



2020

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### Recommended Citation

Bowen, Kassidy (2020) "Anxious for Answers: A Behavioral Approach to Anxiety in the Home," *Intuition: The BYU Undergraduate Journal of Psychology*: Vol. 15 : Iss. 2 , Article 6.

Available at: <https://scholarsarchive.byu.edu/intuition/vol15/iss2/6>

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# Anxious for Answers: A Behavioral Approach to Anxiety in the Home

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## **Abstract**

Children who have one or more parents with anxiety disorders are 76% more likely to develop anxiety disorders themselves (Hudson et al., 2014). With this correlation in mind, many studies aim to improve the treatment outcomes of children in such circumstances. However, the involvement of caregivers with anxiety disorders in the treatment of their children, specifically with cognitive behavioral therapy (CBT), does not always decrease the effects of anxiety on their children (Breinholst et al., 2012). Additionally, child CBT may not reduce stress-inducing factors originating from parental responses in the home (Metz et al., 2018). Parental tendencies that are common to those with anxiety disorders, such as accommodation, anxiety sensitivity (AS), and other anxiety-enabling responses, may negatively impact the treatment of anxious children (Francis, 2014). Research also indicates that attachment and perceived relationship factors of parents with anxiety disorders significantly impact child anxiety (Breinholst et al., 2018). Overall, patterns of parenting seem to have more impact on children with anxiety disorders than parental anxiety itself (Apetroaia et al., 2015). Increased perceived warmth has been shown to decrease stress levels, and strengthening parent-child relationships may be impactful in the reduction of anxiety (Wei & Kendall, 2014). Targeting specific behaviors of anxious parents may also be effective in reducing anxiety in both the parent and the child. More research is needed to determine which method of behavioral control and regulation is most effective in stress reduction.

*Keywords:* anxiety, cognitive behavioral therapy, anxiety sensitivity, accommodation, attachment

## **Anxious for Answers: A Behavioral Approach to Anxiety in the Home**

Anne brings her young child, Ben, to run errands. Anne suffers from an anxiety disorder. Before leaving the house, she realizes she has incorrectly completed her work expense report and must redo it the following day. As they climb into the car, she is on edge. While Ben plays and engages with her, she is distracted and tense. On the way to the store, traffic moves along slowly, causing Anne's stress levels to rise. She begins to exhibit frustration with the cars around her, and when Ben distracts her from the road, she responds with impatience. Taking his cues from his mother, Ben begins to feel the stress of the environment. Because he cannot understand Anne's reasons for being anxious, he attributes her reactions to what he can observe. This may lead Ben to perceive driving as dangerous, negative, and something to be feared. Additionally, he might misunderstand her behavior toward him and instead internalize her coldness. Anne's impatience and negativity might dissuade Ben from interacting with her, contributing to a disconnect in their relationship. This example illustrates how parenting behaviors, influenced by anxiety, may foster anxious behaviors in children.

Children are 76% more likely to exhibit anxiety when they have a parent who suffers from an anxiety disorder, so when treating anxiety in children, it may be imperative to treat parental anxiety as well (Hudson et al., 2014). As such a reliable predictor, parental anxiety could be the key to addressing this disorder, which affects one in eight children (Apetroaia et al., 2015). This influence, which Escovar et al. (2019) called "the maladaptive cycle between parent and child anxiety," cannot effectively be combated by addressing just one of the involved parties (p. 26). Lasting reduction in child anxiety levels typically occurs with a reduction in the anxiety levels of a parent. Additionally, change in parental factors tends to alleviate stress factors that contribute to child anxiety, which in turn may reduce parental anxiety relating to the child (Escovar et al., 2019). However, parental anxiety is rarely treated in cases of child anxiety disorders, as pointed out by Breinholst and colleagues (2012). When approaching treatment options, parental anxiety is not given sufficient focus and should be more intentionally addressed.

