CLINICAL IMPORTANCE OF DEVELOPMENTAL PSYCHOLOGICAL ISSUES & PARENTING STYLE IN ANXIETY DISORDER

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Abstract: *Adverse Childhood Experiences and parenting style plays a significant role in the development of anxiety disorder. It has been seen in various studies that both the variables plays a significant role in not only etiology as well management issues. Though there is very few studies in this specific targeted population (anxiety disorders)this study has been planned with the aim of to assess the adverse childhood experiences and parenting styles in patient with anxiety disorder ethodology In this study a total sample of 30 participants were taken. Patients with generalized anxiety disorder fulfilling criteria of ICD-10 were taken from, Dept. of Psychiatry, Pt. B.D.Sharma PGIMS, Rohtak. Tools- Proforma for socio demographic details and clinical profile, Early Trauma Inventory self report-short form(ETISR-SF), Parental Bonding Instrument Procedure For this study 30 participants diagnosed with generalized anxiety disorder from psychiatric OPD of PGIMS, Rohtak were contacted. They were explained regarding the objectives of the study and written informed consent was taken. Firstly, Socio demographic and clinical details were collected and then further tests were administered on them. Statistical analysis After obtaining the data, the data was analyzed on SPSS. For the available data descriptive statistics, frequency table, and inter-matrix correlation has been applied.*

Key Words: *psychological issues, parenting style, anxiety disorder.*

1. INTRODUCTION:

Anxiety disorders are a universal phenomenon in contrast to fear which tends to be reserved for reactions that are exaggerated. In DSM-5 anxiety is defined as the anticipation of future threat; it is distinguished from fear i.e the emotional response to real or perceived imminent threat. Anxiety is a normal emotion. From an evolutionary viewpoint, it is adaptive since it promotes survival by inciting persons to steer clear of perilous places. Since the 20thcentury, anxiety has also been a disorder in psychiatric classifications.[1]

Adversity is defined as "a state or instance of serious or continued difficulty or misfortune; a difficult situation or condition; misfortune or tragedy". Adversity is an environmental event that must be serious (i.e severe) or a series of events that continues over time (i.e., chronic).Adverse Childhood Experiences is the term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18. Such experiences include multiple types of abuse; neglect; violence between parents or caregivers; other kinds of serious household dysfunction such as alcohol and substance abuse; and peer, community and collective violence.It has been seen in various researches that considerable and prolonged stress in childhood has life-long consequences for a person's health and well-being. It can disrupt early brain development and compromise functioning of the nervous and immune systems.[2]

The landmark Kaiser Adverse Childhood Experience (ACE) Study examined the relationships between these experiences during childhood and reduced health and well-being later in life. The strong associations of childhood maltreatment with a wide range of psychiatric outcomes suggest that maltreatment may confer non-specific risk for psychopathology rather than risk for specific disorders.[3]

Parents differ in how they try to control or socialize their child; and it depends on overall pattern of interaction rather than one single act that shapes child's behavior. Parenting or child rearing styles are parent's characteristic, consistent manner of interacting with their children across a wide range of everyday situations. Research on parenting styles has demonstrated their influence on children's developmental outcomes, including academic skills and achievement, aggression, altruism, understanding, moral internalization, motivation, peer relations, self-esteem, social skills and adjustment, substance abuse, and mental health. [12] Psychologist Diana Baumrind (1971, 1991) identified four patterns of parenting styles based upon two aspects of parenting behavior: control and warmth. When the two aspects of parenting behavior are combined in different ways, four primary parenting styles emerge: Authoritative Parents are warm but firm.. Authoritarian Parents display little warmth and are highly controlling. Permissive Parents are very warm, but undemanding. Uninvolved Parents are not warm and do not place any demands on their children.[4,5] Adverse childhood experiences have been linked with mental health problems, substance misuse, suicidal behaviour and other health risk behaviours in adult life. Recent large-scale epidemiological studies have explored the effects of multiple adverse childhood experiences on mental health and the examination of a wider range of mental health

