

ROLE IN FAMILY OF CHILDREN WITH & WITHOUT ANXIETY DISORDERS

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ABSTRACT

Family is a network of people that are the immediate psychological and social environment to child which plays an important role in his/her life. Research has focused on defining which types of child anxiety disorders are traced by family members' role. Data were derived from individuals who were chosen from two elementary of all elementary school boy students of fourth and fifth grade helping from cluster sampling. Then, role in family and anxiety disorders were tested using Family Action device and Spence Anxiety scale. Sample t-test revealed a significant difference between role in family of children with & without total anxiety, panic, separation anxiety, physical damage phobia, social anxiety, and obsessive-compulsive disorder with 99% confidence but it wasn't found any difference between role in family of children with & without generalized anxiety. Thereupon, role in family had different effect in variant groups of anxiety, whereas it must be one of the factors of etiology in children with total anxiety, panic, separation anxiety, physical damage phobia, social anxiety, and obsessive-compulsive disorder. The study extended family system theory about anxiety disorders and offered information for practitioners working with family.

Keywords: *role in family, total anxiety, panic, separation anxiety, physical damage phobia, social anxiety, obsessive-compulsive, children*

Anxiety disorders are the most common psychiatric disorders in the general population. It is a warning state that the person is alert (Kaplan and Sadock, 2007). According to American Psychiatric Association (DSM-IV-TR) anxiety disorders in childhood include: (1) *Panic disorder*: recurrent unexpected attacks with four or more of the following associated symptoms: palpitations, sweating, trembling, shortness of breath, feeling choking, chest pain, dizziness, distorted reality or depersonalization, fear of losing control or going crazy, fear of dying, hot flashes, anxiety about future attacks, anxiety about the meaning and consequences of dramatic changes of behavior related to the attacks that can be with or without a market panic; (2) *Social anxiety*: marked and persistent fear of one or more social or performance situations in which the position(s) concerned with the assessment of the patients with negative overview or be critical glance by others; (3) *Specific phobia*: the fear of striking and sustained excessive and unreasonable because of the presence or anticipated presence of a particular object or situation occurs; (4) *Obsessive-compulsive disorder*: Obsessions are persistent and recurrent impulses or images that patient knew them as intrusive and inappropriate. Compulsions are repetitive behaviors or mental acts are aimed at preventing or reducing distress or discomfort; (5) *Generalized anxiety disorder*: excessive anxiety and worry about several events or activities on most days for at least 6 months; (6) *Separation anxiety*: excessive anxiety in which inappropriate development about separate from home or the person who is attached him/her bear, for at least 4 weeks. Studies have shown that between boys and girls in family, there is no difference in feelings of anxiety and anger (Mirowsky & Schieman, 2008).

Family is a unique social system assisting with marriage, birth, blood or adoption to the interconnection, and death is the only possible way to exit from it, and their members have special roles and responsible are defined to, include functions such as food and shelter, to grow and maintain their stability. However, the role of family members changes in different stages of life. When a family has children, the most important task of reconciling of the couple is "being a parent" to provide enough space for growing children. So as to meet different needs (e.g., need of care, control, intellectual stimulation, etc.) pay plan

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(Mousavi, 1388). One of the most important models in family action is McMaster family action model made by Epstein, Bishop and Levin (1960), claimed that the main dimension of action family are such as: problem solving, communication, affective responsibility, affective involvement, behavioral restraint, and role (Miller, et al. 2000). According to this model, the meaning of family functioning is liable on family members' roles and responsibilities in front of other its members. In other words, family functioning is the fulfillment of duties by its sub- system (members). Role in family refer to repetitive patterns of behavior by which family members vindicate the family functions. This construct describe the efficiency of family function according to the identification of duties and tasks to complete the tasks by the family members (Reza-Zadeh, 2007).