Anxiety-producing stress in the home can be linked to attachment insecurity, causing children to view caregivers as unresponsive, uncaring, or

inconsistent (Breinholst et al., 2018; Breinholst et al., 2015). Displays of rejection and controlling or protective behaviors are common results of anxiety, and receiving these from a parent may cause a child to develop insecure attachment (Breinholst et al., 2018). In addition to negative parental relations, these behaviors may lead children to develop a fearful or negative view of the world, as children tend to form paradigms based on parental influences. Furthermore, much of a child's fear response appears to be related to the emotional sensitivity and warmth of the caregiver (Breinholst et al., 2018). Since anxiety disorders are characterized by overactive fear responses, attachment may be a significant factor in these cases, demonstrating that it is imperative to address parental influence when treating children with anxiety. Still, parental influence is rarely addressed as treatment is approached.

Cognitive behavioral therapy (CBT) is a frequently utilized treatment for anxiety disorders that addresses thought patterns and maladaptive behaviors in children, although this might not be the best option for children with anxious caregivers. According to Bubrick (2019), CBT has been considered the most effective anxiety treatment method for over 20 years. However, there are negative factors associated with CBT in cases of child and caregiver anxiety. For instance, Breinholst et al. (2012) found that when anxious parents put their children through therapy, many children experienced intrusiveness, negativity, and controlling pushes toward recovery. Although this treatment for child anxiety disorders was recommended and typically effective for children of mentally healthy parents, CBT was not always effective for children whose parents also experienced anxiety (Breinholst et al., 2012). Parents experienced similar stress factors through the CBT treatment measures of their children. Apetroaia et al. (2015) found that caregivers felt a greater sense of responsibility and self-blame for their children's anxiety, which led to poor treatment outcomes for their children. This suggests that CBT, although helpful in many cases, may also be linked to additional anxiety.

While treatment of anxiety should be pursued, addressing such issues solely through CBT and similar methods may be insufficient to combat parent-child anxiety disorders. Instead, greater reduction in familial anxiety can be achieved through targeting parental behaviors. Changing negatively perceived behaviors to display acceptance has been shown to lower stress and anxiety levels in familial settings (Wei & Kendall, 2014). Although CBT and other treatment methods for child anxiety disorders acknowledge and target parental anxiety as a factor,

simply addressing anxiety may not be effective. A specific focus on altering parental behaviors to improve attachment and decrease stress responses may significantly decrease the anxiety levels of both the caregiver and the child due to the benefits of reducing treatment-related stress factors, the advantages of minimizing anxiety-inducing stress factors in the home, and the effectiveness of improving stability in parent–child relationships.

## **Reduction of Treatment-Related Stress Factors**

Treating anxiety disorders through CBT can cause stress in the lives of both the parent and the child. Although many factors contribute to the stress levels and anxiety of parents and their children, it is important to note that CBT may be responsible for certain stress factors in parent–child relationships (Breinholt et al., 2012). Parents may feel responsible for and anxious about the recovery of their children. However, positive treatment outcomes in children may be difficult to facilitate under certain circumstances, such as the conditions that occur under the influence of an anxious parent (Creswell et al., 2011). Additionally, parents may be affected vicariously through the treatment of their child (Apetroaia et al., 2015). Thus, focusing on parental behaviors may reduce some of the stress factors related to treatment of the child.

## **Parental Response to Treatment of a Child**

Involvement of parents with anxiety disorders may be linked to poor CBT treatment results in their children. As observed by Creswell et al. (2011), poor treatment outcomes were thought to be the result of over-investment, control, and pressure displayed by the caregiver. This over-involvement in treatment may negatively affect the parent, as well as the child, by increasing worries in the parent. According to a study conducted by Apetroaia et al. (2015), parents with an anxiety disorder experienced an average of 12% higher feelings of responsibility for their child’s well-being than did parents with no anxiety disorder. Anxious parents tend to feel they should have more control over their child’s well-being and feelings (Apetroaia et al., 2015). These feelings

of responsibility led to heightened feelings of anxiety when their child was not improving as much as the parents expected or hoped.

