

# Psychiatrists' Perspectives on the Indicators of Transmission of Anxiety from Parents to Their Infants by Using the Grounded Theory

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**Abstract:** The current research seeks to explore and generate scientific indications about diagnosis, challenges and future suggestions from psychiatrists' point of view for the possibility of transmitting anxiety from parents to their children using the Grounded Theory. To achieve these goals, the researchers used the grounded theory approach as one of the qualitative research designs and analyzed the data collected from (11) specialized psychiatrists at the National Center for Psychiatry in the Hashemite Kingdom of Jordan through structured and semi-structured interviews. The results of interviews with psychiatrists revealed the presence of four developed categories or concepts, the first developed concept "scientific indicators for diagnosing the possibility of transmission of anxiety from the psychiatrist's point of view," the second developed concept "the challenges facing the psychiatrist in diagnosing the possibility of transmission of anxiety," and the third developed concept. Solutions: future prospects for the psychiatrist to prevent the possibility of anxiety transmission" and finally, the fourth developed concept "important aspects of the psychiatrist's focus on preventing the possibility of anxiety transmission." From parents to their children and to prevent them in the future, and that this process is difficult due to the multiple sources of anxiety and their continuous interaction (environmental indicators, genetic indicators), and therefore it must face challenges, which need future follow-up, in order to reduce this possibility and prevent it in the future. The results of the current research, we need to pay attention to focusing on the prevention aspect by preparing for a comprehensive integrated plan in the system Health care for the Hashemite Kingdom of Jordan (considering the results of this current research) to prevent the transmission of anxiety in the future.

**Keywords:** Anxiety, Grounded Theory, Personality, Psychological Indicators, Self System

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## 1. Background Introduction and Theoretical

The developmental approach of the study of anxiety has emphasized over the years the importance of personal and family influences in understanding the evolutionary background of children's tendency to experience anxiety, especially in evaluative situations, as it is assumed that there are important influences of family climate and parental socialization practices in the development of children's emotional and social behaviors, including anxiety. Although

further research is clearly desirable, current theories and research provide us with a preliminary and tentative basis on which to begin to chart the origins of anxiety and its course of development [1].

### 1.1. Psychoanalysis Theory

Freud focused on the concept of anxiety as one of the central concepts in Freudian dynamic theory along with the concepts of sex and aggression; Freud asserted that anxiety is always a perceptible, emotional, and unpleasant state accompanied by a physical sensation that warns a person of impending danger. Unpleasant situations are often vague and

difficult to identify [10].

According to Freud; only ego can; be productive or feel anxious; Which is represented by three types of neurotic anxiety, moral and realistic, and each type is affected by one of the forces, the id, the superego, or the outside world. Neurotic anxiety can be defined as the fear of an unknown danger. The same feeling is present in the ego, but it arises from the original impulses of the id [9]. The conflict between the ego and the superego produces the second type of anxiety, which is moral anxiety. After children have established a superego—usually at 5 or 6 years old, They may experience anxiety as a product of the conflict between realistic needs and dictates of their superego. [9, 10]. The third type of anxiety is called realistic anxiety, and it can be defined as unpleasant, non-specific feeling involving a possible danger, and the concept of realistic anxiety is close to the concept of fear, but realistic anxiety differs from fear in that it does not involve something specific [9, 11].

### 1.2. Neurosis and Human Grow

Karen Horney's view that **Neurosis** differs from normal behavior in degree, not type, agrees with Freud, Jung, and Adler's view [8]. Life is hard, and everyone goes through struggles all the time, But there are big differences between health and neurotic struggles, We may be fully aware of health conflicts and usually resolve them, As when you have to choose between going to a party and studying for the next day's exam, when neurotic conflicts are much more intense, they involve a dilemma that seems unsolvable, and they are always deeply repressed [7, 8].

Neurosis, according to Horney's theory, results from disturbed interpersonal relationships during childhood [7]. Parents may act in pathogenic ways such as dominance, overprotection, over-indulgence, humiliation, perfectionism, hypocrisy, inconsistency, sibling bias, blind adoration, neglect, unfair punishment, erratic behavior, promises not kept, ridicule, humiliation, and isolation of the child from peers [7, 17]; All of this contributes to the deep insecurity and vague apprehension in which the term 'basic anxiety' is used [17].

The 'basic anxiety' of feeling alone in an unfriendly and frightening world prevents the child from communicating with people in a normal way; His first attempts to associate himself with others are not determined by his true feelings, but by strategic imperatives, He cannot express his various emotions such as love, hate, trust or protest against the desires of others, but must devise ways to deal with people and manipulate them with the least possible harm to himself.” [7].

This causes the child to abandon a healthy drive for self-actualization in favor of a comprehensive search for safety, to alleviate the painful feelings of anxiety, and to seek safety by exaggerating one of the three main features of basic anxiety: helplessness, aggression, or detachment [8].

The neurotic solution to helplessness is represented by (moving towards people), the aggressive orientation by (moving against people), and the detached solution by

(staying away from people) [8, 18].

### 1.3. Interpersonal Theory of Psychiatry

Sullivan focuses on the concept of anxiety as a central concept in his theory; He defined it as any painful emotion that may arise from either bodily needs or social stress [5, 6]. The anxiety Sullivan emphasized is that which arises from social insecurity, the perception of anxiety as a personal relationship in origin, starting with the child's empathetic perception of the mother's fears, Sullivan also emphasized the empirical character of anxiety, stating that it is an observable phenomenon and subjective description of how someone feels or their goal, through objective recording of physical appearance and reactions, and through physiological changes as indicators of anxiety [6].

According to his theory, people engage into security operations, as he called them, which include selective inattention and sublimation. To prevent this anxiety while interacting with others, he regarded that interactions between people are transformations of energy He referred to the patterns of these interactions as dynamisms, and energy transformations in this theory represent any form of behavior; Which always derived from the experiences of a person who has been with other people, for any habitual reaction to others constitutes a dynamism. Behavior may be general and open (such as talking or playing a musical instrument), or internal and private (such as thinking and daydreaming). Thus, the dynamism of fear appears in a child who is afraid of the pediatrician, while the a dynamism of malevolence appears in an adult who is usually bad towards members of other races [5].

The most important dynamism in Sullivan's theory is the self-system, Which is a combination of all the security processes of a person against anxiety and protection of self-esteem, Which arises from childhood experiences of rejection, parental disapproval, and anxiety resulting from these experiences during the interaction between them and their child. Thus the self- system is that part of the personality that is somewhat isolated from the rest of the personality, and usually prevents us from making objective evaluations of our behavior or learning from experience. According to Sullivan, a more rational society prevents most children from having causes for anxiety [5].

We have reviewed the psychoanalytic theories of personality, which talked about the concept of anxiety above, and which talked about the family as one of the most basic factors for the transmission of anxiety, but they did not talk about the indicators of the transmission of anxiety from parents to their children that psychiatrists must take into account, and the most prominent challenges they face in diagnosis, and future suggestions and solutions to prevent the Possibility Of transmission of anxiety from parents to their children; Therefore, the current research came to explore the scientific indicators of anxiety transmission, by conducting interviews with a group of psychiatrists through a qualitative research methodology to achieve the research objectives.