THEORETICAL AND EXPLANATION

A well-known theory about the role of family members is family system theory (Bowen, 1978) consider multiple interaction between the individual and the family, claimed that each system is divided into sub-systems and then smaller subgroups that have a variety of tasks. The optimum functioning require cohesion and cooperation of family members to carry out their task to maintain the integrity and availability of household demands of family, and entail the family's ability to perform basic tasks to the growth and prosperity of family members, and can be confronted to the new dynamic environmental factors, without get in to such a disturbances or in this process, family members show pathological symptoms. However, the failure to achieve its objectives in accordance with the family's cultural values and norms led to family disadvantageous patterns, and draw the interaction of family members with stress, and pathological behaviors (Mousavi, 1388). According to Bowen model, everyone who received to the balanced self- separatism from family, he/she would have the lowest level of anxiety and psychological syndrome. Self-separatism concept include of intra-psyche & interpersonal dimensions. The dimension of self-separatism intra-psyche is refer to the ability to sense self-separatism include "emotional reactivity" and "iposition", while its interpersonal dimension refer to the ability of one to equipose separate from/ devotional to others include "emotional cutoff" and "with others fusion" in a exigent lifecycle. People with the high level of self-separatism do not emotionally attaché to others strongly and does not need to separate from others essentially, while intellectually & emotionally have a balanced "self-status", and do not need to be confirmed or rejected from others. According to this theory, Persons with the high level of self- separatism have a supple emotion, cognition, and behavior on adapt to exigent lifecycle and have clear affection on community with others while people with poor self-separatism experience imbalanced cognition, emotion and totally anxiety (Kerr & Bowen, 1988).

A meta-analysis provided a historical background of what is known about fathers' roles in the etiology of anxiety problems and provides evidence from bottom-up, top-down, and cross-sectional correlation studies of the connections between fathers' and their children's anxiety. The following conclusions can be drawn: (I) Fathers have been neglected in research on the etiology, prevention and treatment of childhood anxiety; (II) research on normal development suggests that fathers play an important and different role than mothers in the socialization of children and in the protection against severe anxiety; (III) research in the area of developmental psychopathology suggests that if fathers are not involved, are not warm, and do not encourage the autonomy of the child, and if they display anxiety themselves, the child can be at risk for anxiety symptoms; (IV) very little is known on the specific role of the father in child anxiety treatment, but based on the evidence about their specific role in the development of child anxiety, their role could be important. Every effort should be made to involve fathers in the research of the etiology of child anxiety, and to make sure that all fathers are involved, that is, including divorced fathers, anxious fathers, and fathers who are so involved in the outside world that it is hard for them to make the time for research. Only then the full range of variance in paternal rearing behavior will be assessed, which is a precondition for measuring paternal influence on child anxiety (Bögels, and Phares, 2008). Another study explained that fathers of children with anxiety and learning disabled did not seem to play a unique male role in the family. Fathers were more concerned about conflicts within the family system, and family

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environment was related to their elevated anxiety. On the other hand, the mothers' anxiety was related to greater emphasis on achievement. So, there is a need for special research attention given to anxiety and role definitions within the family system (Margalit, and Heiman, 1986).

Moreover, Studies have shown the role of family psychopathology in parents of children with generalized anxiety disorder (GAD) in Iran (Aleyasin, 2011). Also, mothers of children with obsessive-compulsive disorder (OCD) were rated as enhancing their child's responsibility significantly more than their own responsibility, and more than mothers of children with no diagnosis (Farrell, et al. 2013). The functional level of OCD in offspring was an important determinant of both the objective and subjective family burden (Siu, et al. 2012). Parental psychopathology and dysfunctional family functioning characteristics are established risk factors for onset of offspring social phobia (SP). Predictors for SP persistence differ from those predicting SP onset. Unfavorable family environment alone and in interaction with parental disorders predict higher SP persistence (Knappe, et al. 2009). However, adolescents with higher levels of social anxiety perceive their parents as being more socially isolating, overly concerned about others' opinions, ashamed of their shyness and poor performance, and less socially active than did youth reporting lower levels of social anxiety (Caster, et al. 1999). Recently it is revealed that higher family cohesion at baseline was associated with significantly greater decreases in child anxiety (ages 7–11 years) such as separation anxiety disorder, generalized anxiety disorder, and/or social phobia at post-treatment for participants who received CBT, while no association was found for the no-treatment control participants. Post hoc analyses showed that parents from families low in cohesion reported significantly higher levels of parenting stress and psychopathology compared to parents from families high in cohesion (Victor, et al. 2007). Comer, et al. (2012) also lend preliminary support for the promising role of life parent coaching for the treatment of a range of anxiety disorders (specific phobias, separation anxiety disorder, generalized anxiety disorder, obsessive-compulsive disorder, social anxiety disorder) that present in early childhood.

