

# The Role of Marital Satisfaction of Mothers on Anxiety Disorders and Mental Representation of Their Children: A Mix Method Study

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## **Abstract**

*The present study was conducted to a) investigate the association between marital satisfaction of mothers and anxiety disorders in their children, b) compare anxiety disorders of children in three groups of divorced, distressed, and healthy families, and c) compare mental representation of children about the concept of the self, their parents, the quality of relationship between their parents and the world, and finally the main theme of their conflicts and anxieties in these three family groups. The research samples included 135 daughters (6-12 years old) and 125 mothers (mean age = 38 years) who were in three groups of divorced, distressed, and healthy families. The quantitative and qualitative methods were to analyze the research data. The results showed that there was a negative and significant relationship between marital satisfaction of mothers and children's anxiety disorders. The ANOVA results also showed that there were statistically significant differences in the levels of general anxiety and panic disorder in three groups, which were higher in children belonging to divorced and distress families rather than healthy ones. The results of content analysis of children's story based on Children Apperception Test (CAT) showed that children from divorced and distressed families mostly represented the concept of self, parents, the quality of their parent's relationship, and the world in negative, threatening, and unsecured patterns. These children reflected more conflicts and anxiety with the nature of their parent's relationship in their stories.*

**Keywords:** marital satisfaction, anxiety disorders in children, mental representation.

## **I. Introduction**

Anxiety disorders in children and adolescents are the most prevalent psychological problems. According to some longitudinal and epidemiological studies, 9.9% of children before the age of 16 experienced one or more anxiety disorders during their lifespan (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). According to DSM-V, separation anxiety disorder, selective mutism, social anxiety disorder, generalized

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anxiety disorder, panic disorder, agoraphobia, and various types of specific phobias like school phobia have been classified as the different types of anxiety in children (Wakefield, 2013). Anxiety disorders in children can cause crucial impairment in individuals' emotional, social, and academic life even in their adulthood and promote the risk of other psychological disorders, especially depression (Cole, Peeke, Martin, Truglio, & Seroczynski, 1998). Accordingly, research on childhood anxiety disorders would be an important field to study the origin and treatment of such problems.

Back to the origin(s) of anxiety in childhood, it has been addressed that children who face destructive marital conflicts among their parents are subjected to the anxiety disorders. Destructive marital relationship and couples' conflicts, which are characterized by hostility, anger, and regression, destruct security sense of the children and leave them with anxiety and fear of their family stability (Sturg-Apple, Cummings & Davies, 2010).

In this regard, the family system theories provide a theoretical framework to explain the origin of anxiety disorders in children. The family is explained as an integrated and hierarchically organized system (Gottman & Krokoff, 1989; Nichols and Schwartz & Minuchin, 1984; McHale & Sullivan, 2008) consisting of three levels: whole family level, interaction/dyadic level, and individual level. According to the family system theory, marital and parent-child interactions are two significant dynamics at the dyadic level that affect the mental health of the children (Erel & Burman, 1995; Kwok et al., 2015). It has been evidenced that the quality of the spouse's relationship predicts future anxiety in their children (McHale & Rasmussen, 1998) and attachment style of children as well (Ainsworth, Blehan, Waters, & Wall, 1978). From this point of view, insecure early attachment experiences caused by marital conflicts lead children to show anxious behavior. Such a behavior is related to the children's perception and their experiences of the availability and accessibility of the mothers and fathers (Lamb, 1980).

Several questionnaires were created to measure anxiety symptoms in children, with the most useful one being the Screen for Child Anxiety Related Emotional Disorders (SCARED). This scale evaluates children's anxiety symptoms including separation anxiety disorder, social anxiety disorder, generalized anxiety disorder, panic disorder, and school phobia. The SCARED successfully detects anxiety disorders in children by differentiating between depression and anxiety and phobia disorders; however, research suggested that this scale should be used along with clinical interviewing. The reliability and validity of this questionnaire have been investigated positively (Birmaher et al., 1999). Although most of the studies in the field of anxiety disorders in children have been designed by the qualitative self-report method, a new approach based on an evaluation of children's mental representations has been developed to reach a deeper understanding of their developmental dysfunctions (Cheney, 2007). Mental representations are presumptive internal cognitive symbols that represent external circumstances (Agnew, Van Lange, Rusbult, & Langston, 1998). In children, mental representations are resulted by their schemas, which are constructed by their personal experiences and their family environments. Schemas are cognitive patterns of thoughts or behaviors that guide people to interpret their perceptions about the concept of self, others, and the world and orient personal reactions in specific manners (Cheney, 2007).

According to the Object Relations Theory (ORT), children start to observe the concept of the self with a combination of their mothers as the same object. The ORT explained that the first object as an internalized image in a baby is his mother. "Internal objects are formed by the patterns in one's experience of being cared as a baby, which may or may not be accurate representations of the actual external caretakers. These images of people and events turn into objects in the unconscious that the "self" carries into adulthood. Moreover, they are

used by the unconsciousness to predict people's behavior in their social relationships and interactions" (Clair, 1996). Analysis of mental representations in children would provide an assessment of their perspective about themselves, their parents, and the world in general (Clark, 2002). It has been shown that an insecure negative cognitive representation in children is a mediator of marital conflicts between parents and adjustment problems on their children (Cummings & Davies, 1998; Cummings, Davies & Campbell, 2000; Kouros, Merrilees & Cummings, 2008). With the best of our knowledge, most studies in this field focus on problems such as depression, emotional instability, and aggressive behavior and there is no study on the anxiety disorders. Applying qualitative methods such as content analysis of responses on the projective test such as Children Apperception Test (CAT) alongside quantitative method would provide deeper information about the concept of the self, parents, the quality of parents relationship, the world, and the main theme of conflicts and anxieties in children with different types of families including distressed and divorced ones with a marital conflict environment and healthy ones with a marital satisfaction environment.