Additionally, researchers have found that increased anxiety in the caregivers may lead to more frequent displays of intrusive, controlling, and other negative behaviors, which in turn can negatively impact the child (Apetroaia et al., 2015). Such behaviors can cause children to develop insecurity and anxiety, as they are not allowed to develop autonomy. Another study, conducted by Breinholst et al. (2012), asserted that assumptions made by anxious parents led them to view the treatment of their child with heightened degrees of negativity, which may cause increased controlling and overprotective behaviors. These attitudes can be driven by defensiveness, stigmas around mental health, and mistrust of therapists, creating challenges for both the parent and the child. Due to this, Breinholst and colleagues stated that parent-child anxiety disorders were not benefited by CBT (Breinholst et al., 2012). Their research indicates that because of anxious parents tend to view treatment methods negatively, treating children using CBT may increase the anxiety levels of their parents and in turn decrease the effectiveness of treatment for the child.

## **Child Response to Treatment**

In addition to the strain it may put on parental figures, CBT may cause added stress for children with anxiety disorders. For instance, Apetroaia et al. (2015) found that children whose parents had anxiety disorders were exposed to more negative parental behaviors when completing treatment-related tasks than those whose parents did not have anxiety disorders. Anxious parents tend to feel increased responsibility and in turn, their children tend to feel increased pressure to improve with treatment. Another study, conducted by Walczak et al. (2017), found that while CBT did improve the longevity of reduction in child anxiety disorders, this was only true in the cases where the treatment also addressed stress-causing behaviors displayed by the parents. Children experienced greater stress, and parental involvement thus played a negative role in the overall treatment of the child. The study further stated that parental anxiety may have led the CBT to reinforce habits of avoidance and other negative coping mechanisms (Walczak et al., 2017). Anxious parents were more likely to shield their children or treat issues as irresolvable, encouraging avoidance and reluctance to address issues.

According to these findings, CBT seems to be less effective and more stressful for children whose parents suffer from anxiety disorders.

## **Minimizing Anxiety-Inducing Factors in the Home**

While CBT addresses stress factors and coping mechanisms, it may not directly address anxiety-inducing aspects of home life. Children learn behaviors from their parents, and simple stressors in the home may invoke a disproportionate response from parents with anxiety disorders. Parents with anxiety disorders may also foster enabling behaviors in their children, such as accommodation for fears or avoidance of stressors (Meyer et al., 2018). Directing attention to and reducing these responses can minimize the effect of anxiety-inducing factors on the child (Metz et al., 2018). Additionally, targeting responses to everyday stressors, such as work, household chores, and personal dilemmas, in parental behavior may reduce parental anxiety levels (Wei & Kendall, 2014). Taking a therapeutic approach with an emphasis on these behaviors, or simply coaching parents through such behaviors, could provide a solution. Such focus on parental behaviors may create a safer home environment for both the child and the caregiver.

## **Reducing Enabling Behaviors**

Parents with anxiety disorders often exhibit behaviors that enable and enhance anxiety disorders in their children, and these behaviors should be addressed. Anxious parents are more likely to produce offspring with anxiety disorders, and parent perception of child behaviors may contribute to that likelihood. One study discussed this tendency, known as anxiety sensitivity (AS), explaining how parents with anxiety are up to 44% more likely to perceive anxiety in their own children than parents without anxiety (Francis, 2014). Parents in the study were not only more likely to report symptoms of anxiety in their children, but they also were much more afraid that their children would develop an anxiety disorder. Francis (2014) suggested that higher AS may be related to child panic and anxiety. Parents' fear that their children may develop a disorder often creates stress in the home, leading to a higher possibility of this fear becoming a reality.

In addition to this predictive behavior, anxious parents tend to coddle their children, perpetuating avoidant responses in their children. Anxious parents

are more likely to encourage children to view stressors as catastrophic, which leads to avoidance of issues (Apetroaia et al., 2015). Meyer et al. (2018) observed that parents who have anxiety disorders tend to accommodate their children. Accommodation, or parental action taken to reduce the anxiety of the children, was much more common among parents who also experienced anxiety (Meyer et al., 2018). Anxious parents tend to feel a higher responsibility for the feelings and well-being of others and therefore seek to shield their children from negativity. Although intended to alleviate stress, accommodation tended to increase the likelihood of the development of anxiety disorders (Meyer et al., 2018). Children who have experienced accommodation lack confidence in their ability to overcome problems and therefore do not know how to deal with issues without avoiding them altogether. Such enabling beliefs and behaviors in the home tend to continue the cycle of familial stress and should be addressed to prevent the continuation of anxiety disorders.

