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Communication in Family of Children with & without Anxiety

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Abstract

Research had focused on defining which types of child anxiety disorders are traced by family members' communication. Data were derived from individuals who were chosen from two elementary of all the elementary school boy students of fourth and fifth grade in Jahrom (n=106) helping from cluster sampling. Then, communication in family and anxiety were tested using Family Action device and Spence Anxiety scale. Sample t-test revealed a significant difference between communication in family of children with and without total anxiety, physical damage phobia, obsessive-compulsive, and generalized anxiety with 99% confidence and so social anxiety with 95% confidence but it wasn't found any difference between communication in family of children with & without panic and separation anxiety.

Therefore, communication in family had different effect in variant groups of anxiety. Implications and future recommendations are highlighted.

Keywords: Behavioral-restraint in family; Anxiety; Children.

Introduction

Anxiety disorders are the most common psychiatric disorders in the general population. It is a warning state that the person is alert [1]. 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 [2]. According to Crawford and Manassis's model (2011), anxiety disorders independently predict being victimized, and poor social skills predict lower friendship quality. The model also demonstrates that the victimization might reverse itself to produce more positive outcomes if the child makes some close friends. Moreover, this suggests that individual differences exist, where varying degrees of temperamental and social factors put some children at greater risk than others [3].

Family is the basic unit of society includes of two generations assisting with marriage, blood or adoption to the interconnection and their members have responsible to grow and maintain their stability [4]. One of the most important models in family action is McMaster family action Model made by Epstien, Bishop and Levin (1960), that described the structure, system and communication model linked to family, claimed that the main dimension of action family are such as: Problem Solving, Role, Affective responsibility, Affective involvement, Behavioral restraint, and

Communication [5]. According to this model, Family communication includes ability of the family in the exchange of information whether it is clear and explicit in the family, or not [4]. Interpersonal models of psychopathology share the common assumption that good social relationships are intimately tied to an individual's psychological well-being and conversely that poor social relationships contribute to psychopathology. A central feature of the interpersonal perspective is the concept of the self-perpetuating interpersonal cycle. Typically, our behavior exerts a "pull" on other people that tends to evoke responses that maintain our social assumptions, expectations, and behavioral patterns. Interpersonal models also posit that dysfunctional interpersonal patterns are the result of an ongoing interaction between the individual and the social environment, and a social developmental process begins early and continues throughout the lifespan [6]. Another model claimed that communication patterns are indirectly linked to anxiety, and are mediated by an individual's perceived sense of a lack of control, which then leads to the development of anxiety symptoms. This suggests that there are separate or multiple mechanisms by which other types of familial dysfunction might lead to anxiety [7]. Another well-known theory is family system theory [8] claimed that a kind of affective system governs in structure of family that can shift between filiation and individual mental health due to the level of separation from this system. 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-psychic & interpersonal dimensions. The dimension of self-separatism intra-psychic is refer to the ability to sense self-separatism include "reactivity emotional" and "imposition", while its interpersonal dimension refer to the ability of one to equipoise 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 [9]. Studies have shown that there is no significant gender differences in the buffer effect of social support in relation to problems in father-offspring or

mother-offspring communication [10], and between boys and girls in family, there is no difference in feelings of anxiety [11].

Brumariu, Obsuth, & Lyons-Ruth (2013) had examined the quality of attachment and peer relationships among adolescents with and without anxiety disorders in a sample of 109 low- to moderate-income families, adolescents with anxiety disorders and comorbid conditions showed higher levels of attachment disorganization across three measurement approaches, as well as higher levels of dysfunction in peer relationships than those with no Axis I diagnosis. Adolescents without anxiety disorders but with other Axis I disorders differed only in the quality of school relationships from those with no diagnoses. The pattern of results suggests that pathological anxiety, in the context of other comorbidities, may be a marker for more pervasive levels of social impairment [12]. Another study had examined intergroup empathic processing among 94 children (mean age = 8.74 years, SD = 1.76) assigned to novel color groups. Findings indicated that, among children who reported more social anxiety and situational distress, those with a stronger in-group identity displayed more empathy bias favoring their in-group. Given that empathy is an important contributor to pro-social behavior [13]. Another study had manifested associations between parental cultural orientation, childhood shyness, and anxiety symptoms in a sample of Hispanic American children. Additionally, it suggested that although increasing levels of parental collectivism are associated with more consistent levels of child shyness across social contexts, shyness with peers is uniquely associated with anxiety symptoms [14]. Another study revealed that people who were living alone had initially more anxiety symptoms compared with those living with someone, even until long follow-up [15]. Kim and Morrow (2007) had reported that Helping patients and their families communicate in more satisfactory and supportive ways and maintain an organized family system might be beneficial in reducing the symptoms of anxiety [16]. A meta-analysis demonstrated the impact of interpersonal interactions with significant others and strangers, and considered topics of particular relevance to relationship impairment, such as the effect of anxiety on cognitive processing of social information, and the social developmental pathways to social phobia that highlight topics central to the interpersonal perspective, such as the self-perpetuating interpersonal cycle, interpersonal variability in social phobia, and the relational nature of self-related information [6]. Furthermore, the receipt of instrumental support, feeling let down by the failure of others to provide needed help, and unsympathetic or insensitive behavior from others each positively predicted a higher level of patient anxiety, after controlling for demographic