With respect to this introduction, the aim of the present research is to evaluate the role of marital satisfaction of mothers on anxiety disorders of their children in the eastern cultural context of Iran using both qualitative and quantitative (analyzing children's mental representations) methods. It is assumed that there would be a negative significant relationship between marital satisfaction of mothers and anxiety disorders in their children. Also, it is assumed that the level of anxiety disorders would be higher in children from divorced and distress families rather compared to those from healthy ones. Another assumption of this study is that children from divorced and distressed families would represent the concept of self, their parents, the relationship between their parents and the world more negative and insecure. Finally, our last assumption is that children from distressed and divorced families would represent their conflicts and anxieties more with respect to their parent's marital conflicts compared to those from healthy families.

## **II. Method**

### **Participants and Procedure**

The research included 135 daughters (6 to 10 years of age) and 125 mothers (mean age = 38,  $SD = 2.61$ ) who were divided into three groups of divorced, distressed, and healthy families. The research was conducted by the collaboration of Tehran Education Council and the University of Tehran. After holding several face-to-face meetings, the council referred the researcher to 7 randomly selected schools in the city of Tehran. The council also provided support letters to the researcher, by which the school psychologist of each school should collaborate with the researcher in data collection. The school psychologist then referred researcher to the students with divorced, distressed, and healthy families based on their student profiles. According to that information, 29 children from families with distressed, 57 children from families with divorced, and 49 children from healthy families were selected randomly via their profiles. By a written letter, the consent forms were provided for mothers of children to ask their permission to collect data from their children and themselves. Then, all questionnaires were presented to each child individually at the school. The Screen for Child Anxiety Related Emotional Disorders (SCARED) questionnaire was presented to the children in a private and friendly environment. Subsequently, their children build their stories to the Children Apperception Test (CAT). The stories were recorded by the parent's permissions. Then, the researcher asked children to take the questionnaire

of Enrich Marital Relations Inventory (EMRI) in a private sealed envelope and asked their mothers to fill them up and bring them back in the next day to the researcher.

### **III. Materials**

**The Screen for Child Anxiety Related Emotional Disorders (SCARED).** The questionnaire was established by Biermaher et al. (1999). Myers and Winters (2002) reported SCARED as the best measure for screening anxiety disorders in children. The original copy of this questionnaire includes 38 items that are classified into 5 subscales. In this instrument, 4 subscales measure symptoms of anxiety disorders based on DSM-IV including panic disorder, general anxiety disorder, separation anxiety disorder, and social anxiety. The 5th subscale is related to school phobia during childhood and adolescence (Crocetti et al., 2009). This scale includes two versions for parents and children. In this paper, we just reported the data from children version. Cronbach's alpha for the entire scale was 0.89; the convergent validity of SCARED has been investigated by Monga et al. (2000).

**Children Apperception Test (CAT).** This test was developed by Leopold Block and Sonya Block in America in 1949. The test is a projective test designed to respond to ambiguous stimuli, possibly revealing hidden emotions, internal conflicts, and children's relation to their environment, tendencies, competitions, and fears. The test includes 10 cards with animal pictures at different situations and the examiner asks children to make a story for each card. The stories to CAT then are analyzed through the content analysis method to uncover the children underlying desires, conflicts, feelings, attitudes, and response styles. In this study, the concept of self, parents, the quality of parents' relationship, and the concept of the world, the content of children conflicts, and anxieties are considered by the researcher to follow the aim of the study.

**Enrich Marital Relations Inventory (EMRI).** The ENRICH (evaluation and nurturing relationship issues, communication and happiness) marital relations inventory (EMRI) was provided by Fournier, Olson, & Druckman in 1983 in order to assess marital satisfaction in couples (Fowers & Olson, 1989). The ENRICH Inventory includes 12 category scales of Idealistic Distortion, Marital Satisfaction, Personality Issues, Communication, Conflict Resolution, Financial Management, Leisure Activities, Sexual Relationship, Children and Parenting, Family and Friends, Equalitarian Roles, and Religious Orientation. Cronbach's alpha of this scale was 0.83 (Fowers & Olson, 1989). The correlation between Enrich questionnaire scores with the scale of Lookvalas Marital Compatibility were 0.73 for individuals and 0.81 for spouses (Fowers & Olson, 1989). In the present study, we used the Persian version of the inventory translated by Asoodeh, Khalili, Lavasani, and Daneshpour (2010) was used.

### **IV. Design and Analysis**

In this mixed study, the researcher used both quantitative and qualitative method to collect and analyze the data. In the quantitative method, the scores of SCARED and EMRI were investigated by the correlation analysis and ANOVA in three groups of families from divorced, distressed, and healthy ones. The independent variable was the type of groups while the dependent variables were the type and level of children's anxiety.

