

The Influence of Family Relationships on Adolescent Generalized Anxiety Disorder

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Abstract: This comprehensive review synthesizes a wide array of studies investigating the intricate relationship between family dynamics and adolescent Generalized Anxiety Disorder (GAD) using a literature review approach. Briefly analyzed and summarized the relationship between Generalized Anxiety Disorder and theories such as social learning theory, psychodynamic theory, and Bronfenbrenner's ecological systems theory. The consensus across numerous investigations suggests a substantial impact of family relationships on the prevalence and manifestation of GAD among adolescents. Notably, findings consistently underscore the significance of parent-adolescent interactions and the quality of inter-parental relationships in shaping adolescent anxiety levels. However, most studies employ cross-sectional designs, limiting the establishment of conclusive long-term causal links. Also, prevalent self-report evaluations for anxiety disorders among adolescents pose limitations, lacking comprehensive, objective assessments that may affect research outcomes. Addressing these limitations in future studies is critical to comprehensively elucidate the nuanced relationship between adolescent GAD and family dynamics.

Keywords: Generalized anxiety disorder, Family relationships, Social learning theory, Bronfenbrenner's ecological systems theory, Psychodynamics theory

1. Introduction

Family relationships are a source of great joy but also great tragedy. Mental health conditions have a disproportionate impact on family members. Recently, a news reported that a student from one of China's top universities, Peking University, brutally murdered his mother and deceived relatives out of large sums of money to evade investigation [1]. There is a topic of significant discussion in society about whether this murderer killed his mother due to his mother's long-standing oppression and their terrible relationship, leading to depression and anxiety. In recent years, generalized anxiety disorder (GAD) has been a common psychological disorder among adolescents. It refers to adolescents excessively worrying about events in life, leading to long-term distress for more than six months, with unstable emotions [2]. Some studies have found that 3% of adolescents suffer from a persistent generalized anxiety disorder, and the prevalence rate of anxiety disorders among adolescents within a year is approximately between 7% and 24% [3, 4]. This article presents a review of the relationship between family members on adolescent generalized anxiety disorder and three theories of behaviour.

1) social learning theory, 2) Bronfenbrenner's ecological systems theory, and 3) psychodynamic theory.

2. Literature Review

According to Tyrer and Baldwin [5], generalized anxiety disorder (GAD) is a prevalent and long-lasting condition, and its primary symptoms in patients involve stress and anxiety that intensify due to specific situations. Its features include irritability, insomnia, emotional instability, and restlessness [5]. The GAD for adolescents is that they tend to feel overly anxious and unsettled due to minor frustrations in their daily life [4], and they may have some special concerns about things at school and family relationships, such as how to achieve good academic performance and manage relationships between family and friends. In addition, according to Bessdo et al. [6], it is most likely for anxiety disorders to first occur in one's childhood and adolescence and GAD has a stronger relation with depressive disorders than other anxiety disorders. What's more, research reported that a higher suicide rate was discovered by those teenagers who have GAD than healthy teenagers [7]. However, this research took place in the United States, so it might not be directly applicable to other countries because of the cultural differences. What's more, research found that the distant relationship between adolescents and their parents significantly influences adolescent's GAD [8]. This was determined by research having over a thousand of adolescents complete questionnaires about their perceptions of their parent's behaviour and assessments of GAD. Meanwhile, they found that adolescent girls are more sensitive than adolescent boys to parental estrangement behaviour, which could indirectly increase the likelihood of developing GAD [8]. Nevertheless, this study used a cross-sectional research design, which cannot establish the long-term correlation between parental behaviour and adolescent GAD. In addition, research suggested that how worry and other GADs for adolescents would develop could be affected by their perceptions of insecure attachment [9]. In general, adolescents GAD, which is highly related to parental and family relationship, has significantly detrimental effect on adolescents' development.

2.1. Social Learning Theory

The social learning theory suggests that individuals, particularly children, acquire behaviours by observing and imitating those demonstrated to them, as well as by following the guidance provided to them [10]. According to this theory, parents may intentionally or unintentionally contribute to children's anxiety through direct guidance or demonstrations. For instance, if a child frequently observes a parent expressing excessive worry or dread in response to a variety of situations, the child may develop a similar response when confronted with similar situations. In the context of GAD, adolescents may observe apprehensive behaviours or reactions exhibited by their parents, and friends, and they may adopt these behaviours.