variables, smoking status, comorbid depression, and severity of illness [17]. Typically, social anxiety was positively associated with loneliness, and internalizing coping [18]. A study has examined aspects of communication and intimacy between people with social phobia and their romantic partners. Participants with social phobia reported less emotional expression, self-disclosure and intimacy than controls, even after controlling for a diagnosis of mood disorder. People with social phobia report reduced quality within their romantic relationships, which may have implications for impairment, social support and ultimately maintenance of the disorder [19]. VanNoppen and Steketee (2009) suggested that patients who perceived their relatives as either critical or hostile were likely to have more severe obsessive compulsive symptoms [20]. Another study while supported the universality of Bowen's theory, has demonstrated that a crucial balance of separation and closeness provides an optimal context for meeting the needs and promoting the healthy development of both mother and child. Moreover, it was indicated relations between mothers' differentiation and preschoolers' separation anxiety among Druze participants [21]. Yarbro, et al. (2013) have manifested that attachment anxiety partially mediated the association between parent–child relationships and obsessive beliefs; attachment avoidance failed to operate as a mediating mechanism [22].

Therefore, community is eaten through mental, social, behavioral, and intellectual interactions or communications between family members while they have intentions, responsibilities and actions to each other that support their needs and gain their physical and mental health. Although the revelations afforded by research are relevant to communication, it is important to bear in family and survey its effect on children that psychological correlates research is still in its earliest days. Although previous researches have concerned to such a multiple reaction on total anxiety, social anxiety, separation anxiety, and obsessive compulsive disorder, it is not clear whether there is a difference between communication in family of children with & without Panic, Physical damage phobia, or general anxiety. While the studies completed thus far offer a tantalizing glimpse into the communication in family on children, they also suffer from important limitations that render assessment of their overall import difficult. For example, most of them have involved small numbers of participants. Although the effects of these studies have found (despite low statistical power) are fascinating, they are also derived from small, specific populations and difficult to generalize. Some studies make use of somewhat larger sample sizes, but they yield less specific information regarding several specific anxieties in childhood. So, there is a limitation in internal investigation of this area. Furthermore, a

number of psychiatrist and psychologists need accurate information about the etiology of anxiety disorders to improve clinical or family interventions and invention of new psychological techniques to maintain mental balance in challenge time and unpredictable situations and/or cause heightening healthy by reducing anxiety in early life spam. For these reasons, it has remained regarding precisely how communication in family affects the specific kind of anxiety and the means by which it might alter humanity sciences can be reached.

Regarding the importance of information about the etiology of anxiety disorders in preventing of later difficulties and so impair of social relationships and scientific, psychological and social improvement and its effects on future, the present research aimed to increase knowledge of etiology of anxiety disorders and development of mental pathology anxiety fields while one of the important aspect of family especially in children is communications, therewith this survey is basilar and its general hypothesis is "there is a difference between communication in family of children with & without anxiety disorders". Partial hypotheses are:

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

Materials and Methods

Statistical Community & sample

The Statistical community was all fourth and fifth-grade elementary boy students aged 10-12 year in the academic year of 2008-2009. The sample consisted of two elementary schools (107 fourth and fifth-grade boy students) in Jahrom city. From all subjects 5.6% were with anxiety, and the prevalence

of panic, separation anxiety, harm avoidance phobia, social phobia, obsessive-compulsive and total anxiety in this study sample were 5.6%, 20.56%, 10.28%, 1.8%, 9.34%, and 3.7%, respectively.

