

Worry and Anxiety

Grant L. Martin, Ph.D.

Definition of Terms

The terms fear, worry and anxiety are often used interchangeably. However, there are subtle differences in these terms. The word fear is used to describe frightened feelings toward a clear danger or threat. Fear is a reaction to an environmental threat that is focused on a specific object, individual or circumstance.

Worry, on the other hand, is similar to fear in that it refers to less intense reactions to specific dangers or foreboding about specific future events.

In contrast, anxiety is a general frightened response to a source that is not readily identifiable. It could be a perception of a threat of what might have happened in the past or what might happen in the future. An anxious child or adolescent may feel agitated or unsettled about some event over which he or she has no control.

In summary, anxiety is a more generalized response to people or events that pose no immediate threat although to the individual they seem threatening.

Process of worry

Most children, during their childhood, experience some bouts of worry. Some children seem to naturally develop skills to cope with their worry while others struggle to do so. Worry can often lead to anxiety in daily problems, thus leaving some children overwhelmed or even frozen by their worry. Like worry, anxiety is one of the most common clinical conditions and a major reason parents seek help for their children.

Worry can be considered a normal response to many situations. Mild worry can be motivation to take action such as preparing for a speech, studying for a test or training for a sports competition. A certain degree of worry can also serve as protection and self-preservation. A child who worries about their own safety and the safety of their family are common and can assist the child in making choices that will keep them out of harm's way.

Worry that is associated with harm as a result of a specific animate object, such as an animal or an inanimate object such as an airplane, can lead to fear. Physical symptoms including change in the heart beat, blood pressure, and hormones often accompany fear. In an extreme situation, this type of fear is referred to as a phobia. A phobia results in a specific isolated and persistent fear of a particular object, animal or person, such as a phobia against dogs or spiders, germs or school. Fears become a phobia when efforts to avoid that perceived fear significantly interfere with daily life and functioning.

Groups of fears that have been identified as often being present in children and teens include fear of failure and criticism from adults, fear of the unknown, fear of injury and small animals, fear of danger and death or medical fears.

When Worry Becomes Anxiety

Anxiety develops out of worry, when, despite the efforts of parents to provide reassurance, the worry persists and grows. The anxiety then begins to cause significant problems. The child begins engaging in behaviors in attempt to avoid or minimize the triggers of their anxiety. For example they may not study for a test due to worrying about failing. They may complain of a stomachache every morning in an attempt to avoid school. These changes in behavior can also be accompanied by physical symptoms of anxiety such as queasiness, muscle tension or heart pounding or stomachaches. Worry and fear become anxiety when a child cannot be reassured and his or her behavior significantly changes in order to reduce or avoid the feared object or situation.

This anxiety can effect the child in three major ways: Their thoughts, behavior and their physiology. Fearful, worried or anxious children develop a cluster of thoughts often thinking something such as “what if” something terrible will happen. They tend to think differently and negatively about their daily experiences and have a tendency to filter out whatever they see, hear, and feel in a negative manner.

Anxious children and adolescents can also develop a tendency to want to avoid any situation that produces anxiety. For example, it may be appropriate for a child who is worried about a scary dog to take another way home from school. However, if that same child begins avoiding going to school as an indirect way of avoiding walking home or avoids going outside or avoids going past any yards, then their behavior has generalized to a point that they are far less able to function.

Finally, anxiety makes the body react. Breathing becomes shallow or more rapid, the muscles get tense and the heart starts beating faster. The child may clench their teeth, tense their muscles, or even develop a chronic shallow pattern of breathing.

Types of Anxiety

Phobia is an intense fear of a specific object or situation that causes avoidance or extreme discomfort. Children may develop phobias against school, animals, heights, water, doctors and loud noises. In younger children, common phobic responses can include crying, tantrums and/or clinging to adults.

Separation Anxiety is a fear of excessive distress when separated or when separation is anticipated from an important adult. This is usually the parents, or it can be a place such as home. Other symptoms of Separation Anxiety can include persistent or excessive worrying that harm will befall the parents or other loved ones. There can be fears of extended separation because the child is worried that something bad might happen to the parents, such as being kidnapped or not wanting to go to sleep without the parents close by. Separation Anxiety is a pretty normal developmental phenomenon for children and is typically strongest at around one and one half to two years of age. However, as the child get older, this type of anxiety should decrease.

