

Anxiety in adolescents in relation to parenting, sibling status and type of schools

Puran Chandra

Researcher, Department of Psychology, Gurukula Kangri Vishwavidyalaya, Haridwar, Uttarakhand, India

Abstract

The present study attempted to explore the effects of parenting, sibling status and type of schools on Anxiety in Adolescents. Anxiety is the negative emotional state with intensified feelings of nervousness, worry and apprehension associated with activation or arousal of the body. A sample of 240 adolescents were taken from different institutions of Uttarakhand and Uttar Pradesh. The age range from 15-18 years. Analysis of variance was used to analyse the data. Results indicated that parenting influence anxiety in adolescents. Sibling status also influences significantly anxiety in adolescents. Type of schools influence significantly anxiety in adolescents. Parenting, Sibling status and type of schools mutually interact in determine anxiety in adolescents. Anxiety in adolescents is a public health issue among adolescents and demonstrates the importance of considering parenting. Understanding family-related anxiety risk factors can help to predict and prevent anxiety among adolescents.

Keywords: anxiety, parenting, sibling status, type of schools

Introduction

The health of the adolescents is of great importance for the future of societies. In this context, anxiety is a sensitive measure of psychological and social state. Anxiety is unspoken to be an illness that generally comes and goes, that is more probable at certain stages of the life cycle, and with some types driven by genetic and biological factors and other types is being more a response to major life events.

Anxiety in adolescents

Anxiety has two components, the cognitive anxiety or state anxiety; and the other form the somatic anxiety or trait anxiety. The state anxiety is provisional and is always in a changing state of subjective marvel consciously perceived feelings of apprehension and tension, which in its final stage, is associated with activation of autonomic nervous system. The distinction between Trait anxiety and State anxiety was introduced by Spielberg (1966, 1975). He further justified that State anxiety may be a complex response, varying in intensity and keeps on fluctuating over time. The trait anxiety however is behavioural disposition to perceive objectively no hazardous circumstances as threatening and respond consequently. Trait anxiety directly connected to the personality of the individual.

According to Spielberg (1975), trait anxiety or chronic anxiety is relatively stable –personality- characteristic, where state or acute anxiety is assumed to be transitory and situational dependent. Eysenck (1992) suggested that trait anxiety may represent a permanent tendency to react to any input from the affective decision mechanism by directing attention towards or away from the location of threat or any critical situation. The presence of evaluative stress, such as in a test situation or during a job interview, leads the subject's elevation levels of anxiety (Joost Meeijer, 2001). Here the consequence is that the presence of evaluative stress would lead to an elevated state of anxiety and thus lowers the quality of performance. Anxiety includes, Cognitive anxiety, Somatic anxiety, Behavioural anxiety,

Cognitive anxiety includes worry, and uncertainty, whereas Somatic anxiety contains movement changes in the perceived physiological arousal. Behavioural anxiety mentions to one's attention, when its field is narrow that person will have high level of arousal and if it is too broad then that person will have low level of arousal. Kathryn M King *at al.*, (2009), conducted a study on "cardiac care differs across socio-demographic strata; one potential contributing factor to such differences is the personality traits of individuals within these strata". They studied the relationship between risk-taking attitudes and cardiac patients' clinical and demographic characteristics. Anxiety, anger, depression, and curiosity are the major indicators of psychological distress and well-being. (Charles. D. Spielberg and Eric C. Reheiser, (2009).

Scientists have assumed a relationship between emotions and the heart for centuries together, and most of the researches support that contention. In specific, a developing body of indication identifies that negative emotions, including anxiety, are independent hazard influences for cardiovascular disease, and that the presence of anxiety in patients with cardiovascular disease increases illness and possibly even mortality. Clinicians discussing patients with recognised or suspected cardiac disease are likely to come across numerous forms of anxiety, ranging from normal reactions to acute illness to an anxiety disorder masquerading as cardiovascular disease. (Mccan Una D, Fauerbrach James A, Thombs Brett D, 2005).

Numerous studies have recommended an amplified risk of deadly coronary heart disease (CHD) among patients with panic disorder, stress, phobic anxiety, and other anxiety disorders.

An anxiety symptoms scale was created and applied and their study revealed that the data suggests strongly an association between anxiety and fatal coronary heart disease, in particular, including some unexpected cardiac death. (I. Kawachi, D. Sparrow., PS Vokonas and ST Weiss 1994).

There is strong epidemiologic evidence, that psychological factors, especially anxiety and depression, have definitive effects on the development of coronary artery disease (CAD) and the precipitation of sudden cardiac death (SCD). These psychosocial risk factors apply a profoundly negative effect on quality of life and adversely impact the outcomes of ischemic heart disease from many standpoints, including recurrent hospitalization, an increased incidence of ischemic events, and higher level of mortality.

