

Relationship between Mothers Anxiety and Depressive Symptoms with Dysfunctional Attitude: A comparative study

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ABSTRACT: The aim of present research was to find out the importance of Attitudes of Mothers. To conduct the present research, the sample was consisted of 300 mothers from different localities of Karachi, representing educated mothers (who can read English), of the lower middle, middle and upper socioeconomic classes. Their ages range from 22 years to 49 years. Notably, all the mothers were married and others like single, widow or divorced mothers were not included in the sample. Within this sample mothers were selected from Joint Family Structure and Nuclear Family Structure. After completion of the Questionnaire of Demographic Characteristics, Form of Socioeconomic Class and Case History Sheet of the Institute of Clinical Psychology, the IPAT-Anxiety Scale (Krug, Scheier and Cattell, 1976) and IPAT-Depression Scale (Krug and Laughlin, 1976) Dysfunctional Attitudinize (Therapy Form) Scale and DAS (Form A) were administered to the mothers. Scores of the forms administered IPAT Anxiety Scale and IPAT Depression Scale, Dysfunctional Attitudinize (Therapy Form) Scale and DAS (Form A) were tabulated to measure the that there was positive correlation between Anxiety and depressive symptoms and dysfunctional attitudes among mothers. The research helped to provide recommendations to the mothers that to decrease their anxiety and depressive symptoms they need to work on attitude toward life.

KEYWORDS: Depression, anxiety, dysfunctional attitude, symptoms, mothers.

1 INTRODUCTION

In our society women are not appreciated to express their emotions, which were observed during the research work. They are highly repressed about their *depression and feelings of anxiety* in their daily life routines. Many *mothers* experience certain behavioral and physical changes associated with phases of their menstrual cycles. In some women, these changes are severe, occur regularly, and include *depressed* feelings, irritability, and other emotional and physical changes. Women, regardless of nationality or socioeconomic level, have significantly higher rates of depression than men. The causes of such higher rates appear to be a mix of biological and cultural factors. Everyone is likely to have that kind of *anxiety* response in spontaneous situations, such as a fire or other emergency. But we also get these feelings in the course of our daily routines. Time pressures, traffic tie-ups, social jitters, a new job, or waiting for test results can all produce anxious feelings; and these feelings are normal and healthy. But *anxiety* ceases to be positive when it is painful or prolonged, or when the response is out of proportion to the cause. When *anxiety* interferes with your daily life or when it becomes incapacitating fear, it becomes an illness called anxiety disorder.

"Anxiety is a feeling of being keyed up and extra alert. Your heart may race or you may get *butterflies* in your stomach. You may feel short of breath or generally jittery. You're likely to have a *feeling of impending danger*." These reactions are the way our bodies prepare to cope with stress. All the senses become tuned up and on alert in the *presence of a threat*. These reactions derive from the primitive "*fight or flight*" response that enabled early humans to deal quickly with dangerous situations. [1]

Clinically, anxiety is defined as subjective *feelings of extreme worry, apprehension, dread, and/or uneasiness* that become preoccupying and *interfere with normal functioning and quality of life*. It is thought to be a response to a psychological stimulus that may be either external or internal.

Corsini and Ozaki (1984) propose that Depressive Symptoms generally involve an unpredictable pattern of symptoms of lower degree, including (1) depressed mood, (2) low self-esteem, (3) general fatigue, (4) guilt feelings, (5) appetite, sexual and sleep impairments, (6) anger and irritability. [2]

Life is full of stresses and uncertainties from mild cold to life-threatening conditions. And *Anxiety is the fear spread out thin*. Anxiety is characterized as the *feeling you have* when you *think that something unpleasant is going to happen in the future*. Other phrases and words to describe anxiety are: apprehensive, uncertain, nervous, wound up, on edge, or that you are dreading the worst. [3]

Depression is similar to anxiety in many ways, and the two are linked. *Depression is an emotion with a strong physical side*. It can often come after a period of anxiety or go hand in hand with it. In fact, about 80% of sufferers from either *anxiety or depression* are affected by both at the same time. Depressive disorders are a serious public health concern in the low- and middle income Countries, predicted to become the most common cause of disability by the year 2020. [4]

Causes of *Mothers Depression*, Women are at greater risk for depression than men. A variety of factors unique to women's lives are suspected to play a role in developing depression. Research is focused on understanding these, including: reproductive, hormonal, genetic or other biological factors; *abuse and oppression; interpersonal factors; and certain psychological and personality characteristics*. And yet, the specific causes of *depression in women* remain unclear; many women exposed to these factors do not develop depression. What is clear is that regardless of the contributing factors, depression is a highly treatable illness. [5]

Women experience depression about twice as often as men. Many hormonal factors may contribute to the increased rate of *depression* in women-particularly such factors as menstrual cycle changes, pregnancy, miscarriage, postpartum period, pre-menopause, and menopause. Many women also face additional stresses such as responsibilities both at work and home, and caring for children and for aging parents. [6]

2 HYPOTHESIS

There will be a positive correlation between:

