing involvement in the relationship with the daughter/son makes the need for investigation even more relevant and urgent. However, although fathers' involvement has increased, Mother's involvement remains substantially higher (Hallers-Haalboom et al., 2014).

The mother-young daughter/son and father-young daughter/son relationship, although similar in terms of quality, may differ in terms of style and type of interactions (Lamb, 1997). The father figure is more likely to encourage the young daughter/son to be more competitive and independent, becoming more involved with the child in activities and interactions (e.g., play, games) that are more playful and physically more stimulating (Flouri & Buchanan, 2003), which are viewed very positively by the young daughter/son (Volling et al., 2002). On the other hand, the mother figure is more associated with interactions related to the child's primary care (e.g., food, hygiene), while the father is more associated with interactions focused on play which can influence the quality of the relationships, even though both parents are considered EA (Monteiro et al., 2010).

Summing up, the perceived parental EA is an emerging concept, his operationalization presents good results, converging with the literature and other operationalizations of EA. This evidence represents an indicator of the importance of exploring the potential of this scale in research. The LEAP, in addition to a new look at EA, also allows complementing existing investigations, providing relevant and promising data.

Future Research

The present systematic review, only includes the perceptions of parental EA of the daughter/son, excluding the parental auto perceptions, not only because it is our focus,

but because the parental auto perceptions present little literature. In this way, we consider that is important that future literature explore the associations of parental auto perceptions of EA in the development of the young daughter/son, and if their perceptions are like the sons'/daughters' perspectives. It would also be interesting to analyse the differences between parents with psychopathologies as well as parents of children with psychopathologies. Did the parents perceive themselves as more EA than their children with psychopathology perceived? That is an important question that the investigation should try to respond to. Besides the Lum and Phares (2005) study, for the development and validation of the LEAP, only one study evaluates the parental auto perceptions of EA (see Clay et al., 2017).

The authors of the included studies have their own recommendations. Lum and Phares (2005), recommend the implementation of interventions focused on the development of parental EA to prevent the development of children's emotional/behavioural problems. More familiar interventions can be implemented for example, the prevention and treatment of internet addiction focusing on parenting skills, and parent-child relationship quality (e.g., EA supervision, involvement) (Karaer & Akdemir, 2019).

More studies with clinical samples should be performed, to comprehend the impact of the child's perceptions of parental EA on the development of the child's psychopathologies (Babore et al., 2014). Is relevant to compare the young daughter/son's perceptions, with the parent's auto perceptions.

Another important suggestion is focused on the impact of sons' and daughter's perceptions of parental EA across the life span, so it is considered relevant to the develop longitudinal studies, that accompanied the participants through different ages and life stages (Lum & Phares, 2005).

As Gökçe and Yılmaz (2018) suggest, is important to expand the use of LEAP in different countries, populations, cultures, and ethnicities, to avoid a cultural-specific measure.

Most of the authors recommend the replication and expansion of their studies, considering it important to try to redo the studies to go through their limitations (e.g., restrictions in sample selection, the sample size, the context of the sample selection; LEAP being a culture-specific measurement instrument; lack of healthy control groups;

not evaluate parents psychopathology; impossibility to establish cause-effects relationships) (see Babore et al., 2017; Benedetto et al., 2018; Eyüboğlu & Eyüboğlu, 2020; Frewen et al., 2013; Karaer & Akdemir, 2019; Lum & Phares, 2005; Özdoğan & Önder, 2018; Trumello et al., 2018).

It's also important that researchers, perform more investigation with young children being one of the literature gaps at the time. In Turkey, the LEAP scale does not have validation for this age group, as well as in Portugal.

Another area of study with the LEAP scale can be the difference between siblings' perceptions of their parent's EA. Older and younger siblings tend to perceive their parents equally or older consider them more EA or less EA? That's another path for future research.

Limitations

The present systematic review about EA and its operationalization with the LEAP scale could expand the research by utilizing more diverse research keywords, due to the difficulties in analysing a great deal of articles with a small team. The review could explore grey literature, to find more variety of articles. Additionally, where only included articles written in English, being excluded articles with relevant results. The article search was carried out in December of 2022, leaving out recent articles that include the LEAP scale (see Criscuolo et al., 2023).