## **Reducing Stress-Signal Behaviors and Fear Response**

In addition to altering the treatment of their children, parents should seek to reduce their own reactions to stress and the world around them. Wei and Kendall (2014) discussed how parental displays of anxiety may influence children to internalize negative worldviews. When parents displayed fear responses to situations in the home or everyday life, children accepted this as a natural response and became more likely to exhibit similar responses. Children tend to mirror the behaviors they observe, so when parents do not control their fear responses, they may be unintentionally teaching children to view the world with apprehension and anxiety (Wei & Kendall, 2014). Furthermore, Metz et al. (2018) found that parental anxiety and stress signals led to more fearful temperaments in children. These fearful dispositions were observed even in the child's infancy. The researchers emphasized that parents should focus on assuring their children that they are emotionally safe by controlling the responses parents have to their environments (Metz et al., 2018). These studies suggest that in order to reduce anxiety and teach children a healthy worldview, parents should focus on controlling their own fear responses. Learning to handle such responses may take

time and training. More research is needed to understand how to best address such parental behaviors.

## **Improved Stability in Parent–Child Relationships**

Children may not only learn from their parents' reactions to the world, but they are also influenced by how a parent reacts to them (Chorot et al., 2017). To understand these learned reactions, it is necessary to know how children view their relationships with their caregivers. For instance, attachment insecurity has been linked to several influencing factors, including anxiety (Chorot et al., 2017). Increasing warmth, on the other hand, may reduce stress within parent–child relationships (Wei & Kendall, 2014). Addressing attachment and perceived warmth between parent and child may, therefore, play a significant role in reducing anxiety within the family.

## **Attachment and Anxiety**

Many behaviors associated with anxiety disorders may contribute to attachment insecurity. For example, Chorot et al. (2017) found that children who had fearful/preoccupied attachments to their parents had significantly higher rates of anxiety than those with secure attachments, accounting for 36% of variance in symptoms. The attachment insecurity of these relationships was influenced by three factors: over-control, aversiveness, and neglect by the parent. As illustrated in Figure 1, children tend to perceive such displays of anxiety as signs of detachment, which may lead to heightened child anxiety. When these child-rearing behaviors were decreased, attachment was observed to be more secure and anxiety levels were reduced (Chorot et al., 2017). A similar study conducted by Breinholz et al. (2015) also indicated that attachment insecurity may be a predictor of child anxiety. Anxiety-induced parental behaviors, such as perceived rejection, distraction, and control, tended to foster insecure attachment. Because many symptoms of anxiety manifest in ways that may lead to insecure attachment, these children may be at a greater risk of developing an anxiety disorder (Breinholz et al., 2015). Focusing on improving attachment through family therapy and knowledge of attachment theory may improve relationships

between parents and their children, subsequently lowering anxiety levels in the home.

## **Perceived Parental Warmth**

Improving perceived parental warmth may improve parent–child relationships and, in turn, reduce anxiety of parents and children with anxiety disorders. Wei and Kendall (2014) found that parenting style influenced child perception of warmth. Parents in the study who focused on reducing control and increasing acceptance of their children were perceived by their children as warmer and more affectionate. Furthermore, an increase in warmth and affection was linked to a decrease in symptoms of anxiety (Wei & Kendall, 2014). This suggests that perceived warmth between children and their caregivers may be key to understanding stress levels in familial settings. Additionally, Festen et al. (2013) found that, even after CBT, children who perceived lower levels of warmth and affection from their caregivers tended to display more symptoms of anxiety and distress. The researchers recommended that future efforts and studies should explore potential methods of increasing perceived parental warmth (Festen et al., 2013). These researchers agree that focusing on altering parental behaviors to increase perceived warmth may improve parent–child relationships and decrease levels of anxiety.

