

# Investigating Anxiety for the Children in Age Range of 5-6 Years Old in Sari Kindergartens

MALIHEH RAMEZANI NEJAD GOODARZI<sup>1</sup>

*Ph.D. Student of Psychology, Lincoln University College Malaysia*

ALI AKBAR RAHMATIAN

*PhD Degree from Florida State University, Tallahassee, USA*

## Abstract

*Purpose of this study is to investigate anxiety of the children from 5 to 6 years old in Sari kindergartens. In this field study, 24 kindergartens have been selected which consist of 480 children among them 214 subjects were selected according to Cochran formula and Morgan table. Sampling has conducted based on simple random sampling method. Spence that is the scale of anxiety measurement included 28 questions used as an instrument for measuring scale of children's anxiety in kindergarten. Reliability level of test is (88%) and the result indicates that Cronbach's alpha for the determined questions which shows the appropriate validity of inventory. In the data analysis of the current study using descriptive statistics approaches including description of means and standard deviation, inferential statistics including Pierson correlation coefficient Regression analysis was investigated. Statistical analysis of data by means of SPSS-20 software was done. The results indicated that there is a direct relation between children's anxiety and anxiety complications.*

**Keywords:** anxiety, children, kindergarten

## INTRODUCTION

Anxiety has been taken from the word (Anxieties) in the sense of turbulence and refers to corporal and psychological sensitivities that establishes due to in response to threats including real and imaginary (fantastic) threats through instrument organism. Anxiety may also appear in response to whatever that threatens "self-confidence" or due to occurrence any situation in which one feels pressure because of doing a stuff beyond the limits of his/her ability. Anxiety is a kind of mental self-occupation that causes self-supposition and doubt about one's abilities and often leads to negative judgment, lack of concentration, inappropriate corporal reactions and academic underachievement. German psychologist, Gersinger believes according to the writings of Najarian and et al (1371) that most psychological disorders influenced by direct or indirect effects of some turbulences in brain activity. Emil Kraplin whose studies are on the basis of Gersinger contends that unusual behavior of turbulences is limited to an organ.

According to Oltmez and et al. (1985), researches conducted by intellectuals like Carry, Gatezman, Gilford, Moray and Folkerd also shows that genetic factors are influential in occurring the disorders of obsession-compulsion and anxiety. According to Fraud's classic theory, psychological disorders occur in consequence of anxiety which come to existence due to the child's inability at disappearing and annihilating conflicts

---

<sup>1</sup> Corresponding author: M.ramezany58@gmail.com

of different stages of growth (Oltchens, et all, 1985). In fact, anxiety is considered as the individual's unconscious reaction to the suppressed correlations and an alarm of danger for oneself in re-experiencing the past experiences. Rojers, the other leader of anthropology movement deems psychological disorder as a result of discrepancy between the real self and the self of aspiration. He believes that one often adopt those behaviors that are in line with his/her perceptions of himself/herself. According to him, whenever some conflict takes place between real experiences in life and self-perception, one agitates and by making inquietude the experience that is in conflict with his/her self-perception and or denying that experience, attempts at showing defensive reaction to that experience.

Behavioral approach also makes use of flooding and imitating techniques in order to cure anxiety disorders. According to Azad (1372), one affected by anxiety in flooding technique immediately expose to very severe stimulants. In imitating technique in which the purpose is acquiring behavioral skills or creating the sense of worthiness or merit in client, the behavior of therapist attempts at performing a behavior that is expected the client to repeat it as well. Exposure to the compulsory form of anxiety factor is also another way decreasing anxiety. When man cannot solve psychological conflicts directly, in fact, the whole of his/her essence is exposed to danger. In order to settle this danger, one resorts to defensive mechanism unconsciously in such a way that can preserve his/her existence. Resorting to defensive mechanism almost occur for everyone and everybody in his/her daily life manifests failures, worries and anxieties of himself/herself insignificant by means of these mechanisms. Therefore, their existence is necessary for an individual to be compatible with his/her environment again. Since anxiety is a mechanism which prepare the body in the situations of danger and prepare creatures to defend, attack or escape. Some proportion of this mechanism is necessary for everyone because guides one individual in conscious confrontation with dangers and encourage him/her to accept desired behavioral patterns (Qacmi, 1368). Hence, we opt for penetrate into the importance and necessity of children's anxiety through conducting this sort of researches and we hope inform the significance of this subject through conducting our studies as far as it is possible.

