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VULNARABILITY TO ANXIETY IN FATHERS OF NEUROTIC AND PSYCHOTIC CHILDREN

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ABSTRACT

A research was conducted to investigate the level of anxiety among the fathers of neurotic and psychotic children. IPAT anxiety Scale was used along with an in depth interview to obtain information and history. Three hundred fathers participated in the study. Hundred fathers had neurotic children, hundred had psychotic children and hundred had normal children. Chi-square test was computed for the statistical analysis of the data. It was concluded that the fathers of neurotic children have high sten scores on anxiety than the fathers of psychotic children.

Key Words: Anxiety, Neurotic, Psychotic, Fathers

INTRODUCTION

In Pakistan, it is very difficult to detect mental illness because of lack of awareness and understanding of emotional disorders. Even if the parents are aware that the children are suffering from mental disorder they are restrained to admit it owing to the social and cultural stigma. Since families are generally the responsibilities of fathers, therefore they are more concerned about the health problems of their families where as the other needs are looked after by the mothers.

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The feelings of the father are very unique as he feels tense because it is his child who has fallen mentally ill. A promising young person, on the threshold of becoming an adult, suddenly becomes very changed. He begins to feel as though he has a stranger in his midst. His affectionate, dependable daughter/son argues, destroys useful household items and utters sentences that make no sense then like other fathers he wants to protect and nurture his children. When his desire is thwarted, he feels that he has failed in his duties. He may blame himself for the failure.

Pakistani society has very close-knit families and the mentally and physically ill people are accepted by the entire family. In spite of that, the burden is borne by the father more than others as they are financially responsible for the child. In this study, the emotional disturbance was operationally defined as the symptoms of anxiety.

Anxiety is an emotional attitude involving a feeling of anticipated future danger accompanied by symptoms of apprehension and tension. The focus of anticipated danger may be internal or external. Anxiety may range from highly adaptive to highly maladaptive reactions. Adaptive anxiety is appropriate to the situation and can even enhance efficiency and achievement. In contrast, maladaptive anxiety is self-defeating; it tends to interfere with efficiency and achievement. It can also result in overly cautious behavior, such as delaying appropriate responses and decision (Eisdorfer, 1977). Though the anxiety disorders as a group may not be crippling, they still represent the single largest mental health problem in the United States (Kessler, McGonagle, Zhao et al., 1994).

Freud (1924) argued that anxiety stemmed not just from external threats but also from internal ones, in the form of Id impulses attempting to break through into consciousness. It is this latter type of anxiety that Psychodynamic theory sees as the root of neurosis. Freud argued and maintained that neurosis was not due to organic causes but originates in anxiety. As repressed memories and desires threatened to break through into the conscious mind, anxiety occurred as a "danger signal" to the ego and neurotic behavior was either the expression of that anxiety or a defense against it.

The most common areas of worry are family, money, work, and health (Rapee & Barlow, 1993). Many normal people worry about such things, but it is the excessiveness and uncontrollability of the worrying that makes it a disorder.

They feel restless and irritable, they have difficulty in concentrating, and they tire easily.

It is a common disorder, affecting as much as four to five percent of the U.S population, and it is twice as common in women as in men (Kessler, McGonagle, Zhao, 1994; Rapee, 1991). The rates are similar across a variety of cultures (Anderson, 1994).

Generalized anxiety disorder usually has a more gradual onset and a more chronic course than panic disorder. Finally, when these disorders run in families, they tend to run separately. First-degree relatives of people with generalized anxiety disorder are more likely to have generalized anxiety disorder than panic disorder; first-degree relatives of panic disorder patients are more likely to have panic disorder than generalized anxiety disorders (Noyes, Woodman, Garvey et al., 1992).

Generalized anxiety disorder is relatively common in U.S society. Surveys suggest that up to 3.8 percent of the United States population have the symptoms of it in any given year (APA, 1994, Kessler et al., 1994; Blazer et al., 1991). Although the disorder may emerge at any age, it most commonly first appears in childhood or adolescence. Women diagnosed with it outnumber men 2 to 1.

