

Influence of Family Environment on Adolescents' Anxiety Disorder

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Abstract: This paper will discuss how the family environment influences adolescents' anxiety disorder in a specific way, such as parenting style, family relationships, and members' attitudes towards sex and orientation. This research relies on studies and papers on Google Scholar and PubMed under the main keywords. All these reasons will negatively affect adolescents with a mental disorder, specifically anxiety disorder, which is typical for teenagers as it can share features of excessive fear and anxiety. We conducted research according to the adolescent age group suggested by WHO as between 10 to 19 in many ways, such as parenting style, family relationships, and attitudes toward sexual orientation. Parenting style refers to how parents communicate with adolescents. This family relationship is how two or more people feel and behave towards other, family members' attitude towards sexual orientation, which is a person's sexual identity about the gene to which they are attracted. If not treated immediately and continuously, anxiety disorder will negatively affect individuals due to its etiology generation by generation.

Keywords: family environment, adolescent's mental disorder, anxiety disorder, growth environment

1. Introduction

Anxiety is a common reaction to live events, which happens in people preparing for a final exam or speaking in front of a crowd. However, it will become an anxiety disorder due to being uncomfortable and making daily life hard to live. Anxiety disorder will lead people to feel excessive fear and anxiety and negatively affect people by causing related behavioral disturbances. Fear is the bad feeling that people have of real imminent threat, so excessive fear refers to much greater fear than what seems reasonable, whereas being anxious is the expectation of future menace.

Several types of anxiety affect people as anxiety-related disorders—generalized anxiety disorder, social anxiety disorder, panic disorder, and specific phobia. In more detail, generalized anxiety disorder will make people feel excessive worry about every daily situation, which will last for at least six months; social anxiety disorder is a long-term disorder that may cause people to feel overwhelming fear of social situations that usually starts from the teenage years; panic disorder will lead to sudden attacks of panic ——a response to dangerous situations; specific phobia is an irrational

fear of a situation or something, usually an object which commonly poses little or even no real danger for other people.

Specifically, symptoms vary for different kinds of anxiety-related disorders. As people with GAD, they will tend to be (1) Fatigued more; (2) Harder to concentrate on studying or work; (3) More straightforward to feel restless and on edge than people not with anxiety-related disorder, specifically generalized anxiety disorder. For people with social anxiety disorder, they are more likely to; (4) Tremble and sweat on social occasions; (5) Make eye contact with or express a welcoming body image to people around them; (6) Be self-conscious and exceedingly fearful of negative judgment or criticism from other people. Also, people with panic disorder will be more likely to have; (7) a Racing heart, (8) Chest pain, and (9) Sensitive feelings of impending doom. Last, for a specific phobia, people with a specific phobia may be fear of; (10) Specific animals such as snakes or spiders; (11) Being injected; (12) Particular situations such as height or small dense holes.

Anxiety disorders grow and develop as a result of the interaction of both genetic and environmental factors. This paper will talk more about how the family environment influences adolescents' anxiety disorder in parenting style, family relationships, and families' attitudes toward sexual orientation.

2. Methodology

This research reviews pertinent literature, which relies on studies and papers on Google Scholar and PubMed under the main keywords. For example, "anxiety-related disorder," "environmental and developmental etiology," and "family relationships." By conducting research through papers and experiments done in the past, we made a combination of relevant ones by sorting them under subtitles.

Within the paper, we use references according to the fifth edition of < the Diagnostic and Statistical Manual of Mental Disorders> DSM-5. It is used for the basic definition of anxiety disorder and related comorbidities. The definition of words not strongly related to mental health is cited from Cambridge Dictionary. Papers used for inspiration and quoted are listed in reference by the end of the article.

3. Findings and Discussion

3.1. Definition

According to DSM5, anxiety disorders include disorders that serve identical features of overwhelming fear, excessive anxiety, and associated behavioral maladjustments.

In Cambridge Dictionary, an adolescent is a young person developing into an adult; in Ca, We conduct research according to the adolescent age group suggested by World Health Organization (WHO), ages 10 to 19. Also, we focus on the research which targets their participants. These adolescents do not yet own enough experience or the ability to leave their parents as independent individuals, which could lead to a more significant link between adolescents and their parents.

The environment investigated in this passage will refer to the family environment individuals live in most of the time during their adolescence or where they grow up, which could comprise the original family, host family, adoptive family, etc. This article discusses the correlation between family environment and adolescents' anxiety-related disorders through etiology, mainly on the developmental and environmental categories.

3.2. Family Environment and Anxiety Disorders of Adolescents

It is found that there is a substantial overlap between anxiety-related disorders and family issues. Presented as children of parents having disorders owns ascending percentage to be diagnosed anxiety disorders. Or in another way, parents' behavior impacts the rate of adolescents diagnosed as individuals with anxiety disorders. Not just at the biological level (genetic materials) that family

reasons influence the risk of having such a disorder through inheritance, but also in a way through living conditions considering parents' behavior, internal relationship in members, family attitudes to individuals' sexual orientation, presence of post-war trauma within the family.