## 2. Statement of the Problem

The aim of the current qualitative research is to explore the scientific indicators of the Possibility Of transmission of anxiety from parents to their children that psychiatrists must take into account, the challenges they face in this, and the future proposals and solutions that help them in this. This depends on the following three general questions:

- 1) What are the most prominent scientific indicators that you take into consideration - as a psychiatrist - to diagnose the Possibility Of transmission of anxiety from parents to their children (before pregnancy, during pregnancy, after birth: family environment)??
- 2) What are the main challenges you face - as a psychiatrist - in diagnosing the Possibility Of transmission of anxiety from parents to their children (before pregnancy, during pregnancy, after birth: family environment)?
- 3) What are the most prominent future solutions for prevention that you propose - as a psychiatrist - to prevent the Possibility Of transmission of anxiety from parents to their children (before pregnancy, during pregnancy, after birth: the family environment)?
- 4) What are the most important aspects of prevention that you, as a psychiatrist, focus on to prevent the possibility of transmitting anxiety from parents to their children (before pregnancy, during pregnancy, after childbirth: family environment)?

## 3. Research Methodology

The qualitative approach will be employed, by analyzing the contents of the interviews of some doctors of the National Center for Mental Health, by analyzing the content of the ideas (terms, and sentences) contained in the contents of these interviews for most of the doctors of the National Center for Mental Health using generated question texts Before and during the follow-up analysis of the contents of the interviews, to extrapolate (terms, and sentences) as a unit of content analysis, with the aim of arriving at the most prominent scientific indicators, challenges and future proposals from the point of view of psychiatrists about transferring anxiety from parents to their children, through a distinctive method of qualitative research methods; which is The grounded theory.

The grounded theory that will be employed is one of the most important ways to conduct qualitative research in the current research, which can be defined as: "The theory derived from data that is systematically collected and analyzed through the research process to reach the relationships between them, where the researcher does not start a project. With an a priori theory in mind (unless its purpose is to develop and extend the existing theory). Instead, the researcher begins the study and research in the field of study that allows him to generate a theory from this data, and characterizes this theory derived from the data as being the closest to reality". (20: P. 12).

Coding can be defined as one of the most prominent strategies of the grounded theory as the application of an a shorthand label to a part of the data, which is taken and determines what it means, as the symbols are created through the interaction of the researcher with the data; They are not prioritized and applied to the data, as happens in quantitative research [21].

The coding process to produce the grounded theory has three stages; Open Coding: The analytical process by which concepts and their properties are identified and dimensions are discovered in the data, Axial Coding: The process of linking categories to their subcategories, which is called "axial" because coding takes place around the category axis, linking categories At the level of properties and dimensions, and finally selective coding: the process of integrating and refining theory [20], which were used in the current study. (see figure 1).

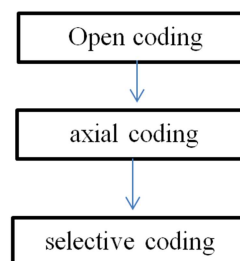


Figure 1. Types of coding process for grounded theory.

## 4. Results and Discussion

In light of the research questions and aims, the data collected in this research by applying semi-structured interviews were used more specifically; The interview guide includes a mix of more and less structured interview questions, all questions are used flexibly, specific data is usually required from all respondents, and for the most part the interview is guided With a list of questions, or issues to be explored, there is no predetermined formulation or order [16]. After that the codes and memos were established by using a MAXQADA program. The results of a qualitative data analysis yielded the following results:

There are four categories or concepts developed about the possibility of transmission of anxiety from parents to their children, which were represented by: (a) scientific indicators for diagnosing the possibility of transmission of anxiety according to the psychiatrist's point of view, (b) challenges facing the psychiatrist in diagnosing the possibility of transmission of anxiety, (c) solutions The future prospects of the psychiatrist to prevent the Possibility Of transmission of anxiety, (d) the important aspects of the psychiatrist's focus to prevent the Possibility Of transmission of anxiety.

### 4.1. Scientific Indicators for Diagnosing the Possibility of Transmission of Anxiety According to the Psychiatrist's Point of View

The interviews revealed the psychiatrists' responses

regarding their experiences of the category or the first developed concept related to the most prominent indicators they focus on to diagnose the probability of passing on parental anxiety to their children in three sub-dimensions: before pregnancy, during pregnancy, and after birth. The first sub-dimension (before pregnancy) consists of a set of fifth sub-codes, each of which is characterized by a set of properties (see Figure 2). (a) Associated factors in the social environment: Interviews for this sub-code revealed a number of characteristics: The relationship between spouses (working wife - work pressures) and between them and the extended family (Level of family relations in extended families), Interventions from the extended family (child's name, gender...) Which represents one of the negative customs and traditions, Among these life pressures are the society around them and the extended family, especially the mother-in-law (mother-in-law and brothers), The nature of the work of the spouses: the long working period (shifts, working conditions), which makes time tight to perform other social activities (pressure working conditions), And the environmental factor: many other pressures Such as the existence of life pressures, especially financial matters, Planning to move to another environment as a result of incompatibility (internal or external migration), The causes associated with the psychosocial environment and the surrounding factors, as living, economic and environmental conditions of life; In the sense of environment difference (rich or poor), i.e. (the type of environment, i.e. the social class of the parents) (rich - middle - poor), Environmental factors are varied and their range is wide (different according to culture and others).

As for the second sub-code (the economic aspect); The interviews revealed the most prominent characteristics that contribute to the transmission of anxiety from parents to their children, such as: the financial level of the family (the mother works and is therefore worried about pregnancy and childbearing (in the future), such as the anxiety of absence from work if pregnancy occurs, and taking leave, and thus leaves thinking about her children because of work The presence of other children (the larger the family, the greater the pressure on the parents), the lower the level of socioeconomic status, the higher the parents' anxiety and transmitted to the children, and the financial challenges and problems they face (the inability to see a psychiatrist, the inability to dispense treatments Mental.