outcomes. These have demonstrated that exposure to one adverse childhood experience increases the individual's chance of experiencing another.[6] There is also evidence that a graded relationship exists between the number of adverse childhood experiences and the likelihood of lifetime psychiatric disorders with the risk of negative adult consequences increasing with more adverse experiences. The adverse childhood experiences that have been found to more strongly predict the later development of mental health disorders include parental psychopathology, emotional abuse and interpersonal traumas especially sexual abuse. Research evidence suggests that adverse childhood experiences are more likely to predict the onset of the psychiatric disorders rather than the course. Clark et al found that associations between psychopathology and childhood adversity were stronger in adolescence than in early adulthood and mid-life.[7] Edwards et al in their research explained that individuals who have experienced childhood adversity are at elevated risk for developing a lifetime mental disorder compared to individuals without such exposure, and the odds of developing a lifetime mental disorder increase as exposure to adversity increases.[8] Parents play a substantial role in shaping children's emotional health, particularly in early childhood. Parenting behaviours, such as overprotection, that serve to accommodate or enhance avoidant strategies are likely to impact on the maintenance and development of psychiatric disorders. Overprotective and over involved parenting is likely to lead to reduced opportunities for the child to approach new and potentially fearful situations. Another parenting style that has received attention with respect to the development of emotional health problems is critical parenting. Critical parenting has been consistently associated with various psychiatric disorders. It has been hypothesized that parents who criticise and minimise the child's feelings, undermine the child's emotion regulation and increase their sensitivity to emotional health problems such as anxiety and depression. Finally, an insecure parent-child attachment has also been identified as a risk factor for the development of anxiety disorders and depression. Sommer (2007) reported that permissive parenting style is positively associated with a child's externalizing behavioral problems.[9] Also Enns et al found maternal parenting generally more consistently associated with psychopathology.[10]

2. REVIEW OF LITERATURE:

The Study conducted by McLaughlin et al[11]sees the impact of childhood adversity (CA) on mental disorders in later years is largely analyzed in the literature on five types of adversity: social adversity, negative family environment, abuse, loss, and school functioning These sub topics have been correlated with anxiety in later years and have been shown to impact onset of anxiety in various stages of development. They used data from the National Epidemiological Survey of Alcohol and Related Conditions (NESARC) (n=34 653). CA is associated with increased vulnerability to the deleterious mental health effects of adult stressors in both men and women. High levels of CA may represent a general diathesis for multiple types of psychopathology that persists throughout the life course.

Janice R. Kuo et al[2] stated that experiencing childhood trauma is associated with difficulties, such as depression, anxiety, substance abuse, and even suicide, in adolescence, young adulthood or later life. Participants were 102 individuals with generalized SAD and 30 healthy controls who completed measures of childhood trauma, social anxiety, trait anxiety, depression, and self-esteem. Compared to healthy controls, individuals with SAD reported greater childhood emotional abuse and emotional neglect.

Previous studies using the Parental Bonding Instrument have shown a general trend for neurotic subjects to score their parents as less caring and more protective. Such a finding was broadly replicated in a study by Silove D[12] which consisted of 80 clinically anxious subjects and age- and sex-matched controls. Although direct comparisons of PBI scores failed to reveal clear-cut differences between generalised anxiety (GA) and panic disorder (PD) subgroups, logistic regression analyses revealed higher odds ratios for parental assignment to aberrant categories in the GA group, with PD patients reporting a more limited pattern of overprotective parenting only. Findings suggest that adverse parental behaviour may be relevant to the pathogenesis of GA, while parental 'affectionate constraint' may be a parental response to early manifestations of PD.

