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## Interactions between Anxiety, Family Influence, and Athletic Status on College Students: A Military School Cohort

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### **Abstract**

The prevalence of anxiety in college students has increased drastically over the past decade. Previous researchers have typically only examined how to help students while they are at school, however, there could be additional factors contributing to their anxiety prior to attending college. The current study aimed to observe how family influence and athletic status may play a role in anxiety among college students. Participants ( $N = 42$ ) completed an anxiety symptoms inventory then disclosed how much their family influenced their decision to attend college. A two-way ANOVA indicated that neither athletic status nor degree of family influence had a significant influence on anxiety symptom scores. However, participants who had moderate anxiety scores indicated that they attended the Virginia Military Institute on an athletic scholarship. Additionally, over half of all participants indicated that their family had influenced their decision to attend college. Gender did have a statistically significant effect on anxiety scores with female participants ( $t = -4.08, p < .001$ ) reporting higher scores. Based upon the findings of the current study, colleges should broaden their resources and cater services to each student, not to one specific group. Limitations and future directions are discussed.

*Keywords:* anxiety, college students, family influence, athletics, gender

**Interactions Between Anxiety, Family Influence, and Athletic Status on College Students:  
A Military School Cohort**

College students are suffering from mental health issues now more than ever (Abrams, 2022). Over a third of all college students have been diagnosed with some type of anxiety disorder (American College Health Association, 2022). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defines generalized anxiety disorder as “excessive anxiety and worry, occurring more days than not for at least 6 months, about a number of events or activities” (American Psychiatric Association, 2022, p. 189). Examples of anxiety disorders can include generalized anxiety disorder, social anxiety disorder, and panic disorder, with the most prevalent being generalized anxiety disorder and panic disorder among college students (American College Health Association, 2022). Common symptoms of generalized anxiety disorder include sleep problems, difficulty controlling feelings of worry, and irritability. Panic disorder is defined by reoccurring panic attacks that can have symptoms such as heart palpitations, numbness, sweating, or shortness of breath (National Institute of Mental Health, 2023). Research on mental health issues in college students has shown that from 2020-2021, more than 60% of college students met criteria for some mental health problem, a 50% increase from 2013 (Lipson et al., 2022). Lee and others (2021) found that nearly half of their sample of college students reported having either moderate or severe anxiety disorders. Mofatteh (2021) looked at potential risk factors for stress and anxiety in undergraduate students. Primarily, a combination of several factors was most influential, including low self-esteem, fear of poor grades, inadequate physical wellbeing, and low family income. Although, one aspect of anxiety issues in college students that could be further explored is familial factors.

From an early age and continuing into adulthood, parents can have an immense impact on the mental wellbeing of a child. Authoritative parenting styles (i.e., supportive and responsive) tend to be associated with better mental health in high school students (Khodabakhsh et al., 2014). In contrast, authoritarian parenting (i.e., strict and demanding) has been connected to children working less in school and having less resilience after failing a test (Hayek et al., 2022). Parents often pressure their children because they experienced distant parenting themselves and want to avoid repeating this pattern with their own children (Wolford et al., 2021). Hosseinkhani and colleagues (2020) found that family conditions, specifically pressure to perform well academically, showed a direct influence on adolescent mental health. Similarly, Hari (2022) found that parental pressure was related to low self-esteem in college students. These findings show that although parents may have good intentions, parental expectations can have lasting effects on their children (Khodabakhsh et al., 2014).

As indicated by the increased public reporting of deaths by suicide among student athletes in the news, educators and researchers are now narrowing their scope to look more closely at the mental health of college athletes (Johnson, 2022). Success has been achieved in pinpointing school mechanisms that explain the concerning increase in suffering athletes. Additionally, demanding practice schedules with the need to perform well in school may result in poor eating habits, unhealthy sleep hygiene, and potential substance abuse (de Souza et al., 2021). Demanding schedules for student-athletes can include 20 hours of practice each week and competitions on the weekend on top of the academic load. The American College of Sports Medicine (2021) found that social isolation from people other than teammates, demanding schedules, and potential missed classes due to off-campus competitions are common triggers for anxiety. However, there appears to be limited research on factors contributing to anxiety levels

before these athletes arrive on campus, specifically, familial pressure on athletes to compete in college and the effects that it has on the athletes mental health. Parents may be blamed for athlete burnout if they put too much pressure on these athletes. Parents also have the potential to change the athlete's motivation or joy for the game (Bois et al., 2009). Student-athletes may feel pressured by their parents and by the university's athletic department to obtain and maintain athletic scholarships (Bois et al., 2009). For some student-athletes, their only way to afford higher education is through athletic scholarships (Lin et al., 2017). Parents may influence their child to choose the school that provides the most money, even if it is not the athletes' first choice. In turn, a student-athlete may feel additional pressure during their time at college to maintain their scholarship.