In the qualitative section, a content analysis method was used to extract the main themes and concepts repeating continuously by reviewing stories of each girl in 10 test cards. At the next step, the most significant

themes and concepts of children from healthy, distressed, and divorced families about themselves, their parents, the quality of their parents relationship, their view about their world, and the main theme of their conflicts and anxieties were extracted and reported by separating research assumptions in forms of comparison. To increase the validity of the results, two professionals (supervisor of the research program and a research assistant in the field of clinical child psychology) controlled the process of content analysis and rechecked the accuracy of comprehensions and comments of children's stories.

## V. Results

In this section, we report the results of quantitative data. Our results show that the assumptions of independence, homogeneity of variance, normality, and linearity of the dependent variable were satisfied. Table 1 shows mean and standard deviation of children's anxiety disorders from three types of families.

Table 1:

*Mean and SD of Anxiety Disorders in Children in Three groups of families*

Variables	Divorced M(SD)	Distressed M(SD)	Healthy M(SD)
Panic	5.33 (6.1)	6.41 (4.5)	3.3 (3.1)
General anxiety	6.38 (4.81)	7.13 (4.75)	4.46 (3.30)
Separation anxiety	6.96 (3.56)	7.41 (3.61)	6.11 (3.19)
Social anxiety	5.28 (3.76)	5.93 (3.21)	4.69 (3.07)
School phobia	1.52 (1.72)	1.72 (1.64)	1.08 (1.30)

When testing the first assumption, the results of correlational analysis showed significant negative correlations between idealistic distortion of mothers and panic disorder ( $r = -0.24, p < 0.01$ ); general anxiety ( $r = -0.18, p < 0.05$ ); separation anxiety ( $r = -0.20, p < 0.05$ ); social anxiety ( $r = -0.22, p < 0.01$ ), and school phobia ( $r = -0.18, p < 0.05$ ) of their children. There are significant negative correlation between marital satisfaction of mothers and panic disorder ( $r = -0.26, p < 0.01$ ); general anxiety ( $r = -0.17, p < 0.05$ ); social anxiety ( $r = -0.19, p < 0.05$ ) and school phobia ( $r = -0.20, p < 0.05$ ) of their children. In addition, there are significant negative correlation between the subscale of communication of mothers and panic disorder ( $r = -0.26, p < 0.01$ ); general anxiety ( $r = -0.21, p < 0.05$ ); separation anxiety ( $r = -0.20, p < 0.05$ ); social anxiety ( $r = -0.31, p < 0.01$ ) and school phobia ( $r = -0.18, p < 0.05$ ) of their children. Moreover, there are significant negative correlations between conflict resolution of mothers and general anxiety ( $r = -0.19, p < 0.05$ ); separation anxiety ( $r = -0.21, p < 0.05$ ); and school phobia ( $r = -0.22, p < 0.01$ ) of their children. Finally, there are significant negative correlations between children and parenting subscale of mothers and general anxiety ( $r = -0.24, p < 0.01$ ) and separation anxiety ( $r = -0.25, p < 0.01$ ) of their children.

Table 2

*Correlations between ENRICH subscales of Mothers and Children's Anxiety*

Variables	Panic	General anxiety	Separation anxiety	Social anxiety	School phobia
Idealistic distortion	-0.24**	-0.18*	-0.20*	-0.22**	-0.18*

Marital satisfaction	-0.26**	-0.17*	-0.165	-0.19*	-0.20*
Personality issues	-0.14	-0.10	-0.16	-0.15	-0.18
Communication	-0.26**	-0.21*	-0.20*	-0.31**	-0.18*
Conflict resolution	-0.16	-0.19*	-0.21*	-0.10	-0.22**
Financial management	-0.11	-0.14	-0.09	-0.10	-0.11
Leisure activities	-0.08	-0.09	-0.12	-0.11	-0.12
Sexual relationship	-0.10	-0.09	-0.11	-0.14	-0.12
Children and parenting	-0.16	-0.24**	-0.25**	-0.14	-0.15
Family and friends	-0.13	-0.09	-0.11	-0.07	-0.12
Equalitarian roles	-0.10	-0.11	-0.07	-0.12	-0.09
Religious orientation	-0.07	-0.09	-0.11	-0.10	-0.08

\*\* $p < 0.01$

\*  $p < 0.05$

To test the second hypothesis, i.e., the level of anxiety disorders in children with divorced and distressed families is significantly higher than those with healthy families, we performed the ANOVA test. The results showed that there was significant difference in the level of general anxiety ( $F(2, 134) = 6.89, p < 0.001$ ), panic disorder ( $F(2, 134) = 3.09, p < 0.05$ ), and separation anxiety ( $F(2, 134) = 5.09, p < 0.001$ ) in three groups. Comparing means of groups by applying the Tukey test showed that the level of general anxiety, panic disorder, and separation anxiety in children of distressed families ( $M = 7.13, SD = 4.75$ ;  $M = 6.41, SD = 4.5$ ; and  $M = 7.41, SD = 3.6$ ) are significantly higher than those of children from divorced ( $M = 6.38, SD = 4.8$ ;  $M = 5.33, SD = 6.1$ ; and  $M = 6.96, SD = 3.5$ ) and children from healthy families ( $M = 4.46, SD = 3.3$ ;  $M = 3.3, SD = 3.1$ ; and  $M = 5.97, SD = 3.1$ ), respectively.

