

Mental Health Status of Adult Offspring of Anxious and Non-Anxious Mothers

Riffat Sadiq¹*, Sumaira Hayat², Ujala Kaleem³

Abstract

The present study examined the mental health status of adult offspring of anxious and non-anxious mothers assuming that adult offspring of anxious mothers would significantly report more depression, anxiety, stress and anger as compared to adult offspring of non-anxious mothers. The present comparative study was done on mothers and their adult offspring in Faisalabad city. Demographic Information form, Anxiety Subscale of Depression, Anxiety, and Stress Scale-42 (DASS-42), Depression, Anxiety, and Stress Scale-21 (DASS-21) and Anger subscale of Aggression Questionnaire (AQ) were used for data collection. Descriptive statistics and independent samples *t*-test were computed for data analysis. Of the one hundred and seventy six mothers, total 102(57.95%) reported significant anxiety, while 74 (42.04%) seemed to experience normal anxiety in daily life. Results obtained through independent samples *t*-test revealed that adult offspring of anxious mothers experienced more depression ($t = 2.38, df = 174, p = 0.01, d = 0.37$), anxiety ($t = 2.87, df = 174, p = 0.005, d = 0.45$), stress ($t = 3.60, df = 174, p = .000, d = 0.56$) and anger ($t = 4.86, df = 174, p = .000, d = 0.75$) than offspring of non-anxious mothers. It is concluded that maternal anxiousness is one of the contributing factors to mental health problems (i.e., depression, anxiety, stress and anger) among offspring. Findings of the present study have implications for families, communities and mental health professionals as well.

Keywords: Anger, Anxiety, Anxious Mothers, Depression, Mental Health, Stress

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¹Incharge/Assistant Professor, Department of Applied Psychology, Government College Women University, Faisalabad, Pakistan.

²Visiting Lecturer, Department of Applied Psychology, Government College Women University, Faisalabad, Pakistan.

³BS (Hons) Scholar, Department of Applied Psychology, Government College Women University, Faisalabad, Pakistan.

***Corresponding Author Email:**

driffat.haider@gcwuf.edu.pk

Introduction

Albeit the role of both parents is pivotal in child rearing, but mother's role has chief significance in determining child's personality and mental health. A mother can promote good mental health through her

actions and the way she interacts with children. Conversely, mental instability on the part of mothers may constitute the mental health problems among offspring. Previous studies have shown mothers suffering from different mental health problems such as anxiety (Uriyo et al., 2013). In another study, a significant proportion of anxiety was also noticed among majority of the mothers (Sadiq & Shahid, 2018).

Anxiety is a common mental health problem with lifetime prevalence. Further, anxiety runs in families while children of anxious parents are over five times more likely to suffer from anxiety disorders than those of non-anxious parents (Budinger et al., 2013). It is extremely difficult for offspring to grow up with an anxious parent, and even harder if both parents or extended family is anxious.

Indeed, parenting has become a central focus of research due to the increased probability of familial transmission of anxiousness

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(Affrunti & Ginsburg, 2012). Maternal anxiety is connected with maladaptive parenting behavior whereby higher level of control is seen during mother–child interactions (Root et al., 2016). Due to maternal anxiousness, young adults exhibited more internalized and externalized behavioral problems (Betts et al., 2015). Offspring of anxious mothers suffered from more social interaction anxiety than offspring of non-anxious mothers (Sadiq & Shahid, 2018).

Already existing literature documented that observing parents with worrying state is more devastating for children as anxious parents interpret the situation accordingly. Children who consistently see their parents with anxious and fearful state of mind may develop insecurity related to the environment. Eventually, child's own psychological state is destabilized owing to parents' worrying habits. Threat is communicated from anxious parents to their children either verbally or via model of anxious behavior. Specifically, parents fail to model the adaptive coping in response to stressful life events (Burstein & Ginsburg, 2010).