2.2. Bronfenbrenner's Ecological Systems Theory

In addition, according to Bronfenbrenner's ecological systems theory, people are part of several nested systems or environments, each of which affects them in a different way [11]. In the microsystem, family dynamics, parental behaviours, and peer relationships play a significant role in the development of adolescents [11]. High levels of tension, conflict, or pressure within a teenager's family or peer group can contribute to the development of anxiety disorders such as GAD. An example of circumstance that can initiate or exacerbate anxiety symptoms is a tumultuous family environment or school bullying. The ecosystem contains settings that have an indirect impact on teenagers, including parents' workplaces or local resources [11]. The well-being of parents can be indirectly impacted by their financial or job-related stress, which may raise the likelihood that their

children will develop GAD. Moreover, the chronosystem acknowledges that people's experiences evolve over time [11], which means as adolescents move to a new school, go through a family breakup, or deal with academic difficulties can all have an effect on their anxiety levels and GAD symptoms.

2.3. Psychodynamic Theory

Some evidence suggests that individuals with GAD are more likely to have experienced childhood trauma, and they tend to be more sensitive to perceiving future uncertainties [12]. Psychodynamic theory emphasises the importance of early childhood experiences, especially in the first few years of life, in moulding the personality and emotional development of an individual [13]. Childhood trauma, such as abuse, neglect, or witnessing violence, can have a significant effect on an individual's emotional and psychological growth. The psychodynamic theory is based on the concept that human actions are shaped by hidden forces and encounters that exist beyond conscious awareness [14]. Expanding on this, psychodynamic theory assumes that unrecognized internal conflicts are indicative of anxiety disorders and typically manifest as symptoms of anxiety. The theory encompasses not just individual mental processes but also interactions among individuals, within families, groups, and broader systems [15]. According to psychodynamic theory, unconscious processes including defence mechanisms and unresolved conflicts can have an impact on behaviour and mental health [14]. Unconscious processes like unresolved conflicts or suppressed emotions may be a factor in psychological suffering [14]. There can be underlying tensions or unsolved difficulties in GAD teenagers that contribute to their excessive worry and anxiety. Traumatic events during childhood may result in unconscious tensions, such as suppressed memories or unresolved guilt or shame, which can later show up as psychological distress or illnesses [16]. This indicates that childhood trauma increases the incidence of GAD in adolescents. Moreover, defence mechanisms are used to manage anxiety and emotional distress in a subconscious manner [17]. Adolescents with GAD may use defence mechanisms such as repression and displacement to manage their anxiety and negative emotions. Psychodynamic therapy can help find and deal with these defence systems so that healthier ways of coping can be used. In contrast to other theories that just focus on outward behaviours, psychodynamic theory aims to identify the underlying reasons for psychological illnesses [18]. This strategy seeks to recognise and address the underlying emotional conflicts, anxieties, or unsolved difficulties that underlie excessive worry and anxiety in the case of adolescent GAD.

3. Discussion

There is evidence to suggest that emotional expression difficulties in mothers within family relationships can impact the GAD in adolescents within the family [19]. A study discovered that the majority of mothers of adolescents with GAD have alexithymia traits, which could potentially impact the emotional well-being of the adolescents [19]. Alexithymia is considered a psychological condition that is characterized by problems with self-reporting, self-expression, and self-description [20]. Alexithymia patients may struggle to recognise their own emotions, comprehend others' emotions, and differentiate between physical and emotional experiences [20]. Also, research has shown that maternal alexithymia is a potential factor that may contribute to adolescents' difficulties with emotional processing [21]. Nevertheless, the sample size of this research is relatively small, approximately 300 participants and a cross-sectional design with self-report measure was used for assessment. In other words, the causal relationships in the experiment are difficult to determine because the experimental subjects are measured simultaneously, and adolescents' self-reporting involves incorporating subjective feelings, which can affect the validity of the experiment. In addition, there is a divergence in research regarding the correlation between adolescent GAD and paternal

alexithymia. Further research is needed to establish whether there is a direct or indirect impact between them.