In this part, the findings of the qualitative analysis are reported. The extracted information shows that how marital relation in three groups of divorced, distressed, and healthy families affects the mental representation of children about the concept of the self. Four main components clearly reflecting the mental representation of self-concept in children's stories include gender, body image, traits, and needs of children (Bellak & Bellak, 1949).

As can be seen in Table 3, in terms of the gender of the main character of the stories, children from divorced and distressed families, reported the gender of the main character of their story often male and sometimes female with dominance of male while the children from healthy families reported it sometimes male and often female with dominance of the female. In terms of body image of the main character of the stories, children from divorced and distressed families described often a weak and small child whereas the children from healthy families described a small but intelligent child. Children from divorced families described the traits of the main character of stories as vulnerable, self-underestimation, permanently subject to rejection, being protestor to his/her situation, and incapable and embarrassed for family conditions. Children from distressed families described the traits of the self as vulnerable, self-underestimation, dependent, talented, usually being protestor and shameful, anxious, and with a tendency to power seeking and aggression due to rejection. Children from healthy families described the traits of the self as compatible, happy, power-seeker, friendly, kind, and playful. The children from divorced families explained the needs of the main character as compensation of life problems, caretaking, security, love-seeking, escape from harm, aggression, invasion, and maintenance of

parents. The children from distressed families described the needs of the main character similar to those of the children from divorced families; however, they also mentioned blame and disgrace avoidance, playing game and recreation, need to change, traveling, and promoting their abilities. Children from healthy families described progress in different aspects of life, creativity for future life, change, traveling, adventure, game and recreation, presentation of abilities, reputation especially among family and peers, autonomy, and escape from harm in accidents and environmental dangers as their needs.

Table 3  
*Mental Representation of Children from Divorced, Distressed and Healthy Families about Self-Concept*

Variables	Divorced	Distressed	Healthy
Gender	Often male, sometimes female with dominance of male	Often male sometimes female with dominance of male	sometimes male sometimes female with dominance of female
Body image	Often weak and small child	Weak and small child	Small but intelligent child
Traits	Vulnerable, self-underestimation, permanently subject to rejection, being protestor to his/her situation, inability and shameful for family conditions	Vulnerable, self-underestimation, dependent, talent, usually being protestor and shameful, anxious, tend to power-seeking and aggression due to rejection	Compatible, happy, power-seeker, friendly, kind, playful
Needs	Compensation of life problems, caretaking, security, love-seeking, scape from harm, aggression, and invasion, maintenance of parents.	Compensation of life problems, caretaking, security, scape from harm, love-seeking, avoiding from blame and disgrace, game and recreation, change, travelling, progress	Progress in different aspects of life, creativity for future life, change, travelling, adventure, game and recreation, presentation of abilities and, reputation especially among family and peers, autonomy, scape from harm in accidents and environmental dangers

The next component of children's mental representations is related to their parents (Table 4). Two main mental representations including a present picture of parents and an ideal picture of parents were reported. Present picture of the father in children from divorced families included absent, inattentive to needs of the child, mischievous, unreasonable, threatening, unfaithful, liar, and rejecter. Present picture of the mother in children

from divorced families included absent, low attention to needs of the child, rejecter, impatient due to life responsibility, incapable, weak, worry, prudent, and limiter. Children from distressed families described a present picture of the father as moody, nagger, testy, having dangerous and terrific behavior, impatient, punisher, absent, incapable, and weak. They described the present picture of the mother as inattention to needs of the child, adviser, impatient, and serious. On the other hand, present picture of the father in children from healthy families was kind, hardworking, and sometimes absent. Present picture of the mother in children from healthy families was kind, devoted, leader, idealist, and sometimes tough. The ideal picture of parents from divorced families was described as being present, sensitive to needs of the child, supporter, and kind. The ideal picture of parents in children from distressed families was kind, leader, supporter, and sensitive to needs of the child. Finally, the ideal picture of parents in children from healthy families was sensitive to needs of the child, supportive, and always being present.

Table 4

*Mental Representation of Children from Divorced, Distressed and Healthy Families about Their Parents*

Variables	Divorced	Distressed	Healthy
Present pictures of parents	Father: absent, inattentive to needs of the child, mischievous, unreasonable, threatening, unfaithful, liar, rejecter  Mother: absent, low attention to needs of the child, rejecter, impatient due to life responsibility, incapable, weak, worry, prudent, limiter	Father: moody, nagger, testy, having dangerous and terrific behavior, impatient, punisher, absent, incapable, weak  Mother: inattention to needs of the child, adviser, impatient, serious	Father: kind, hardworking, sometimes absent  Mother: kind, devoted, leader, idealist which sometimes is tough.
Ideal pictures of parents	Present, sensitive to needs of the child, supporter, kind	Kind, leader, supporter, sensitive to needs of the child	Sensitive to needs of the child, supporter, always present

Table 5 presents how marital relation based on satisfaction or conflict between parents is reflected in the mental representation of the child, please. The results showed that children from divorced families represent the relationship of their parents as an empty home with the absence of parents, the decision of father for leaving, mother's rejection by father, crisis due to the absence of a father, hating father and mother, a vague fate, and an alarming life. Children from distressed families represent the conflict between parents as not being the father with the family, absence of father, quarrel of mother and leaving home, an irresponsible father, a sense of alienism to father, hating the self and parents, tendency to kill father, depending on mother, and not having a

secured support. Children from healthy families, on the other hand, represent the relations of parents as happy, kind, and cooperating with father being with the family.