For instance, in the research conducted by Battaglia [1] in 1995 about the impact of familial responsibility on mental illness and adolescent separation anxiety disorder, researchers investigated 231 outpatients with panic disorder with their family histories. Over half of patients present a family history of anxiety-related disorder with agoraphobia. Leading us to the fact that there is the existence of a correlation between the familial element and anxiety-related disorders. Moreover, adolescents with anxiety disorders or related disorders interpret ambiguous events negatively [2]. Current research suggests adolescents' level of misinterpretation towards ambiguous events is highly related to their mother's self-reported level, which indicates adolescents may have a stronger closer connection with the role of the mother.

Suppose there is an existing correlation between familial environment through our adolescent's growing process and the rate of them being diagnosed with anxiety disorders. What are the influencers, and how much do they impact our independent variable?

3.2.1. Parenting Style

Parenting style refers to how parents communicate with adolescents, which is an essential proportion of the cause of anxiety disorders.

Bruce F. Chorpita [3] conducted research: each adolescent is asked to do an interview individually facing four equivocal situations followed by required verbal responses individually. After that, the same four situations are listed for the adolescent but in the company of their parents. Families are allowed to discuss before adolescents respond once again to the situations. Researchers classify the responses into anxious or non-anxious interpretations. Also, the researchers conduct STAIC as a self-report questionnaire to level the frequency of occupancy of anxiety symptoms in individuals.

Although the outcomes have not demonstrated a strong correlation that parents' anxiety levels (STAIC) impact adolescents' responses, interpretations change at a certain level after the family discussions. The recorded discussion process in family discussion suggests that the formation of anxious children could be linked to parents' verbal language in daily conversation with their children. Especially verbalizations from fathers seemed to have a more significant influence since there is a score of 47 on adolescents' change in interpretation for fathers compared to 36 with mothers' verbal language in Chorpita's research. Language accompanied by anxious emotion is more likely to imitate their children. What is reflected through language is the thinking model when an individual encounters anxious stimuli or a particular situation involving emotion.

Therefore, in the long term, through our brief ratiocination, when children under age are continuously involved in the thinking pattern, following the natural human instinct of learning (acting and thinking in the same way), they are more likely to be brought into the anxious emotion and the cognitive bias. The correlation is more significant during the age bracket of adolescents due to their fixed living environment, with inadequate ability to leave family, to escape from the solidified mode of thinking.

Gradually, behavior and cognitive function could be altered due to excessive anxiety messages, and negative interpretations delivered, leading to the potential developmental factor of anxiety disorder. However, the study itself stated that there was 'not large enough effect size to identify family influence' strongly corresponding to anxiety disorder. A larger sample size should be used, including both clinical and non-clinical samples.

3.2.2. Family Relationship

Relationship, by definition, is the mode where two or more individuals feel and act towards one another from the dictionary of Cambridge. It is indisputable that family relationships and composition affect adolescents' mental health and well-being.

Increasing divorce in families has been the current trend in the US over the past 20 years. It could cause adolescent trauma or separation anxiety disorder, according to <The Impact of Divorce on Children> by Demo [4], published in 1988. Family undertaking divorcement is less emotionally stable and contains problems with adolescents' cognitive skills, which are the characteristics that continue throughout their life after divorce.

Parent divorce leads to a greater risk of developing low self-esteem for adolescents due to the constant absence of one of the parents, which contributes to increased anxiety when interacting with people, especially when compared with their peers. Discrimination would also occur in their daily school life since young adolescents often treat one with only one parent as abnormal, without full acknowledgment towards divorcement. This could be the developmental aspect of the etiology of separation anxiety disorder.

Parents' continuous fights and conflicts are worse than divorce or separation [5]. In <Adolescent Adjustment Following Divorce as a Function of Familial Conflict> by Slater and Haber[6] divided adolescents by family background (divorced or intact) and score their self-concept by TSCS [7], ability to control, and traits of anxiety.

Results show that adolescents growing up in families involving high conflict rate owns a higher score on anxiety level and less capability on self-control, both in divorced and intact families. The negative impact on individuals and the inescapable growing environment as adolescents are inevitably becoming leading factors to anxiety-related disorders.

From this result, we can conclude that parents' marital status is a less significant influential factor compared to the level of conflict within adolescents' growing environment and their possibility of anxiety disorders. In other words, parental absence may not be the dominant negative influencer towards adolescents' anxiety disorder.

3.2.3. Family Members' Attitude Towards Sexual Orientation

Previous research indicates that LGBTQ individuals are likelier to have a poorer mental state or health, which may lead to more serious mental disorders than heterosexual individuals. So, it is clear that lesbian, gay, bisexual, transgender, and queer individuals are more likely to experience mental health issues than heterosexual individuals in aspects of depression, especially anxiety-related disorders or drug abuse.

