SHARED STRESS:
POSITIVE AND NEGATIVE TRANSFERENCE OF ANXIOUS BEHAVIORS BETWEEN PARENT AND CHILD

HONORS THESIS

Presented to the Honors College of
Texas State University
in Partial Fulfillment
of the Requirements

for Graduation in the Honors College

by

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San Marcos, Texas
May 2017
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Acknowledgements

I would like to first thank Dr. Toni Watt for her assistance and guidance throughout this project. Her upbeat and relaxed style of mentorship helped me through the pressures of this project and allowed me to present a creative piece of which I am very proud. I’d also like to acknowledge my amazing illustrator, Lexi Hylton. This project would have been far less cohesive and aesthetic without her contributions. I’d like to thank my parents, for being an amazing source of motivation and inspiration throughout not only this project, but my life as a whole. Lastly I’d like to acknowledge my amazing fiancé Caleb, who has worked tirelessly to alleviate my stressors, and is largely responsible for the creative inspiration and formatting of my book.
Abstract

Childhood anxiety is among one of the most highly reported physiological struggles of children and adolescents. Children of anxious parents are of particular concern, as they have been found to be up to five times more likely to suffer from an anxiety disorder than a child with nonanxious parents. Previous studies have found there to be huge ties to both genetics and environmental factors in the causation of childhood anxiety. This project has two components, and focuses on environmental influences on anxious behaviors, particularly focusing on the messages and habits that an anxious child might learn from a parent. In a brief literature review, this project first outlines the possible impact of a parent’s anxious behaviors and identifies several positive habits that might be missing from a parent to child dialogue on anxious feelings and behaviors. The second component of this project is a children’s book, which makes the parent to child dialogue on anxiety management more accessible by introducing basic concepts of self-assessment and positive habits in a manner that is relatable, fun, and interactive.
Author’s Note

I have always been interested in the field of early childhood development, as well as anxiety management. My parents are both educators; my mother is a school diagnostician, and my father is a school superintendent. Much of their work involves properly managing the anxieties of children in their districts, and developing educational accommodations and plans that best serve a student’s individual needs. However, throughout my childhood I found that my parents’ skills regarding anxiety management did not always translate to the rearing of their own children. It seems that the relationship between parent and child was an entirely new ballgame for them. My parents, though wonderful, dedicated, and entirely selfless, often saw difficulty in mediating mine and my brother’s anxieties. As I grew older, I came to find that many of my worries and coping habits commonly mimicked my parents’, and I became increasingly curious about the complex relationship between mutually anxious parent and child duos. With a little bit of research, I found that this complexity is actually the subject of much observation and research. In my research, I found that there were many children and parents, just like me and mine, that struggle with approaching the subject of anxiety management. I wrote this thesis with the hopes of reaching out to those like me, and those like my parents. My greatest hope is that I may be able to assist in starting the dialogue of anxiety management between an anxious parent and child.
Introduction

One of the most common and rapidly growing issues in early childhood development is anxiety and anxiety management. Epidemiological studies have found prevalence rates of the occurrence of childhood and adolescent anxiety to be as high as 41.2 percent in children younger than 12. Many factors go into the likelihood of a child having or developing an anxiety disorder or symptoms of an anxiety disorder. These can range from age, gender, lifestyle, socialization, and major or traumatic life events. One of the most significant contributors is found in families in which one or both parents also suffer from an anxiety related disorder.¹ This effect can be attributed not only to genetic factors, but also to the role of parental influence. Some examples of this might be found in parent-child attachment, negative strategies of avoidance, a model of anxious behavior, and ineffective or insufficient parenting styles.

A study done by Beato uncovers that parental response to anxiety does not only affect the incidence of anxiety overall, but that the type of response has an impact on what type of anxiety the child is more likely to exhibit. Additionally, these responses differ between mother and father implementation. For example, in a study done to analyze the formations of childhood anxiety, incidents of controlling behavior from a mother figure typically would be associated with higher social anxiety and general anxiety. Alternatively, controlling behavior that is exhibited by a mother figure was associated more heavily with general anxiety as well as depression.²
For many children, anxious behaviors are derived from observation. Anxious behaviors are oftentimes physically manifested and easily recognized. They may include difficulty focusing in classes, irregular and disrupted sleep, anxious tics such as tapping, scratching, nail biting, etc., struggles in academics, and social withdrawal.\(^3\) Additionally, children may develop habitual avoidance of situations on the account of cues from a parent. This occurs when a parent figure characterizes a situation as dangerous, or warranting of avoidance through either the modeling of anxiety towards it, or describing the situation as unworkable or unsafe.\(^4\) This is a behavior does not only occur in children whose parents fail to recognize anxious behaviors, but also arises as an issue in parents who assist their children in therapeutic processes.