Table 5

*Mental Representation of Children from Divorced, Distressed and Healthy Families about the Quality of Relationship between Their Parents*

Variable	Divorce	Distress	Healthy
Representation of parents relation	Empty home, absence of parents, decision of father for leaving, being mother rejected by father, crisis due absence of father, hating father and mother, vague fate and alarming life	Not being father along with family, absence of father, quarrel of mother and leaving home, irresponsible father, sense of alienism to father, hating itself and parents, tending to kill father, depending to mother, not having secured support	Happy, kind and cooperating members of family, being father aside of life

The mental representation of children from divorced, distressed, and healthy families of the world was analyzed as the next component. The results showed that children from divorced perceived the world as dangerous, threatening, insecure, dominating, and deceitful. They explained that life events occur based on a chance and mentioned their closed and limited life environment. Also, children from distressed families depicted the world as a dangerous, threatening, hostile, and insecure place. The world was described as a sad place, a place to death, and harm to the self. The children from healthy families represented the world as a friendly, happy, and secure place with high expectations along with some duty-based obligations and to learn and have opportunities to progress.

Table 6

*Mental Representation of Children from Divorced, Distressed and Healthy Families about The World*

Variable	Divorced	Distressed	Healthy
Representations of the world	Dangerous, threatening, unsecure, life events by chance, closed and limited life environment, dominating, deceitful.	Dangerous, threatening, hostile, unsecure, reject, death and harm to herself, sad	High expectations along with force and limit and imposed duty and training secure environment, providing rich opportunities for growth, friendly and happy

The mental representation of children from divorced, distressed, and healthy families about their conflicts is shown in Table 7. The results revealed that children from divorced experienced hostility with parents against bond-seeking, accepting bad realities against dreaming, making happy family in dreams, conflicting with parents and powerful source or giving them up, loving important individuals of the life or hating them, living along with parents or being alone, and living with father or mother. In comparison, children from distressed families represented their conflicts as hostility with parents against bond-seeking, conflicting with parents and powerful sources or giving them up, loving important individuals of the life or hating them, accepting high tensional realities, dreaming about imaginary ideal family, and living along with parents or being alone. The conflicts of children from healthy families were represented as having progress in various aspects of life or inactivity, conflict with elders and peers or bonding to them, dispute or yielding against powerful sources, accepting realities or dreaming about them, living along with parents, and being afraid of loneliness.

Table 7  
*Mental Representation of Children from Divorced, Distressed and Healthy Families about Their Conflicts*

Variable	Divorced	Distressed	Healthy
Children's conflicts	Hostility with parents against bond-seeking, accepting bad realities against dreaming and making happy family in dreams, disputing with parents and powerful references or giving up against them, loving important individuals of the life or hating them, living along with parents or being alone, living with father or mother	Hostility with parents against bond-seeking, disputing with parents and powerful references or giving up against them, loving important individuals of the life or hating them, accepting high tensional realities or dreaming about imaginary ideal family, living along with parents or being alone	Having progress in various aspects of life or inactivity, conflict with elders and peers or bonding to them Dispute or yielding against powerful references, accepting realities, or dreaming about them, living along with parents and fearing from loneliness

Table 8 shows the results of content analysis of children stories, which represent their anxieties in three groups. The anxiety of children from divorced families was represented as loneliness, emotional and nutritional deprivation, lack of kindness, losing love of parents, lack of confirmation of important persons of life, affecting injury or disease, separating from important persons of life, destroying the self or significant others, incapability, and punishment. Children from distressed families represented their anxieties as loneliness, punishment, body injury to the self or parents, losing love of father or mother, emotional deprivation, extinction of the child and parents, separation of parents, incapability, and depression due to separation of parents. The anxiety of children from healthy families was represented as body injury due to disease or accident, being stolen, being punished,

lack of confirmation of parents for naughtiness, extinction of the self or others, losing love of parents, and losing the parents.

Table 8

*Mental Representation of Children from Divorced, Distressed and Healthy Families about Their Anxiety*

Variable	Divorced	Distressed	Healthy
Representation of anxiety	Loneliness, emotive and nutritious deprivation, lack of kindness, losing love of parents, lack of confirmation of important persons of life, affecting injury or disease, separating from important persons of life, destroying herself or important persons, incapability, punishment	Loneliness, punishment, body injury to itself or parents, losing love of father or mother, emotive deprivation, extinction of the child and parents, separation of parents, incapability and depression due to separation of parents	body injury due to disease or accident, being stolen, being punished, lack of confirmation of parents for naughtiness, extinction of the self or other, losing love of parents, losing parents

## VI. Discussion and conclusion

The main objects followed in this study were to determine the association between marital satisfaction of mothers and children's anxiety disorders in the eastern cultural context of Iran employing a mixed method. We compared anxiety disorders of children in three groups of divorced, distressed, and healthy families using both qualitative and quantitative method. Also, we compared the mental representation of children about the concept of the self, their parents, the quality of the relationship between their parents and the world, as well as their conflicts and their anxieties in those three groups.