Sampling Methods

In this study, the utilized method was from cluster random sampling because of preparing the list of all fourth/fifth-grade was unable. In other words, at first, from all states of Iran, Fars was chosen, and then from all cities of this state, Jahrom (city located in South part of Iran) was selected randomly. After that, from all areas of Jahrom city that included central and countryside, two elementary boy schools randomly were chosen. Then, necessary proceeding for atoning students, teachers and schools responsible were acted by getting them a letter missive from total educational institute of Jahrom. Afterward, by contributing of principal, moderator, and teachers, Family Action device and Spence Anxiety scale were administrated on both students and their parents, while contents and ambiguous sentences were explained word by word. So, all subjects could complete the questionnaires.

Instruments

It was used from Family Assessment Device (FAD) and Spence Anxiety scale.

Family Assessment Device (FAD)

FAD tool is a kind of pencil-paper, applicable individually and in groups, and running it takes about 25-15 minutes. It doesn't have any limitation for age. It has 7 subscale and 60 items to estimate the performance of the family that was established based on "McMaster Model". 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 communication subscale only while its score was in the FAD scales (3, 14, 18, 29, 43, 52, 59) that refers to how the exchange of information among family members [5]. 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 (negative communication) and low scores demonstrate healthy functioning (positive communication). 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 [4]. 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 & 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 [23].

Spence Anxiety scale:

It is 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 [24]. 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 [25].

Procedure:

Concerning the impossibility of changing communication in family environment morally to assess its effect on child anxiety, method of this study was a post-event type by administrating questionnaire on children and their parents. Statistically, to compare communication in family of children with and without anxiety, it was used from sample t-test and to examine the normality of data curve it was assessed Kolmogorov-Smirnov test by helping from software SPSS.

Results

Kolmogorov-Smirnov test is used and approved the normality of data curve. The descriptive statistics of family members' communication 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	
Group	healthy	patient	healthy	patient	healthy	patient	healthy	patient	healthy	patient	healthy	patient	healthy	patient
Number	101	6	100	6	85	22	96	11	105	2	97	10	103	4
Mean	14.89	16.50	14.91	14.83	14.81	15.27	14.74	16.36	14.90	15.50	14.99	14.10	14.94	14.00
Std.Deviation	3.11	3.39	3.10	3.54	3.04	3.41	2.97	3.96	3.13	2.12	3.21	1.73	3.16	.82

By one glance to the table (1), it would be found that the average of family communication of boys with anxiety is higher than those without anxiety across all groups except panic disorder (14.83 vs. 14.91). Moreover, it doesn't seem to be a different in standard deviation across all groups except between groups of with and without obsessive- compulsive (1.73 vs. 3.21) and generalized anxiety (.82 vs. 3.16).

Table (2) : Communication in family of children with and without anxiety disorders

Variable	Total anxiety	Panic	Separation anxiety	Physical damage phobia	Social anxiety	Obsessive-compulsive	General anxiety
t	-5.20*	.26	-1.39	-5.40*	-1.98**	2.73*	3.03*
d.f.	100	100	84	95	104	96	102

**p<.05 , *p<.01

Table (2) has shown that by using simple t-test, the difference between communication in family of children with & without total anxiety, physical damage phobia, obsessive-compulsive, and generalized anxiety are significant by 99% confidence, and so, social anxiety by 95% confidence, but it isn't found any difference between communication in family of children with and without Panic and Separation anxiety by 5% error.

Conclusion

This study had focused on defining which types of child anxiety disorders are traced by communication in family. As interpersonal models of psychopathology claims that poor social relationships contribute to psychopathology (e.g., 6), or Crawford and Manassis's model (2011) represented that anxiety independently predicts poor social skills and lower friendship quality [3], this study showed that there is a difference between communication in family of children with and without anxiety totally. It means that the style of exchange of inexplicit information in the family can prepare context to have a warning state that the child become alert and get unlocking prone affection to anxiety disorder. To explain this matter, it can be said that communication patterns are linked to an individual's sense of events being out of his or her control. Such inadequacy perception then leads to anxiety as one attempts independent activities [7]. This issue indicates being a familial communicates in more satisfactory and supportive ways might be beneficial in reducing the symptoms of anxiety [16]. So, the general assumption of this study is supported.