Anxiety is prevalent among such patients with critical cardiac illness and triples the risk for all-cause mortality following MI, almost doubles the risk for reinfection over 5 years, and thus increases the risk for SCD. Investigators and theorists have followed the underlying role of psychosocial risk factors in the development and exacerbation of coronary artery disease and rapid cardiac death; most clinicians have generally considered such psychosocial characteristics to be a consequence of cardiac disease. (James LJ., Jr. Theodore A. Stern RC., Pasternak, Roman W., De Sanctis, 2000).

Objective of the study

1. To find out the effect of parenting, sibling status and type of schools on anxiety in adolescents.

Hypotheses

1. Parenting will influence significantly anxiety in adolescents.
2. Sibling status will influence significantly anxiety in adolescents.
3. Type of schools will influence significantly anxiety in adolescents.
4. Parenting, Sibling status and type of schools will mutually interact in determine anxiety in adolescents.

Methodology

Sample

As per the willingness of participation of subjects in the study, 240 adolescents were selected as a total sample from adjoining districts of Uttar Pradesh and Uttarakhand as per the availability of the adolescents.

Tool

- 8 ESQ – Indian adaptation (Hindi) Shri Malay Kapoor (New Delhi) and Dr. Mahesh Bhargava, (Agra) (1991). It was designed specifically for measuring eight important emotional states and moods (Cattell & Curran, 1973) i.e., anxiety, stress, depression, regression, fatigue, guilt, extraversion, arousal.

Procedure

The study is based on the responses of purposive selected sample of 240 adolescents. Adolescents were selected through randomly for the ex-post facto experimental studies adopting the trivariate (2x2x2) factorial design. All the adolescents were belonging to two genders i.e., normal and deviant as parenting, single and multiple child as sibling status and co-ed and non-co-ed as type of schools. As per the demography of sample the elements of the study are belonging to different religions, economic status, and sibling status, type of schools and children perception of parenting.

Results and discussion

Table 1: Research Paradigm

		Type of schools				Σ
		Co-Ed		Non Co-Ed		
		Sibling status		Sibling status		
		Single	Multiple	Single	Multiple	
Parenting	Normal	ΣX-370	ΣX-592	ΣX-490	1884	
		M-12.33	M-19.73	M-16.33		
	Deviant	N- 30	N- 30	N- 30	N- 30	
		ΣX-475	ΣX-378	ΣX-611	ΣX-568	2032
		M-15.83	M-12.6	M-20.36	M-18.93	
Σ		907	748	1203	1058	3916

Table 2: Anova summary (P<0.05) Anxiety: Parenting × Sibling status × Type of schools

Source of variance	SS	df	MS	F	P
Parenting	216.59	1	216.59	309.41	<0.01
Sibling status	322.02	1	322.02	460.02	<0.01
Type of schools	749.06	1	749.06	1070.08	<0.01
Parenting × sibling status	135.00	1	135.00	192.85	<0.01
Parenting × Type of schools	0.15	1	0.15	0.21	
Sibling status × Type of schools	26.66	1	26.66	38.08	<0.01
Parenting × sibling status × Type of schools	1.35	1	1.35	1.92	
Error	164.16	232	0.70		
Total	1614.99	239			

F₀₅ (1, 239) =3.89; F₀₁ (1, 239) =6.76

Details of significant results

1. The retained H_{0s} (5 & 7) show that bivariate and trivariate interactions (Parenting × Type of schools, Parenting × sibling status × Type of schools) are not significant.
2. The rejected H_{0s} may be detailed as given below:

A. H₀ (1) Parenting is rejected at 0.01 ls

Adolescents whose upbringing is through deviant parenting feels higher anxiety in comparison to normal parenting.

B. H₀ (2) Sibling status is rejected at 0.01 ls

Adolescents, who are single child in their family have higher feelings of anxiety in comparison to multiple child.

C. H₀ (3) Type of schools is rejected at 0.01 ls

Adolescents, who are studying in non-co-education schools have higher anxiety level in comparison to co-education schools.

D. H₀ (4) ‘Parenting × Sibling status’ is rejected at 0.01 ls-

Adolescents, who are single child in their family and upbringing through deviant parenting have higher feelings of anxiety in comparison to multiple child, upbringing through normal parenting.

E. H₀ (6) ‘Sibling status × Type of schools’ is rejected at 0.01 ls

Adolescents, who are single child in their family, studying in Non-Co-education schools have higher Anxiety level in comparison to multiple child, studying in co-education schools.

Interpretation and Conclusion

The results reveals that Adolescents, who are single child in their family, upbringing through deviant parenting and studying in non-co-education have higher feelings of anxiety in comparison to multiple child, upbringing through normal parenting and studying in co-education schools.