Therefore, it is important to examine how mental health of children/offspring is affected by anxiety identified in parents, especially mothers. Thus, adhering to this concept, the present study will rule out whether offspring of anxious mothers have significant mental health problems or not. In this regard, it is being assumed that:

- Adult offspring of anxious mothers would significantly report more depression, anxiety, stress and anger as compared to adult offspring of non-anxious mothers.

Method

Sample

In order to determine the minimum required sample for the present study, sample was computed via G-Power Software. The value

of 176 was obtained with statistical power of 0.95 and effect size of 0.5 at alpha level of 0.05. In this regard, total one 176 adult offspring along with their mothers were recruited for the present study via snowball sampling method whereby, social network was used to approach the participants who fulfilled the criteria set for sample selection. Albeit, the objective of the study was to examine the impact of maternal anxiousness on the mental health of offspring, for this reason, data were also collected from their mothers as well. Ages of mothers ranged from 47 to 60 years with mean age ($M = 56.60$; $SD = 2.85$).

Inclusion and Exclusion Criteria

Matric was the minimum educational level for mothers. Both offspring and their mothers were required to be free from chronic physical diseases or disability. Moreover, offspring of divorcee/widowed/separated mothers, working with paid job or with drug addict husbands were not included in the study. One offspring (adult son or daughter) of one mother was considered to meet the research objective.

Measures

Anxiety Subscale of DASS-42

To determine the anxious state of mothers, first data were collected from mothers using Demographic Information Form and Anxiety subscale (14-items) of DASS- 42. The DASS-42 was standardized in Pakistan by Farooqi and Habib (2010). All of its items are scored on 4 point likert scale. Reliability of Urdu version of Anxiety subscale (14-items) is ($\alpha = .91$).

Depression, Anxiety, and Stress Scale-21 (DASS-21)

DASS-21 comprised of 21 items which have been divided into three subscales naming Depression (7-items), Anxiety (7-items) and Stress (7-items) respectively. Scoring for this measure is done using 4 point likert scale [Did not apply to me at all =0, Applied to me to some degree or for some of the time=1,

Applied to me to a considerable degree or for a good part of time=2, Applied to me very much or most of time=3]. Reliability of Urdu version of depression is ($\alpha = 0.84$), anxiety ($\alpha = 0.86$) and stress is ($\alpha = 0.83$) and of full scale is ($\alpha = 0.93$) as reported (Aslam & Kamal, 2017). The DASS-21 was used to assess the mental health status of adult offspring.

Anger Subscale of Aggression Questionnaire

Anger is the subscale of Aggression Questionnaire (Buss & Perry, 1992) and comprised of 7 items. There is a five point likert scale available to score all items that ranged from extremely uncharacteristic of me (1) to extremely characteristic of me (5). Reliability of its Urdu version is ($\alpha = 0.88$) as determined by Shafique and Sadiq (2019).

Ethical Considerations

Before holding meeting with offspring and their mothers, written consent was individually taken. They were also briefed the objectives, procedure and risk/benefit ratio associated with the study. With their

willingness to be the part of present study, data from both offspring and their mothers were collected at their own homes in individual setting to ensure the privacy and confidentiality.

Statistical Analysis

Having completed the data, statistical tests like descriptive statistics and independent samples *t*-test were computed to find out the significant difference among offspring of both groups via SPSS Version, 25.0. However, Cohen's *d* was computed using effect size calculator.

Results

Considering the objectives of the study, first mothers were categorized as anxious and non-anxious based on the significant scores obtained on anxiety subscale. Mothers who scored 8 or above on the subscale of anxiety were labeled as anxious, conversely, mothers who scored 7 or less were treated as normal (non-anxiousness) on the basis of cutoff scores (Husain & Gulzar, 2020). The demographic characteristics of the participants have been given in Table 1.