Therefore, family is the important unit of society that its members have social, behavioral, and mental interactions, and they have intentions, responsibilities and actions to each other that support their needs and gain their physical and mental health. Previous researches have been attention on this socio-behavioral reaction on several anxiety disorders. Although the revelations afforded by research are relevant for role in family, it is important to bear in all family members' interaction that psychological correlates research is still in its earliest days. So, much more data are needed before conclusions regarding precisely how family role affects the specific kind of anxiety and the means by which it might alter humanity sciences can be reached. While the studies completed thus far offer a tantalizing glimpse into the family role on children, they also suffer from important limitations that render assessment of their overall import difficult. For example, most of them are derived from small, specific populations and difficult to generalize. Some studies make use of somewhat larger sample sizes, but they yield less information regarding several specific anxiety disorders in childhood. Therewith, there was a limitation in internal investigation of this area. At the other hand, a number of psychiatrist and psychologists need accurate information about the etiology of anxiety disorders to improve clinical or family interventions and invention of the best psychological techniques to maintain mental balance in challenge time and unpredictable situations and/or cause heightening healthy by reducing anxiety in early life spam.

Hypothesis

With respect to importance of information about the etiology of anxiety disorders in preventing of later difficulties and impair of social relationships and scientific, psychological and social dysfunction that would effect on future of children, it was aimed to increase knowledge of etiology in anxiety disorders and development of mental pathology of anxiety fields while one of the important aspect of family, especially in children, is role in family, so this survey is basilar and its hypothesis are:

General hypothesis: there is a difference between role in family of children with & without anxiety disorders. *Partial hypotheses* are:

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1. There is a difference between role in family of children with & without panic disorder.
2. There is a difference between role in family of children with & without separation anxiety disorder.
3. There is a difference between role in family of children with & without physical damage phobia.
4. There is a difference between role in family of children with & without social anxiety disorder.
5. There is a difference between role in family of children with & without obsessive-compulsive disorder.
6. There is a difference between role in family of children with & without generalized anxiety disorders.

METHODOLOGY

In this study, the statistical community was all forth & fifth-grade elementary boy students aged 10-12 year in the academic year of 2008-2009. The sample consisted of two elementary schools (107 forth & fifth-grade boy students) in Jahrom city (city located in South part of Iran). From all subjects 5.6% were with anxiety, and the prevalence of panic, separation anxiety, specific phobia, social anxiety, obsessive-compulsive and total anxiety in this study sample were 5.6%, 20.56%, 10.28%, 1.8%, 9.34%, and 3.7%, respectively.

The utilized sample method was used from cluster random sampling because of preparing the list of all forth/fifth-grade in Jahrom city was unable. In other words, at first, from all states of Iran, Fars was chosen, and then from all cities of this state, Jahrom was selected randomly. After that, from all areas of Jahrom city that included central and countryside, two elementary boy schools randomly were chosen. By contributing of principal, moderator, and teachers of these schools, Family Action device and Spence Anxiety scale were administrated, while contents and ambiguous sentences were explained word by word for students and principles to learn them to the parents of children. So, all parents and their children could complete the questionnaires. Then, necessary proceeding for atoning students, teachers and schools responsables were acted by getting them an ethical letter missive from total educational institute of Jahrom. Then, all questionnaires were returned to the stage of analysis.

Instruments

Family Assessment Device (FAD): FAD tool is the kind of pencil-paper, applicable individually and in groups, and running it takes about 25-15 minutes. It has 7 subscale and 60 items to estimate the performance of the family that was established based on "McMaster Model". It doesn't have any limitation for age. McMaster Model focused on some dimensions of action family that has much more effect on physical and emotional health of family members such as: problem solving, communication, role, emotional reaction, emotional involvement, and behavioral restraint. This study was used from role subscale only while its score was in the FAD scales (4, 10, 15, 23, 30, 34, 40, 45, and 53) that measure fair division among family members (Miller, et al. 2000). Furthermore, this instrument consists of phrases that describe the subject or the subject's family by reading any of the characteristics described in coordination with his/her family on a Likert scale of four class "strongly agree, agree, disagree, completely disagree", scored between one to four. When the items describe defective performance, the scoring is reversed. High scores on this device indicate poor family functioning and low scores demonstrate healthy functioning.