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Capítulo III - Considerações Finais

Considerações Finais

A EA é um construto emergente sendo mais estudado nos últimos anos (ver Eyüboğlu & Eyüboğlu, 2020; Karaer & Akdemir, 2019; Salo et al., 2021). Este construto tem sido estudado como um integrante da qualidade das relações parento-filiais. Existem diversos focos de investigação com a DE, no entanto, uma grande parte dos estudos realizados foca-se na compreensão do desenvolvimento de perturbações nas crianças/jovens, cuja DE parental é considerada reduzida.

Assim, compreende-se que por norma, as baixas perceções de DE parental por parte dos filhos tendem a associar-se a uma baixa autoestima, dificuldades de regulação emocional, ansiedade, depressão, agressividade, ou a dificuldades no ajustamento social (Babore et al., 2016; Babore et al., 2017; Demidenko et al., 2015; Gökçe & Yilmaz, 2018; White & Renk, 2012; Lum & Phares, 2005; Saunders et al., 2015; Steinberg & Davila, 2008). A diversidade de aspetos individuais e relacionais que se revelam associados à perceção filial de DE da mãe e do pai (LEAP) enfatizam a relevância deste construto e da sua operacionalização através da escala LEAP. As sucessivas associações dos baixos níveis de DE parental com os problemas emocionais e comportamentais dos filhos, demonstram a relevância deste construto. Atualmente ainda existe a necessidade de continuar a aprofundar o estudo da DE parental percecionada, de forma a melhor compreender as suas influências. Ter um conhecimento mais aprofundado é essencial para que, futuramente, seja possível desenvolver intervenções preventivas completas e efetivas.

A presente revisão sistemática apresenta resultados relativamente coerentes da que vão de encontro à literatura científica existente na no âmbito da área temática da DE. Tal é indicativo do bom funcionamento da operacionalização da DE parental percecionada avaliada através da LEAP, pois outras operacionalizações da DE apresentam resultados semelhantes (i.e., associações com a vinculação, regulação emocional; desenvolvimento de problemas emocionais e comportamentais; qualidade da relação pais-filhos) (ver Biringen et al., 2014; Lum & Phares, 2005; Salo et al., 2021). Desta forma, as escalas já existentes (e.g., LEAP; EAS; EA-SR) são complementares, avaliando diferentes vertentes da DE, permitindo um desenvolvimento de investigações cada vez mais ricas e complexas.

A LEAP tem sido considerada uma medida promissora, permitindo a avaliação de diferentes faixas etárias, o que permite a realização de investigações longitudinais. Estas, por sua vez, permitem compreender de que forma as percepções de DE parental se alteram ao longo da vida dos filhos. A literatura indica que relação com os pais não estagna durante a infância. À medida que a criança se desenvolve, a relação que tem com os pais também se desenvolve, alterando-se e adaptando-se às novas fases da vida e aos seus desafios (e.g., procura de autonomia, valorização das relações com pares e das relações amorosas, alterações físicas devido à puberdade, maturação cognitiva, exploração da sexualidade, sair de casa dos cuidadores, etc.) (Birditt et al., 2008; Inguglia et al., 2014; Simões et al., 2011; Suleiman & Dahl, 2019). As mudanças na relação tornam-se mais marcantes quando a criança entra na idade escolar. Nesta fase os cuidadores precisam se manter sensíveis, atentos e disponíveis, pois com essa mudança surgem diversos desafios e adversidades, sendo estes os precursores do início do desenvolvimento da autonomia e de novas relações sociais significativas. É, por isso, um desafio para os cuidadores estabelecer limites adequados à idade da criança, mantendo um ambiente afetivo, que transmita suporte e DE (Simões et al., 2011).

Por sua vez, a adolescência também representa uma fase importante do desenvolvimento, na qual ocorrem diversas mudanças físicas, emocionais e cognitivas, que por sua vez também provocam mudanças significativas na relação pais-adolescente (Birditt et al., 2008; Inguglia et al., 2014; Suleiman & Dahl, 2019). Estudos indicam que a percepção do apoio parental e da EA diminui no início e meio da adolescência (Babore et al., 2014; DeGoede et al., 2009), estabilizando no final da adolescência. Esta diminuição inicial pode dever-se ao facto de a adolescência ser marcada pela procura de autonomia e independência, o que pode originar inicialmente conflitos na relação com os pais (DeGoede et al., 2009). Apesar das mudanças ocorridas durante este período, a relação pais-filhos continua a desempenhar um papel importante no ajustamento emocional dos adolescentes (Hair et al., 2008). Ao entrar na vida adulta, as perspetivas dos filhos alteram-se. Estes reaproximam-se e identificam-se com os seus pais. Começam a compreender os pontos de vista dos seus pais, entendendo as suas fraquezas, erros, necessidades e limitações (Birditt et al., 2008; Inguglia et al., 2014; Suleiman & Dahl, 2019).