## **RESEARCH METHODOLOGY**

This study is an applied research regarding to objective and application. The current research is a descriptive study in which correlation methodology of research was used. The statistical population in this study encompassed: the entire children of 24 kindergartens in Sari including 480 children. The present research sample using cluster random sampling in which 241 persons were selected with regard to the population sizes applying Cochran formula and Morgan table. Inventory was used for data collection to do research. Spans kindergarten children anxiety scale is a scale for anxiety measurement included 28 questions which evaluates "disease symptoms", "separation anxiety disorder", "generalized anxiety disorder", "social phobia", "fear of corporal hurt" (as a specific phobia) and "obsession compulsive disorder "in 2-6 years old children. Reliability of inventory in the present study was performed by investigating the samples which the Cronbach Alpha of the level of anxiety and diagnosing the influential factors on children's anxiety inventory was 0.88, and results indicate that Cronbach Alpha for the determined questions is an indicator of appropriate validity of inventory.

**Method of execution and data analysis**

This study was conducted by permission from the kindergartens administration. After specifying the sample, the anxiety inventories were given to them (the samples) and then, the inventories accompanied the response were collected. The collected data in this study were investigated using descriptive statistical approaches including description of means and standard deviations, inferential or deductive statistics consisted of Pierson correlation coefficient and Regression analysis.

**DISCUSSION**

Sociological data of the study shows as mentioned in the table that 47.5% of the subjects consists of boys and 52.5% of that includes girls. 69.6% of the mothers participated in this study were employed and 30.4% were housewives. Through investigating the mothers' level of education it has been found that 65% of subjects have high school diploma or less, 18.4% of subjects have diploma, 19.4% of subjects have associate degree, 42.9% of subjects have bachelor degree and 12.9% of subjects have master degree, and investigating father's level of education. It has been determined that 5.5% of subjects have high school diploma or less, 11.5 of subjects have diploma, 16.6 of subjects have associate degree, 46.1% of subjects have bachelor degree and 20.3% of subjects have master degree, descriptive study of statistical sample in terms of being first, second, third,... child of the family indicated that 45.6% are first child, 47.9% are second and 6.5% are third child.

**First hypothesis:** there is a meaningful relationship between anxiety and generalized anxiety disorder.

**Table 1: Results of correlation coefficient between variables generalized anxiety disorder**

Correlation coefficient; disorder	Correlation coefficient; disorder Anxiety	
0.83	r	Anxiety
0.000	sig	
217	N	

Results of table 1 shows the correlation coefficient; disorder 0.83 was calculated and concerning the fact that the calculated meaningful level is less than 5% ( $Sig \leq 0.05$ ); therefore, we suppose that I is confirmed.

**Table 2: Regression Analysis**

Standard error of estimate	Corrected variance	Determined variance R2	Multiple correlation coefficient
0.41	0.68	0.69	0.83

As we see in table 2, the degree of relationship between independent and dependent variables has been determined. Amount of correlation R is calculated as 0.83 indicating an appropriate linear relationship between the dependent and independent variables. The regression coefficients, Beta standardized coefficient between predictor variable, anxiety, dependent variable and generalized anxiety disorder has been offered in table 3.

**Table 3: Regression Coefficient**

Level of Significance	Amount of t	Standard Regression Coefficient Beta	Standard Error	Non- Standard Coefficient	Independent Variance
0.000	21.85	0.83	0.05	1.20	Anxiety

**Second hypothesis:** there is a meaningful relationship between anxiety and social phobia.

**Table 4: Results of correlation coefficient between variables Social Phobia**

Social Phobia	Social Phobia	
	Anxiety	
0.85	r	Anxiety
0.000	sig	
217	N	

The results of table 4 show correlation coefficient; since the amount of r-0.85 and regarding to the fact that the calculated meaningful level is less than 5% ( $Sig \leq 0.05$ ); therefore, we suppose that I is confirmed.

**Table 5: Regression Analysis**

Standard error of estimate	Corrected variance	Determined variance R2	Multiple correlation coefficient
0.38	0.73	0.73	0.85

As we see in table 5, degree of relationship between dependent and independent variables has been shown. The amount of correlation R has been calculated as 0.85 indicating an appropriate linear relationship between the dependent and independent variables.

The regression coefficients, Beta standardized coefficient between predictor variable, anxiety, dependent variable and social phobia has been offered in table 4-12.

**Table 6: Regression Coefficient**

Level of Significance	Amount of t	Standard Regression Coefficient Beta	Standard Error	Non- Standard Coefficient	Independent Variance
0.000	24.55	0.85	0.05	1.25	Anxiety

As we can see in table, Regression coefficients, Beta standardized coefficient between anxiety variable and dependent variable of social phobia has been determined. The specified Beta coefficient (0.85) is positive and meaningful in the level of 0.000. Therefore, the results of Regression analysis show that anxiety as a predictor variable can influence on social phobia.