People with generalized anxiety disorder typically feel restless, keyed up or on edge, are easily fatigued, have difficulty concentrating, are irritable, experience muscle tension, and have sleep problems. The symptoms last at least six months (APA, 1994). The majority of people with this disorder also develop another anxiety disorder, such as a phobia, at some point in their lives (Roy-Byrne & Katon, et al., 1997; Blazer et al., 1991). Many experience depression as well (Sherbourne et al., 1996; Kendler et al., 1995, 1992). Nevertheless, most individuals with this disorder are able, with some difficulty, to maintain adequate social relationships and occupational activities.

The general picture of people suffering from generalized anxiety disorder is that they live in relatively constant states of tension, worry, and diffuse uneasiness. Barlow (1988, 1991a, 1991b; Brown et al., 1993) refers to the fundamental process as one of anxious apprehension, which is defined as a future-oriented mood state in which a person attempts to be constantly ready to deal with upcoming negative events. This mood state is characterized by high

level of negative affect, chronic over arousal, and a sense of uncontrollability (Barlow, 1991b).

Many studies have shown that generally anxious people tend to have their attention drawn towards threat cues when there is a mixture of threat and non threat cues in the environment. Non anxious people show if anything the opposite bias, tending to have their attention drawn away from threat cues (MacLeod & Mathews, 1991; Mathews, 1993; Mineka, 1992). Creer and Wing (1974) nearly half of the relatives thought their health was severely or very severely affected by having a mentally ill member of the family living at home.

In the light of above theoretical background and research review for present study, the following hypotheses were formulated: 1) Fathers of neurotic children will have high anxiety sten scores than the fathers of normal children; 2) Fathers of psychotic children will have low anxiety sten scores than the fathers of neurotic children; 3) Fathers of normal children will have less anxiety sten scores than the fathers of psychotic children.

METHOD

Fathers of neurotic and psychotic children were selected from the various psychiatric hospitals and the Institute of Professional Psychology, Bahria University, Karachi. Fathers of normal children were selected from the various educational institutions of Karachi. The age of children selected ranged from 10 years to 30 years.

A total number of three hundred subjects were selected for the present study. Out of which hundred fathers from the group of psychotic children, hundred fathers from the group of neurotic children and hundred fathers from the group of normal children were administered the test.

At this stage it is imperative to give the definitions of neuroses and psychoses. DSM-II has given a very comprehensive classification and definition of both psychoses and neuroses. It has also differentiated the two disorders very effectively.

Comparison of psychoses and neuroses

PSYCHOSES	NEUROSES
Gross impairment in reality testing.	Reality testing is grossly intact.
Grossly disorganized behavior.	Behavior does not violate gross social norms.
Markedly incoherent speech	The disturbance is relatively enduring without treatment.
Presence of hallucinations delusions, illusions.	Absence of hallucinations, delusions, illusions.
Fails to relate with other people	Can relate with other people.
Inability to cope with life situations	Can cope with life situations.
Impairment of perceptions.	No demonstrable organic etiology.
Disoriented behavior.	Oriented behavior.
Inattentive.	Attentive.

Measure

IPAT Anxiety Scale was administered in order to find out the level of anxiety.

Statistics

A chi square test was conducted to determine the statistical significance of the results.

RESULTS

The results obtained prove that the hypotheses are statistically significant.

Table 1
Level of anxiety among fathers of normal and neurotic children

Level	Normal	Neurotic	Total
High	26	82	108
Low	74	18	92
Total	100	100	200

$X^2 = 63.12$, $df = 1$, $p < .001$ level

Table 2
Level of anxiety among fathers of neurotic and psychotic children

Levels	Neurotic	Psychotic	Total
High	82	65	147
Low	18	35	53
Total	100	100	200

$X^2 = 7.40$, $df = 1$, $p < .001$ level

Table 3
Level of anxiety among fathers of psychotic and normal children

Levels	Normal	Neurotic	Total
High	26	65	91
Low	74	35	102
Total	100	100	200

$X^2 = 30.64$, $df = 1$, $p < .001$ level

DISCUSSION

The purpose of the present study was to find out the emotional disturbance i.e. anxiety among fathers of neurotic and psychotic children. The recent awareness about the mental illnesses has made it imperative to study the most important risk factor in the fathers of neurotic and psychotic children.