This device after made by Epstien, Bishop and Levin (1983) was administrated on 503 samples and Cronbach's Alpha for subsets was from .72 to .92 that shows its internal homology is very well. Bishop, Miller, and Epstien (1990) reported that their study confirms the validity and reliability of this test has the following features: (1) adequate validity, (2) high reliability, (3) low correlation with popularity, (4) moderate correlations with other measures of self-assessment, (5) discrimination of healthy and unhealthy families (Reza-Zadeh, 2007). The validity of this device in Iran was examined by Reza-Zadeh (2007), and subscales Cronbach's Alpha coefficients were calculated for problem solving.68, communication.63, role.71, emotional reaction.57, emotional involvement.79, and behavioral restraint.48, the overall performance.81, and for the total device.90 was obtained. Moreover, Zadeh-Mohammadi &

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Malekkhosravi (2006) have determined Cronbach’s Alpha coefficients for total questionnaire were achieved at.94 and for subscales were about.90 while its reliability was about $r=.82$ by using test-retest stability with interspaced.

Spence Anxiety scale: it was used to determine the presence of DSM-IV diagnoses of child anxiety disorders (separation anxiety, social anxiety, obsessive-compulsive disorder, panic disorder, generalized anxiety disorder, and physical damage phobia) for the age range of 8 to 12 years in two questionnaire style for child & parent. It is applicable individually and in groups. Each questionnaire has 38 items that total score (and each subscale) is calculated by average of each child and parent questionnaire scores. Students and their parents read each item and rank the amount of agreement arranged category from "never" to "always" and interpreting changes of child anxiety scores on 5 degree of Likert scale. Criterion measure of the instrument can also be used both quantify and category. They can be defined as a disorder in each subscale score when the score is more than two standard deviations above the mean (Anisi, 2008). The validity of this questionnaire in Iran was surveyed by Mousavi and her colleagues (2007) on 450 male and female students showed that its validity achieved at.97 and Cronbach’s Alpha coefficient for social anxiety, separation anxiety, generalized anxiety, panic, physical damage phobia and obsessive-compulsive disorder were estimated about .67, .69, .72, .75, .65 and .62 respectively, while the validity of test anxiety in general was .89. Internal consistency of total questionnaire was achieved at .92 (from [Cronbach’s Alpha](#)). Convergent validity of scale in the parent version of the Spence Anxiety Scale was measured with the revised Children’s Manifest Anxiety was significantly correlated ($r=.71$). Discriminant validity of the scale was measured with Child Depression Inventory and a low correlation was obtained. Test-retest reliability for 6 months was about $r=.60$. Also, its high reliability and validity have been reported in the Netherlands, Belgium, Germany, Japan, Australia, NewZealand and the UK (Mousavi, et.al, 2007).

Procedure:

By regarding the impossibility of changing role in family environment morally to assess its effect on child anxiety, method of this study was a causal-comparative method from ex-post-facto type by administering questionnaire on children and parents. It was used from sample t-test, regression, Pearson correlation, etc. by software SPSS.

RESULTS

Findings:

Kolmogorov-Smirnov test is used and approved the normality of data curve. The descriptive statistics of family members’ role in each anxiety or non-anxiety groups can be seen in table 1

Table (1): Descriptive Statistics

Variable	Total anxiety		Panic		Separation anxiety		Physical damage phobia		Social anxiety		Obsessive-compulsive		Generalized anxiety	
	patient	healthy	patient	healthy	patient	healthy	patient	healthy	patient	healthy	patient	healthy	patient	healthy
Number	6	101	6	100	22	85	11	96	2	105	10	97	4	103
Mean	21.50	19.05	21.83	19.06	21.32	18.63	20.18	19.07	20.50	19.16	20.20	19.08	19.25	19.18
Std.Deviation	4.84	4.08	5.45	4.06	3.38	4.16	4.83	4.07	3.53	2.16	4.77	4.09	3.94	4.17

By one glance to the table (1), it would be found that the average of family member’s role of boys with anxiety is higher than those without anxiety across all groups. Moreover, it doesn’t seem to be a different in standard deviation across all groups except between groups of with and without Social anxiety (3.53 vs. 2.16).