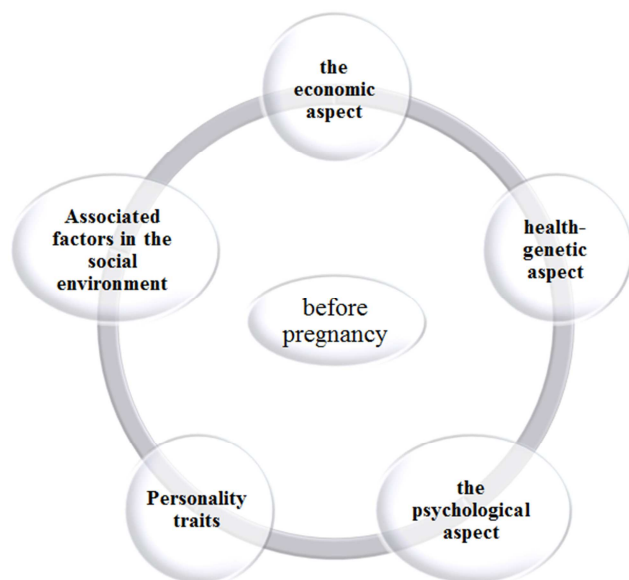
The interviews revealed - regarding the third sub-code (health-genetic aspect); On the most prominent characteristics that contribute to the transmission of anxiety from parents to their children, such as: Most mental illnesses (disorders) are governed by two factors of injury: the genetic factor and the surrounding environmental factors; If one of the parents is diagnosed or suffers from generalized anxiety disorder, the more likely it will be transmitted to their children (as the genetic basis of anxiety is one of the factors of anxiety), and even if one or both parents carry genetic genes that qualify him for the disease, he is not necessarily affected in the absence of The availability of the environmental and social conditions that cause the disease in

the event of the availability of genetic factors. Medical history or past medical history: that one or both parents suffer from anxiety, one parent has a history of anxiety (part of it may be hereditary), the anxious family may produce children with a high level of anxiety, or there are psychological problems or diseases Membership in the mother (previous treatment), where health problems in general are taken into account; The glands in general - especially the mother - (chronic diseases such as diabetes, and organic diseases (thyroid gland); imbalances in their hormonal secretions lead to anxiety). The effect of the pharmacological factor before pregnancy (such as narcotics and taking a lot of stimulants. The use of some medicines from the mother (anxiety) in case of suspicion of anxiety.

The interviews also revealed the experiences of psychiatrists regarding the possibility of transmitting anxiety from parents to their children in the fourth sub-code (the psychological aspect), which includes three basic elements of personality (cognitive state, emotional state, and behavioral state) about the most prominent characteristics that contribute to increasing the possibility of anxiety transmission from Parents to their children such as: (a) Cognitive status: Among the most prominent distinguishing characteristics: the level of education in marital life and the responsibilities of parents, which is affected by the mother's lack of culture by dealing with a person wholly dependent on her (the fetus, the child), and the lack of education from childhood on the responsibilities required of parents., which can be described as young parents with little experience, in addition to the educational level (the higher the educational level of the parents, the higher their anxiety) and transmitted to the children, and the lower the mother's intellectual level than the father, the lower the anxiety rate in the fetus. The opposite shows his anxiety, in addition to the differences in the age stage between the spouses. (B) Emotional state: Among the most prominent characteristics of it: the father's anxiety when a new child comes to compete with him The mother's concerns, in addition to the fact that the pregnancy itself is a cause for anxiety, in terms of the parents' acceptance of the pregnancy and their general mood, such as anger reflected on the family, and that they have excessive anxiety about everything, in addition to psychological trauma such as (Previous miscarriage may lead to miscarriage anxiety (both parents' current pregnancy), reduced stress tolerance, decreased social support, and knowledge of the source of anxiety. (c) Behavioral status: Among the most prominent distinguishing characteristics of it: if one of the parents abuses narcotics and alcohol, and if the father has extended family problems (such as his father's use of narcotics), disruption of the daily routine (sleep), eating, drinking and other activities of the daily routine, and how to face problems at home or work; Any lifestyle and mechanisms of problem solving.

The interviews also revealed - regarding the fifth sub-code (Personality traits); On the most prominent characteristics that contribute to the possibility of transmitting anxiety from parents to their children: some certain personality traits that

cause anxiety, such as personality traits in the face of various life problems, in addition to personality traits that cause anxiety such as anxious (obsessive), psychopathic and borderline personality. The duration, intensity, appearance and reaction of these personality traits are often inherited as genes and as an environment, and the wife herself is the basis for the transmission of anxiety and its conditions.



**Figure 2.** The first sub-dimension (before pregnancy) and its five sub-codes.

Regarding the second sub-dimension (during pregnancy), the interviews with psychiatrists revealed the most prominent characteristics that contribute to the possibility of transmitting anxiety from parents to their children: for maternal anxiety during pregnancy; The mother may have to use some medicines through a non-specialist doctor or take herbs with social counseling (such as consulting her mother or sister) or by personal diligence that may affect the fetus either organically or as a result of anxiety or any other organic diseases; The (the infant) may cause him (the infant) anxiety in the future as a problem with the heart or the nervous system (such as speech... etc), if the diagnosis is made during pregnancy, a consultation with the following specialist (gynecologist-neurologist-internal) will be considered, and therefore the psychiatrist may need to communicate with a gynecologist during pregnancy; I will put the gynecologist supervising her in certain procedures (communication between the psychiatrist and the gynecologist). Some medicines for the mother may cause deformities in the heart and a hole in the back, such as (mood stabilizers -lithium-tegretol). There are some studies on the use of stress medicines that they cause anxiety; So I tell the gynecologist as a therapist and psychologist, what is the best case? Do I complete the medication? Or change it, I consult - as a psychotherapist - parents with regard to the safety of the mother.

Because of pregnancy, some hormonal changes occur on the mother that cause her anxiety during pregnancy, and hormonal imbalance or rise during pregnancy leads to mood

swings in the mother, in addition to other changes in the abdomen (change in shape) and the movement of the fetus (kicking) the mother may notice, and all of this It is influenced by the mother's culture, which may affect her way of thinking and dealing with pregnancy and various changes (the shape of the abdomen during pregnancy) and other changes for her, as well as the routine of life during pregnancy: for example, a pregnant woman working and vacationing for fear of her pregnancy, and the husband's concern about pregnancy His wife and therefore wants to comfort his wife, and the husband's fear for his wife from diseases; Intimidating the fear of pregnancy from all matters, i.e. exaggeration (the mother's stressful work; because of the demands of life), in addition to the fact that if anxiety is caused by marital problems that may lead to abortion, the husband-wife relationship (the extent of harmony between the spouses) either conveys reassurance or anxiety to the children.

There are also some other important events that may lead to anxiety; Such as having diseases during pregnancy (allergy - diabetes - pressure - and some diseases related to the endocrine glands (such as hyperthyroidism) increasing anxiety, health problems during pregnancy (bleeding, fluosis) and other biological diseases that constitute painful experiences for the pregnant woman and affect her anxiety, And then it is transmitted to the fetus, such as feelings of sadness or joy, and complications for the mother during pregnancy (placenta accreta at the top of the uterus), which causes an early miscarriage of the fetus.

And the occurrence of trauma during pregnancy, and during childbirth, such as the shock of the child's suffocation, and if the couple discovers that there are physical problems with the fetus in the mother's womb (malformations, etc.), in addition to the mother's health habits (smoke, alcohol, or certain drugs), It can affect the brain structure of the fetus, and drinking stimulants in the mother (drinking coffee increases the heart rate of the fetus) in addition to social counseling (customs and traditions). Sudden pregnancy, unwanted pregnancy, lack of coordination of pregnancy (in terms of number of children), all lead to anxiety about the upcoming child, and the responsibilities associated with it.