Fathers are perceived as strict and authoritative as men are considered more powerful than the women in Pakistan. The reason is that the father being the head of the family is responsible to run all the affairs of children. More over in our culture fathers are supposed to take care and settle all the matters of young ones. Therefore, if a child in the family suffers specially from any mental illness all the family members get involved but financial and emotional burden is mostly borne by the fathers even when the joint family system is prevalent.

Results obtained indicate that the fathers of neurotic children have high anxiety sten scores than the fathers of psychotic children on IPAT anxiety scale. Unfortunately in our country generally people are not well conversant about the mental illness. Even if they are aware of the illness they are restrained to admit it due to the social and cultural stigma. These difficulties are multiplied slowly and gradually. Consequently they become vulnerable to anxiety.

The Hypothesis that Fathers of neurotic children will have high anxiety sten scores than the Fathers of normal children is supported by the data and was highly significant at .001 level. The results are shown in Table No 1. It is obvious that the fathers of neurotic children have high anxiety sten scores than the fathers of normal children.

It may be noted that the neurotic children are most frequently found to be troublesome for the entire family because they are aggressive in behavior and remain in conflict with the environment. The father being head of the family always faces criticism by the family members, neighbors and the society. This ultimately becomes a source of tension and worry for him.

Whenever a son or a daughter misbehaves or creates problems for the rest of the family, fathers will be held responsible for it. All the family members especially wife and children put blame on fathers because of their strict behavior. He is even blamed for the lack of finances which are required to sustain the

family and provide the basic needs to the wife and the children. He is also held responsible for spoiling the future of the children.

Literature review suggests that the most common areas of worry are family, money, work and health. Many normal people worry about such things excessively and develop mental problems. They also suffer from chronic muscular tensions and insomnia. The research studies also indicate that anxiety and mental illness is not generally accepted by the relatives and friends. They are bothered and affected badly as these problems are unpleasant and anxiety producing for them.

The constant state of worry makes the parents upset and discouraged. Parents of the mentally ill children generally feel threatened and anticipate future danger accompanied by insecurity feelings. The hypothesis has been significantly proved by the results because the fathers are facing criticism in the society as well as at home which is the main source of anxiety for them.

Second hypothesis that "Fathers of psychotic children will have low anxiety sten scores than the fathers of neurotic children" is supported by the data and was highly significant at .001 level. Table No 2 indicates that the fathers of psychotic children have low anxiety scores than the fathers of neurotic children.

The psychotic children are no doubt seriously ill and their personality is more disorganized than the neurotic children. Their reality contact is obviously impaired but they are not trouble creators and remain withdrawn from the family members and the society. Fathers of psychotic children are mentally ready to accept their illness, in most of the cases they admit their children in the hospital and get a bit relief from worry and tension. Generally the fathers of psychotic children do rationalize that it is God's will which helps them to lessen their anxiety since the illness is obvious and pronounced.

In our culture belief system of spiritual healing about mental illness is so strong that the first preference of the parents is to consult the spiritual leader for the treatment of their ill children. By doing so the parents feel protected from the stigma of madness. This also becomes a source of relief from worry and tension. In this processes the ill children become more chronic and the family pressure again compels the fathers to rush towards the hospital to seek advice from the psychiatrist.

The psychiatrist prescribes anti-psychotic drugs which helps to control the disorganized and aggressive behavior of the ill children then fathers feel satisfied till the time patient remains under the influence of the drug.

The third Hypothesis was "Fathers of normal children will have less anxiety sten scores than the fathers of psychotic children". The hypothesis is supported by the data and was highly significant at .001 level. Table No 3 reveals that fathers of normal children have less anxiety scores than the fathers of psychotic children.

Fathers of the normal children have less anxiety scores as compared to the fathers of neurotic and psychotic children. There is no doubt that the fathers of normal children do suffer from anxiety. The literature review also suggests that the normal people have adaptive anxiety pattern. Adaptive anxiety is appropriate to the situation and can even enhance efficiency and achievement. Whereas in contrast maladaptive anxiety is self-defeating as it tends to interfere with efficiency and achievement.

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