In 2019, the American College Health Association found that while 66% of students reported a feeling of overwhelming anxiety over the last 12 months, less than a quarter sought out treatment for their anxiety. In response to this, researchers have been focusing on what to do once student-athletes arrive on campus to improve their mental health and wellbeing (The American College of Sports Medicine, 2021). For example, Egan (2019) emphasized the importance of organizations such as athletic departments providing access to mental healthcare providers. Furthermore, sports psychologists have been found to have a beneficial effect on performance enhancement by providing support and guidance to athletes (Lochbaum et al., 2022). College is a stressful time and transition for many young adults. Outside stressors such as family pressure to attend college and perform well academically can make this transition even more difficult. Student-athletes may face additional stress due to family pressures on sport performance and demanding schedules that cause difficulty balancing athletics, academics, and

social interactions. With how common mental health issues are among the college population, further research needs to be conducted to see what stressors can heighten these issues.

### **The Current Study**

The current study aimed to fill gaps within this literature by focusing on mechanisms prior to attending college and where the anxiety may have stemmed from. Specifically, does family pressure and influence effect a student's desire to attend college and an athlete's desire to perform well. Moreover, this study explores the following research questions: Does outside pressure heighten anxiety among students? How does this potentially differ between athletes and non-athletes? We hypothesized that there would be a positive correlation between anxiety symptom scores and perceived family influence. We also believed that athletes would have higher anxiety scores than non-athletes and females would have higher scores than male participants. Additionally, we believed there would be a significant interaction between athletic status and gender on anxiety scores, specifically, with female athletes scoring higher. In conjunction with this, we believed that for the previous hypothesis to coincide with our first hypothesis, female athletes must perceive higher family pressure to attend college.

## **Method**

### **Participants**

Participants were recruited from the Virginia Military Institute (VMI), a four- year senior military college. No self-identifiable information apart from demographic information was collected for confidentiality purposes (i.e., student ID numbers and names.) The study consisted of 42 participants, where 53% ( $n = 25$ ) identified as male and 47% ( $n = 17$ ) identified as female. Participants' ethnicities were as follows: 83% White, 7% African American, 7% Asian/Pacific Islander, and 3% Hispanic. Within the sample, 18 students were athletes while 24 were non-

athletes. The mean age of the participants was 20.4 years old ( $SD = 1.2$ ) with participants ranging from 18 to 22 years old. Twenty-nine participants were incoming seniors, 10 incoming juniors, and three incoming sophomores. Freshmen were excluded as they had not completed a year at college yet. Participants were recruited via word of mouth or by email invitations and were not incentivized in any way to complete the study.

### **Measures**

The Beck Anxiety Inventory (BAI; Beck et al., 1988) was used to assess anxiety symptom scores (see Appendix A). The BAI has been assessed with Cronbach's alpha score to test internal consistency ( $\alpha = 0.92$ ). Additionally, test-retest reliability was measured at  $r = .75$ . The BAI is a 21-item self-report measure of anxiety where participants are asked to indicate how much common anxiety symptoms have bothered them over the past month on a 5-point Likert scale from 0 (*Not at all*) to 4 (*Severely*). A score range of 0-21 indicates low anxiety, 22-35 indicating moderate anxiety, and 36 or above indicating potentially concerning levels of anxiety.

A Qualtrics survey was used to assess participants reasons for attending the college (see Appendix B). Ten common reasons for attending the school were listed, including athletic scholarship, ROTC opportunities, academic scholarship, alumni connections, and familial influence; participants were asked to select their top three reasons for attending. The survey also included a question regarding the extent to which participants felt that their parents influenced their decision to attend the college on a 5-point Likert scale from 0 (*Not at all*) to 4 (*Completely*). Any participant who selected that their parents may have swayed their decision were asked about the nature of the influence, primarily looking at whether this perceived influence was done directly or indirectly.

### **Procedure**

All procedures were carried out following appropriate Institutional Review Board (IRB) approval. Participants first reviewed the informed consent, then after providing electronic consent, they were asked to complete a questionnaire to collect participant demographic information. Participants then completed the BAI, followed by the rest of the Qualtrics survey. A correlational analysis was completed using SPSS to determine if there is a relationship between anxiety scores and perceived family influence. Two two-way ANOVA tests were completed between the following variables: gender, athlete status, and anxiety scores/perceived family influence to determine any main effects or interaction effects.