Table 1

Demographic Characteristics of Offspring (N = 176)

Characteristics	<i>f</i>	%	Characteristics	<i>f</i>	%
Age ranges			Birth order		
18-22	104	59.09	First born	45	25.56
23-27	72	40.9	Middle	113	64.20
Gender			Last born	18	10.22
Male	79	44.88	Family System		
Female	97	55.11	Nuclear	91	51.70
Educational Level			Joint	85	48.29
Matric	19	10.79	No. of Family members		
Intermediate	48	27.27	< 10	122	69.31
Graduation	73	41.47	>10	54	30.68
Masters	36	20.45			

Table 2

Descriptive Statistics Show Prevalence of Anxiety in all Mothers (N = 176)

Variable	Anxious Mothers		Non-anxious Mothers	
	<i>f</i>	%	<i>f</i>	%
Anxiety	102	57.95	74	42.04

Descriptive statistics revealed that total 102(57.95%) mothers reported significant

anxiety, while 74(42.04%) mothers seemed to experience normal anxiety (Table 2).

Table 3

Independent Samples t-test Showing Difference of Mental Health Status of Offspring of Both Anxious and Non-Anxious Mothers (N=176)

Mental Health Variables	Offspring of Anxious Mothers (n =102)		Offspring of Non-Anxious Mothers (n =74)		df	t	p	Cohen's d
	M	SD	M	SD				
Depression	10.86	6.17	8.83	4.59	174	2.38	.01	0.37
Anxiety	8.80	6.59	6.35	3.74		2.87	.005	0.45
Stress	15.94	7.54	12.24	5.33		3.60	.000	0.56
Anger	20.17	5.80	16.20	4.64		4.86	.000	0.75

Independent samples *t*-test was computed to examine the difference among offspring of both anxious and non-anxious mothers in respect to depression, anxiety, stress and anger. Results revealed that adult offspring of anxious mothers experienced more

depression ($t = 2.38$, $df = 174$, $p = 0.01$, $d = 0.37$), anxiety ($t = 2.87$, $df = 174$, $p = 0.005$, $d = 0.45$), stress ($t = 3.60$, $df = 174$, $p = .000$, $d = 0.56$) and anger ($t = 4.86$, $df = 174$, $p = .000$, $d = 0.75$) than offspring of non-anxious mothers (Table 3).

Table 4

Independent Samples t-test Showing the Gender Difference in respect to Mental Health Status (N=176)

Mental Health Variables	Male Offspring (n =42)		Female Offspring (n =60)		df	t	p	Cohen's d
	M	SD	M	SD				
Depression	10.83	7.12	9.20	6.16	100	1.23	.22	0.24
Anxiety	10.42	6.99	8.08	6.36		1.75	.08	0.35
Stress	16.50	8.84	17.73	8.63		-.70	.48	0.14
Anger	21.19	4.73	19.95	6.27		1.08	.28	0.22

With regards to the gender difference, summary of independent samples *t*-test (Table 4) revealed a non-significant difference among male and female offspring of anxious mothers on the variable of depression ($t = 1.23$, $df = 100$, $p = .22$, $d = 0.24$), anxiety ($t = 1.75$, $df = 100$, $p = .08$, $d = 0.35$), stress ($t = -.70$, $df = 100$, $p = .48$, $d =$

0.14) and anger ($t = 1.08$, $df = 100$, $p = .28$, $d = .22$). However, means scores of male offspring of anxious mothers on the scale of depression, anxiety and anger are greater than the mean scores of female offspring. On the other hand, female scored more on the scale of stress than male counterparts. These scores indicated male offspring experiencing

slightly more depression, anxiety and anger. While, female offspring reported slightly

more stress than male offspring as the function of maternal anxiousness.

