

## Anxiety: A Comparative Study of the Level of Anxiety in Married Women with Children and Married Women without Children

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**Abstract:** Every now and then we talk about anxiety, and the word is quite frequently used to denote general feelings of stress and worry. Some people experience anxiety to a degree where they feel everything is difficult or even almost impossible for them to tackle, while others are able to deal with anxiety quite efficiently. A large and compelling body of evidence from general population surveys confirms that anxiety and anxiety disorders are more common in females than in males. There are several reasons behind this finding. Indian women play a very complicated and demanding role as compared to the women in western countries. In India, women experience high levels of anxiety, especially if they are unable to fulfill the demands placed in front of them by the society and their family. Here becoming a mother and raising your children can be very anxiety provoking, but even worse is a situation when a female is unable to become a mother, which can also lead her to experience very high levels of anxiety. Therefore the present paper aims to find out which females experience more anxiety, 'those who have the burden of raising their children' or 'those who are unable to bear any children at all, (inspite of their desire to have children)'. The study has been conducted on 30 married females, out of which 15 have children, and 15 are unable to have children (inspite of their desire to have children). The result shows that married females who do not have children, experience a greater level of anxiety compared to married women with children.

**Keywords-** Anxiety, India, Married women, child raising, childlessness

### Introduction

A general feeling of apprehension about possible danger- was in Freud's formulation, a sign of an inner battle or conflict between some primitive desire (from the id) and prohibition against its expression (from the ego and the superego). Anxiety is an uncomfortable feeling of fear or impending disaster and reflects the thoughts and bodily reactions a person has when they are presented with an event or situation that they cannot manage or undertake successfully. Anxiety is a psychological and physiological state characterized by somatic, emotional, cognitive and behavioral components. Intuitively, anxiety seems to be experienced as an unpleasant inner state in which we are anticipating something dreadful happening that is not entirely predictable from our actual circumstances, (e.g., Barlow, 2002a).

As stated above that anxiety has several components; at a cognitive /subjective level, anxiety involves negative mood, worry about possible future threat or danger, self-preoccupation, and a sense of being unable to predict the future threat or to control it if it occurs. At a physiological level, anxiety often creates a state of tension and chronic over arousal, which may reflect readiness for dealing with danger, should it occur. At a

behavioral level, anxiety may create a strong tendency to avoid situations where danger might be encountered.

Women everywhere in the world and also in India play a very demanding and difficult role. Especially in a country like India, it is expected of a female that she should keep her family before her, and should be able to fulfill the societal demands. One very important such demand is the demand imposed on them to become a mother and to raise children. But sometimes a female is unable to fulfill this particular demand of her husband/family/herself, due to several reasons, this in turn results in the female being called a 'baanjh' which is the taunt given to childless women in India. This leads a woman to doubt herself, her self-concept and her role and confidence, and leads her to experience great levels of anxiety. On the other hand are females who have children, and even they experience high levels of anxiety because they have to bring them up and look after them.

### Causes of Anxiety

There are a number of causes that contribute to the development of anxiety, anxious thought and behavior. Some of these causes are-

**Hereditary Factors-** Research has shown that some people with a family history of anxiety are more likely (though not always) to also experience anxiety.

**Biochemical Factors-** Research suggests that people who experience a high level of anxiety may have an imbalance of chemicals in the brain that regulate feelings and physical reactions.

**Life Experiences -** Certain life experiences can make people more susceptible to anxiety. Events such as family breakup, abuse, ongoing bullying at school, etc, challenge a person's coping resources and leave them vulnerable to experiencing anxiety.

**Personality Style-** Certain personality types are more at risk of high anxiety than others. People who have a tendency to be shy, have low self esteem and a poor capacity to cope are more likely to experience high levels of anxiety.

**Behavioral Style-** Certain ways of behaving, also place people at risk of maintaining high anxiety. For instance, people who are avoidant are not likely to learn ways of handling stressful situations, fears and high anxiety.

#### **Effects of Anxiety**

Anxiety affects a person in a number of ways-

**Physical Effects-** The physical effects of anxiety may include palpitation of heart, tachycardia, muscle weakness and tension, fatigue, nausea and chest pain, difficulty in breathing, churning in stomach and headache. The body prepares to deal with the threat, blood pressure and heart rate increases, sweating also increases.

**Emotional Effects-** The emotional effects of anxiety may include, feelings of apprehension or dread, trouble concentrating, feeling tense or jumpy, anticipating the worst, irritability, restlessness, watching and waiting for signs and occurrence of danger and feeling like your mind is gone blank. This might also be accompanied nightmares or bad dreams and obsession about sensations.

**Cognitive Effects-** The cognitive effects of anxiety may include thoughts about suspected dangers such as fear of dying, fear that chest pain (physical symptom of anxiety) is a deadly heart attack, or that the shooting pain in your head is the result of tumor.

**Behavioral Effects-** The behavioral effects of anxiety may include withdrawal from the situations which have provoked anxiety in the past. Anxiety can also be experienced in ways which include changes in sleeping pattern, nervous habits, and increased motor tension like foot tapping.