Although Alden and Taylor (2004) represented the impact of interpersonal interactions with significant others on anxiety [6], this findings suggest that there isn't any significant difference between communication in family of children with & without panic disorder. Kaplan & Saduk (2007) supposed that suffering from anxiety disorders need a general and indeterminate talent to involve with fear and anxiety, and heredity or learning factors may have much more effect on getting affection to anxiety [1]. This study supported interpersonal models of psychopathology, add this matter that some special environmental context may establish background for affection of special kind of anxiety disorders but it doesn't much more effect on other anxiety disorders like panic or separation anxiety (rejecting first subset of the research assumption).

Results also showed that there is no significant difference between communication in family of children with & without separation anxiety. Contrary to our findings, Peleg, Halaby, & Whaby's

(2006) showed positive correlations between mothers' and children's separation anxiety, as well as negative correlations between children's separation anxiety and maternal differentiation [21]. It seems that Consistent with self- separatism concept of Bowen (1978) emotional, cognitive and behavioral adaptation are much more important than social adaptation (family communication) to have high level of self-separatism and in related to anxiety [8]. Moreover, it can be explain by Crawford and Manassis's (2011) predict that individual differences may vary degrees of social factors in putting some children at the risk of anxiety [3]. In other words, perhaps individual differences made a context to show no significant difference between communication in family of children with & without separation anxiety. Anyway, the second subset assumption is excluded.

Furthermore, this survey would represent that there is a difference between communication in family of children with and without physical damage phobia. It means that there is a reciprocal relationship between the exchange of inexplicit information in the family and a warning state in form of physical damage phobia. This issue indicates children in school age has been affected from their conditions or parents, and if there is a dysfunctional communication 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. Therefore, the third subset assumption is confirmed.

As Weeks, Coplan, & Kingsbury's (2009) expressed children who have experienced loneliness and school avoidance go on to report more social anxiety [18], the findings of this study clarified that there is a difference between communication in family of children with and without social anxiety (acceptance of forth subset assumption). In other words, the proper emotional and social relationships between family members with each other, creates a safe environment in which children can easily learn social skills that prevent thoughts and behaviors that cause inefficiencies leading to impaired social anxiety, and vice versa, deficiency in communication of family in a correct way, create a damaged environment that determine the social anxiety track or maintain it.

Consistent with Yarbro, Mahaffey, Abramowitz, & Kashdan's (2013) stated that attachment anxiety partially mediated the association between parent–child relationships and obsessive beliefs [22], this study showed that there is a significant difference between communication (a kind of attachment patterns) of children with & without obsessive-compulsive disorders. In other words, the attentional or cooperative behavior 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 (e.g., accept or disregard from family members), 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 [1]. Thereupon, the fifth subset of the research assumption is supported approved.

Furthermore, this survey has demonstrated that there is a difference between communication in family of children with and without generalized anxiety (the sixth subset assumption is corroborated), that confirms Ashwin, et al.' (2012) research, about the relationship between patterns of communication and generalized anxiety, that have shown people with generalized anxiety disorder (GAD) are typically faster and more accurate to detect angry compared to happy faces [26]. In other words, because children with generalized anxiety have more susceptibility to tend the pattern of attentional biases, this evolutionarily developed threat detection module that preferentially detects stimuli in the environment that signal threat and allocates attentional resources towards them. Then, they impact on their communication patterns that exhibited emotion regulation deficits, while they are as a key feature of generalized anxiety disorder [27]. In other words, these deficits in communication patterns cause get unlocking prone affection to generalized anxiety.

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 communication in family 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 researchers 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 communication 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 (e.g., kinsfolk), 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 communication 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 communication of student which larger point of view would open in future.

The results of this study are comparable to studies using child and parents retrospective reports, concurrently suggest the need for mental-health professionals to consider parent counseling as a significant part of anxiety intervention programs specific for childhood, with special attention given to ability of the family in the exchange of information. Another clinical implications of the unique contributions of family communication 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 patterns of family communication to be more playful with these anxious child, particularly in relation to social and challenging play. Further research may isolate psychosocial and family environmental factors as instrumental treatment targets in the management of childhood anxiety disorders to protecting children against a development towards fearfulness.

Overall, this study demonstrated that communication in family must be one of the factors of etiology in children with total anxiety, physical damage phobia, obsessive-compulsive, social anxiety, and generalized anxiety imply impairment of social support and maintenance of the disorder. In other words, some special environmental context may establish background for affection of special kind of anxiety disorders but it does not much more effect on other anxiety disorders. Much more data are needed before conclusions regarding precisely how family communication affects the specific kind of anxiety and the means by which it might alter humanity sciences can be reached. Future work is needed to replicate the present findings in larger samples utilizing randomized controlled comparisons.

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Authors Column

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