Through the aforementioned indicators of psychiatrists' responses in the two dimensions before pregnancy and during pregnancy, we find that all the above-mentioned indicators range from two levels: (a) Positive interaction: It is represented by positive family history, i.e. mental harmony or coexistence, and positive marital interaction, (b) Negative interaction: It is represented by marital problems, marital conflict, and disharmony in the couple's dealing with each other (daily routine), through unacceptable reactions from the father and mother resulting in most cases In addition to the difference in the environment (city and village), in addition to the participation of parents' anxiety (increases the chance of transmission of anxiety to the fetus), especially in large families, and the family's incompatibility in planning pregnancy (unwanted pregnancy) by either of them or one of them, which negatively affects On the wife herself, there are differences and variances at all previous levels (education,

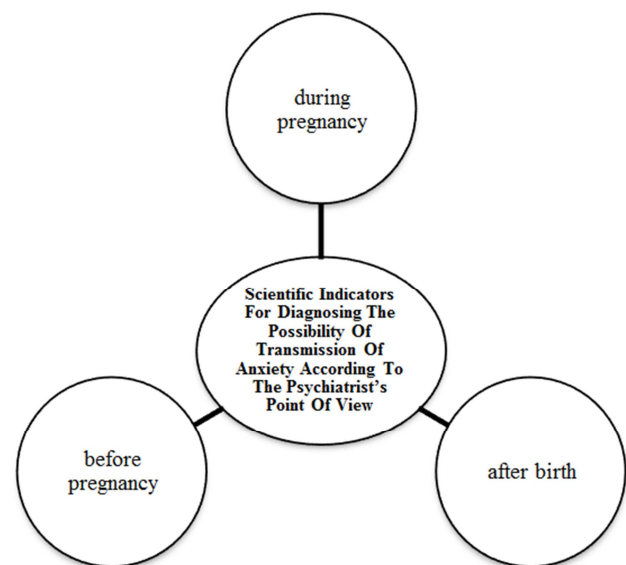


culture, age group and status (social class) that contribute to the transmission of anxiety from parents to their children, and anxiety may be a learned behavior from the origin, which is expressed in The child by simulating the behavior of the parents when exposed to psychological pressures.

Thus, the continuity of the above-mentioned indicators in the dimensions before pregnancy and during pregnancy; It destroys mental health, which in turn affects the physical health of the mother, and thus is reflected in the transmission of anxiety to the fetus. Therefore, focus should be placed on the importance of identifying the previous risk factors during pregnancy, and accordingly, sessions are held with the husband and the wife's family in light of the above-mentioned indicators before pregnancy.

Regarding the third sub-dimension after birth (the family environment), doctors' responses to their experiences about the possibility of transmitting anxiety from parents to their children revealed two sub-codes: indicators related to parents and indicators related to the child. (a) Parental-related indicators: the extent of harmony between the spouses, examining the relationship between parents and the child Is the good relationship? Is there a breakup? In what age group of children did the parents separate? And if he is cohabiting with the mother, is the mother responsive to the separation event? How does a calm mother treat a normal mother differently from a worried mother of the child?, the number of children in the family, fears of colliding with the responsibilities associated with the new child, and the parents' interest in the child (the right way to deal with the child); Proper education in childhood and adolescence. And psychological support (and the extent of its availability from the husband or any other person). And the psychological state of the wife after childbirth, such as the hormonal disorder resulting from pregnancy and childbirth, may lead to the emergence of disorders accompanying anxiety such as (postpartum depression), especially in the case of the first child, assuming that the previous risk factors are many, such as disturbances in the level of the hormone progesterone and estrogen, Which affects the mother's connection, attachment, and the state of personal attachment. The vacation period (incubation) is too short for us in Jordan (40 days), an insufficient period; To recover physically and psychologically, take care of her infant, and understand physiological and social changes (their preoccupation with the child); Which is represented by the constant complaints from parents that the child's physical and mental development is not consistent with his chronological age, for example (a three-month-old child behaves as if he is a month old, and a three-month-old child does not gain weight and weighs at the age of a month's child), in addition to the presence of a child who needs special care (congenital or organic malformations), and the mother and father's concern about their efficiency in performing their roles as parents, and securing the requirements of life for them in its various stages. With regard to the psychological state, the injury of one of the parties with mental illness leads to the transmission of anxiety to the child, as the genetic factor has

a major role in the transmission of mental illness, and there is a role for the environment in learning anxiety. As for the patterns of family upbringing, it appears through excessive concern for the child, the pattern of over protection, exaggerated expression of feelings, and exaggerated response. (B) Indications related to the child: difficulty in dealing with the child (stubborn: does not hear words, hatred, rebelliousness), is subject to certain anxiety, declines in his educational level, difficulties in sleeping (intermittent, little), a change in the child's appetite; Which affects the child's physical or mental development, difficulty controlling urine or stool: it is one of the indicators of the child's exposure to parental anxiety, the child's exposure to external pressures (school, club, wherever the child goes); Because the family environment can be reassuring.



**Figure 3.** The category or the first developed concept related to Scientific Indicators For Diagnosing The Possibility Of Transmission Of Anxiety According To The Psychiatrist's Point Of View and its three sub-dimensions.

All the previous indicators mentioned above in the previous three dimensions are personally followed up by the psychiatrist (the same doctor) who started working with her, due to the mental coherence of her previous experiences and his deep understanding (see Figure 3).

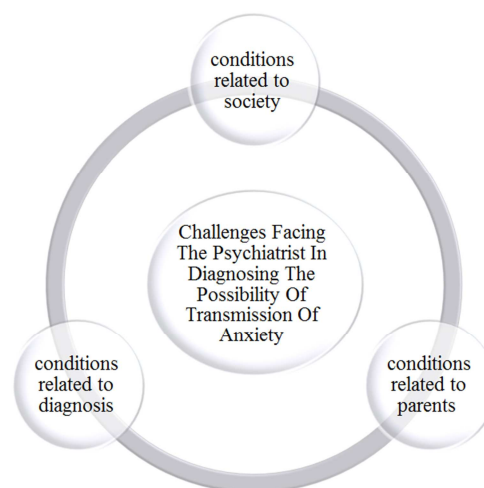
These findings of the current research were partially similar to the study by (Clarke, et al) [4] in that excessive maternal protection was not significantly associated with the child's anxiety status or symptoms, but was significantly associated with maternal anxiety symptoms, thus supporting the conclusion that Parents' responses may be more related to the degree of parental anxiety rather than the child's anxiety. Thus, these conclusions are partially similar to the above-mentioned overprotection pattern in the birth sub-dimension (social environment) related to the first developed concept, diagnosis of the transmission of anxiety from parents to their children, with the addition of some details in the current research, which is represented by the overlap of many indicators with this pattern of interaction between Parents and their children, exaggerated expression of feelings, and

exaggerated response. These findings of the current research also are partially similar to the study conducted by (Shahhosseini, et al) [19] in terms of mentioning the biological, mental, behavioral and medical effects of anxiety during pregnancy in the sub-dimensions of the category or the first developed concept of diagnosis of the possibility of transmission of anxiety from parents to their children. But this research has added many details about the indicators related to the probability of passing on anxiety from parents to their children in the above-mentioned sub-dimensions of the first developed concept. These findings of this research also agree in part with the findings of the research of each of the studies [15] in terms of some diagnostic indicators of the possibility of transmitting anxiety from parents to their children such as behavioral status, indirect learning, social references, critical or protective parenting styles in general Excessive; Including the extent to which the family internalizes the child's symptoms of anxiety, as well as the biological systems that represent aspects of the prenatal environment affected by maternal anxiety, and heredity and genetic transmission. However, the current research has added more detail regarding indicators related to the likelihood of anxiety being transmitted through the sub-dimensions of the first developed concept or category mentioned above.

