Environmental Factors Key in Anxiety Disorders

BY BRUCE K. DIXON

St. Louis — Anxiety disorders may be transmitted from one generation to the next by specific family environmental factors such as parental modeling, overcontrolling parental behavior, and family conflict, according to a study presented at the annual conference of the Anxiety Disorders Association of America.

The role of genetics in anxiety is not clear, though it’s thought that hereidity is a minor player, said Kelly L. Drake, Ph.D., who is among several investigators trying to find answers to this complicated disorder.

A key factor in this parent-to-child psychopathology is anxiety sensitivity (AS), which is based on the belief that internal bodily sensations are dangerous and on the consequences socially, physically, or mentally. “Basically, anxiety sensitivity is the fear of fear,” said Dr. Drake in an interview.

Anxious parents may transmit, verbally or nonverbally, misinformation to their children that can put them at risk for becoming hypersensitive to symptoms of stress, such as heart palpitations and sweating, which many people term “unhealthy.”

“Suppression—being told by a parent not to worry about normal stresses (e.g., getting stuck in traffic, forgetting a birthday, or being denied admission to a college—will reinforce the relationship between anxiety and negative feelings. The fear of fear is established, and the fear response becomes generalized across situations,” Dr. Drake said.

Anxiety sensitivity among children may be influenced by their parents’ behavior and emotional responses to anxiety-related situations, as well as by their child’s exposure to anxiety-promoting experiences, trauma, and other stressful events. Children with a history of anxiety or other mental health problems may be at greater risk for developing anxiety sensitivity.

“Parents tend to react more strongly to their anxious children’s behavior, which can increase their anxiety sensitivity and contribute to the transmission of anxiety from one generation to the next,” said Dr. Drake.

Dr. Drake recommended that parents be mindful of their own anxiety levels and seek support and resources for themselves and their children. It’s important for parents to be aware of their own anxieties, learn coping strategies, and seek professional help if needed. Parents can also help their children develop healthy coping mechanisms and build resilience by providing a supportive, nonjudgmental environment.

Dr. Drake suggested that parents consider the following tips to help prevent the transmission of anxiety:

1. Be mindful of your own anxiety levels and seek support and resources for yourself.
2. Learn healthy coping strategies and seek professional help if needed.
3. Provide a supportive, nonjudgmental environment for your child.
4. Help your child develop healthy coping mechanisms and build resilience.

By implementing these strategies, parents can help prevent the transmission of anxiety and promote healthy emotional development in their children.
a moderate genetic heritability; and parent anxiety sensitivity, Dr. Drake said. Potential mediators of childhood anxiety include child anxiety sensitivity, which is present before anxiety sensitivity and family environment, including threatening, hostile, or rejecting parenting styles, she said, adding that parents of anxious children were described as anxious, controlling, overprotective, and unemotional, and demanding.

Also, child anxiety is related to family environment with greater conflict, less cohesion, and poor communication.

Dr. Drake set out to test two hypotheses:

**Hypothesis 1:** Anxiety sensitivity will be influenced by parental anxiety and anxiety-based psychopathology, depending on the level of the child’s AS.

**Hypothesis 2:** Anxiety sensitivity will be influenced by parental anxiety and anxiety-based psychopathology, depending on the levels of family expressiveness, conflict, independence, and communication.

The study involved a multiethnic community sample of 157 youth-parent dyads. The youths ranged in age from 7 to 18 years and 60% were female. More than three-quarters of the parents were women. Mean family income was $53,000.

Three features of family relationships were measured using the Child Anxiety Sensitivity Index, the Multidimensional Anxiety Scale for Children, the Anxiety Sensitivity Index, and the Check-list 90-Revised, and the Family Environment Scale.

Participants were asked to complete questionnaires independently and return the questionnaires to the investigators. The response rate was 10.2%.

The results suggested that child AS mediates the relationship between parent psychopathology and child anxiety but does not mediate the relationship between parental AS and child anxiety. Second, family conflict and control mediated the relationship between parent psychopathology and child anxiety, and also between parental AS and child anxiety, and also between parental AS and child anxiety. Dr. Drake said.

She proposes that information transmission and parental modeling are the primary ways anxiety disorders are passed from parent to child.

It is possible that parents might transmit information to a child verbally or nonverbally indicating the dangerousness of anxiety symptoms. Children may internalize that and begin to fear their own symptoms of anxiety and can put them at risk for developing excessive levels of anxiety, she said.

In addition, a parent may model anxiety behaviors and teach a child to work because of a report that has to be presented to the boss. “It’s demonstrating avoidance behavior in front of the child and teaching the child to avoid frightening, challenging, or stressful situations,” Dr. Drake said.

One approach to interrupting this anxiety cycle is to educate parents about the nature of AS to eliminate the erroneous assumption that symptoms of anxiety will have harmful consequences, she explained.

“Clinicians can intervene with anxious parents to limit transmission of maladaptive beliefs and ineffective coping strategies,” she added, saying that parents can be taught adaptive coping skills to enhance modeling of successful coping and approach behavior.

Finally, the study suggests that certain family factors, such as conflict and control, also are associated with anxiety.

“So clinicians would be well served to target those family factors, to teach parents that being overcontrolling and overprotective only limits their child’s opportunities and shelters the child from challenging situations,” Dr. Drake said in an interview.