Results of our quantitative analysis revealed a significant negative relationship between subscales of marital satisfaction of mothers with different types of anxiety disorders on their children. These findings are similar to results of Afifi, Boman, Feleisher, and Sareen (2009); Bögels and Brechman-Toussaint (2006); Challacombe and Salkovskis (2009); Cui, Donnellan and Conger (2007); Gandelman (2009); Lee (2001); Peleg-Popko and Dar (2001); and Van Gastel, Legrestee, and Ferdinand (2009). The results also showed that the level of general and separation anxiety and panic disorder in children of distressed families were significantly higher than those of children from divorced and healthy families. These findings are consistent with findings of Hudson and Rapee (2004); Raftery-Helmer, Moore, Coyne, and Reed (2015); Rapee and Spence (2004); and Rubin, Coplan, and Bowker (2009). It seems that children who live in distressed families are continuously subjected to environmental stressing motives, so they suffer from more anxiety than children of the divorced group. The results of qualitative analyses conducted on the mental representation of children from CAT supported the findings of quantitative results. The results of content analysis of children's story on CAT showed that children from divorced and distressed family mostly represented the concept of the self, parents, the quality

of their parent's relationship and the world in negative, threatening, and unsecured patterns. They explained their conflicts and anxieties more related to the relationship of parents rather than children from healthy families. Results showed that children in the group of divorced and distressed families showed dissimilarity in accepting their gender identity such that they were inclined to opposite sexes. These findings are similar to works of Annunziata (1985); Clarck (2002); Florian, Mikulineer, & Taubman (1995); and Rosenthal (2000). Results of children from divorced and distressed groups showed vulnerability, anxiety, self-ignorance, being continuously subject to rejection, protest to his/her situation, and tendency to power and aggression due to rejection. Findings related to representations of parents' pictures in the divorced and distressed group showed that children represented father as an absent, dangerous, threatening, rejecter man; and mother as an impatient, sometimes absent, rejecter, inattentive woman to needs of the child. These findings are similar to the research of Cheney (2007); Cummings et al (2002); Hale, Engels, and Meeus (2006); Mcleod, Wood, and Weisz (2007); Van Gestell et al. (2009); and Wilmsherset (2008). Parent's marital conflicts were reflected in the representation of children from divorced and distressed families. Representations of divorced and distressed children from the concept of the world as a threatening, dangerous, rejecter, aggressive, and unsecured environment showed a generalization of the child's representations from parental pictures. This finding is similar to the research of Mash & Wolf (2012); Muris et al (2000).

The result of the research project can be understood better through reviewing the Family System Theory. Families are a group of individuals, each of whom possessing unique traits and characteristics that invariably interact with the unique traits and characteristics of other family members (Vose, 2010). Guided by the concept of boundaries (Sturg-Apple et al, 2010; Majumdar et al, 2015), family systems theorists have identified three distinct profiles of family interactions: harmony, disengagement, and enmeshment. Harmonious or cohesive families have well-defined, yet permeable boundaries that permit children access to resources (e.g., support, warmth). In contrast, disengaged families have rigid boundaries, manifested in cold, indifferent, unsupportive, and emotionally withdrawn family relationships. Finally, in enmeshed families with diffuse, thin boundaries, children may experience some degree of warmth and support, but access to these resources occurs at a cost, including the proliferation of hostility and distress from one family subsystem to another (Sturg-Apple et al, 2010).

Based on Nuclear Family Emotional System, there are four relationship patterns that define where problems may develop in a family: marital conflict, dysfunction in one spouse, impairment of one or more children, and emotional distance (Kerr, 2002). This concept explains that marital interaction and parent-child interaction are two significant dynamics at the dyadic level, which affect the mental health of children (Kwok et al., 2015). According to this theory, a spouse in an unhappy marriage is more likely to suffer from depression and anxiety than someone happily married (Trudel & Goldfarb, 2010), which would affect the anxiety of children (Hudson, Dodd, Lyneham & Bovopoulous, 2011). Alternatively, when parents are in satisfying and supportive marital relationships, it is believed that they will be more available and respond more sensitively to the needs of their children (Kachadourian, Eiden & Leonard, 2009). In this regard, various studies have confirmed the relation between marital conflicts and forming unsecured attachment style in children. Marital conflicts may result in negativism and high tension in parent-child interactions (Cummings & Davis, 1994) and increase the possibility of unsecured attachment style. This result is related to the children's perception and their

experiences of the availability and accessibility of the mothers and fathers, which would develop anxiety in children (Lamb, 1980).

Although these results suggest some intriguing possibilities for future research, this study suffers from some limitations. First of all, this research has considered childhood phase from an age 6 to 10 years old and other age groups were not studied. So, replication of the present study with diverse and random samples age group is necessary. Additionally, in this research, we just considered the marital satisfaction of mothers but not fathers. Thus, the marital satisfaction of fathers can be evaluated in the future research. It is obvious that findings of this investigation are a primary step and more developed qualitative research is needed for replication by different objective instruments. Furthermore, the present study is limited to self-report measures. Future studies may benefit from the inclusion of observational data obtained from an objective trained examiner in order to remove possible self-report biases among participants.

The implication of this study is related to the child psychotherapists and clinicians. According to these findings, it would be possible to treat anxiety disorders in children indirectly by helping parents to learn coping strategies, communication skills, and problem-solving skills to be able to better perceive the marital satisfaction.