#### 4.2. Challenges Facing the Psychiatrist in Diagnosing the Possibility of Transmission of Anxiety

The interviews revealed psychiatrists' responses regarding their experiences with the second category or concept developed related to the Challenges Facing The Psychiatrist In Diagnosing The Possibility Of Transmission Of Anxiety in three sub-dimensions: conditions related to diagnosis, conditions related to society, and conditions related to parents (see figure 4). (a) Conditions related to diagnosis: The First sub-dimension, includes a set of characteristics that serve as indicators: the most important challenge we face as (psychiatrists) in diagnosing the delay in seeking help; due to their lack of awareness of the seriousness of the situation, and consequently the lack of sufficient information or the necessary education; To determine whether their child is developing normally in terms of psychological, social, and other aspects, and the lack of clear and honest information about the condition (fuzzy), and as a result of the disease's development; Because of not seeking help and entering into other psychiatric diseases, and parents not registering previous experiences of previous pregnancy, such as taking certain treatments in the history of previous pregnancy for the current pregnancy, such as medical or psychological problems, medications in previous cases, high gestational diabetes or pregnancy pressure in previous pregnancy, psychological matters (post-pregnancy psychosis or depression) not reported in a previous pregnancy, the psychiatrist should be based on these full details during treatment; to take appropriate action. Regarding the diagnostic conditions, the most important challenge is the lack of laboratory tests; That is, it cannot be diagnosed

through laboratory tests. As psychiatrists, we need standard criteria for diagnosing anxiety. What hinders us in diagnosing is the lack of scientific standards in all or all psychiatric clinics, and what makes the matter more complicated is the presence of several diseases, whether organic or physical at the same time. Comorbidities, as well as the possibility of personality disorders, which makes diagnosis or treatment more difficult alike, especially that each incident has a special circumstance so it cannot be generalized, especially that the therapeutic response requires time and effort from the client, time and effort from the client and the worker The genetics of the whole family (the difficulty of examining and tracing the entire family), there are many people who have not been disclosed (there are lots of under-disclosed people), the lack of knowledge of the source of concern, the lack of follow-up by schools to provide specialized teams to follow up cases of anxiety, and the lack of statistics About anxiety and its transmission and lack of documentation.



**Figure 4.** The second developed category or concept "Challenges Facing The Psychiatrist In Diagnosing The Possibility Of Transmission Of Anxiety" and its three sub-dimensions.

And sometimes there is a difficulty between doctors, especially in different specialties, for example: communicating with the gynecologist takes time to take the medical history of a pregnant woman when she uses some treatments during pregnancy, and therefore consulting different specialties can take a long time.

With regard to the conditions of specialized psychiatrists, there are a sufficient number of psychiatrists in proportion to the population, due to the emigration of psychiatrists abroad (external migration); to improve living conditions; This means that anxiety (the patient's condition) is not followed up, in addition to the unavailability of a behavioral psychologist in private outpatient clinics.

The interviews revealed the experiences of psychiatrists about the second sub-dimension (b) conditions related to society, which included a set of characteristics that express as indicators about the possibility of transmitting anxiety from parents to their children: the lack of a medical education on

mental illness in the community, that is, the lack of psychological education. The society, which results in a lack of sufficient awareness of psychological diseases in our eastern society, whether with symptoms that occur with them or with their children, which require consulting a psychiatrist. self) in our eastern societies; This delays frankness between the parties (the therapists and anxious families), in addition to the presence of a negative view of psychiatry (the culture of shame), such as fear of society's knowledge of the sameness of psychotherapy, and linking mental illnesses to illogical causes.

The interviews also revealed the experiences of psychiatrists about the third sub-dimension (c) conditions related to parents, which included a set of characteristics that express as indicators about the possibility of transmission of anxiety from parents to their children: lack of cooperation between parents or one of them in giving the necessary information to identify and confront the causes of anxiety such as Not avoiding family problems in front of the child (the charged atmosphere in which the child lives), not recognizing the problem out of shyness from referring to the psychiatrist and misleading responses (not giving honest responses), and the presence of certain family problems that affect the demand of both parents to see the problem from his perspective (he sees the disease from his personal perspective) such as divorce and child custody problems, the mother's or the father's false allegations that the child has certain diseases, and he is physically healthy, for all these allegations against the other party) or that both parents ask to lie by saying false things about the neglect of one parent against the other in his upbringing and meeting His basic needs (food, drink, clothing, health, housing, etc...), and the culture of shame that leads to parents lying, because of their false beliefs that the treatment may cause addiction. Serious complications for the fetus, resulting in non-acceptance of dispensing medications for psychological treatments, denial of the existence of psychological problems, the appearance of defensive parents in clinics, showing little compliance during the treatment plan, and the financial factor; Due to the high prices of medical examinations or treatments. In addition to the lack of seriousness in responding and not realizing the importance of the topic, and not continuing in the reviews and interviews (Couple Therapy), and thus the lack of commitment that leads to a worsening of the situation, and the omission of some details (social, economic and other details included in the family dynamic). Everything that happened with them in life that cannot be Omission of it during the diagnosis, and the lack of sufficient information from the parents due to their absence due to matters outside their control (illness / travel / death) for one or both parents, and the lack of awareness of the parents about the symptoms of anxiety in the child, because if they knew that he was psychological, they would respond; which may appear on the Psychosomatic symptoms: (diarrhea, vomiting, constipation, not talking, numbness) all are caused by anxiety, anxiety may start and then turn into fear or panic states.

Perhaps one of the most prominent indicators that contribute to the possibility of transmission of anxiety from

parents to their children is rapid marriage (leading to insufficient acquaintance), which leads to incompatibility between spouses affecting their children through the transmission of anxiety to them, and the lack of adequate family support for the family, in addition to some factors Cognitive, including the parents' insufficient cognitive abilities to communicate information, and some cultural factors, including the social culture (the culture of shame) in mentioning social problems related to the psychological aspect, and some demographic factors, including demographic changes such as immigration and travel, affected our view of life for what is acceptable or unacceptable. Useful or unhelpful, and mistrust between (patient and doctor) is a major factor in the lack of a correct diagnosis.