Kerns KA and Brumariu LE[13] addressed how and why parent-child attachment is related to anxiety in children. Children who do not form secure attachments to caregivers risk developing anxiety or other internalizing problems. While meta-analyses yield different findings regarding which insecurely attached children are at greatest risk. Insecure attachment itself may contribute to anxiety, but insecurely attached children also are more likely to have difficulties regulating emotions and interacting competently with peers, which may further contribute to anxiety. Clinical disorders occur primarily when insecure attachment combines with other risk factors.

Heider et al[14] aimed to study the homogeneity of the association between adverse parenting and anxiety disorders within these disorders as well as among six European countries based on data from 8,232 respondents originating from the European study of the epidemiology of mental disorders and examined the association between three dimensions of parental rearing (care, overprotection, authoritarianism) and anxiety disorders by computing one logistic regression model per disorder. A similar pattern of recalled parenting behaviour across the four anxiety disorders assessed was found, with care and overprotection having the strongest associations. There were only minor country-specific variations of this pattern. Results suggested an association between adverse parenting and the risk of anxiety disorders in particular as well as psychiatric disorders in general that is rather non-disorder specific.

3. AIM & OBJECTIVES:

- To assess the adverse childhood experiences in patient with anxiety disorder.
- To assess the parenting styles in the patients with anxiety disorder.
- To see the relationship among adverse childhood experiences, parenting styles in anxiety disorder.

4, METHODOLOGY:

4.1 Sample

In this study a total sample of 30 participants were taken. Patients with generalized anxiety disorder fulfilling criteria of ICD-10 were taken from, Dept. of Psychiatry, Pt. B D Sharma PGIMS, Rohtak.

4.2 INCLUSION AND EXCLUSION CRITERIA

Inclusion criteria:

- Age – 18 above
- Patient educated upto 12th standard
- Diagnosis of generalized anxiety disorder as per ICD-10 Criteria.

Exclusion criteria:

- Patient with Head injury, organicity will be excluded
- Patient who will not give informed consent.
- Patient diagnosed with any kind of psychotic illness, mood disorders etc.

4.3 Tools used

- **Proforma for Inform Consent**
- **Proforma for socio demographic details and clinical profile**

A special semi-structured Performa would be used to gather the information about socio demographic details of the patient.

- **Early Trauma Inventory self report-short form (ETISR-SF)**

It was originally proposed by Bremmer et al[15]. It is comprised of 27 items, divided into four dimensions (general trauma, physical abuse, emotional abuse and sexual abuse) and scored on a dichotomous scale (Yes/No). There are an additional three items, which are at the end of the questionnaire.

- **Parental Bonding Instrument**

The PBI is a 25 item. self-report measure of respondent's recollections of parent"s attitudes and behaviours during the first 16 years given by Parker et al[16]. The scale consists of two factors: Maternal / Paternal Care (i.e., care vs. indifference and rejection) and Maternal/ Paternal Control or Overprotection (i.e., overprotection vs. encouragement of autonomy). Higher scores on the two scales indicate higher perceived parental care and overprotection, respectively. In addition to generating care and protection scores for each scale, parents can be effectively "assigned" to one of four quadrants "affectionate constraint" = high care and high protection,"affectionless control"= high protection and low care,"optimal parenting" = high care and low protection ," neglectful parenting= low care and low protection.

4.4 Procedure

For this study 30 participants diagnosed with generalized anxiety disorder from psychiatric OPD of PGIMS, Rohtak were contacted. They were explained regarding the objectives of the study and written informed consent was taken. Firstly, Socio demographic and clinical details were collected and then further tests were administered on them.

4.5 Statistical analysis

After obtaining the data, the data was analyzed on SPSS. For the available data descriptive statistics, frequency table, and inter-matrix correlation has been applied.