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Table (2): Role in family of Children with and without Anxiety

Variable	Total anxiety		Panic		Separation anxiety		Physical damage phobia		Social anxiety		Obsessive-compulsive		Generalized anxiety	
	t	df	t	df	t	df	t	df	t	df	t	df	t	df
sample t-test	-6.02*	100	-6.85*	100	-5.94*	84	-2.66*	95	-3.29*	104	-2.69*	96	-.16	102
Pearson correlation	.27*		.25*		.31*		.10		.22*		.21**		.17**	
Regression	8.32*		7.18*		10.82*		1.06		5.31**		4.72**		3.27**	

**p<0.05, *p<0.01

Moreover, Table (2) has shown that by using simple t-test, the difference between role in family of children with & without total anxiety, panic, separation anxiety, physical damage phobia, social anxiety, and obsessive-compulsive disorder are significant by 99% confidence, but it isn't found any difference between role in family of children with and without generalized anxiety by 5% error. Moreover, there is a relationship between role in family and total anxiety, panic, and separation anxiety by 99% confidence, and so social anxiety, obsessive-compulsive disorder, and generalized anxiety by 95% confidence, but role in family can't predict childhood physical damage phobia.

DISCUSSION

The present findings are promising in providing preliminary support for the feasibility and utility of modifying role in family on childhood anxiety disorders. As family system theory claims that the failure to achieve in cohesion and cooperation of family members to carry out their task and maintain the integrity and availability of household demands of family led to family disadvantageous patterns, and draw the interaction of family members with stress, and pathological behaviors (Mousavi, 1388), this study showed that there is a difference between role in family of children with and without anxiety totally. It means that unfair division among family members can prepare context to have a warning state that the child become alert and get unlocking prone affection to anxiety disorder. This issue also indicates that achievement in identification of duties and tasks to complete the tasks by the family members in accordance with the family's cultural values and norms might be beneficial in reducing the symptoms of anxiety. Therewith, the general assumption of this study is supported.

Furthermore, in accordance with the first subset research assumption, the findings suggest that there is a difference between role in family of children with & without panic disorder. In other words, participation and involvement of family members and their responsible for protecting the physical and emotional needs of each other are related to childhood panic disorder. As Kaplan and saduk (2007) stated panic disorder has a strong relationship with separation from parents and their death, before at the age of ten years. It means that failure to identify the style of standards and the amount of unconventional behavior in family to protect family needs can prepare context to get unlocking prone affection to panic disorder.

As Victor, et al. (2007) demonstrated that higher family cohesion is associated with significantly greater decreases in child separation anxiety, this survey would represent that there is a difference between role in family of children with and without separation anxiety (the second subset of the research assumption is approved). It means that there is a reciprocal relationship between unfavorable family environment and a warning state in form of separation anxiety. It support self- separatism concept of Bowen (1978) and add this matter that the division tasks unjustly among family members due to not be with significant others fusion, so these children would not learn social abilities very well and in front of life stressors get failed or have delay and this matter cause to get affection to separation anxiety.

While Comer, et al.' (2012) study lend preliminary support for the promising role of live parent coaching for the treatment of a range of specific phobias, that present in early childhood, this survey would represent and add this matter that there is a difference between role in family of children with and without physical damage phobia though it wasn't found any relationship between role in family and childhood physical damage phobia. This issue indicates children in school age has been affected from their

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conditions or parents, and if there is a dysfunctional system consist of a set of role between off-springs and parents, it would cause environmental pressure for children that are assigned by having other etiological factors like heredity and learning factors can increase the likelihood of get affection to physical damage phobia. For these reasons, the third subset assumption is confirmed.