The findings of this current research agree in part with the findings of the study conducted by (Festen, et al) [12] in terms of the presence of many important related indicators that prevent participation in preventive research such as shame and stigma, which is consistent with Partially with one of the indicators included in the second (conditions related to society) and third (conditions related to parents) sub-dimensions of the second developed concept. The current research has added many indicators to this second developed concept, mentioned above. These findings of the current research also agree in part with a study by (Burlaka, et al) [2] that child and family characteristics, lower maternal education levels, and lower maternal social support levels were significantly associated with higher scores of maladaptive internal behavior in young children, from While there are some indicators in the third dimension related to the parents' conditions dependent on the category or the second developed concept of the challenges facing the psychiatrist in diagnosing the possibility of transmitting anxiety from parents to their children, but the current research has added more indicators available in the sub-dimensions of the second developed concept mentioned above.

#### ***4.3. Solutions the Future Prospects of the Psychiatrist to Prevent the Possibility of Transmission of Anxiety***

The interviews revealed psychiatrists' reactions to their experiences with the third category or the development of the concept of solutions. The future prospects of the psychiatrist to prevent the possible transmission of anxiety from parents to their children in five sub-dimensions: before pregnancy, during pregnancy and after childbirth (social environment), the future role of formal institutions and conditions of psychiatrists (see figure 5). the first dimension (before pregnancy) consists of a set of characteristics, which are considered Serves as a set of indicators for future improvement, including:

- 1) Determine if a parent has anxiety (diagnosis and treatment) that improves the child's environment.
- 2) Early Diagnosis, informing them of the future consequences, and working to increase their awareness and understanding of psychological disorder.
- 3) Create an educational program for those who are about



to get married and the fastest way for those targeted, in the event of (psychological or mental illnesses), and work to be explicit between spouses before marriage, and in the event of entering into married life (meaning if there is concern, it must be diagnosed, resolved and treated before proceeding). To marry).

- 4) Increasing the training of cadres in behavioral treatment.
- 5) Increasing cultural awareness about mental illness by specialized government agencies for the general public.
- 6) Rapid intervention at the beginning of the diagnosis of the disease.
- 7) Removing the stigma from the psychiatric patient.
- 8) The presence of psychological review of women during pre-pregnancy follow-up and during pregnancy in primary health centers.
- 9) Writing down any previous experiences of anxiety in parents that are easy to obtain by a psychiatrist.
- 10) Consistency, harmony and compatibility between spouses (psychologically, socially, culturally, and economically), emphasizing family harmony, creating an understanding of all points of difference (the first two to three years) Parents' personality.
- 11) Pre-regulating pregnancy, not limitation.
- 12) Increasing the community's awareness of the symptoms of mental illnesses (community awareness).

The experiences of psychiatrists with regard to the second sub-dimension (during pregnancy) have added a set of characteristics, which serve as a set of indicators for future improvement, including:

- 1) At any moment while something is happening (no hesitation to come to advice).
- 2) Not to underestimate the importance of any information or any event that appears in daily life during pregnancy (the necessity of attending the session).
- 3) Employing genes and not biopsies or magnetic resonance images (MRI images) of the fetus in order to interact with it and protect it from (x-rays), this procedure may add additional concern.

The experiences of psychiatrists with regard to the third sub-dimension after pregnancy (the social environment) added a set of characteristics, which serve as a set of indicators for future improvement, including:

- 1) Studying the environmental and social conditions experienced by the parents and the child, which may affect the proper psychological and social development.
- 2) Early identification and diagnosis of anxiety symptoms, some of which appear in early childhood stages, and may affect psychological development, which increases the possibility of anxiety in the future.
- 3) The attempt of psychiatrists to create reassurance, if there is doubt about the information given, and they did not find a result, and trying to interview one of the nearby families (so that I reach the correct information) regarding the targeted family with the transmission of

anxiety.

- 4) One of the most important duties of parents is not to expose the child to signs of anxiety.
- 5) On the part of the parents, by relying on balance in dealing with their child, and letting him discover his surrounding world while giving protection only in the event that their children are exposed to danger.
- 6) Working on not inflating the superego by not being harsh in raising their children.
- 7) Raising awareness/ dissemination of brochures and awareness leaflets, and periodic visits to the psychiatrist.
- 8) Availability of psychological researchers or behavioral therapists in schools to investigate the causes of family disintegration to search for the motive causes responsible for the emergence of different behaviors in the child such as lying, theft, stubbornness, aggression and other abnormal behaviors.
- 9) A comprehensive psychological evaluation of the woman after childbirth, the discovery to assess her psychological status.
- 10) Providing psychological support (family) an attempt to facilitate the process of reviewing psychiatric clinics and disbursing treatment.
- 11) Monitoring the social and family support of the mother-father reduces anxiety.

The experiences of psychiatrists with regard to the fourth sub-dimension (the future role of official institutions) added a set of characteristics, which are considered as a set of indicators for future improvement, including:

- 1) Providing basic materials (milk, diapers) for the infant, such as Europe; To alleviate economic anxiety (various state institutions and ministries).
- 2) Facilitating childbirth in government hospitals and providing trained staff and equipment (improving public health conditions and all that guarantees them) (Ministry of Health).
- 3) The cooperation of the various authorities in the country when the child is exposed to anxiety (the various institutions and ministries of the state).
- 4) Providing trained health cadres for psychotherapy and its techniques (Ministry of Health).
- 5) Securing an appropriate family environment and conditions (family protection homes) in case of alcohol and drug addiction. (Various state institutions and ministries).
- 6) Providing appropriate treatment, continuity and follow-up (Ministry of Health).
- 7) Courses and programs to make people understand. People must have family counseling through comprehensive awareness of marital life as part of culture (Ministry of Higher Education).
- 8) There should be university courses; To educate individuals about family life, the roles of spouses and integration, and to educate the community (especially at the university level) about mental illness - and anxiety in particular - and that it can be treated (awareness that the

problem of anxiety can be diagnosed and treated as biological diseases) (Ministry of Higher Education).

- 9) Asking supervisory authorities (psychological counsellors, family protection) to provide advice to parents and evaluate children periodically (various state institutions and ministries).
- 10) It is possible to integrate state institutions and develop an integrated awareness program based on a general protocol on married life, by holding courses on how to face problems in the renewed circumstances of life, and enhancing self-confidence by investing time in useful things (various state institutions and ministries).
- 11) Psychoeducation; Educating them about psychological treatments that do not cause addiction (misperception) (Ministry of Health).
- 12) Work to improve the working conditions and financial matters of psychological service providers, and work to increase the number of doctors and psychological service providers (Ministry of Health).
- 13) Improving the quality of psychological services provided to anxiety patients in terms of pharmacotherapy and Cognitive Behavioral Therapy (Ministry of Health).
- 14) Taking the levels of anxiety in society for all age groups into consideration in society (Ministry of Health).
- 15) Taking the rates of recovery from anxiety for all age groups into consideration in society (Ministry of Health).

