

The Relationship between Mothers - Child Training Approaches and Anxiety Disorders of Sixth Grade of Students of First Region of Hamedan_Iran

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Abstract

The aim of the study is to determine the relationship between mothers child-training approaches and anxiety disorders. The participants for this study were 200 sixth grade students in educational years of 2012-2013 in Hamedan having been selected by simple random sampling method. Participants responded to questionnaires of child-training approaches and those of diagnosis of disorders related to children's anxiety. Statistical analysis of results showed that there was a direct and significant relation between authoritarian child-training approach and student's anxiety disorders. Also, it was observed that there was a converse and significant relationship between authoritative child-training and anxiety disorders ($p < 0.05$). However, there was no significant relationship between permissive child-training and anxiety disorders. Regression analysis revealed that Authoritarain and authoritative approaches accounted significantly for about 32.5 percent of observed variance in student's anxiety disorders.

Keywords: Child-training approaches, anxiety disorders, mothers

1. Introduction

Most psychologists, consider counteractions between parents and children as the basis of emotional growth (Coplan, 2009). Conversely, childhood and adolescence are periods in which tangible changes are made and in which pattern-adopting from parent's behavioral patterns occurred (Atilgan, 2012). Accordingly, many biological, cognitive, emotional and social changes of children are being affected by their parents training approaches (Bowlby, 1969; Andrews, 2003, cited by Atilgan, 2012). 'Child-training' term takes root from 'pario' which means 'life giving' and includes

approaches that parents apply for their children training (Haji, Gholami, Yazdi & Alagheband, 2013).

Individual families use specific approaches for their children's personal and social training, which result from cultural, social, political and economic factors (Kessler, 2005). Child-training approach is one of the global factors which indicate emotional relations and general manner of communicating between parents and children, and consider as an important factor in children's growth and learning. According to Atilgan (2012), Parent's child-training approaches act as intermediary between their normative variables and their children's sociability (Rahmani & Moheb, 2011). Parents, who possess authoritarian training approach, endeavor to govern and evaluate their children's behaviour according to absolute and traditional norms and values. Parents, who apply authoritative training approach, try to direct their children's activities in an obvious and firm way with rational latitude and reasonable constraints. Parents, who are having permissive training approach, strive to create an amendable, supportive and calm environment for their children (Khodapanahi, 2012). One type of exciting disorders, which may cause the appearance of problems in adulthood, if it becomes chronic is anxiety disorder (Kendall, 2003). Anxiety is a vague unpleasant emotion, together with presentiment, that is experienced in response to internal and external stimuli, and may lead to cognitive, emotional, physical and behavioral symptoms, and it is counted among the most prevalent psychiatry disorders.

Conversely, according to some psychologist and psychiatrists, anxiety is a genetic phenomenon, some of children's anxiety disorders originate from anxiousness of their fathers or mothers, and the likelihood of being affected by anxiety disorders in children whose parents have experiences of anxiety disorder is 5-times more than those with normal parents(Erin, McClure1, Patricia, Brennan, Constance, Robyne & Brocque 2001)

Evolutionary psychologists always have increasingly focused on perceiving early risk factors for emerging internalized disorders such as anxiety. The research findings show that among internalized disorders, anxiety disorders are most prevalent of all clinical problems in both childhood and adolescence and almost 5 percent of children experience diagnostic symptoms of one anxiety disorder during their childhood. Costello, Mustillo, Erkanli, Keeler & Angold (2003)'s studies into incidence recognition of these disorders have indicated that about 8-12 percent of children and 5-10 percent of adolescents suffer one of the diagnostic factors of anxiety disorder (Hudson, 2006), and this can cause considerable disturbances in children's actions and reveal its effect during adolescence and adulthood (Santucci, 2009; Treffers, 2001; cited by Christine, 2012). Anxiety disorders often are not diagnosed on time, so they become difficult to be treated when they are discovered late. Therefore, it is essential to perceive risk factors related to anxiety disorders in childhood. (Bayer, Hastings, Sanson, Ukoumunne, & Rubin (2010) cited by Christin, 2012). These disorders may appear as one or more forms of separation anxiety, generalized anxiety, pervasive anxiety, social anxiety, panic disorders, or school phobia in children and adolescents that accompanies abundant negative outcomes for personal, educational and social adaptability (Holmes, 2010). Furthermore, evidences suggested that anxiety disorder is not a temporary phenomenon in children, and if it is not treated, it may continue in adolescence and adulthood and will result in many problems in future (Bernstein, Layne