Sexual orientation is an immutable enduring emotional, romantic relationship or sexual attraction based on sexual behavior toward other people. The individuals themselves are the only people who can decide it but not the family members around them or the societies they are in. There are many kinds of sexual orientation; heterosexual is the most common group of people, as about 92% (in earlier research) of human beings think they like the opposite sex from them. Lesbians, gays, and bisexuals occupy about 6% (in earlier research) of people, and other sexual orientations take up the rest (about 2%), such as asexual, pansexual, queer, Etc.

As for linking to the historical context part [8], prominent modern surveys on minority groups as LGBTQ grew out of late during the popularity of sexology in the 19th century. In the early centuries, many sexologists conceived and demonstrated that homosexuality is a kind of mental illness or disorder through clinical and psychiatric vision. In 1903, a famous quantitative survey was designed by Magnus Hirschfeld, a physician and the leader of the first homosexual rights movement, whose aim was to determine the proportion of homosexual individuals in Germany. Also, this survey led to

far-reaching influences in the real-life world. In the procedure for the experiment, Magnus Hirschfeld studied two samples, one is three thousand students in a technical school, and another one is 5000 metalworkers. He collected the data by asking a single closed question 'Were you attracted to women, men, or both men and women?' The results of students and workers are pretty similar, and there is a low difference level as both data display that 1.5% of the whole were homosexuals and 4.5% are bisexuals [9].

Recently, the Institute of Medicine in America concluded that compared to heterosexual and cisgender peers, LGBTQ adolescents tend to have elevated risks for poor mental state and weak physical health. Family members' attitude (acceptance or rejection) towards the LGBTQ group is essential. The family is the primary growth environment for every individual to grow up, indicating that adolescents will be most influenced by their parents and the deepest. Furthermore, this will help to understand teenagers' experience of minority stress and psychological harm. Besides, the relationship between the impact of minority stress and adolescents' mental health will be informed. It is indisputable and acceptable that there should be continuous importance of parents' roles in the everyday daily lives of adolescents from birth, during teenage years, to one day when adolescents become adults. This continuous influence will affect all relationships, including friends, romantics, and parents, which will decide the adolescents' personality and capacity towards emotion and own thoughts of self-worth.

There is a critical reason family members will have a bad attitude towards different sexual orientations from themselves, as the vast majority of LGBTQ individuals are born to heterosexual parents [10]. These parents may contact homosexuals less often. They may have explicit negative attitudes towards homosexuality and think their children should be heterosexual so they can reproduce to have their babies [10]. So if their children tell them they are homosexual, parents may tend to show surprised and unacceptable responses to adolescents, which may lead to low levels of closeness between parents and children and elevated feelings of homelessness and being abundant.

3.3. Implication

For further future research suggestions, a more significant number of participants should be investigated to develop or demonstrate an exact and convincing correlation between adolescents' anxiety disorder and their family environment. Almost every paper referenced illustrated a lack of control over participant variables such as adolescents' educational level or the decrease in validity due to the self-report questionnaire used for investigation. However, conducting another research method without invading participants' privacy as a racial controversy is hard.

In addition, raising awareness of treatment for anxiety disorder is vital for schools to make prompt interventions if parents' behavior is observed to harm adolescents' developmental and mental health levels. The raised public awareness could also eliminate discrimination, especially from peers to adolescents with a family background of divorcement, which to a certain extent decreases the possibility for them to stay under intense 'fear and anxiety (the two dominant features of anxiety disorders in DSM-5). Moreover, stigma could be removed if the public realized more about the etiology of anxiety disorders; individuals who suffer from it will be more willing to seek adequate treatments. If not treated or without full realization, the influence of anxiety disorder could be passed from generation to generation.

Last but most importantly, recommendations to parents having or about to have children. Scientific research has shown that parents' behaviors and parenting have an essential impact on adolescents. Hence, parents should create a better growing environment by assessing their mental health status and priorities to reduce the frequency of conflicts in front of adolescents to ensure their mental health and minimize the mental harm received from one's growing process accompanied by prevention of anxiety-related disorders at the same time.

4. Conclusions

To conclude all the above elements, this article provides an overview of how the family environment impacts adolescents' risk of having anxiety-related disorders. For association, although there have not been significant solid persuasive investigation results that show a clear correlation, researchers are demonstrating the influence familial aspects have on adolescents' mental health levels.

From anxious verbalization used in family conversations or discussions when encountering an ambiguous situation, adolescents in the family will present anxious interpretation, which occurs uniformly in individuals with anxiety disorders. Negative messages and emotions continuously delivered through verbal language would also lead to a different dimension of anxiety.

From family relationships, the absence of one of the parents has undeniably demerits to adolescents' mental health. Such as the loss of self-esteem and suffering from discrimination. On the other hand, more vital to a healthy growing environment is the amount of conflict between parents. With the constant immersion in tension and aggressive relationships, individuals may develop cognitive misinterpretation of surrounding future menace, resulting in a higher potential risk of anxiety disorders.

LGBTQs were more likely to experience mental health issues such as depression, bipolar and suicide, especially anxiety disorders. These disorders are less expected to happen in heterosexual individuals since they are commonly born in heterosexual parents' families, so they will not be negatively treated by family members so they can be in flourishing or complete mental health.

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