Discussion

The present findings confirmed the assumption that offspring of anxious mothers experienced more depression as compared to offspring of non-anxious mothers (Table 3). Previous studies also have described maternal anxiety as the significant predictor for child social and emotional development (Polte et al., 2019). Due to maternal anxiousness and depression, children are also vulnerable to develop depression during adolescent phase (Nilsen et al., 2013). Parental mental health problems contribute to depressive symptoms in late adulthood as well (Angeline et al., 2016). Mothers with anxious tendencies mostly focus on the negative aspects of the situation. Their worrying nature makes children believe that they are not stronger enough to perform well on the task. As a result, a sense of hopelessness and worthlessness is likely to be strengthened which are the building blocks of depression. Anxious mothers experienced distress whenever their children are indulged in variety of activities. Offspring may react in the similar way even towards harmless situations as they have observed their parents behaving anxiously in such situations (Turner et al., 2003). Anxious modeling facilitates the transmission of anxiety from parents to children. For this reason, offspring with anxious parents are more likely to exhibit anxious behaviors (Reitman & Asseff, 2010) and interaction anxiety in daily life (Sadiq & Shahid, 2018). As also has been noted in the present study that offspring of anxious mothers experienced more anxiety than offspring of non-anxious mothers (Table 3). In fact, offspring harbor the feelings as if situation is out of their own control owing to the controlling behavior expressed on the part of their anxious mothers (Reitman & Asseff, 2010). Consequently, offspring might not be

thinking capable enough to handle the problematic situation and experienced significant stress as observed in the present study (Table 3).

Offspring of anxious mothers also reported more anger as compared to offspring of non-anxious mothers (Table:3). Previous studies also reported emotional and disruptive behaviors among children as the function of maternal anxiety (Nilsen et al., 2013). Anxious mothers cannot refrain themselves from interfering in offspring's matter. Their fearful nature does not let offspring feel confident to initiate something; eventually offspring are at risk of developing frustration as the consequence. This frustration might be converted into angry feelings and thoughts. Previous findings proved the strong connection of frustration with anger that provokes aggression whenever a person receives aggressive cues (Myers, 1996). Parental health, especially mother's mental health is a potential risk factor for psychological problems and difficulties in children, as also evident by existing literature (Plass-Christli et al., 2017).

Males are expected to perform well in variety of social settings. In our culture, males are bread earner while females are supposed to perform household tasks. As mentioned earlier that maternal anxiousness is a big barrier in developing confident and strong personality, because of that, male offspring could not feel confident in social, academic and occupational setting and consider own self far behind than others. Hesitation in taking initiatives in learning and working environment further make them mentally disturbed, consequently, they are likely to develop depression, anxiety and anger. On the other hand, females within family environment feel pressure due to the multiple and daily routine tasks to be done on time. As

a result, they experience stress as they have seen their mothers showing excessive concerns while handling family matters. These factors might have contributed to the slight difference observed among male and female offspring in respect to mental health problems (Table 4).

Conclusion

Anxious mothers influence the mental health status of their offspring to the great extent. Though, mother is the primary caregiver and spends most of time with children, therefore, her temperament, attitude and beliefs constitute child's psychological development. Anxious mothers interact with children anxiously resulting in constant mental distress. The clouds of constant distress and apprehension surround young minds which are likely to be converted in variety of psychological problems such as depression, anxiety, stress and anger.

Limitations and Recommendations

The current study merely compared the mental health status of offspring in the connection of maternal anxiousness. Impact of other significant factors such as demographics, and family functioning were not examined. Mothers were categorized as anxious and non-anxious on the basis of given ranges of the scores. They were not formally diagnosed patients of anxiety disorders. Future researchers can investigate the mental health status of children of mothers who have been formally diagnosed with mental health disorders. Predictive role of maternal anxiousness can also be investigated in developing mental health problems among children.

Implications of the Study

The present research findings have implications for families, community and mental health professionals. Parents can understand how their positive role and own mental health is integral in healthy emotional and behavioral development of their children. Mothers need to amend their behavior and

learn to reduce their own anxiety so that they can attend their children properly. Mental health professionals can use specific treatment module for parents, especially mothers, along with making community aware of how family and parents should deal with their children, if they want them functional in personal, social and occupational domain of life.

Contribution of Authors

Riffat Sadiq: Conceptualization, Methodology, Writing - Reviewing & Editing, Supervision

Sumaira Hayat: Formal Analysis, Writing-Reviewing & Editing

Ujala Kaleem: Investigation, Data Curation, Formal Analysis, Writing – Original Draft

Conflict of Interest

There is no conflict of interest declared by authors.

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Data Availability Statement

The datasets of the current study are not available publicly due to ethical reasons but are available from the corresponding author [R.S.] upon the reasonable request.

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