& Egan, 2005). In order to have a better understanding of the effectiveness of parents' training approaches of children's and adolescents' anxiety disorders, the focus should be on three important factors, such as: the extent of parents' being exceptionable and conservative in children training process, the degree of parents' anxiety, and the extent of children's dependency and attachment (Jennifer, 2013). There are many investigations into the roles of parents' children training approaches in incidence of exciting- behavioral disorders which indicate that parents' training approaches having long-lasting effects on children's behaviour, expectations and characters in future. Atilgan (2012) have suggested that there is an inverse connection between parents' authoritative training approach and anxiety in children ($r = -0.54$), and authoritarian child-training approach has a direct and significant relation with the extent of anxiety ($r = 0.47$). Accordingly, 29 percent of total variance of children's anxiety disorders have been justified by parents' child-training approaches. Mannuzza (2002) has shown that there is a direct and significant relation between parents' pressure on children and their fussiness about children's appropriate behaviour to their age and incidence of anxiety disorder. Volfradt, Hampel & Miles (2003) found in a study that adolescents whose parents have applied authoritarian approach, obtained higher scores in anxiety test. Whereas, children with authoritative parents were less aggressive and anxious in comparison with others (Khoeinejad, 2007). Amini (2012) have suggested that mothers of normal children apply more rational approach when they treat their children than mothers of children involved in behavioral disorders. Khoeinejad (2007) showed that there is a correlation between anxiety and authoritative ($r = -0.54$), authoritarian ($r = 0.34$) and permissive ($r = 0.18$) child-training approaches. Also, Rahmani and Moheb (2011) concluded that healthy children's mothers apply authoritarian child-training approach less than anxious children's mothers. Results of research conducted by Khanjani, Esmaeili, Anamegh, & Gholamzadeh (2012) have shown that adolescents' anxious thoughts have a direct relation with authoritarian and permissive child-training approaches and an inverse and significant relation was observed between authoritative child-training approach and their anxious thoughts. Given to what has been mentioned earlier, inasmuch as any parents' indulgence and permissiveness or limitation will have unpleasant consequences on children's behaviour, it is essential to attend to parents' child-training approaches. Therefore, the present study will deal with finding out the relationship between mothers' child-training approaches and students' anxiety disorders, and the following questions will be answered: is there any relation between parents' child-training approaches and students' anxiety disorders? In addition, to what extent are students' anxiety disorders predictable with regard to parents' child-training approaches? Accordingly, the hypotheses of this study consist of :

1. There is a significant positive relationship between mothers' authoritarian child-training approach and students' anxiety disorders.
2. There is a significant positive relationship between mothers' authoritative child-training approach and students' anxiety disorders.
3. There is a significant positive relationship between mothers' permissive child-training approach and students' anxiety disorders.

4. It is possible to predict students' anxiety disorders with regard to their mothers' child-training approaches.

2. Method

The participants for this study were 200 sixth grade students in First region of Hamedan, having been selected by simple random sampling method. The explanation is that first, 10 girly primary schools in 1 region of Hamedan have been selected randomly and then 20 students of each school have been adapted through simple random method. Accordingly, sample size involves 200 girl students, which finally after deletion of imperfect questionnaires, only 183 students responses were found usable for analysis.