What's more, other studies have found a significant correlation between the quality of family relationships and adolescent GAD. A study investigates whether parental interpersonal behaviours (such as rejection, overcontrol, and negative attachment behaviours) impact adolescent GAD through a longitudinal design [22]. This study suggests that the adolescent's GAD symptoms may cause perceived parental disengagement, as opposed to the inverse parent effects model observed in previous cross-sectional research. These findings highlight the significance of longitudinally examining these relationships. The study also emphasises the importance of social-evaluative worries in teenage GAD related to perceived interpersonal issues, notably with parents. This study demonstrates that adolescent GAD may impact parental behaviours, in contrast to previous studies that frequently focused on how perceived parental behaviours affected adolescent GAD symptoms. It can be inferred that when parents engage in negative interactions with adolescents, such as rejection or overcontrol, or when there is a negative relationship between parents and adolescents, it can increase the prevalence of adolescent GAD.

In addition, a study also sought to determine whether later adolescent anxiety symptoms might be predicted by these family perceptions, either from the adolescent or mother's perspective [23]. Positive views of communication and family satisfaction predicted lower anxiety symptoms in adolescent girls one year later [23]. This showed that over time, anxiety symptoms increased in girls who had less positive communication with their mothers and poorer family happiness. Boys did not experience these predictions, indicating that girls may be more sensitive to stress and conflict in the home during adolescence. The study also looked at how differences in perceptions between moms and teenagers affected the symptoms of adolescent anxiety. Disparities in perceptions appeared to be adaptive for girls. Girls who perceived better communication from their mothers reported less anxiety when their mothers reported poor communication levels. Families with higher levels of pleasure were also shown to be less likely to have anxiety symptoms in their teenagers, according to a similar trend [23]. However, it relied on maternal reports, and the incorporation of fathers may have revealed distinct gender-related patterns.

Moreover, some evidence suggests the crucial relation between adolescent-parent relationships and adolescent anxiety. A study aims to explore the relationships over time between adolescent-parent contact between mothers and fathers and coping mechanisms among adolescents [24]. The findings demonstrated that depending on the gender of the parent and the teenager, communication between the two had different effects on coping mechanisms. While adolescent-father communication did not significantly affect coping strategies for girls, humour and active coping were favourably predicted by adolescent-mother communication [24]. The only coping method that humours did not positively predict for males was adolescent-mother communication. It's interesting to note that communication between adolescents and their fathers had a detrimental effect on males' emotional social support-seeking, religious, and venting coping mechanisms. This gender disparity may be a result of the various ways that boys and girls express their feelings and seek assistance. When anxiety levels were mild, it was discovered that adolescent-mother communication positively predicted coping strategies. However, when anxiety levels were high, the link between humour coping and adolescent-mother communication was lessened in girls [24]. Adolescent-mother communication for boys when anxiety symptoms were high positively predicted venting coping, reversing the prior unfavourable association. This implies that anxiety symptoms may have an impact on how teenagers use their parents as a coping mechanism, possibly impeding their capacity to do so successfully. In general, adolescent-mother contact benefited the growth of coping mechanisms, especially for boys and in the setting of minimal anxiety symptoms. Mothers appeared to have a more significant direct influence on boys' emotion-focused coping. When anxiety symptoms were severe, these correlations were inverted for

the boys, demonstrating that anxiety can interfere with the positive benefits of adolescent-mother contact on boys' coping. Conversely, when anxiety symptoms were severe, there was a favourable correlation between adolescent-father communication, boys' venting, and religious coping. When their boys exhibit severe anxiety symptoms, fathers may change their strategy to encourage greater coping mechanisms.

However, some studies have also found that family relationships are not associated with adolescent GAD. For example, a study explored the relationship between parental assessments of family cohesion, conflict, and expressiveness, as well as self-reported adolescent anxiety and depression [25]. In this study, it was found that there was not a significant correlation between adolescent anxiety symptoms and any family relationship factors, but family relationships were associated with depression. What's more, most studies use cross-sectional designs, which make it difficult to establish long-term causal relationships. Longitudinal designs are needed for more accurate research and predictions. In addition, in the experiment, anxiety disorders in many adolescents are assessed through self-report evaluations, which have limitations and lack comprehensive, objective assessments, ultimately impacting the research results.

4. Conclusion

In summary, through the method of literature review, it has been found that family relationships, including those between parents and between parents and adolescents, have a significant impact on adolescent GAD. The impact can be viewed from a social perspective (social learning theory and Bronfenbrenner's ecological systems theory) and a psychodynamic perspective. Beyond these two perspectives, future research can assess the impact from other perspectives such as biological and humanistic perspectives. Moreover, beyond anxiety, family relationships may also influence adolescent depression. The symptoms of anxiety are found highly correlated with depression [25]. Future studies can examine the correlations between adolescent GAD, depression and family relationships collectively.

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