As Bögels, and Phares's (2008) research expressed fathers play an important and different role than mothers in the socialization of children and in the protection against severe anxiety, the findings of this study (by accepting forth subset assumption) clarified that there is a difference between role in family of children with and without social anxiety. It seems that parents of children with higher levels of social anxiety have more socially isolating, overly concerned about others' opinions, ashamed of their shyness and poor performance, and less socially active than did youth reporting lower levels of social anxiety (Caster, et al. 1999). So, these patterns of behavior in drawing role of parental protection make a damaged context for children that determine the social anxiety track or maintain it.

Previous research supported the promotion and enhancement of child responsibility by mothers of children with obsessive-compulsive disorder (OCD) and a developmental-familial role for the development of inflated responsibility in children with OCD (e.g., Farrell, et al. 2013), this study according to the fifth subset of the research assumption, add this matter that there is a difference between role in family of children with & without obsessive-compulsive disorders. In other words, the unfair division tasks among family members in the context of household can contain significant impact on obsessive-compulsive disorder. In explaining this, the learning theorists believe if neuter stimuli through the process of active conditioning stimuli associated with the intrinsically harmful or stressful events such as rejection from one parent is associated with fear and anxiety or these scenarios are linked or decree; so that, the thing or thought that was neuter later become a conditioned stimuli that can make anxiety or worry in patient. In compulsive disorder, the person has been discovered some action can relieve the anxiety associated with obsessive thought. So, if there was no obstacle in front of it like increased rejection (e.g., "I get more and more irritated with him as time goes on") by family members of patients with OCD that are related to patients' compulsions (Amir, et al. 2000), avoidance mechanism that has pattern of obligation or ethical would be found as a harness anxiety and so such avoidance mechanism would be effective on relieving secondary painful drive (that is anxiety), then gradually compulsive behavior would be learnt as pattern (Kaplan & Saduk, 2007).

Although Aleyasin (2011) revealed significant differences in family psychopathology and socio-demographic characteristics between parents of children with and without generalized anxiety disorder, the findings of this study showed that there is no significant difference between role in family of children with & without generalized anxiety disorder while verifying family member's role can predict childhood generalized anxiety disorder. To explain this contradictory matter, as Kaplan & Saduk (2007) suggested that the patients with generalized anxiety are heterogeneous group, and separating normal anxiety from pathological one and also biological ground from psycho-social factors is difficult. It may because of the amount of anxiety is normal and adaptive. Also, biological and psycho-social factor may intermingle and if biological and heredity factors were be powerless, the effect of social factors like role would become weak. However, the sixth subset assumption is excluded.

The results of this study are comparable to previews studies using child and parents retrospective reports, concurrently has clinical implications of the unique contributions of family role to the etiology of excessive child anxiety, is that, the common clinical practice, of helping mothers to become less overprotective towards and more encouraging independence of their anxious child might not be optimal practice. Rather, it can be speculated that clinicians need to stimulate role of family members to be more playful with these anxious child, particularly in relation to protection psychophysical needs. Further research may isolate family environmental factors as instrumental treatment targets in the management of childhood anxiety disorders to protecting children against a development towards fearfulness.

Because of limitation of this study to preparing appropriate instruments for family assessment in little children, by making appropriate instruments in prospective research, it can be investigated role in family

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of little children with anxiety disorders and other behavioral disorders such as depression, hyperactivity, eating disorders, and so on. Since using the kind of pencil-paper instrument decrease the validity of findings, so in future research, it can be assimilated in the experiment of random control trail. Furthermore, control of many aspect of family life according to various patterns of family role in this study was indefinite, it is better to control much more variables in prospective research such as family members, birth order, communicating with others, planned or unplanned centers of child, individual differences, genetics, and so on. It is important to examine both positive and negative aspects of perceived social support for patients in their role patterns. It will also be interesting to see whether researchers who enjoy from working in this field can discover the relationship between seventh intelligent quotient (intellectual, social, emotional, etc.) and family member's role which larger point of view would open in future.

CONCLUSION

This study demonstrated that role in family must be one of the factors of etiology in children with total anxiety, panic, separation anxiety, physical damage phobia, social anxiety, and obsessive-compulsive disorder, which may have implications for pathological role of family members in maintenance of anxiety disorder. Future work is needed to replicate the present findings in larger sample size utilizing randomized controlled comparisons.

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