## **Conclusion**

Although many factors contribute to anxiety disorders, particularly in cases where both the parent and the child are affected, these factors should not be addressed by treating the child alone. In order to disrupt the “maladaptive cycle between parent and child anxiety,” parental behaviors that perpetuate anxiety should also be altered (Escovar et al., 2019, p. 26). As Walczak et al. (2017) stated, when approaching child anxiety, it is necessary to target the parental behaviors that preserve it. For this reason, although CBT may be helpful in treating some cases of anxiety, that treatment alone may not be sufficient to address stress-inducing behaviors in the home. In addition, CBT may introduce a certain amount of stress into the family. This stress, along with the many factors in the home that foster anxiety disorders, could be reduced through the correction of parental behaviors and response (Metz et al., 2018). The correction of these behaviors, along with the improvement of attachment and parental warmth, may significantly lower

anxiety in parent–child relationships (Wei & Kendall, 2014). Improving the conditions of the home could be the key to breaking the cycle of parent–child anxiety by reducing stress factors on both parties, and creating a safer, less fear-inducing environment for families.

Although evidence of a correlation between parental behavior and child anxiety has been observed for some time, little research has been conducted to determine how to most effectively alter parenting practices to reduce familial stress. While multiple studies have established the link between parent–child relationships, parental worldviews, and child anxiety disorders, there is a lack of commentary on how such behaviors are best reduced. In future research, it may be beneficial to study what parenting behaviors most efficiently reduce negative perceptions and impacts on children. Additionally, future research might address the treatment of parents to reduce enabling behaviors such as AS and accommodation. Targeting these behaviors during or in place of CBT may yield positive results. If observable responses to anxiety can be reduced by targeting anxiety-inducing behaviors (such as fear response, enabling behaviors, and perceived coldness), then it may be possible to interrupt the feedback loop between children and their caregivers. Improving parental behaviors has the potential to reduce stress in the home and to create a more positive environment for parents and their children.

## References

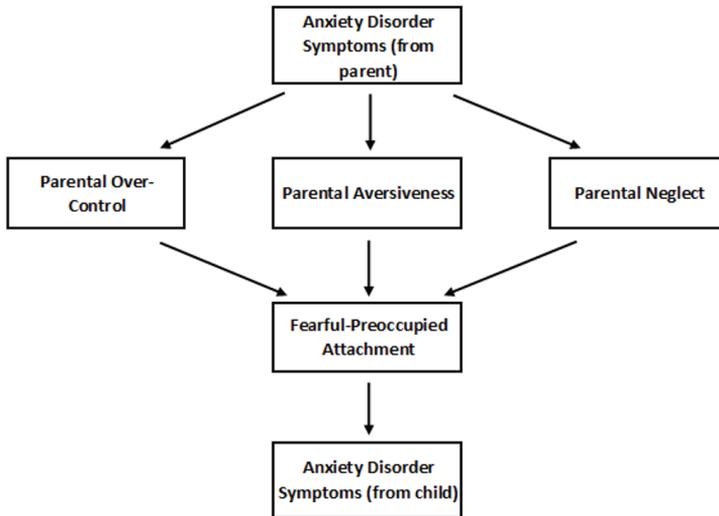
- Apetroaia, A., Hill, C., & Creswell C. (2015). Parental responsibility beliefs: Associations with parental anxiety and behaviors in the context of childhood anxiety disorders. *Journal of Affective Disorders, 188*, 127–133. <https://doi.org/10.1016/j.jad.2015.08.059>
- Breinholst, S., Esbjørn, B. H., & Reinholdt-Dunne, M. (2015). Effects of attachment and rearing behavior on anxiety in normal developing youth: A mediational study. *Personality and Individual Differences, 81*, 155–161. <https://doi.org/10.1016/j.paid.2014.08.022>
- Breinholst, S., Esbjørn, B. H., Reinholdt-Dunne, M., & Stallard, P. (2012). CBT for the treatment of child anxiety disorders: A review of why parental involvement has not enhanced outcomes. *Journal of Anxiety Disorders, 26*(3), 416–424. <https://doi.org/10.1016/j.janxdis.2011.12.014>
- Breinholst, S., Tolstrup, M., & Esbjørn, B. H. (2018). The direct and indirect effect of attachment insecurity and negative parental behavior on anxiety in clinically