**Third hypothesis:** there is a meaningful relationship between anxiety and child's obsession.

**Table 7: Results of correlation coefficient between variables Child Obsession**

Child Obsession	Child Obsession	
	Anxiety	
0.65	r	Anxiety
0.000	sig	
217	N	

Results of table 7 show the correlation coefficient; since r 0.65 and regarding to the fact that the calculated meaningful level is less than 5% ( $Sig \leq 0.05$ ); therefore, we suppose that 1 is confirmed. In other words, there is meaningful relationship between anxiety and child's obsession, and the intensity of this correlation relationship shows an

intermediate correlation between the variables. Consequently, the research hypothesis can be affirmed. In order to analyze the linear Regression so as to determine the effect of anxiety as a predictor variable (independent) on child's obsession, it has been used as a dependent variable. At first stage, the table related to Regression analysis has been offered.

**Table 8: Regression Analysis**

Standard error of estimate	Corrected variance	Determined variance R2	Multiple correlation coefficient
0.33	0.53	0.53	0.65

As we can see in table 8, the degree of relationship between dependent and independent is shown. The amount of correlation R is calculated as 0.65 indicating an appropriate linear relationship between dependent and independent variables. Likewise, the determined variance (R2) determines the percentage of changes in dependent variable which are on the basis of independent variable. Here anxiety is equal to 0.53, i.e. this independent variable can predict 53% of changes achieved in dependent variable indicating a relatively appropriate efficiency.

The regression coefficients, Beta standardized coefficient between predictor variable, anxiety, dependent variable and child' obsession has been offered in table 9.

**Table 9. Regression Coefficient**

Level of Significance	Amount of t	Standard Regression Coefficient Beta	Standard Error	Non- Standard Coefficient	Independent Variance
0.000	18.58	0.65	0.04	1.09	Anxiety

As we can see, the regression coefficients, Beta standardized coefficient between the variable of anxiety, dependent variable and child's obsession. The determined Beta coefficient (0.65) is positive and meaningful at level 0.000. Therefore, results of Regression analysis shows that anxiety as a predictor variable can influence on the child's obsession.

**Fourth hypothesis:** there is a meaningful relationship between anxiety and separation anxiety disorder.

**Table 10. Results of correlation coefficient between variables**

Separation Anxiety Disorder	Separation Anxiety Disorder	
	Anxiety	
0.82	r	Anxiety
0.000	sig	
217	N	

Results of table 10 show the correlation coefficient; since 0.82 and regarding to the fact that the calculated meaningful level is less than 5% ( $Sig \leq 0.05$ ); therefore, we suppose that 1 is confirmed. In other words, there is a meaningful difference between anxiety and separation anxiety disorder and the intensity of this relationship correlation shows a strong correlation between variables. Therefore, the research hypothesis is confirmed. For Regression analysis in order to determine the influence of anxiety as a predictor variable (independent) on separation anxiety disorder, it has been used as an independent variable. Initially, table related to Regression analysis is offered.

**Table 11**

Standard error of Estimate	Corrected Variance	Determined Variance R2	Multiple Correlation Coefficient
0.35	0.67	0.67	0.82

As we can see in table 11, degree of relationship between dependent and independent variables is shown. Correlation R is equal to 0.82 indicating an appropriate linear relationship between dependent and independent variable. Likewise the determined variance (R2) indicates the percentage of changes done in dependent variable that are on the basis of independent variable. Here, anxiety is equal to 0.67, i.e. this independent variable can predict 67% of changes in independent variable indicating a relatively appropriate efficiency.

The regression coefficients, Beta standardized coefficient between predictor variable, anxiety, dependent variable and separation anxiety disorder has been offered in table 12.

**Table 12. Regression Coefficient**

Level of Significance	Amount of t	Standard Regression Coefficient Beta	Standard Error	Non- Standard Coefficient	Independent Variance
0.000	21.11	0.82	0.04	0.99	Anxiety

As we can see in the table, the regression coefficients, Beta standardized coefficient between the variable of anxiety, dependent variable and separation anxiety disorder have been offered. Therefore, the results obtained from Regression analysis indicate that anxiety as a predictor variable can influence on separation anxiety disorder.