5. RESULTS:

Table 1- Showing Socio demographic variables

Item	**(N=30)**	**%**
Age (Mean ± SD)	28±8	
Gender Male Female	15 15	50% 50%
Residence Urban Rural	20 10	66.7% 33.3%

Marital Status Married Unmarried Separated	14 15 1	46.7% 50% 3.3%
Occupation Agriculture Business Job Student Homemaker	5 5 8 8 4	16.7% 16.7% 26.7% 26.75 13.3%
Religion Hindu Sikh	29 1	96.7% 13.3%
Education 1st to 10th 11th-12th Graduate Postgraduate	3 7 12 8	10% 23.3% 40% 26.7%

Table No. 1 shows that the mean age of the patient is 28±8 i.e patient's average is 20 years to 36 years. In this sample regarding gender there was no difference found i.e 50% males and 50% females were included. Majority of the participants belongs to urban area i.e 66.7 % participants were from urban background whereas only 33.3% hails from rural background. Out of 30 participants 15 i.e 50% were unmarried , 14 participants i.e 46.7% were married whereas only 3.3% were separated.26.7% of the sample consists of student and 16.7% own their own business, 26.7% were doing job and 16.7% were involved in agriculture as occupation and 13.3% were homemakers. Sample consists of 96.7% of patients belonging to Hindu religion and 13.3% belong to Sikh religion. 10% of the sample population was Xth educated ,23.3% were XII th educated,40% were graduate and 26.7% were postgraduate.

Table no.2 Clinical Variables

Age of Onset	26±7	
Duration of Illness in years	2±1	
	Frequency	**Percentage**
Substance history Yes No	 8 22	 26% 73%
History of suicide Yes No	 5 25	 16.7% 83.3%
Treatment Yes No	 8 22	 26.7% 73.3%
General Trauma Yes No	 21 9	 70% 30%
Physical Punishment Yes No	 7 23	 23.3% 76.7%
Emotional Abuse Yes No	 12 18	 40% 60%
Sexual Abuse Yes No	 11 19	 36.7% 63.3%
Total Score of early trauma inventory Yes No	 20 10	 66.7% 33.3%

Table No.2 is showing details about clinical variables.The mean age of onset of illness was 26±7 which means the average age being 21 years to 33 years. The average years of duration of illness was 2±1 i.e average duration of illness varies from 1 to 3 years.

73% of patients had no history of substance whereas 26 % were positive for substance history.16.7% of patients had positive history of suicide attempt in their family. 73.3% of sample had no treatment history only 26.7% had taken treatment previously.

In domain of General trauma 70% of participants had positive history whereas only 30%had negative history. In area of Physical punishment 23.3 % of participants had positive history for physical punishment while 76.7% had negative history for the same.

40% of participants had positive history for emotional abuse while 60% having negative history in this domain.36.17% of participants had experienced sexual abuse before the age of 18 years while 63.3% had no such experience.

On average 66.7% of sample population had experienced early childhood trauma whereas 33.3% had no such experience.

Table No. 3 : Care & Protection

Care	**Mother**	**Father**
Low	05 (16.7%)	18(60%)
High	25(83.3%)	12 (40%)
Overprotection		
Low	12 (40%)	14 (46.7%)
High	18(60%)	16 (53.3%)

Table No.3 is showing scores on care and protection in the domain of mother and father as perceived by patients. Majority of the patient i.e 25 (83.3 %) showing high score in the domain of care (mother). Only 16.7% of patients perceived their mother being low on care in contrast 60% patients of them perceived their father as less caring and only 40% reported their father as high on caring .

On domain of overprotection 60% patients perceived their mother as overprotective and 40% reported their mothers as low on overprotection. On the other hand 53.3% of patients reported their father's being highly protective and 60% perceived their fathers as less protective.

Table No. 4: Parental Bonding

Type of Parenting	**Mother**		**Father**	
	Present	Absent	Present	Absent
Affectionate Constraint	14(46.7%)	16(53.3%)	05(16.7%)	25(80.3%)
Affectionless Control	4(13.3%)	26(86.7%)	11(36.7%)	19(63.3%)
Optimal	11(36.7%)	19(63.3%)	07 (23.3%)	23(76.7%)
Neglectful	01(3.3%)	29(96.7%)	07(23.3%)	23(76.7%)

Table no. 4 shows the type of parental bonding between participants and their mother and father respectively. On the basis of care and protection score on Parental Bonding Instrument participants were assigned to 4 different types of parenting as shown in table.