3. Data collecting tools

A) **Diana Baumirnd's child-training approaches' questionnaires** : Diana Baumirnds' child-training approaches' questionnaires were used for data collection. This questionnaire which was filled in by students' parents, has been planned by Diana Baumirnd in 1972, and consists of 30 articles, in a way that each of the 10 articles were assigned for each of the authoritative, authoritarian and permissive training approaches. Questionnaire responses pattern follows Likers' 5 degrees scale which its scoring ranges from 0 to 4 , as 4= I completely agree, 3= I agree, 2= I'm not sure, 1= I approximately disagree, 0= I completely disagree. Therefore, the parents are asked to select an answer which matches more with their status quo. According to this scale, three scores have been obtained by summing up related questions to each approach. Reliability and validity of this questionnaire also have been attained in several studies. As reported by Buri (1991) reliability of aforementioned questionnaire were 0.86, 0.84 and 0.78 among mothers with permissive, authoritarian and authoritative training approaches, respectively, by means of retest method (Rahmani, 2011). Furthermore, Khoeinejad, Rajaei, and Moheb (2008) have estimated that a coefficients of questionnaire for authoritative, authoritarian and permissive approaches, on the basis of sample group, were 0.90, 0.83 and 0.61, respectively and also whole questionnaire's a coefficient was 0.81. In the present study, according to Cronbach a, total reliability coefficient was 0.91 and that of authoritative, authoritarian and permissive approaches, separately, were 0.83, 0.79 and 0.71, respectively. Questionnaire's validity also was also verified by psychological and psychiatric experts.

B) **The screen for child anxiety related emotional disorders scale (SCARED)**: This scale is a self-reported tool which has been provided by Behamer (1999) for assessing anxiety disorders' symptoms in 8-17 years old children, according to DSM-IV scale which consists of one total anxiety scale and 5 sub-scales, include eparation anxiety disorder (EAD), generalized anxiety disorder (GAD), social anxiety (SA), school phobia (SP) and panic disorder (PD), or significant physical symptoms. Typical version of this questionnaire has consisted of 38 articles. Bemaher (1999) have added 3 articles to social anxiety sub-scale. So, the present form of this test includes 41 items which have been planned on the basis of clinical sample. In this questionnaire, children are asked to specify that

to what extent they experience each of symptoms, within a Likert's 3 degree scale (0= false or rarely true, 1= somehow true or often true, and 2= so much true or most often true). In connection with its psychometric attributes, there is a high correlation between its main scale and sub-scales and these of other measurement tools for children's anxiety, such as spense scale ($r= 0.48$), multidimensional scale of children's anxiety ($r= 0.81$) and children's state-quality anxiety questionnaire ($r=0.85$). Regarding its reliability, also, the results of performed studies on normal and clinical samples have suggested that aforementioned questionnaire possesses a desirable internal similarity. In addition, in a study on 12 years old girl students by Amini and Aghbolaghi (2012), Cronbach a coefficient of total scale was 0.83 and that of its sub-scales ranged from 0.79 to 0.88.

Results

Table 1: Correlation matrix of the five dimensions of students' anxiety disorders

Dimensions	<u>Panicdisord</u> <u>er</u>	Generalized disorder	<u>Eparation</u> <u>disorder</u>	Social disorder	<u>Schoolpho</u> <u>bia</u> disorder
Panic disorder	1				
Generalized disorder	**0.532	1			
<u>Eparation</u> <u>disorder</u>	**0.815	**0.460	1		
Social disorder	**0.627	**0.423	**0.659	1	
School phobia disorder	**0.559	**0.401	**0.588	**0.562	1

As shown in table 1, there is a correlation between sub-scales of students' anxiety disorders. The explanation is that there is a correlation between generalized and panic disorders ($r= 0.532$), esparation anxiety and panic and generalized disorders ($r=0.815$) and ($r=0.460$), respectively, between social anxiety and panic, generalized and esparation anxiety disorders ($r= 0.627$), ($r= 0.423$) and ($r= 0.659$), respectively, and also between school phobia and panic, generalized, esparation and social anxiety disorders ($r= 0.559$), ($r=0.401$), ($r=0.588$) and ($r=0.562$), respectively.

