ORIGINAL ARTICLE

ROLE OF MATERNAL ANXIETY IN DEVELOPING SOCIAL INTERACTION ANXIETY AMONG OFFSPRINGS; A STUDY OF LITERATE MARRIED HOUSEWIVES AND THEIR CHILDREN

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ABSTRACT

OBJECTIVE

To figure out the role of maternal anxiety in developing social interaction anxiety among off springs.

STUDY DESIGN

Cross sectional research design

PLACE AND DURATION OF STUDY

The present study was carried out on general population of Faisalabad city from March 2015 to August 2015.

SUBJECTS AND METHODS

Two hundred and forty (n = 240) participants, including mothers (n = 120) and their offspring (n = 120) were recruited from Faisalabad city applying snowball sampling. Data was collected using Demographic Information Form, the anxiety sub scale of Depression, Anxiety and Stress Scale (DASS-42) and Social Interaction Anxiety Scale (SIAS).

RESULTS

Descriptive statistics reveal that about 71 (59.1 %) out of 120 mothers reported significant level of anxiety. Among 71 mothers, about 12.6 % (9) reported mild level of anxiety, 25.3 % (18) moderate level of anxiety, 40.8 % (29) reported severe level of anxiety and 21.1 % (15) mothers reported extremely severe level anxiety. However, about 40.8 % (49) reported normal anxiety. Concerning the role of maternal anxiety, independent t-test has shown that off springs of anxious mothers were suffering from more social interaction anxiety (t = 3.384, df = 118, p = .001) than off springs of non-anxious mothers. Nonetheless difference among male and female offspring in social interaction anxiety was non-significant (t = 426, df=69, p = .671).

CONCLUSION

The present research findings infer that off springs of anxious mothers are at great risk of developing social interaction anxiety irrespective of gender difference. Moreover, prevalence of anxiety among mothers is alarming.

KEY WORDS

Mother's anxiety, Generalized Anxiety, Social anxiety.

INTRODUCTION

Respective focus of researchers on maternal mental health has confirmed the significant proportion of common mental health problems among mothers such as anxiety¹. The problem of anxiety is expressed in form of tension, worrying thoughts, physical symptom and high blood pressure. Emotional state with anxiety encompasses autonomic arousal, skeletal muscle effects, experiencing anxious affects and situational anxiety as well².

Scientific literature advocated several adverse psychosocial consequences of poor maternal health for children/off springs. A study conferred that children of mentally unhealthy mothers are also vulnerable to same mental health problems³. It may also happen in the case of anxious mothers whose anxiety significantly influences emotional and behavioral development of their off springs. According to so far research findings, maternal behaviors exhibited during interactions were the most salient predictors of anxiety in the children⁶. Maternal anxiousness predicts internalizing and externalizing behavioral problems in young adults⁵ and anxiety disorders in children⁶.

Dysfunctional interaction of anxious mothers with their off springs is likely to develop anxiety in the domain of social interactions, as a result, off springs may feel distress while talking and mingling with friends of same and opposite sex, strangers and significant others⁷. Mothers with anxiety become more critical, less interactive and exhibit less warmness towards their children than mothers without anxiety problems⁸. Maternal anxiety is associated with less warmth and more anxious modeling⁹. This overprotective and warmth-deficient parenting style makes ground for transferring anxiety from mother to off springs. Consequently, offspring too become anxious when they need to interact with others. Thus, the present study aims to find out the role of maternal anxiety in developing social interaction anxiety among off springs. It has been assumed that;

- 1. Off springs of anxious mothers will significantly suffer from more social interaction anxiety than off springs of non-anxious mothers.
- There would be a significant difference among male and female off springs of anxious mothers on the variable of social interaction anxiety.

SUBJECTS AND METHODS

Participants

Two hundred and forty (n = 240) participants including mothers (n = 120) and their off springs {(n = 120) (M = 60, F = 60)} were selected from general

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population of Faisalabad via snowball sampling procedure. Ages of mothers ranged from 41 to 60 years with mean age, M = 52.0, SD = 5.428, whereas their off springs were falling in the age range of 18 to 25 years with mean age, M = 21.3, SD = 2.096. All participants were recruited according to inclusion/exclusion criteria as describe below;

- One mother along with her one off spring (male or female).
- Minimum age of off spring was 18 years.
- · Minimum educational level of off spring was intermediate.
- Minimum educational level of mother was matric.
- All mothers were housewives (non-working).
- Mothers and their off springs suffering from any kind of chronic diseases (i.e, diabetes, hepatitis, cardiac problem, physical disability) were excluded.
- Divorcee and widow women (mothers) were excluded.
- Women (mothers) having any special child and whose husbands were suffering from physical and mental health disease/drug addiction were excluded.