Formerly, Adolescents has been described as a period of "storm and stress" (Hall, 1904) [7], and the extreme problems in adjustment shown by a few were generalized as normative experiences for all adolescents (Freud, 1958). Nevertheless, the storm and stress of Adolescents is neither universal nor unavoidable. Most adolescents cope successfully with the demands of development during this time period and do not show extreme maladaptation. Adolescent developmental errands comprise challenges of identity, autonomy, sexuality, academic functioning, and peer relationships (Cicchetti & Rogosch, 2002). While developing attachments with peers in preparation for increased independence from the family of origin is an important developmental process, parents remain important to adolescents and to adults throughout their lives (Lerner, (2002) [9].

Some of the studies relate to the fact that if a person is having anxiety, stress and depression, it is possible that the person will also suffer from fatigue and guilt in some amount at some point of their life. Same is with the case of adolescents also. They are not different from the general population or the lay people. I also agree to this fact that if a person is having anxiety, stress and depression he/she will surely suffer from fatigue and guilt whether in just a small amount or large amount. Adolescents like normal human beings do make mistakes and these mistakes are sometimes are fatal to their schools, college and work place or family and sometimes have different kinds of side effects on them. This may be the reason for their anxiety sometimes. (Kuerer *et al.*, 2007), in a survey of 549 members of the Society of Surgical Oncology, 28% of respondents met the norms for burnout and approximately 30% screened positive for depression with additional study suggesting that around 10% of respondents would have met the norms for major depressive disorder at the time of the survey if they had undergone a full psychiatric assessment.

Eysenck (1992) suggested that trait anxiety may represent a permanent tendency to react to any input from the affective decision mechanism by directing attention towards or away from the location of threat or any critical situation. The presence of evaluative stress, such as in a test situation or during a job interview, leads the subject's elevation levels of anxiety (Joost Meeijer, 2001).

Here the consequence is that the presence of evaluative stress would lead to an elevated state of anxiety and thus lowers the quality of performance.

International studies show that depression and anxiety symptoms are more prevalent among female (Almeida *et al.*, 2004, Andrade *et al.*, 2006, and Desjarlains *et al.*, 1999). By having a supportive relationship with teachers, students will be motivated, will feel protected and this sense of security and friendship will create an empathy which is important to get students interested and desirable to succeed. Good teaching is charged with positive emotion. Undoubtedly, good teaching includes the ability to cultivate relationships; it is caring for and supporting our students, not just transferring knowledge to them. There are still many types of stigmas in Indian society, although many

traditions and mind sets has been changed towards a positive direction for adolescents.

There was a requirement to measure the mental health status of adolescents so that some programmed interventions may be planned for maintaining and improving the quality of their life. To assess the psychosocial stress, work-family conflict and the level of anxiety, depression, somatic symptoms and social dysfunction of adolescents.

Acknowledgment

I am immensely pleased express my gratitude and thanks, Dr. C. P. Khokhar, Professor and Head, Dept. of Psychology, Gurukula Kangri University, Haridwar for his guidance during this research paper. His valuable suggestions, constructive criticisms and constant encouragement kept me going on with this research work. I ever remain grateful to him. I would like to thank Heads of all institutions and participants, who provide me permission for data collection.

Conflicts of Interests

The author declare that no competing interests exist.

Author's contributions

There is an individual author who contributed to the theoretical development, analysis, interpretation and writing of the manuscript.

References

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders-text revision (DSM-IV-TR). Washington, DC: Author, 2000.
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (Fifth Ed.). Arlington, VA: American Psychiatric Publishing, 2013, 189. ISBN 978-0-89042-555-8.
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth edition, 2013.
4. Eysenck HJ, Eysenck MW. Personality and individual differences: A natural science approach. New York; Plenum, 1985.
5. Eysenck HJ. The biological basis of personality: *Springfield*: Thomas, 1967.
6. Freud S. A general introduction to psychoanalysis. Garden City, New York, 1953.
7. Hall GS. Adolescence (Vols. 1and2). Englewood Cliffs, NJ: Prentice Hall, 1904.
8. Kapoor M, Bhargava M. Eight state questionnaire (8SQ). The Psycho- Centre, T-22, Green Park, New Delhi, India, 1991.
9. Lerner RM. Adolescence: Development, diversity, context, and application. *New Jersey*: Prentice Hall, 2002.
10. Steinberg L. We know some things: Adolescent-parent relationships in retrospect and prospect. *Journal of Research on Adolescence*. 2001; 11:1-19.
11. Steinberg L, Morris AS. Adolescent development. *Annual Review of Psychology*. 2001; 52:83-110.
12. Steinberg L, Williams-Wheeler M. Parental Influences on Adolescent Problem Behavior: Revisiting Stattin and Kerr. *Child Development*. 2006; 75(3):781-796.
13. Steinberg L, Elmen DJ, Mounts NS. Authoritative parenting, psychosocial maturity, and academic success

- among adolescents. *Child Development*. 1989; 60, 1424-1436.
14. Steinberg L, Lamborn SD, Mounts NS, Dornbusch SM. Patterns of competence and adjustment among adolescents from authoritative, authoritarian, indulgent, and neglectful families. *Child Development*. 1994; 62:1049-1065.