**Fifth hypothesis:** there is a meaningful difference between anxiety and phobia (fear).

**Table 13. Results of correlation coefficient between variables**

phobia (fear)	phobia (fear) Anxiety	
0.44	r	Anxiety
0.000	sig	
217	N	

Results of table 13 show the correlation coefficient; since r 0.44 and regarding to the fact that the calculated meaningful level is less than 5% ( $Sig \leq 0.05$ ); therefore, we suppose that 1 is confirmed. In other words, there is a meaningful difference between anxiety and phobia (fear) and the intensity of this relationship correlation shows an intermediate correlation between variables. Therefore, the research hypothesis is confirmed.

For Regression analysis in order to determine the influence of anxiety as a predictor variable (independent) on phobia (fear), it has been used as an independent variable. Initially, table related to Regression analysis is offered.

**Table 14. Regression Analysis**

Standard error of Estimate	Corrected Variance	Determined Variance R2	Multiple Correlation Coefficient
0.45	0.19	0.19	0.44

As we can see in table 14, degree of relationship between dependent and independent variables is shown. Correlation R is equal to 0.44 indicating an appropriate linear relationship between dependent and independent variable. Likewise the determined variance (R2) indicates the percentage of changes done in dependent variable that are

on the basis of independent variable. Here, anxiety is equal to 0.19, i.e. this independent variable can predict 19% of changes in independent variable indicating a relatively appropriate efficiency.

The regression coefficients, Beta standardized coefficient between predictor variable, anxiety, dependent variable and phobia (fear) has been offered in table 15.

**Table 15. Regression Coefficient**

Level of Significance	Amount of t	Standard Regression Coefficient Beta	Standard Error	Non- Standard Coefficient	Independent Variance
0.000	7.21	0.44	0.06	0.44	Anxiety

As we can see, the regression coefficients, Beta standardized coefficient between the variable of anxiety, dependent variable and child's obsession. The determined Beta coefficient (0.44) is positive and meaningful at level 0.000. Therefore, results of Regression analysis shows that anxiety as a predictor variable can influence on phobia (fear).

## CONCLUSION

Individuals affected by social phobia have more negative and unpleasant towards themselves compared to the normal people. This negative attitude towards oneself in people affected by social phobia causes they care about the negative judgement of others all the time and are anxious when they are participating at social situations for fear that other people do not approve or accept their appearance and judge them in a negative way. Accordingly, it can be resulted that one's social anxiety as an influential factor intensifies social phobia in children. People affected by obsession are involved with issues like importunate, persistent and obtrusive thought, pulse and imagination and know that this cognitions and understandings are created inside the processes of their turbulent and chaotic mind.

They endeavor hopelessly to ignore or cease these obtrusive and bothersome thoughts; in some occasion, they attempt at neutralizing them through carrying out a job or thinking about something else. The background of this disorder is a severe anxiety and worriment that child experience when separating from the important persons in his/her life. He/she resists versus every event that leads to the separation from his/her precious ones. From the perspective of children with separation anxiety disorder, going to school is an agonizing predicament and conflict. When separating from parents, most of the children show some grades of anxiety and annoyance. This fear and anxiety is a natural growth phenomenon and has a developmental purpose behind it.

When we experience a danger, we undergo various physical and emotional changes including the response to fear. Anxiety also have the same component of fear, but mainly differ in that cognitive component of fear is an anticipation of a given apparent danger; while, cognitive component of anxiety is an anticipation of an unknown danger. The typical thought in fear is that for example "dog may bite me". In contrast, the typical thought in generalized anxiety disorder is that "a terrible accident may occur to my child". Therefore, fear is based on reality or exaggerating "the real danger"; while, anxiety is on the basis of "unknown danger".

### Research recommendations

1- It is recommended that more researches should be done in fields like emotional, psychological, social and economic issues so as to determine to what extent these factors have effect on the level of anxiety and its prevalence.

2- It is recommended to parents to adopt the following actions in order to reduce the level of anxiety. Pursuance or following up "children's attachment pattern" from the beginning of entering to kindergarten in the form of longitudinal studies can aim at improving children's condition in the kindergarten. Meanwhile, it is better to consider the context and background of the life milieu. In addition, factors such as family environment, parents relationship to each other, parents attachment immunity, quantity and quality of parents' being with children, mental health of parents, child's mother being employed and changes (positive or negative) that are influential on the child's attachment quality are recommended. Regarding to the investigations done in this study, it is recommended that this project perform in other universities and administrations to specify to what extent anxiety can influence on the learning of individuals.