Instruments

In order to record personal information of the participants, Demographic Information Form was used. For measuring anxiety among mothers, Urdu version of Anxiety¹⁰ subscale of Depression, Anxiety and Stress Scale (DASS-42)² was used. It has 14 items which screen out core and clinical symptoms of anxiety among general population. It also provides cut off scores for Normal (0-7), mild (8-9), moderate (10-14), severe (15-19) and extremely severe (15-19) level of anxiety. Reliability of this measure is sufficient ($\alpha = 0.91$).

Social Interaction Anxiety Scale⁷ was used to measure social interaction anxiety among off springs. It comprised of 20 items designed to measure fear of interacting in social situations, gauge emotional aspects of the anxiety response rather than social apprehensiveness or concern about others' opinions in a general sense. Urdu version¹¹ was applied in the present study that has been reported as reliable measure for research purpose ($\alpha = 0.93$).

Procedure

To collect data, separate meetings with mothers and their off springs were held at their own residency on same day with the consent of participants. Before formal data initiation, participants were requested to sign informed consent form in order to ensure their volunteer participation in the current study while following others ethics (i.e, debriefing, confidentiality and privacy). First data was collected from mothers then from their off springs. Anxiety subscale and Social Interaction Anxiety Scale were scored afterwards using cut off scores. Mothers were categorized as anxious and non-anxious; mothers who scored between 0-7 points on Anxiety subscale were treated as non-anxious (normal), whereas mothers who scored more than 7 points on Anxiety subscale were treated as anxious mothers in the present study. Then, the off springs were placed into two independent groups; off springs of anxious mothers and off springs of non-anxious mothers. Independent sample t-test was computed to analyze the difference between off springs of anxious and nonanxious mother and gender differences in social interaction anxiety in anxious group. Frequencies and percentages were also computed to determine the level of maternal anxiety using SPSS Version -20.

RESULTS

It has been observed that 71 mothers (59.1%) were suffering from anxiety. Among them, about 12.6% (9) reported mild level of anxiety, 25.3 % (18) reported moderate level of anxiety, 40.8 (29) were experiencing severe level of anxiety and 21.1% (15) reported extremely severe level of anxiety. Furthermore, only 49 (40.8 %) mothers obtained scores on anxiety sub scale within the normal range (see table 1 for details).

Independent sample t-test found out significant difference between off springs of anxious and non anxious mothers, t (118) = 3.384, p = .001. It showed that means scores of off springs of anxious mothers (M = 34.15, SD = 10.485) were significantly greater than the mean scores of off springs of non-anxious mothers (M = 27.75, SD = 10.005) on social interaction anxiety.

In order to find out gender difference in respect of social interaction anxiety, independent sample t-test was computed. Obtained results revealed non significant differences among male (M = 34.72, SD = 9.375) and female (M = 33.65, SD = 11.464) off springs of anxious mothers in respect to social interaction anxiety, t (69) = .426, p = .671.

Table 1

Descriptive Statistics showing frequency and level of maternal anxiety (n =120)

	Anxious mothers Non-Any			xious mothers	
Groups	f	%	f	%	
Groups	71	59.1	49	40.8	
Level of maternal anxiety					
Mild	9	12.6	Х	X	
Moderate	18	25.3	X	X	
Severe	29	40.8	X	X	
Extremely severe	15	21.1	X	X	

Table 2

Independent sample t-test on off springs of anxious and non-anxious mothers

Groups	N	M	SD	t	df	р
Offsprings of anxious mothers	71	34.15	10.485	3.384	118	0.001
Off springs of non-anxious mothers	49	27.75	10.005			

Independent sample t-test showing on male and female off springs of anxious mothers

Groups	N	М	SD	t	df	р
Male	33	34.72	9.375	.426	69	.671
Female	38	33.65	11.464			

DISCUSSION

Analysis of research data revealed that majority mothers appeared to be experiencing severe level of anxiety. Previous studies also elucidated anxiety as a common mental health problem among women¹². Increased ratio of anxiety in general population is a matter of concern, it draws attention towards its influential factors and aftermath. In daily life, variety of stressors make people worried and tensed. Previous researches confirm the positive relationship

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between episodic and regular stressors and anxiety¹³. Women, all over the world, are more prone to mental health problems due to various cogent reasons. They remain anxious because of family issues, for instances; financial and relationship problems¹⁴.