### **Results**

The mean BAI score was 10.62 with the highest score being 28 and the lowest being 0 (see Table 1). No statistically significant correlation was found between family influence and anxiety scores; however, 30 participants indicated that their families had influenced their decision to attend college. A two-way ANOVA yielded a nonsignificant interaction effect between athletic status, gender, and anxiety scores;  $F(1) = 3.16, p = .08$ , and familial influence scores;  $F(1) = 2.40, p = .24$  (see Tables 2 and 3). However, there was a main effect of gender on anxiety with females scoring higher,  $F(1) = 18.34, p < .001$ . Nervousness was the trait most significantly correlated with higher anxiety scores,  $r = .79, p < .001$ .

Five participants scored within the moderate anxiety range, with all five of them selecting “athletic scholarship” as one of their top three reasons for attending VMI. Additionally, they also all had indicated that their family influenced their decision to attend college. Three of the participants who scored within the moderate anxiety range were current athletes, while two were not athletes when they completed the survey. Overall, “conversations about VMI” was the most



selected response with 36% ( $n = 15$ ) of responders indicating that it was a factor in how their family influenced their decision.

### **Discussion**

The current study aimed to look at how family pressure may affect anxiety scores in college students. When examining student-athletes and non-athletes, there was no significant difference between the two groups. This might suggest that there are no specialized treatments or interventions for anxiety disorders that are particularly beneficial for athletes. Although the exact effect of parental pressure is unknown, past researchers have shown that families have a significant influence on students (DeFauw et al., 2018). The five highest anxiety scores were within the moderate anxiety category ranging from 22 to 28. Interestingly, all five of these participants indicated that one of their major reasons for attending VMI was an athletic scholarship. Considering two of these students are no longer athletes, further inquiries into why they no longer are could be worthwhile to determine whether high levels of anxiety were a factor in them quitting the sport. Overall, the results from the current study showed that females displayed higher anxiety scores than males, consistent with trends among the general population (Burani & Nelson, 2020).

### **Limitations and Future Directions**

The current study has some limitations that need addressed. First, our study had a small sample size and was a military school cohort. Military schools come with their own set of challenges and demands that may have accustomed these participants to be better adjusted to stress. For example, for the first six months of their college experience, students must go through emotional and physical training, called the “Ratline.” The purpose of the Ratline is to teach new students ways of self-discipline, time management, and self-control. Traits that students learned

during this time could have equipped them with ways to lower anxiety (Powers et al., 2020). Additionally, students must learn to balance academic hardships, ROTC requirements, and NCAA demands as it applies to them. In turn, this could have allowed students to be more accustomed to dealing with anxiety compared to the average college student. Due to stigma surrounding mental health in the military, military academy students may be less likely to report anxiety symptoms (Sharp et al., 2015). Furthermore, the difference between athletes and non-athletes may be confounded because both these groups have to manage the challenges of military school. Additionally, the current study did not have a very diverse sample, as the sample was predominantly White. Thus, different races and ethnicities may have different family dynamics, which could yield different results. It is also important to note that anxiety and family influence may change across different gender identities outside of the gender binary.

Future researchers should aim to collect a more diverse sample, and researchers could compare the findings from this cohort to a more diverse sample or to students from a more traditional school to see if the same effects are found. Additionally, considering what time of the year these inventories are completed may show different results. For example, if the BAI was taken during the height of the athletic season, anxiety symptom scores could have been higher due to performance related stressors. Furthermore, because students go through waves of stressful times at school, conducting this study during finals season may also yield different results. Recommendations for studies in this area would be to conduct a longitudinal analysis with multiple anxiety inventories being taken throughout the school year. The findings in this study can serve as a baseline for anxiety symptoms scores where future researchers could build upon; all college students go through struggles, whether they are athletes or not.