Table 2: Correlation between authoritarian child-training approach and students' anxiety disorder

Authoritarian child-training approach	Number	Mean	Standard deviation	Correlation coefficient	Significance level
Separation anxiety	184	5.55	2.99	**0.269	0.01
Generalized anxiety	184	6.50	2.93	*0.154	0.05
Social anxiety	184	6.10	1.98	**0.310	0.01
Panic disorder	184	8.71	4.02	**0.307	0.01
School phobia anxiety	184	2.78	1.57	*0.171	0.05
Total	184	23.3	8.60	**0.483	0.01

Findings in table 2 suggest that there is a direct correlation between authoritarian child-training approach and students' total anxiety disorders ($r = 0.483$), and its correlation with sub-scales is as follow: separation anxiety ($r = 0.269$), generalized anxiety ($r = 0.154$), social anxiety ($r = 0.310$), panic disorder ($r = 0.171$) and school phobia disorder ($r = 0.171$), with confidence level of 99%. Accordingly, first hypothesis has been supported.

Table 3: Correlation between authoritative child-training approach and students' anxiety disorder

Authoritative child-training approach	Number	Mean	Standard deviation	Correlation coefficient	Significance level
Separation anxiety	184	5.55	2.99	** -0.294	0.01
Generalized anxiety	184	6.50	2.93	** -0.226	0.01
Social anxiety	184	6.10	1.98	* -0.168	0.05
Panic disorder	184	8.71	4.02	** -0.348	0.01
School phobia anxiety	184	2.78	1.57	** -0.250	0.01
Total	184	23.93	8.60	** -0.348	0.01

According to data in table 3, there is an inverse and significant correlation between authoritative child-training approach and studied subjects' total anxiety disorders ($r = -0.348$). With regard to each of the five dimensions sub-scales, also, results indicate that there are inverse and significant

correlations between this approach and separation anxiety ($r=-0.294$), generalized anxiety ($r=-0.226$), social anxiety ($r=-0.168$), panic disorder ($r=-0.348$) and school phobia disorder ($r=-0.250$). Similarly, second hypothesis has been verified.

Table 4: Correlation between permissive child-training approach and students' anxiety disorder

Authoritative child-training approach	Number	Mean	Standard deviation	Correlation coefficient	Significance level
Separation anxiety	184	5.55	2.99	0.132	0.339
Generalized anxiety	184	6.50	2.93	0.091	0.440
Social anxiety	184	6.10	1.98	0.057	0.973
Panic disorder	184	8.71	4.02	0.031	0.673
Schoolphobia anxiety	184	2.78	1.57	0.11	0.987
Total	184	23.93	8.60	0.137	0.064

With respect to obtained results in table 4, it is observed that there is no significant correlation between mothers' permissive child-training approaches and students' anxiety disorders, as total correlation coefficient and significance level are $r=0.137$ and $p=0.064$, respectively. The correlation coefficients of separation anxiety, generalized anxiety, social anxiety, panic disorder and school phobia anxiety are 0.132, 0.091, 0.057, 0.031 and 0.11, respectively, and their significance levels, respectively, were as follows: 0.339, 0.440, 0.973, 0.673 and 0.987. Therefore, third hypothesis has not been supported.