A study done by Cobham et al. investigates the hypothesis that the typical influence of an anxious parent might be detrimental to a child’s therapeutic outcome, particularly in the generic model of Cognitive Behavioral Therapy (CBT). In this study, researchers found that children with at least one anxious parent responded differently to CBT than those without. Though inconsistencies in parent anxiety type and level made it difficult to measure behavioral differences in therapeutic outcome within this trial, researchers were able to conclusively assert that CBT and other therapeutic models should be approached with the factor of parental anxiety in mind. In fact, deeper into the study, Cobham et al. introduce the model of Parental Anxiety Management (PAM) to anxious parents, and found that the children of PAM parents responded measurably more favorably to CBT treatment.\(^5\) This communicates that regardless of therapeutic model in child anxiety treatment, parental anxiety interference is something that must always be considered and confronted.
One method that is commonly used in therapy to combat childhood anxiety is called a Transfer Of Control (TOC) model. This model relies on a structured passing on of training and knowledge from therapist to parent, and then from parent to child. The method is carried out in stages. The first occurs when a parent is trained to expose and encourage exposure of difficult or stressful factors to the child, all the way using mediating and teaching methods that help the child grow comfortable with the occurrence.\(^6\)

Several different factors play into the success of the TOC model for children with anxious parents. First, the implementation of the therapist as the initial instructor guarantees that all aspects of influence are addressed; the therapist not only sees the child’s natural reaction to stressors, but also the parent influence on the perception of said factors. From this, the therapist is able to filter the parent’s behavior through training management techniques that function with respect to both the parent’s natural tendencies, as well as the child. This counteracts the unintentional missteps in parental management of anxiety, and creates a clear plan for the parent and child.

Another positive impact of the TOC model is the preserved autonomy of the child. The careful relinquishment of control from parent to child allows for the child to develop their own healthy coping habits, devoid of negative parental influence. Autonomy is detrimental to progress, as it instills a sense of trust and personal victories within the child. A successfully employed TOC model leaves the child as their own moderator of fears, and sets the child and the parent up for mutually positive growth in combatting anxious behavior.
Analysis of Methods Employed in *Caleb and Ripley Take on Space!*

The TOC model is used for a variety of applications in childhood development, and stands as a fairly compatible and successful approach to meeting the needs of an anxious parent and child dynamic. It allows for a necessary amount of structure and guidance through the therapeutic process by introducing the therapist figure as the initial moderator, but also accounts for a healthy amount of trust and autonomy by allowing the parent and child figures to act independently at certain points in the process. It is flexible in that the therapeutic process moves at a rate that is moderated by both therapist and parent. It is also a very stable and reliable approach for treatment. In the event of backtracking or regression in the parent figure, the therapist may adjust training and provide support. If the child figure is the one who is showing signs of regression, both the therapist and the parent stand as informed assessors, who can come together to meet the child’s needs- not only in therapeutic sessions, but also at home. It is for these reasons that I have selected this model of therapy to model my children’s book after.

In the book, the working relationships of the characters (Caleb, Caleb’s mom, and Ripley) represent the roles of therapist, parent and child. Caleb is largely representative of the role of an anxious parent. His approach is initially uncertain, and he has tendencies of general anxiety and worry. Caleb’s mother represents the role of a therapist or perhaps counselor. Through instruction of Caleb, she is fulfilling her position in the first step of Transfer of Control. Ripley, in her shyness and in
her resilience, represents the role of the anxious child in this relationship. She feeds off of positive and negative cues of her owner, and demonstrates the progress that occurs from each.

There are several important aspects of dynamic between the characters. First, is that Caleb and his mom have an open dialogue of communication, whether it is regarding Caleb’s needs or Ripley’s needs. This ensures that Caleb’s mom, in her role as a therapist figure, is able to understand all factors that are influencing Ripley, the child figure. Outside of the book, this would be the equivalent of a therapist assessing a parent’s natural responses to stressors. This allows for the therapist to assess the situation and to compile a training plan that will suit the parent to child relationship. Additionally, the method of self-reporting that Caleb uses in the book (when he asks his mother for help) is representative of the first level of Transfer of Control. This exchange occurs when the parent approaches the therapist with an issue in their child’s behavior, and the therapist provides a methodical approach for the parent to take in instructing the child. It is important that there is an established bond of trust between the therapist and parent, and that the therapist exercises confidence in the parent’s ability to properly carry out their role as instructor and mediator once they have offered the parent their professional opinions and training.