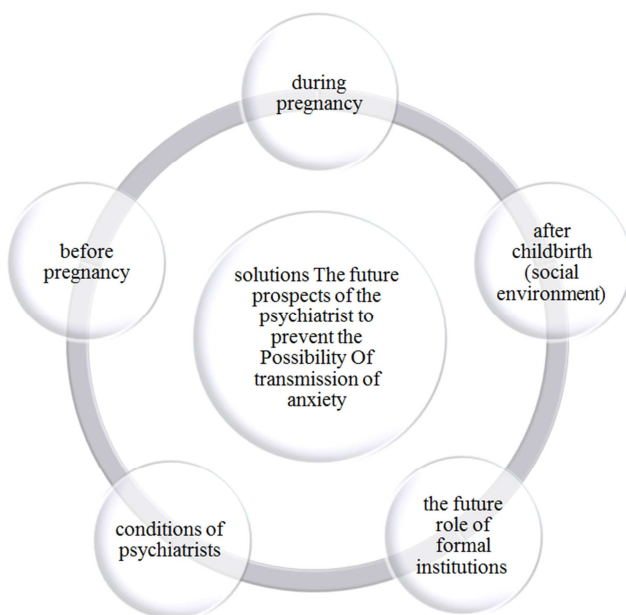
the possibility of transmission of anxiety". The current research has added many indicators to this third developed concept, mentioned above.

The findings of the current research agree with the study conducted by (Changa, et al) [3] in that future intervention programs can be implemented to reduce anxiety and encourage help-seeking behavior in higher education institutions (universities) and reaching the target group, which is consistent with some of the indicators mentioned in the fourth sub-dimension, the future role of official institutions and of the third developed concept mentioned above. However, this current research has added many new and contemporary indicators that are based on the experiences of specialized psychiatrists in the Hashemite Kingdom of Jordan.

The findings of the current research also partially agree with the findings of the study conducted by (Ginsburg, et al) [13] in that they showed that the short-term effects of the adaptive and strength-enhancing family-based preventive intervention (CAPS) prevent the onset of anxiety disorders in anxious parents after six years. They were positive and meaningful, but these effects diminish over time. This result was consistent with what was stated in the four sub-dimensions of the third developed concept related to the solutions and future prospects of the psychiatrist to prevent the possibility of transmitting anxiety from parents to their children. The third developed concept has also added more indications about future solutions to prevent the transmission of anxiety from parents to their children.

#### 4.4. The Important Aspects of the Psychiatrist's Focus to Prevent the Possibility of Transmission of Anxiety

The interviews revealed the psychiatrists' responses regarding their experiences with the fourth developed concept and related aspects important to the psychiatrist's focus on preventing the potential for transmission of anxiety in four sub-dimensions: psychological indicators, social indicators, economic indicators, and health indicators (diagnosis) (see figure 6). The first sub-dimension is represented by psychological indicators: which consists of two sub-codes, each of which is characterized by a set of characteristics that are considered indicators. (a) Cognitive status: general education of the community with mental illnesses; To change the culture's view of the defective mental illness, by increasing education in the aspects of mental illness and its manifestations (muscle tension and muscle pain, jaw pain, lack of focus, lack of sleep – insomnia-) based on anxiety, and working to raise awareness that there is a solution in the event of disclosure to the party Specialized (social counselor, psychiatrist), in addition to having psychological education programs for psychological education and strengthening it for all family members, and focusing on education about pre-marital counseling as part of the culture of society, not necessarily marriage). It is important to educate as part of an individual's personality in all countries and diverse cultures, and to educate through social media, official media and psychological awareness in



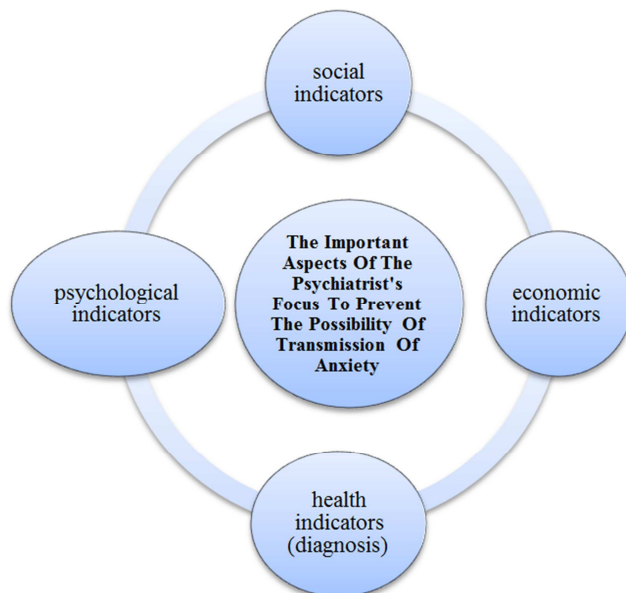
**Figure 5.** The third developed category or concept "Solutions The Future Prospects Of The Psychiatrist To Prevent The Possibility Of Transmission Of Anxiety" and its three sub-dimensions.

The findings of this current research also partially agree with the findings of the study conducted by (Festen, et al) [12] in terms of focusing on the psychological education of parents, which partially agrees with one of the indicators mentioned in the fourth sub-dimension (institutions and ministries The different state) of the third developed concept "solutions and future prospects for the psychiatrist to prevent

general. (b) Emotional state: The most important thing for enriching society is the availability of an appropriate level of emotional intelligence, emotional understanding, and warm feelings. Detection of exposure to life trauma in all its forms: sexual harassment, family violence, traffic accidents, diseases and other traumas, and striving not to marginalize the importance of mental illness (anxiety), because of its great importance in the productivity of people and their children in different aspects of life.

The interviews revealed the doctors' experiences with regard to the second sub-dimension, social indicators, about a set of characteristics that are considered indicators: fathers, mothers and their children are victims of the economic and social situation, and therefore it is necessary to focus on social activities; To maintain constant communication, non-conformity, visual persons and the presence of people with one another (face-to-face social interaction).

The interviews also revealed the doctors' experiences with regard to the third sub-dimension, economic indicators, for a set of characteristics that serve as indicators: focus on material problems; Because it is one of the main causes of anxiety for parents and its transmission to children. The nature of the parents' income (how do I raise them? How do I teach them? How do I provide them with food and drink and other necessities of life); Because the presence of material problems leads to economic and social insecurity (especially for the middle class), and the lack of salaries and material duties prevents communication and contributes to distance, in addition to focusing on promoting supportive therapy.



**Figure 6.** The fourth developed category or concept "The Important Aspects Of The Psychiatrist's Focus To Prevent The Possibility Of Transmission Of Anxiety" and its four sub-dimensions.

As for the fourth sub-dimension, health indicators (diagnosis); Interviews on physicians' experiences revealed a set of characteristics that serve as indicators: the creation of investigative search forms (Google search, random search form); To diagnose anxiety and early detection of anxiety

and thus reduce the possibility of its transmission in the future, which is likely to affect performance anxiety for children in the future, by building measures for the father and mother (to measure anxiety and depression); For future diagnosis and prevention, which depends on confidentiality of information, and it also reduces situations of inability to declare to the client that he is the source of concern, and that his child is the victim of the transmission of his anxiety; That is, the parents appear as companions, and unfortunately it turns out that they need psychological evaluation and treatment; Because they did not ask for help, and focus on the family nature from which the parents came out (excessive anxiety of one of the parents; because he is from a broken family), and comprehensiveness in dealing with all members of the targeted family, and one of the first symptoms is anxiety and unjustified fear of normal life matters such as anxiety. When the child goes to school, the emergence of unexplained tension accompanied by a response higher than the moving stimulus.