## References

1. Afifi, T. O., Boman, J., Fleisher, W., & Sareen, J. (2009). The relationship between child abuse, prenatal divorce, and lifetime mental disorders and suicidality in a nationally representative adult sample. *Child abuse & neglect*, 33, 139-147.
2. Agnew, C. R., Van Lange, P. A., Rusbult, C. E., & Langston, C. A. (1998). Cognitive interdependence: Commitment and the mental representation of close relationships. *Journal of personality and social psychology*, 74, 939.
3. Ainsworth, M. D. S., Blehar, M. C., & Waters, E. Wall. s. (1978). *Patterns of attachment: A psychological study of the strange situation*, 18.
4. Agnew, C. R., Van Lange, P. A., Rusbult, C. E., & Langston, C. A. (1998). Cognitive interdependence: Commitment and the mental representation of close relationships. *Journal of personality and social psychology*, 74, 939.
5. Annunziata, J. (1985). *An Empirical Investigation of the Kinetic Family Drawing Children of divorce and children from intact families*. Unpublished Doctoral Dissertation, Rutgers University, New Brunswick, New Jersey.
6. Asoodeh, M. H., Khalili, S., Daneshpour, M., & Lavasani, M. G. (2010). Factors of successful marriage: Accounts from self-described happy couples. *Procedia-Social and Behavioral Sciences*, 5, 2042-2046.
7. Bellak, L., & Bellak, S. S. (1949). *Children's Apperception Test*. Oxford, England: C.P.S. Co.
8. Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38, 1230-1236.
9. Bögels, S. M., & Brechman-Toussaint, M. L. (2006). Family issues in child anxiety: Attachment, family functioning, parental rearing and beliefs. *Clinical psychology review*, 26, 834-856.

10. Challacombe, F., & Salkovskis, P. (2009). A preliminary investigation of the impact of maternal obsessive-compulsive disorder and panic disorder on parenting and children. *Journal of anxiety disorders*, 23, 848-857.
11. Cheney, J. W. (2007). *Young children stories of love, fear and violence at home: A qualitative analysis of the narrative representations of maltreated preschool boys diagnosed with disruptive behavior, regulatory dysfunction, oppositional defiant, conduct and anxiety disorders*. Ph D. Dissertation, Iowa state University. UMI dissertation publishing, Proquest.
12. Clark, Sharon Elizabeth. (2002). *Representation of self and other in early- elementary school age children as a function of attachment status*. Ph D. Dissertation, Dalhousie University. UMI dissertation publishing, Proquest.
13. Cole, D. A., Peeke, L. G., Martin, J. M., Truglio, R., & Seroczynski, A. D. (1998). A longitudinal look at the relation between depression and anxiety in children and adolescents. *Journal of consulting and clinical psychology*, 66, 451.
14. Costello, E. J., Mustillo, S., Erkanli, A., Keeler, G., & Angold, A. (2003). Prevalence and development of psychiatric disorders in childhood and adolescence. *Archives of general psychiatry*, 60, 837-844.
15. Crocetti, E., Hale III, W. W., Fermani, A., Raaijmakers, Q., & Meeus, W. (2009). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED) in the general Italian adolescent population: A validation and a comparison between Italy and The Netherlands. *Journal of Anxiety Disorders*, 23, 824-829.
16. Cui, M., Donnellan, M. B., & Conger, R. D. (2007). Reciprocal influences between parents' marital problems and adolescent internalizing and externalizing behavior. *Developmental psychology*, 43, 1544.
17. Cummings, E. M., Davies, P. T., & Campbell, S. B. (2002). *Developmental psychopathology and Family process (Theory, Research and clinical implications)*. New York: Guilford Press.
18. Davies, P. T., & Cummings, E. M. (1994). Marital conflict and child adjustment: An emotional security hypothesis. *Psychological bulletin*, 116, 387.
19. Davies, P. T., & Cummings, E. M. (1998). Exploring children's emotional security as a mediator of the link between marital relations and child adjustment. *Child development*, 69, 124-139.
20. Erel, O., & Burman, B. (1995). Interrelatedness of marital relations and parent-child relations: A meta-analytic review. *Psychological bulletin*, 118, 108.
21. Florian, V., & Mikulincer, M. Taubman, O. (1995). Does hardiness contribute to mental health during a stressful real-life situation? The roles of appraisal and coping. *Journal of Personality and Social Psychology*, 68, 4.
22. Fournier, D. G., Olson, D. H. & Druckman, J. M. (1983). Assessing marital and premarital relationships: The PREPARE-ENRICH Inventories. In E. E. Filsinger (Ed.), *Marriage and family assessment* (pp. 229-250). CA: Sage Publishing.
23. Fowers, B. J., & Olson, D. H. (1989). ENRICH Marital Inventory: A discriminant validity and cross-validation assessment. *Journal of marital and family therapy*, 15, 65-79.
24. Gandelman, P. (2009). *The effects of divorce on children*, Ph D. Dissertation, Long Island University. UMI dissertation publishing, Proquest.
25. Gottman, J. M., & Krokoff, L. J. (1989). Marital interaction and satisfaction: A longitudinal view. *Journal of consulting and clinical psychology*, 57, 47.