Affectionate Constraint type of parenting was present in case of 46.7 % patients which means mother showed high care as well as high protection while in case of fathers it was present in only 16.7% patients.

13.3% mothers had affectionless control type of parenting i.e high protection but low care whereas 36.17% of fathers had this type of parenting in sample. Optimal parenting i.e High care and Low protection was prevalent in 36.7% of mothers and in 23.3% of fathers.

Neglectful parenting i.e both low care and protection was found in only 3.3% mothers and in 23.3 % fathers this type of parenting was present.

6. DISCUSSION:

The current study aimed to assess the adverse childhood experiences, parenting styles, self esteem in patient with generalized anxiety disorder. In this study a total sample of 30 participants was taken. Patients with generalized anxiety disorder fulfilling criteria of ICD-10 were included in study. Early Trauma Inventory self report-short form (ETISR-SF) was used to assess adverse childhood experiences. Parental Bonding Instrument were used to assess parenting styles with the aim of assessing relationship among adverse childhood experiences and parenting styles in

patients with anxiety disorders. In current study the average age of patient is 28±8 i.e patient's age range between 20 years to 36 years. In a similar study by Teicher et al[17] average age of patients range between 18-22 years. contrary to this in a study by Nelson et al[19] , mean age was 29.9±2.5 i.e patient's mean age range between 27.4 years to 32.4 years. In our study equal number of males and females i.e 50% males and 50% females were included . On the other hand Bakhla et al[19] included 55% male and 45% female in their study. Majority of the participants belongs to urban area i.e 66.7% participants were from urban background whereas only 33.3% hails from rural background.

In current study out of 30 participants nearly half of the sample is married and nearly half is unmarried. 26.7% of the sample consists of student and 16.7% have their own business, 26.7% were doing job and 16.7% were involved in agriculture as occupation and 13.3% were homemakers. In study by Edwards et al[9] adult members of a health maintenance organization (HMO) were studied, whereas Reitman D & Asseff J[20] conducted study on 200 psychology students . In our study maximum number of patients belong to Hindu religion i.e 96.7% and only 13.3% belong to Sikh religion. And also 10% of the sample population was Xth educated ,23.3% were XII th educated,40% were graduate and 26.7% were postgraduate..

The mean age of onset of illness was 26±7 which means the average age being 21 years to 33 years. The average years of duration of illness was 2±1 i.e average duration of illness varies from 1 to 3 years.

Further results reveal that in current study 40% of participants had positive history for emotional abuse while 60% having negative history in this domain.36.17% of participants had experienced sexual abuse before the age of 18 years while 63.3% had no such experience. On average 66.7% of sample population had experienced early childhood trauma whereas 33.3% had no such experience. A similar study was conducted by Ramiroa et al[21] aimed to examine the association among adverse childhood experiences, health-risk behaviours, and chronic disease conditions in adult life. Results indicated that 75% of the respondents had at least 1 exposure to adverse childhood experiences. 9% had experienced 4 or more types of abuse and household dysfunctions. The most commonly reported types of negative childhood events were psychological/emotional abuse, physical neglect, and psychological neglect of basic needs.

In another study done by Young et al[22] they investigated the prevalence of a number of proposed risk factors for depression in 650 patients with mood and anxiety disorders. Emotional abuse, physical abuse, or sexual abuse was found in approximately 35% of patients with major depression and panic disorder and it was more common in women than men, and was associated with an earlier onset of symptoms.

In present study association between parenting style and generalized anxiety disorder was also studied. For this Parental Bonding instrument was used for assessing how patients perceive their parents. This scale gave score based on 2 main domains i.e care and overprotection were on both in context of father and mother. Further on the basis of care and overprotection score 4 parenting styles were derived "affectionate constraint" = high care and high protection,"affectionless control"= high protection and low care,"optimal parenting" = high care and low protection ," neglectful parenting= low care and low protection.