In addition to the blood test, there must be a mental health examination before marriage, and the provision of child psychologists in Jordan; Because there are only a very small number of child psychologists in Jordan, through the provision of professional psychotherapists from an accredited place (university or any place that imparts applied skill as a social worker interacting with the community and has abundant experience in the field of psychosocial on the ground, in addition to Treatment methods that can be available and used as an alternative other than anxiety medications to Psychotherapy, because we (psychiatrists) jump to drugs without in-depth diagnosis (as a primary measure) in studying the causes and roots of the problem, and focus on social phobia (which is difficult to diagnose, and the most difficult category. It is suffering from it represented by university students at a critical age, and to study the genetic factor in the transmission of anxiety, it is preferable to study adoption children.

The findings of the current research agree in part with those of the study conducted by Jokiniemi & Miettinen (2020) [14] in terms of: Nurses with advanced knowledge and skills provide additional education beyond that of a registered nurse, and include knowledge and skills in their areas of specialist nursing practice and patient education, consulting with multidisciplinary teams, developing Nursing practice and multidisciplinary teamwork, enabling many professional nurses to master the areas of their nursing role in an advanced manner. All of this is consistent with some of the indicators mentioned in the fourth sub-dimension "Health Indicators (Diagnosis)", which follows the fourth developed concept, the important aspects of the psychiatrist's focus on preventing the possibility of transmitting anxiety from parents to their children, but the current research has added many indicators, which are mentioned above.

## 5. Conclusion

The current research focused on exploring and generating

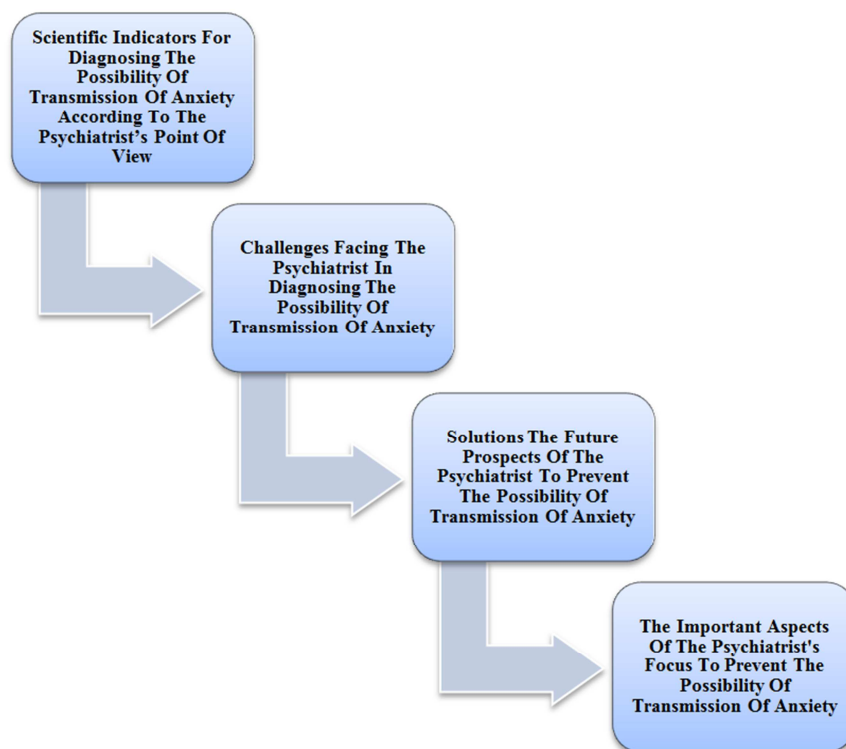
the most prominent indicators related to the probability of transmission of anxiety from parents to their children. The results of interviews with psychiatrists indicated that there are four developed categories or concepts, and in each concept there are a number of sub-dimensions that include a number of characteristics that distinguish it from others, which serve as indicators (see figure 7). The first developed concept "Scientific indicators for diagnosing the possibility of transmission of anxiety from the point of view of the psychiatrist: It consists of three sub-dimensions: (a) Before pregnancy, the first sub-dimension consisted of five sub-codes characterized by a set of indicators: (1) Factors related to the social environment (2) the economic aspect, (3) the genetic health aspect, (4) the psychological aspect (cognitive state, emotional state, behavioral state), (5) personality traits, (b) during pregnancy, (c) and after birth (social environment). The third sub-dimension consisted of two sub-codes characterized by a set of indicators: (1) indicators related to

parents, (2) indicators related to children.

As for the second developed concept, "the challenges facing the psychiatrist in diagnosing the possibility of transmission of anxiety", it consisted of three sub-dimensions: (a) conditions related to the diagnosis, (b) conditions related to society, (c) conditions related to parents.

The third developed concept, "solutions and future prospects for the psychiatrist to prevent the possibility of transmission of anxiety" consisted of five sub-dimensions: (a) before pregnancy, (b) during pregnancy (c) after childbirth (the social environment), (d) the future role of official institutions, (e) Conditions of psychiatrists.

Finally, the fourth developed concept formed "the important aspects of the psychiatrist's focus on preventing the possibility of transmission of anxiety"; Which consisted of four sub-dimensions: (a) psychological indicators (cognitive state, emotional state), (b) social indicators, (c) economic indicators, (d) health indicators (diagnosis).



**Figure 7.** Categories Or Developed Concepts Related To The Transmission Of Anxiety From Parents To Their Children for grounded theory.

Therefore, in the future, we need qualitative research targeting groups of (university) young people before marriage with regard to their psychological, social, economic and personal health and expanding them, with regard to the issue of the possibility of transmitting anxiety from parents to their children in the future, in addition to focusing on the current reality and the other indicators it imposes. We did not consider it in this current research.

## 6. Recommendations

In light of the results of this research, we recommend the

following:

- 1) Paying attention to the different indicators of diagnosis and the challenges related to the possibility of transmitting anxiety from parents to their children in the three stages before pregnancy, during pregnancy and after birth (the social environment).
- 2) Interest in training skilled psychiatrists to diagnose cases of transmission of anxiety from parents and their children in the stages of (prevention - diagnosis - treatment) and follow-up.
- 3) Focusing on the prevention aspect by preparing for a comprehensive and integrated plan in the health system

of the Hashemite Kingdom of Jordan (taking into account the results of this current research) to prevent the transmission of anxiety in the future.

- 4) The responsibility of educating the individual, the family and the community in relation to mental health and psychological disorders, which is a must in all government ministries in the Hashemite Kingdom of Jordan (such as the Ministry of Higher Education and Scientific Research, and the Ministry of Health) in particular.
- 5) It is necessary to search for safe medical mechanisms and strategies in the future, which will enable us to examine the pregnant mother and fetus; To detect the transmission of anxiety from the expectant mother to the fetus.
- 6) Taking into account the concept of personal and psychological characteristics, in order to diagnose the transmission of anxiety from parents to their children in the future in the stages (prevention - diagnosis - treatment) and follow-up.

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