### REFERENCES

1. Abolqasemi, Shahnamch (1382). The Effectiveness of Cognitive Behavioral Therapy, Medicinal and Placental in the Treatment of Generalized Anxiety. Ph.D. Department of Science and Research of Tehran.
2. Ahmadi, Seyyed Ahmad (1993). Introduction to counseling and psychotherapy. Tehran: Isfahan University Press.
3. Assad Beighi, Hossein. (1999). Consolidation of Addiction. Letter of Advisor, 3rd and 4th, 123-100.
4. Atkinson; Rita El and Atkinson; Richard C. Vassmith; Edward and Bam; Daryl J and Nullen; Susan. (2007). The Context of the Hylgard Psychology (Translated by Mohammad Naghi Barahani, Behrooz Birashk, Mehrdad Beyk, Reza Zamani, Saced Shamloo, Mehrnaz Shahari Yousef Karimi, Nissan Gahan, Mehdi Mohiuddin, Kianoush Hashemian). Tehran: Growth (2007).
5. Bakken. K., A.S. Landheim, P. Vaglum.(2005).Substance-dependent patients with and without social anxiety disorder: Occurrence and clinical differences: A study of a consecutive sample of alcohol-dependent and poly-substance-dependent patients treated in two counties in Norway.Journal of Drug and Alcohol Dependence, Volume 80, Issue3,Pages321-328.
6. Berman,M.&D.Brown(2000),The Power of Metaphor,UK:Grown House Publishing.
7. Brotherhood, Valic A. And Jalili, Ahmad (2003). Depression. Tehran: Tehran
8. Burns,G.W.(2000),101 Healing stories: Using Metaphor in therapy, NY:John Wiley & Sons.
9. Chisolm. Margaret S.; Michelle Tuten; Emily C. Brigham; Eric C. Strain; Hendre E.
10. Clark, D. A. and Beck, A. T. (2014). Cognitive Therapy of Anxiety Disorders Science and Practice. New York: Guilford press.
11. Curry. John F, Karen C. Wells, John E. Lochman, W. Edward Craighead,Paul D.
12. Curry. John F, Karen C. Wells, John E. Lochman, W. Edward Craighead,Paul D.
13. Dellaas. Ryan A, John E. Calamari, John P. Bair, Erin D. Martin. (2001). examine Relation between anxiety and substance use disorder.Addictive Behaviors, Volume 26, Issue 6, Pages 787-801.
14. Dwivedi,K.(1997),The Therapeutic of Stories,London : Routledge
15. Ebrahimi, Soheila (2000). A survey on the relationship between girls' 12-18 year olds living in Tehran and their level of confidence in social problems. Ph.D. Department of Science and Research of Tehran.
16. Ellis a.&macclaren,c.(2005).rational emotive behavior therapy :therapists
17. Ellis, A. & R.Harper(1998). A Guide to Rational Living. 3 rd ed Hollywood, CA: Wilshire Books.
18. Firepour, Seyyed Hamidogel Parvar, Mohsen and Aghaci, Asghar (2002). Psychology of Addiction and Psychology. Isfahan: Islamic Azad University (Kharazgan).
19. Gao. Keming, Bryan K. Tolliver. David E. Kemp, Marcia L. Verduin, Stephen J.Ganocy, Sarah Bilali, Kathleen T. Brady, Scong S. Shim, Robert L. Findling, Joseph R. Calabrese (2009). Differential interactions between comorbid anxiety disorders and substance use disorder in rapid cycling bipolar I or II disorder.Journal of Affective Disorders, Volume110, Issues 1-2, Pages 167-173.
20. guide(2nd ed).atascadero.ca:Impact.emmelkamp.p.m.g.,&wessels,h.(1975).floodingin imagination vs. flooding in vivo: a comparison with agoraphobics .behaviour research and therapy,13,715.
21. Jones. (2004).Relationship between Cigarette Use and Mood/Anxiety Disorders among Pregnant Methadone-Maintained Patients. Journal of Affective Disorders, Volume 111, Issues 1-3, Pages 165-175.



22. Nagy.(2001).Group and family cognitive behavioral therapy for adolescent depression and substance use.Cognitive and Behavioral Practice, Volume 8, Issue 4, Pages 367-376.
23. Nagy.(2003). Cognitive-Behavioral Intervention for Depressed, Substance-Abusing Adolescents: Development and Pilot Testing. Journal of the American Academy of Child & Adolescent Psychiatry, Volume 42,Issue 6, Pages 656-665.
24. Secrets, Sedigheh (2002). Cognitive Therapy Group. First Jail, Shiraz: Behesi Organization of Fars Province.
25. Smith, Philip (1992). Logical Thinking and the Method of Education (Ali Shariatmadari Translation). Tehran: Growth (1992).