The factor of trust works closely alongside that of balance between instruction and responsibility. In the book, Caleb’s mother gives Caleb the tools and concepts to tackle his anxieties, as well as those required to help Ripley. She shares her observations and suggestions solely with Caleb, and is there to help guide him in times of frustration and confusion. Caleb’s
mom does not undercut the authority of the Caleb by interfering in his training, but is there to offer support and perspective when Caleb is not seeing his desired results. Additionally, Caleb shows a trust in Ripley. He teaches her and drills her, but respects her natural responses to stressors and finds positive ways to counteract them, rather than forcing interaction. When she shows a lack of progress, Caleb utilizes his channels of trust by going back to his mother for advice and support.

The most important outcome of this model is that of autonomy of both parent and child. Caleb is allowed the trust and freedom by his mother to train Ripley to face her fears. Alternatively, Caleb offers trust to Ripley by showing her ways that she might independently approach stressors. Ultimately, this allows for Ripley to flourish independently after training. This factor of the TOC model allows for long term success, as the positive growth that a child figure exhibits does not continuously rely on the actions of the mediating parent. In the case of the book, this is represented through Ripley’s resilience and ambition to help her owner to continue to conquer his own fears. The successful outcome of autonomy allows for both parent and child to glean healthy habits that they might use independently of one another in order to create their own growth.

This book offers a digestible representation for the parent and child to enjoy together. Whereas it is no replacement for professional assistance, it may serve as a comfortable starting point. This book offers an opportunity for the parent to open a dialogue with their child about anxiety management, a subject that is unknown and uncomfortable for many parents. With colorful illustration and playful language, this book is intended to create a simple link of understanding and language between the anxious parent and child.
Caleb and Ripley Take on Space
Story and Design: Whitney Abshier
Illustrated by: Lexi Hylton
Caleb loves space.

He loves books about space, movies about space, songs, games and stories about space... He even watches the news about space!
His dream? To become an astronaut. He’s built his own ship, and he’s just about ready to take off!
But there's just one thing that Caleb doesn't like about space...
The quiet...

and the lonely...
But also the Booom... Screech... Roaaar... of takeoff...
And the idea of new faces...
So maybe it’s not just one thing.
But Caleb is going to space and nothing can stop him,
because he knows just what he needs…
He needs a friend.
(Caleb talks to his mom about his new idea.)
Caleb’s mom tells him that she would do anything to make his dream come true! She agrees that a friend could be a big help to him.
She finds him a new friend.
Caleb imagines what he could name his new space warrior friend. "Someone strong, someone fearless," Caleb thinks to himself. "I've got it!"
Caleb is super excited to take off with his new copilot and friend. He and Ripley suit up for their big adventure together!
But Caleb soon realizes that this may be harder than he thought...
“Ripley's scared too!” Caleb tells his mom.

“How are we ever going to make it to space together?”
“Be understanding of Ripley,” Caleb’s mom says.

“Ripley, like you, has worries, and only you can show her how to face them!”
Caleb starts searching for ways to help Ripley.
“Tea and a bubble bath,” Caleb says, “that’s the answer.”
After the bath, Ripley seems happier!
But Caleb still can’t help but feel like she isn’t quite mission ready...
“Think about the way you feel when you think about space,” Caleb’s mom suggests.

“What is it that scares you? Ripley sees that. Maybe the loud noises and the uncertainty now scare her just as much as they scare you! Instead of running away from them, you two should take them on together!”
So, together they devise a set plan for training.

And he teaches her that some things aren't as scary as she thinks...
And one day, after lots of regular training,

Ripley seems ready.
But... Caleb isn’t.

caleb is still scared. Caleb is ashamed.
Suddenly, he forgets about the bubble baths,
And the hot tea,
And the dog treats,
And the tail wags...
He forgets about all the progress he has made with Ripley.

"Mission failure," Caleb thinks to himself.
But now Ripley is ready to go! She’s ready to take off on the adventure that they’ve been training for.

Like Caleb once did for her, she now pushes Caleb to face his fears!
She soon reminds Caleb:
with goals, training, positive attitudes, and a little
understanding...

TOGETHER THEY ARE UNSTOPPABLE!
Just for Parents:

There are tons of ways to start a dialogue about anxiety and anxiety management in your home!

The first step is simply recognizing anxious behavior and its causes. The second is to address these issues with your child in a way that they might understand.
Kids quickly pick up on negative associations with stressors. These are things like altogether avoiding common stressors, or characterizing situations as unsafe or worrisome.

There are many positive habits that you can establish with your child to combat negative associations. These include:

• Opening dialogue regarding worries and anxieties
• Creating a routine or plan together
• Offering positive rewards to change negative perceptions
There are also many different resources and methods available for alleviating stress! Below are a few resources for anxiety management that you and your child can access at home.

www.mindful.org
www.worrywisekids.org
www.kidshealth.org
www.schoolcounselingfiles.com
www.anxietybc.com