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**Table 1***Frequency Distribution of Anxiety Symptoms Scores**Anxiety*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	2	4.8	4.8	4.8
	1.00	4	9.5	9.5	14.3
	2.00	1	2.4	2.4	16.7
	3.00	4	9.5	9.5	26.2
	4.00	2	4.8	4.8	31.0
	5.00	3	7.1	7.1	38.1
	6.00	3	7.1	7.1	45.2
	8.00	2	4.8	4.8	50.0
	9.00	3	7.1	7.1	57.1
	11.00	1	2.4	2.4	59.5
	12.00	3	7.1	7.1	66.7
	15.00	1	2.4	2.4	69.0
	16.00	1	2.4	2.4	71.4
	17.00	1	2.4	2.4	73.8
	18.00	1	2.4	2.4	76.2
	19.00	2	4.8	4.8	81.0
	20.00	2	4.8	4.8	85.7
	21.00	1	2.4	2.4	88.1
	25.00	2	4.8	4.8	92.9
	26.00	1	2.4	2.4	95.2
	28.00	2	4.8	4.8	100.0
	Total	42	100.0	100.0	

*Note.* Data on frequency distribution of anxiety symptom inventory scores for all participants on the Beck Anxiety Inventory.

**Table 2***Tests of Between-Subjects Effects*

Dependent Variable: Family Pressure Total

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	2.844 <sup>a</sup>	3	.948	.567	.640
Intercept	96.144	1	96.144	57.480	<.001
athleticstatus	.182	1	.182	.109	.743
gender	.005	1	.005	.003	.959
athleticstatus * gender	2.397	1	2.397	1.433	.239
Error	63.561	38	1.673		
Total	167.000	42			
Corrected Total	66.405	41			

a. R Squared = .043 (Adjusted R Squared = -.033)

*Note.* The table displays the two-way ANOVA between gender, athletic status, and family pressure scores. No statistically significant interactions.



**Table 3***Tests of Between-Subjects Effects*

Dependent Variable: Anxiety

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1103.019 <sup>a</sup>	3	367.673	7.373	<.001
Intercept	5195.321	1	5195.321	104.187	<.001
athleticstatus	90.916	1	90.916	1.823	.185
gender	914.308	1	914.308	18.336	<.001
athleticstatus * gender	157.346	1	157.346	3.155	.084
Error	1894.886	38	49.865		
Total	7734.000	42			
Corrected Total	2997.905	41			

a. R Squared = .368 (Adjusted R Squared = .318)

*Note.* The table displays the two-way ANOVA between gender, athletic status, and anxiety scores. Note no statistically significant interaction.

## Appendix A

### Beck Anxiety Inventory (BAI)

This appendix consists of the anxiety symptom inventory that all participants were asked to take along with the scoring guide.

**About:** This scale is a self-report measure of anxiety.

**Items:** 21

**Reliability:**

Internal consistency for the BAI = (Cronbach's  $\alpha=0.92$ ) Test-retest reliability (1 week) for the BAI = 0.75 (Beck et al., 1988).

**Validity:**

The BAI was moderately correlated with the revised Hamilton Anxiety Rating Scale (.51), and mildly correlated with the Hamilton Depression Rating Scale (.25; Beck et al., 1988).

**Scoring:**

	Not At All	Mildly but it didn't bother me much	Moderately — it wasn't pleasant at times	Severely — it bothered me a lot
All questions	0	1	2	3

*Note.* The total score is calculated by finding the sum of the 21 items.

Score of 0 – 21 = low anxiety

Score of 22 – 35 = moderate anxiety

Score of 36 and above = potentially concerning levels of anxiety

**Beck Anxiety Inventory (BAI)**

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	<b>Not At All</b>	<b>Mildly but it didn't bother me much</b>	<b>Moderately - it wasn't pleasant at times</b>	<b>Severely – it bothered me a lot</b>
Numbness or tingling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wobbliness in legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of worst happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizzy or lightheaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart pounding/racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsteady	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrified or afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling of choking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands trembling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shaky / unsteady	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of losing control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faint / lightheaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face flushed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot/cold sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Appendix B

### Qualtrics Questionnaire

This appendix consists of the questions that participants were asked regarding their reason for attending VMI along with the extent to which their family influenced their decision.

Additionally, it has a question regarding how participant's felt the familial influence.

#### **Please rank your personal top 3 reasons for attending VMI**

Financial aid  
ROTC opportunity  
Military Environment  
Strong academic department  
Alumni network  
Athletic scholarship  
Academic scholarship  
Legacy  
Familial influence  
Future employment opportunities

#### **To what degree did your family influence your decision to attend VMI?**

Not at all  
A little  
Moderately  
A lot  
Completely decided

#### **Check all that apply in regard to how your family influenced your decision?**

Financial burden  
Conversations about VMI  
Guided talks on opportunities after VMI  
Unspoken pressure  
Indirect Influence  
Direct Influence