26. Hale III, W. W., Engels, R., & Meeus, W. (2006). Adolescent's perceptions of parenting behaviours and its relationship to adolescent Generalized Anxiety Disorder symptoms. *Journal of adolescence*, 29, 407-417.
27. Hudson, J. L., Dodd, H. F., Lyneham, H. J., & Bovopoulos, N. (2011). Temperament and family environment in the development of anxiety disorder: Two-year follow-up. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50, 1255-1264.
28. Hudson, J. L., & Rapee, R. M. (2004). *From Anxious Temperament to Disorder: An etiological model of Generalized Anxiety Disorder*. New York: Guilford Press.
29. Kachadourian, L. K., Eiden, R. D., & Leonard, K. E. (2009). Paternal alcoholism, negative parenting, and the mediating role of marital satisfaction. *Addictive behaviors*, 34, 918-927.
30. Kerr, M. E. (2002). *One family's story: A primer on Bowen theory*. Washington, DC: Bowen Center for the Study of the Family, Georgetown Family Center.
31. Kouros, C. D., Merrilees, C. E., & Cummings, E. M. (2008). Marital conflict and children's emotional security in the context of parental depression. *Journal of Marriage and Family*, 70, 684-697.
32. Kwok, S. Y., Cheng, L., Chow, B. W., & Ling, C. C. (2015). The spillover effect of parenting on marital satisfaction among Chinese mothers. *Journal of Child and Family Studies*, 24, 772-783.
33. Lamb, M. E. (1980). The father's role in the facilitation of infant mental health. *Infant Mental Health Journal*, 1, 140-149.
34. Majumdar, S., Marakkath, N., & Guha, S. (2015). *Technology and Innovation for Social Change*. New Delhi: Springer.
35. Mash, E., & Wolfe, D. (2012). *Abnormal child psychology*. Belmont, CA: Wadsworth, Cengage Learning.
36. McHale, J. P., & Rasmussen, J. L. (1998). Coparental and family group-level dynamics during infancy: Early family precursors of child and family functioning during preschool. *Development and psychopathology*, 10, 39-59.
37. McHale, J., & Sullivan, M. (2008). Family systems. *Handbook of clinical psychology*. NJ: John Wiley & Sons.
38. McLeod, B. D., Wood, J. J., & Weisz, J. R. (2007). Examining the association between parenting and childhood anxiety: A meta-analysis. *Clinical psychology review*, 27, 155-172.
39. Monga, S., Birmaher, B., Chiappetta, L., Brent, D., Kaufman, J., Bridge, J., & Cully, M. (2000). Screen for child anxiety-related emotional disorders (SCARED): Convergent and divergent validity. *Depression and anxiety*, 12, 85-91.
40. Muris, P., Kindt, M., Bögels, S., Merckelbach, H., Gadet, B., & Moulart, V. (2000). Anxiety and threat perception abnormalities in normal children. *Journal of Psychopathology and Behavioral Assessment*, 22, 183-199.
41. Myers, K., & Winters, N. C. (2002). Ten-year review of rating scales. II: Scales for internalizing disorders. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41, 634-659.
42. Nichols, M. P., Schwartz, R. C., & Minuchin, S. (1984). *Family therapy: Concepts and methods*. New York: Gardner Press.
43. Peleg-Popko, O., & Dar, R. (2001). Marital quality, family patterns, and children's fears and social anxiety. *Contemporary Family Therapy*, 23, 465-487.

44. Raftery-Helmer, J. N., Moore, P. S., Coyne, L., & Reed, K. P. (2016). Changing problematic parent–child interaction in child anxiety disorders: The promise of Acceptance and Commitment Therapy (ACT). *Journal of Contextual Behavioral Science*, 5, 64-69.
45. Rapee, R. M., & Spence, S. H. (2004). The etiology of social phobia: Empirical evidence and an initial model. *Clinical psychology review*, 24, 737-767.
46. Rosenthal, R. J. (2000). *Young children's representations of self and parents: Are they related to experiences with mothers and fathers?* Ph D. Dissertation, the University of Wisconsin. UMI dissertation publishing, Proquest.
47. Rubin, K. H., Coplan, R. J., & Bowker, J. C. (2009). Social withdrawal in childhood. *Annual review of psychology*, 60, 141-171.
48. St Clair, M. (1996). *Object relations and self- psychology: An introduction*. CA: Thomson Brooks/Cole Publishing Co.
49. Sturge-Apple, M. L., Davies, P. T., & Cummings, E. M. (2010). Typologies of family functioning and children's adjustment during the early school years. *Child development*, 81, 1320-1335.
50. Trudel, G., & Goldfarb, M. R. (2010). Marital and sexual functioning and dysfunctioning, depression and anxiety. *Sexologies*, 19, 137-142.
51. Van Gastel, W., Legerstee, J. S., & Ferdinand, R. F. (2009). The role of perceived parenting in familial aggregation of anxiety disorders in children. *Journal of anxiety disorders*, 23, 46-53.
52. Vose, J. J. C. (2010). *Assessment of Family Functioning at Multiple Levels: An Exploratory Investigation of the Dynamic Assessment of Family Functioning Inventory-Demonstrated Under Clinical Conditions (DAFFI-DUCC): How Despicable is the DAFFI-DUCC?* Dissertation Abstracts International Alfred University, New York.
53. Wakefield, J. C. (2013). DSM-5: An overview of changes and controversies. *Clinical Social Work Journal*, 41, 139-154.
54. Wilmshurst, L. (2008). *Abnormal child psychology: A developmental perspective*. New York: Taylor & Francis Groups.