- anxious children: It's down to Dad. *Child and Adolescent Mental Health*, 24(1), 44–50. <https://doi.org/10.1111/camh.12269>.
- Bubrick, J. (2019). Behavioral treatment for kids with anxiety. Child Mind Institute. <https://childmind.org/article/behavioral-treatment-kids-anxiety/>
- Chorot, P., Valiente, R. M., Magaz, A. M., Santed, M. G., & Sandin, B. (2017). Perceived parental child rearing and attachment as predictors of anxiety and depressive disorder symptoms in children: The mediational role of attachment. *Psychiatry Research*, 253, 287–295. <https://doi.org/10.1016/j.psychres.2017.04.015>
- Creswell, C., Murray, L., Stacey, J., & Cooper, P. (2011). Parenting and child anxiety. *Anxiety Disorders in Children and Adolescents*. 299–322. <https://doi.org/10.1017/CBO9780511994920.015>
- Escovar, E., Drahota, A., Hitchcock, C., Chorpita, B. F., & Chavira, D. A. (2019). Vicarious improvement among parents participating in child-focused cognitive-behavioral therapy for anxiety. *Child and Family Behavioral Therapy*, 41(1), 16–31. <https://doi.org/10.1080/07317107.2019.1571770>
- Festen, H., Hartman, C. A., Hogendoorn, S., Haan, E., Prins, P. J. M., Reichart, C. G., Moorlag, H., & Nauta, M. H. (2013). Temperament and parenting predicting anxiety change in cognitive behavioral therapy: The role of mothers, fathers, and children. *Journal of Anxiety Disorders*, 27(3), 289–297. <https://doi.org/10.1016/j.janxdis.2013.03.001>
- Francis, S. E. (2014). The role of parental anxiety sensitivity in parent reports of child anxiety in treatment seeking families. *Clinical Child Psychology and Psychiatry*, 19(1), 111–124. <https://doi-org.erl.lib.byu.edu/10.1177/1359104512470055>
- Hudson, J. L., Newall, C., Rapee, R. M., Lyneham, H. J., Schniering, C. C., Wuthrich, V. M., Schneider, S., Seeley-Wait, E., Edwards, S., & Gar, N. S. (2014). The impact of brief parental anxiety management on child anxiety treatment outcomes: A controlled trial. *Journal of Clinical Child and Adolescent Psychology*, 43(3), 370–380. <https://doi.org/10.1080/15374416.2013.807734>
- Metz, M., Majdandžic, M., & Bögels, S. (2018). Concurrent and predictive associations between infants' and toddlers' fearful temperament, co-parenting, and parental anxiety disorders. *Journal of Clinical Child and Adolescent Psychology*, 47(4), 569–580. <https://doi.org/10.1080/15374416.2015.1121823>
- Meyer, J. M., Clapp, J. D., Whiteside, S. P., Dammann, J., Kriegshauser, K. D., Hale, L. R., Jacobi, D. M., Riemann, B. C., & Deacon, B. J. (2018). Predictive relationship between parental beliefs and accommodation of pediatric anxiety. *Behavior Therapy*, 49(4), 580–593. <https://doi.org/10.1016/j.beth.2017.11.004>
- Walczak, M., Esbjørn, B. H., Breinholst, S., & Reinholdt-Dunne, M. (2017). Parental involvement in cognitive behavior therapy for children with anxiety disorders: 3-year follow-up. *Child Psychiatry and Human Development*, 48(3), 444–454. <https://doi.org/10.1007/s10578-016-0671-2>
- Wei, C., & Kendall, P. C. (2014). Child perceived parenting behavior: Childhood

anxiety and related symptoms. *Child and Family Behavioral Therapy*, 36(1), 1–18.  
<https://doi.org/10.1080/07317107.2014.878175>

## Appendix

Figure 1



Note. Diagram of the association between anxiety-induced parental behaviors, fearful/preoccupied attachment, and child anxiety. Adapted from “Perceived Parental Child Rearing and Attachment as Predictors of Anxiety and Depressive Disorder Symptoms in Children: The Mediational Role of Attachment,” (Chorot et al., 2017).