- a) Scores of Anxiety and Depressive symptoms
- b) Scores of Anxiety and Dysfunctional Attitudinize Scale (Therapy Form) score
- c) Scores of Anxiety and DAS (Form A)
- d) Scores of Depressive symptoms and Dysfunctional Attitudinize Scale (Therapy Form)
- e) Scores of Depressive symptoms and DAS (Form A)
- f) Scores of Dysfunctional Attitudinize Scale (Therapy Form) and DAS (Form A)

(The Higher the Anxiety and depressive symptoms, the higher would be the Dysfunctional Attitudinize score and vice versa)

3 METHOD AND PROCEDURE

The random sample was comprised of 300 mothers from different localities of Karachi, representing the lower middle, middle and upper socioeconomic classes. All Mothers were educated to be able to understand English to fill up the questionnaires. Their ages ranged from 22 years to 49 years (Mean Age = 37.03). Notably, all the mothers were married, and others; like single, widow or divorced mothers were not included in the sample. From this sample, 150 mothers were

selected from Joint Family Structure and 150 mothers were selected from Nuclear Family Structure. All the mothers were educated and represented working and non working status.

After completion of the Questionnaire of Demographic Characteristics, Form of Socioeconomic Class and Case History Sheet of the Institute of Clinical Psychology, the IPAT-Anxiety Scale (Krug, Scheier and Cattell, 1976) and IPAT-Depression Scale (Krug and Laughlin, 1976), Dysfunctional Attitudinize Scale - Therapy Form (Linah Askari, 2003) and Dysfunctional Attitude Scale - Form A (Arlene N. Weissman, 1978) were administered to the mothers.

4 RESULTS AND DISCUSSION

The statistical analysis reveals that there is significant positive correlation between the scores of Dysfunctional Attitudinize (Therapy Form), DAS (Form A), Anxiety and depression scale before Attitudinize Therapy. This shows that Mothers thoughts, emotions and behaviors were connected with their attitude, and in turn as a vicious circle their attitudes effects upon their behaviors, thoughts and emotions. As the results reveals that depression is significantly correlated with DAS (Therapy form) and DAS (Form A). But the score of Anxiety with DAS (Therapy Form) and (DAS Form) A are insignificant. This shows that before therapy, anxiety is a temporary and circumstantial feeling; its states fluctuate and do not show the marked connection in persons having both adaptive and dysfunctional attitudes.

Table 1. Correlation of dysfunctional attitudinize scale, DAS form, depression and anxiety scale

		Correlations			
		Dysfunctional Attitude Score	DAS score	Anxiety Score	Depression Score
Dysfunctional Attitude Score	Pearson Correlation		.243	-.022	.154 **
	Sig. (2-tailed)		.000	.710	.007
	N	300	300	300	300
DAS Score	Pearson Correlation	.243		-.046	.098
	Sig. (2-tailed)	.000		.432	.091
	N	300	300	300	300
Anxiety Score	Pearson Correlation	-.022	-.046		.544 **
	Sig. (2-tailed)	.710	.432		.000
	N	300	300	300	300
Depression Score	Pearson Correlation	.154	.098	.544	
	Sig. (2-tailed)	.007	.091	.000	
	N	300	300	300	300

** . Correlation is significant at the 0.01 level (2-tailed).

Results shows that there is 0.01 level (2-tailed) coorelation between score of dysfunctional attitude scale, DAS form, depression and anxiety scale. Result confirmed the hypothesis that mothers dysfunctional attitude postively coorlate with their depression and anxiety symptoms.

Dysfunctional attitudes are negatively biased assumptions and beliefs regarding oneself, the world, and the future. According to Cross cultural researches, [7] states in his research that dysfunctional attitudes include the need for

perfectionist achievement and constant approval by others, and may place individuals at greater risk for depression under certain conditions. It is thought that through their interaction with stressful life events, dysfunctional attitudes may trigger the onset of the somatic, affective, and motivational symptoms of depression [8].

women experience depression approximately twice the rate of men. 12 million women in the United States experience depression every year, thus Anxiety is very common. Depression often occurs in the mid to late 20's, occurring most frequently in women 25 - 44 years of age. [9]

World Health Organization, depression is currently one of the world's most under treated diseases, and is the leading cause of disability among women. [4]

There are many evidence from the other researches that indicate positive correlation between Anxiety and Depression s scale score, as these emotional states influenced our Attitude so there is a significant correlation between Anxiety score, Depression and Dysfunctional Attitudinize (Therapy Form) score and DAS (Form A) scores before therapy.

Above mentioned cross cultured studies indicate that Mothers are more prone to Anxiety and Depression in their daily living with their role strain in their lives. It is indicated in this research that the mother's anxiety score and depression score are positively correlated with their dysfunctional and DAS scores before Attitudinize Therapy. Depression and anxiety are emotional problems that are positively correlated with our thoughts and behavior. This research proves that when the anxiety and depression score are high than the Dysfunctional Attitudinize Scale (Therapy Form) and DAS (Form A) are also observed to be significantly correlated.

5 RECOMMENDATION

Study recommend for further exploration on Mothers mental health. Mother health has vital role in the healthy developments of children and relationship between the families. Need to plan interventions and therapeutic techniques for mother's healthy functional attitude toward life and health.

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