Outra conclusão importante envolve as diferenças entre EA materno e paterno. Tal como as investigações indicam, a mãe tende a ser considerada o principal cuidador

da criança. Por esta razão, os estudos de EA têm sido realizados de forma mais intensa na díade mãe-filho (Bergmann et al., 2012; Flouri & Buchanan, 2003; Hallers-Haalboom et al., 2014; Lamb, 1997; Lovas, 2005; Monteiro et al., 2010; Rossen et al., 2018; Volling et al., 2002). No entanto, o papel do pai tem vindo a tornar-se cada vez mais relevante, havendo também uma evolução na conceção social do papel que o Pai tem na educação e desenvolvimento da criança. Os pais estão mais presentes e envolvidos nas tarefas inerentes à parentalidade que, antes, cabiam essencialmente à mãe (Monteiro et al., 2010). O crescente envolvimento do pai na relação com a criança torna ainda mais relevante e urgente a necessidade de investigação. No entanto, embora o envolvimento da figura masculina tenha aumentado, o envolvimento da mãe permanece ligeiramente maior, continuam na maioria das situações a ser esta o principal cuidador dos filhos (Hallers-Haalboom et al., 2014).

Considera-se assim que a DE parental percebida é um conceito emergente. A operacionalização da DE através da LEAP (Lum & Phares, 2005) revela resultados que corroboram os resultados da literatura científica relativa à DE operacionalizada de outras formas (e.g., *EAS*, Biringen et al., 1998; *EA-SR*, Biringen et al., 2005). Esta evidência representa um indicador da importância de explorar o potencial instrumento na pesquisa relativa à avaliação da percepção da DE parental. A escala LEAP, para além de um novo olhar sobre a DE, permite também complementar as investigações existentes, fornecendo informações relevantes numa dupla perspetiva teórica e prática.

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Anexos

Anexo 1. *Lum Emotional Availability of Parents (LEAP) Scale* (Lum & Phares, 2005) –
instruções e itens

Instructions

In this questionnaire, you will read statements about your parents. You will be asked to rate your Mother's and Father's behavior. For all questions, answer the statement as to how each parent acts toward you and circle your answer. If you are not living with your biological parents now, please rate the behavior of whomever you consider to be your mother or father (e.g., adoptive parent, stepparent, etc.).

Never Rarely Sometimes Often Very often Always
1 2 3 4 5 6

Please rate your *Mother's* and *Father's* behavior by circling your answer.

	My Mother	My father
1. Supports me	1 2 3 4 5 6	1 2 3 4 5 6
2. Consoles me when I am upset (Example: Makes me feel better when I am upset)	1 2 3 4 5 6	1 2 3 4 5 6
3. Shows she/he cares about me	1 2 3 4 5 6	1 2 3 4 5 6
4. Shows a genuine interest in me (Example: Pays attention and is curious about me)	1 2 3 4 5 6	1 2 3 4 5 6
5. Remembers things that are important to me	1 2 3 4 5 6	1 2 3 4 5 6
6. Is available to talk at any time	1 2 3 4 5 6	1 2 3 4 5 6
7. Asks questions in a caring manner	1 2 3 4 5 6	1 2 3 4 5 6
8. Spends extra time with me just because she/he wants to	1 2 3 4 5 6	1 2 3 4 5 6
9. Is willing to talk about my troubles	1 2 3 4 5 6	1 2 3 4 5 6
10. Pursues talking with me about my interests (Example: Tries to talk to me about what I like)	1 2 3 4 5 6	1 2 3 4 5 6
11. Values my input (Example: Cares about my ideas)	1 2 3 4 5 6	1 2 3 4 5 6
12. Is emotionally available to me	1 2 3 4 5 6	1 2 3 4 5 6
13. Makes me feel wanted	1 2 3 4 5 6	1 2 3 4 5 6
14. Praises me (Example: Tells me good things about myself)	1 2 3 4 5 6	1 2 3 4 5 6
15. Is understanding	1 2 3 4 5 6	1 2 3 4 5 6