Table 5: Results of gradual regression analyses of students' anxiety disorders on the basis of child-training approaches

Model	β	T	P	R	R^2
Authoritarian child-training approach	0.483	4.16	0.001	0.483	
Authoritative child-training approach	-0.308	-4.95	0.001	0.570	0.325
Permissive child-training approach	0.076	1.15	0.233	0.570	

With regard to results of regression analysis in table 5, totally, it is possible to predict students' anxiety disorders on the basis of parents' child-training approaches in the level of $p < 0.01$, as child-training approaches specify totally 32.5% of anxiety disorders? coefficients of authoritarian, authoritative and permissive child-training approaches are 0.483, -0.308 and 0.076, respectively. Accordingly, authoritarian and authoritative child-training approaches, among others, are most powerful variables for predicting students' anxiety disorders. The former worsens anxiety disorders while the latter is effective for its lessening. Therefore, forth hypothesis has been verified.

4. Discussion & conclusion

The findings show that there is a direct and significant relationship between authoritarian child-training approach and anxiety disorders. The findings are consistent with those of Mannuzza (2002); Volfradt et al. (2003), cited by GhamariGivi (2009); Thomas, Russell & Natalie (2009); Atilgan (2012); Jennifer (2013); Khoeinejad (2007); and Khanjani (2012), who have emphasized on the roles of authoritarian training models in development of anxiety disorders. In this regard, it is citable that all parents have, explicitly or implicitly, ideal imaginations about how their children should be, or what information they should have, which moral values or behavioral standards they should learn in growth process, and in order to lead their children to these purposes, they try many guidelines among which authoritarian child-training approach is. Indeed, children whose parents are authoritarian are less self-reliant and they do nothing solely or do not have their own ideas and tend more to be quiet, polite, shy, socially no positive and helpless.

Also, the findings of the study showed that there is an inverse and significant relationship between authoritative child-training approach and students' anxiety disorders which may interpret that much mothers' usage of this training approach, cause less anxiety disorders in their children. Findings are in accord with those of Thomas, Russell & Natalie (2009); Atilgan (2012); Jennifer (2013); Khoeinejad (2007); Rahmani & Moheb (2011); and Khanjani, Esmaeili Anamegh & Gholamzadeh (2012). In fact, certainty of purposes, discipline and training of family affairs results in specifying their life-style. This same develops a dominant self-confidence and self-reliance into children, and prepares them for reasonable decision-making in critical conditions, and they will be capable of acting on the basis of rational reasoning, before they involve in any excitement, stress and anxiety.

On the basis of obtained results, there was observed no significant relation between permissive child-training approach and students' anxiety disorders. These results are in agreement with those of Atilgan (2012); Khoeinejad (2007); Rahmani & Moheb (2011); and Khanjani, Esmaeili Anamegh & Gholamzade (2012). In this regard, it can be argued that because permissive parents apply an integration of authoritarian and authoritative training approaches as they exert low control on their children and their kindness and affectionateness are in a moderate level and while they are sensitive to their children

apparently, they do not anticipate from them so much, and with respect to being affected by anxiety disorders, there is a condition between those of other two training approaches.

Present study suggests that there are multiple relationships between students' anxiety disorders and authoritative and permissive child-training approaches. In such a way that mothers' use of authoritarian and authoritative child-training approaches have been best anticipators of increase and decrease in anxiety disorders among girl students, respectively. Findings of present study are in accord with those Atilgan (2012); Jennifer (2013); Khoeinejad (2007); Rahmani & Moheb (2011); and Khanjani, Esmaili Anamegh & Gholamzadeh (2012). Accordingly, applied approaches by parents for their children training play an essential roles in decreasing their exciting disorders, particularly anxiety disorders. It is under perfect communication that it is possible to identify children's needs and to strive to satisfy these needs. As it has been pointed earlier, each of these approaches has some relations with children's exciting disorders, among which authoritarian child-training approach has most negative and destructive effects on intensifying anxiety disorders. While authoritative child-training approach has a positive role in decreasing children's anxiety disorders. Regarding undeniable roles of parents' training approaches in presentation or intensification of some of emotional-exciting disorders, particularly anxiety disorders, it is worthful to hold training courses with focus on children training approaches for parents, particularly for mothers in schools.

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