As cited earlier that maternal anxiety has connection with reduced warmness and anxious modeling^o that may possibly explain anxiety of anxious mothers to be transferred in off springs. A child spends most of his/her time with mother, as a result, he/she is more likely to unconsciously incorporate mother's habit, pattern and interacting style in social settings where there is a need to interact and communicate with others. Children imitate emotions, behaviors and attitude of others through modeling and observation¹⁵. Over controlling attitude of anxious parents impede off springs' independence and autonomy hence increased anxiousness among them when they encounter novel situation¹⁶.

It also has been found out that both male and female off springs of anxious mothers reported more or less equal level of social interaction anxiety.

CONCLUSION

Having examined the maternal anxiety and its role, it is concluded that maternal anxiety is pivotal in developing social interaction anxiety among off springs irrespective of gender. Moreover, prevalence of maternal anxiety in general population is alarming that entails preventive measures.

LIMITATIONS AND RECOMMENDATIONS

In the current study maternal anxiety was screened out using Anxiety sub scale of DASS-42. Neither mothers were clinically diagnosed anxiety patients nor was specific type of anxiety examined (e.g, social anxiety, GAD, etc) in order to see its exclusive impact on off springs. Exact duration of maternal anxiety remained hidden/ varied among mothers. Furthermore, impact of the level of maternal anxiety (mild, moderate, severe and extremely severs) on off springs was not examined respectively. Personality characteristics and birth order of off springs are equally important in the development of social interaction anxiety. So, future researchers are strongly suggested to work upon maternal anxiety considering all these major limitations of the current study.

REFERENCES

- Uriyo JG, Abubakkar A, Sawai M, Msuya SE, Stray-Pedersen B. Prevalence and Correlates of Common Mental Disorders among Mothers of Young Children in Kilimanjaro Region of Tanzania. PLOS ONE. 2013; 8(7): e69088. Available at http://journals.plos.org, doi:10.1371/journal.pone.0069088.
- Lovibond SH, Lovibond PF. Manual for the Depression Anxiety Stress Scales. 2nd ed. Sydney: Psychology Foundation. 1995
- Macfie J. Development in Children and Adolescents whose Mothers Have Borderline Personality Disorder. Child Development Perspectives. 2010; 3(1):66-71.
- Whaley SE, Pinto A, Sigman M. Characterizing interactions between anxious mothers and their children. Journal of Consulting and Clinical Psychology. 1999;67(6):826–836.
- 5. Betts KS, Williams GM, Najman JM, Alati R. The relationship

between maternal depressive, anxious, and stress symptoms during pregnancy and adult offspring behavioral and emotional problems. Depression and Anxiety. 2015; 32(2):82-90.

- McClure EB, Brennan PA, Hammen C, Le Brocque RM. Parental Anxiety Disorders, Child Anxiety Disorders, and the Perceived Parent-Child Relationship in an Australian High-Risk Sample. Journal of Abnormal Child Psychology. 2001;29(1):1-10.
- Mattick R, Clarcke C. Development and Validation of Measure of Social Phobia Scrutiny Fear and Social Interaction Anxiety. Behavior Research and Therapy. 1998; 36 (4):455–70.
- Hirshfeld DR, Biederman J, Brody L, Faraone SV, Rosenbaum JF. Expressed emotion toward children with behavioral inhibition: Associations with maternal anxiety disorder. Journal of the American Academy of Child and Adolescent Psychiatry. 1997; 36:911-924.
- 9. Drake KL, Ginsburg GS. Parenting Practices of Anxious and Non-Anxious Mothers: A Multi-method Multi-informant Approach. Child Family Behavior Therapy. 2011; 33(4):299-321.
- Farooqi Y, Habib M. Gender difference in depression, anxiety and stress among survivors of suicide bombing. Pakistan Journal of Social and Clinical Psychology. 2010;8(2):145-153.
- Zafar N, Kausar R. Emotional and Social Problems in Divorced and Married Women. FWU Journal of Social Sciences. 2014; 8 (1): 31-35.
- Reddy MV, Chandrasekar CR. Prevalence of mental and behavioral disorders in India: a Meta-analysis. Indian Journal of Psychiatry.1998;40(2):149-157.
- Mahan PL, Mahan MP, Na-Jin Park N, et al. (2010). Work Environment Stressors, Social Support, Anxiety, and Depression among Secondary School Teachers. AAOHN Journal. 2010; 58(5):197-205.
- Mirza I, Jenkins R. Risk factors, prevalence and treatment of anxiety and depressive disorders in Pakistan: Systematic review. British Medical Journal. 2004; 328. Available at http://www.bmj.com
- 15. Bandura A. Social learning theory. New Jersey: Prentice Hall; 1977.
- Ginsburg GS, Schlossberg MC. Family-based treatment of childhood anxiety disorders. International Review of Psychiatry. 2002; 14 (2): 143-154.

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