Result findings suggest that majority of the patient i.e 25 (83.3 %) were showing high score in the domain of care (mother). Only 16.7% of patients perceived their mother being low on care in contrast 60% patients of them perceived their father as less caring and only 40% reported their father as high on caring .

On domain of overprotection 60% patients perceived their mother as overprotective and 40% reported their mothers as low on overprotection. On the other hand 53.3% of patients reported their father's being highly protective and 60% perceived their fathers as less protective. Manicavasagar et al[23] investigated the possibility that parental overprotectiveness may be linked to a risk of separation anxiety (SA) in adulthood. Subjects assigned to the adult SA category reported high levels of juvenile SA and exposure to maternal overprotectiveness, whereas patients diagnosed with panic disorder reported few differences in their bonding histories compared to residual anxious patients. Some peripheral studies also provide support to our hypothesis such as study by Mackinonn et al[24] established that individuals with a history of depression report their parents as being less caring and more overprotective of them than do controls. 'Affectionless control' in childhood has thus been proposed as a risk factor for depression.

On the basis of care and protection score on Parental Bonding Instrument participants were assigned to 4 different types of parenting. In present study Affectionate Constraint type of parenting was present in case of 46.7 % patients which means mother showed high care as well as high protection while in case of fathers it was present in only 16.7% patients.13.3% mothers had affectionless control type of parenting i.e high protection but low care whereas 36.17% of fathers had this type of parenting in sample. Optimal parenting i.e High care and Low protection was prevalent in 36.7% of mothers and in 23.3% of fathers. Neglectful parenting i.e both low care and protection was found in only 3.3% mothers and in 23.3 % fathers this type of parenting was present.

Previous studies using the Parental Bonding Instrument have shown a general trend for neurotic subjects to score their parents as less caring and more protective. Such a finding was broadly replicated in a study of 80 clinically anxious subjects and age- and sex-matched controls by Silove D [25]. Findings suggest that adverse parental behaviour may be relevant to the pathogenesis of GA, while parental 'affectionate constraint' may be a parental response to early manifestations of PD.

Similarly the study by Young et al[22] explores the associations between children's perceptions of parental emotional neglect and future psychopathology in a school-based longitudinal study of nearly 1,700 children and reached on conclusion that children's perceptions that parents are emotionally neglectful and controlling are independently associated with later psychiatric disorder and should be taken seriously as a risk factor for future psychopathology. Difference in both genders both sociodemographic variables as well as clinical variables was studied in current study. Significant difference was seen among both males and females in area of education, occupation and in substance use. Also significant disturbance was observed among both the genders in area of sexual abuse. In Parental bonding mother domain there was significant difference seen in males and females on two domains affectionate constraint i.e (both high care and overprotection are present) and affectionless control style of parenting i.e low care and only overprotection is present. . In Parental bonding father domain significant difference was observed among areas of overprotection and affectionless control parenting which is indicative of presence of low care and high overprotection.

7. CONCLUSION:

There is large body of research available on the relation of adverse childhood experiences, parenting styles with various psychiatric disorders. The substantial part of review of literature has shown correlation among adverse childhood experiences, parenting styles and self esteem in patients with generalized anxiety disorder. The current study is aimed to assess the adverse childhood experiences, parenting styles patients with generalized anxiety disorder and to see relationship among these variables. The sample consisted of 30 participants. Patients with generalized anxiety disorder fulfilling criteria of ICD-10 were taken from, Dept. of Psychiatry, Pt. B D Sharma PGIMS, Rohtak. The major findings of the index study were:

- Significant difference was observed among both the genders in area of sexual abuse.
- Significant difference was seen in males and females on mother domain in affectionate constraint and affectionless control style of parenting.
- Significant difference was observed among areas of overprotection and affectionless control parenting in father domain.

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