#### **Symptoms of Anxiety**

The symptoms of anxiety include –

- i. Excessive and ongoing worry and tension

- ii. An unrealistic view of problems
- iii. Restlessness or feeling of being 'edgy'
- iv. Irritability
- v. Muscle tension
- vi. Headaches
- vii. Sweating
- viii. Difficulty concentrating
- ix. Nausea
- x. The need to go to the bathroom frequently
- xi. Tiredness
- xii. Trouble falling or staying asleep
- xiii. Trembling and being easily startled

#### **Anxiety as a Warning Signal**

This unique emotion can be at times beneficial to us in that it can be an important warning signal that something is occurring in our lives which needs to be understood and addressed. For example, anxious feelings may develop because one's confidence is shaken by marital and family or professional relationships or stresses. Then one can reflect upon and be thankful for his/her special gifts and take other steps to address the stress, such as recognizing need to have more balance in one's life, to set aside more time for marital friendship, to have proper sleep hygiene, to correct selfish or controlling individual or to learn to surrender more often one's worries.

#### **Treating Anxiety**

There are a number of ways to reduce and treat anxiety:

##### **Cognitive Behavior Therapy (CBT)**

The most notable treatment for anxiety is cognitive behavior therapy (CBT). Cognitive behavior therapy involves changing of one's thoughts by therapist. Patients are asked to explain their feeling towards certain things or incidents that cause their anxious behavior.

##### **Parental Anxiety Management**

Studies show that there are parental variable involved in most cases of anxiety. So, parental anxiety management (PAM) is also a viable treatment option.

##### **Caffeine Elimination**

For some people, anxiety can be very much reduced by coming off caffeine.

##### **Medication**

Medication can be good for treating anxiety, especially if someone has a specific anxiety disorder. In terms of medication, buspirone (BUSPAR) is known to be quite effective for treating GAD. However, it seems to be less effective in managing many other disorder that often co-occur (ARE COMRBID) with GAD

##### **Practicing Meditation and Relaxation**

Two basic types that help in anxiety reduction and management are-

1. Transcendental meditation - Transcendental meditation involves focusing the mind on an object until the mind achieves stillness. An electromyography, measures muscle relaxation and teaches people to control their own level of muscle relaxation which in turn helps them to reduce and control their anxiety
2. Mindfulness meditation encourages awareness of one's thoughts while maintaining detachment. This types of mediation also helps a person to reduce anxiety

### Practicing Yoga

Yoga helps to assess an inner strength that allows one to face the sometimes over whelming fears, frustration and challenges of everyday life. A few yoga exercises practiced daily helps to reduce anxiety.

### Purpose of the Study

The purpose of the present study is to find out the level of anxiety in married women who have children and married women who do not have children (in spite of their desire to have a baby).

### Hypotheses

- 1)Anxiety will be more among married women without children as compared to married women with children.
- 2)A significant difference will exist between the anxiety level of the two groups of women.

### Variables

Independent variable - Anxiety

Dependent variable – having children or being childless

### Sample

The sample consists of 30 married females (between the ages 25 – 45 years), out of which 15 have children and 15 do not have any child whatsoever due to one or the other reason in spite of their desire to have a baby.

### Tools Used for the Study

**Sinha Anxiety Scale:** The scale was constructed and standardized by **Dr. A.W.Sinha**. The scale was developed to tap the various areas and forms of anxiety. Questions were designed to elicit self ratings on items descriptive of anxiety reactions to the following areas: (1) Health, appearance and injury, (2) Ambition (Success and failure in work, money and occupation), (3) Family anxiety, regarding friendship and love, (4) social relations and social approvals, (5) anxiety regarding future, (6) Anxiety about civilization, war, virtue, (7) Guilt

and Shame, (8) Physical and psychological manifestations and (9) Purely psychological manifestations. The scale consists of 100 items of Yes/No type questions. The scale consists of five anxiety levels. They are extremely high anxiety level, high anxiety level, average anxiety level, low anxiety level and extremely low anxiety level.

### Data Analysis

The data was analyzed by using appropriate statistical method, such as T-Test, which is used to see the significant difference between the means of the two groups.

### Result and Interpretation

Showing the T-Test between married females who have children (denoted by C) and married females who do not have children (denoted by CL).

**Table: 01**

	MEAN	SD	SED	T	Df
C	30.73				
		13.25	4.77	2.12	28
CL	40.86				

### Inference

The above table shows the t-test between married females who have children and married females who do not have children. The mean for married females with children is 30.73. The mean for married females who do not children is 40.86. The value of Std. deviation is calculated to be 13.25. The value of standard error of difference was calculated to be 4.77. The t-test value was computed as 2.12. The degree of freedom was 28. When this t-test value was checked at 0.01 and 0.05 levels a significant difference was found between the anxieties levels of married females with kids and married females without kids.

### Interpretation

The purpose of the present study is to find out whether married females who have children have a greater anxiety level or married females who do not have children experience more anxiety.

A sample consisted of 30 women, out of which 15 had kids and 15 did not have kids. The research was conducted successfully with the help of Sinha Anxiety Scales. It was inferred that married females who do not have children experience a greater level of anxiety compared to married women with children. Thus, our hypothesis that married women who do not have children will have higher anxiety levels as compared to a married women with children and that a significant difference will exist between the two groups of women have been proved true and therefore, accepted. Women in India have a very demanding role to play. They have to place their family and society before their wishes and desires, this leads

many females to experience very high levels of anxiety, especially if they feel they are unable to fulfill these demands and roles imposed onto them by the society. Therefore it is important to understand the prevalence of anxiety among females especially relating to the criterion of raising children or being childless, and to spread awareness about the same.

### *Suggestions*

1. The sample size of the present study was small; therefore studies in the future can consist of larger sample size.
2. Here to assess the anxiety level only a single test i.e. the t-test has been used. But future studies related to the present research topic can employ other appropriate tests, also to make a better comparison of anxiety.

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