Social Anxiety is concerns about performing, interacting, or being embarrassed in social situations. It is probably one of the most common and normal worries that all humans experience at one time or another. Adults may worry about giving a presentation or a speech or hitting the golf ball accurately in front of a group of golf buddies. In children this may be anxiety about giving a talk in front of the class, going to a birthday party, not wanting to strike out in a baseball game or feeling uncomfortable in gym class. Performance anxiety becomes social anxiety when the fear and worry persists and it leads to certain behaviors such as crying, avoidance or isolation whenever the child anticipates having to be in a certain situation.

Panic or panic attacks can best be described as a physical and/or emotional reaction to anxiety provoking situation or object. All of the types of situations described earlier can include panic attacks as a manifestation of the specific anxiety. It is possible for both children and adults to experience a sense of panic without any specific anxiety-provoking stimulus. This suggests a strong biological component to panic and may mean that some are more predisposed to this kind of reaction than others. Common physical symptoms of panic attack can include a racing heart, sweating, trembling, nausea, dizziness, and hyperventilation, feeling cold or hot, numbness or tingling, or experiencing a smothering sensation. Emotional or cognitive symptoms can often include an intense fear of dying or fear of losing control, general apprehension or feeling that things are not real or feeling apart from oneself, having a desire to flee or escape from a particular event or setting, or just feeling immobilized.

Stress Related Anxiety typically occurs when an individual has experienced or observed an event or series of events which are highly stressful or traumatic. This might include something like test anxiety. Many students have had this experience. Events in which serious injury or threat of injury occurs, either observed or experienced, along with intense fear, horror or helplessness, is referred to as Post Traumatic Stress Disorder. Car accidents, violent crime, natural disasters, physical, sexual, or emotional abuse or other bodily harm are all examples of potentially serious traumatizing situations, which could fall under the PTSD category.

Generalized Anxiety is caused through experience or temperament and some children are just prone to worry. These children tend to worry about all kinds of things including many of the things described earlier. When a child's worrisome ways get out of control, and are excessive, either by intensity or in scope, it is referred to as Generalized Anxiety. In other words, the anxiety they may experience in one or two situations generalizes to many other aspects of their lives. These children can often experience a "run away train" of thoughts, feelings and behaviors. They worry about the unpredictability of numerous events, situations or activities. They experience a never ending barrage of "what ifs" such as what if I fail or what if I don't wake up tomorrow, what if something happens to Mom and Dad, what if a dog bites me, etc.

Obsessive/Compulsive Disorder

Children with Obsessive/Compulsive Disorder or OCD, experience persistent obsessions and compulsions. Obsessions are recurrent thoughts, images or urges that are intrusive and distressing, whereas compulsions are repetitive behaviors that are performed in response to obsessions and are aimed at preventing negative events. Common types of intrusive thoughts

reported by young people include concerns about harming others or themselves, contamination, superstitious ideas about bad luck or overly religious concerns. Common compulsions include washing or cleaning, checking and repeating rituals, hoarding, or saving.

Children with OCD perform compulsions following an obsession in order to prevent a feared outcome from occurring. After the compulsions are carried out, they usually experience an immediate decrease in their level of distress. However, this decrease is usually short lived because doubts or other triggers in the environment can result in further intrusive thoughts. As a result it is not uncommon for children or adolescence to feel the need to perform a ritual many times.

Causes of Worry, Fear and Anxiety

A tendency to worry appears to be more common in some families more than others. However, it is not exactly known whether this tendency is experiential, genetic, or environmental basis for the transmission of the problem from the parent to their child. It is likely that a number of factors contribute. This can include the occurrence of traumatic events, or the individual's past experience through which they filter a present anxiety provoking event. Genetic or biological risks also appear to cause some children to experience certain events more intensely.

While there may be a genetic contribution to the predisposition toward anxiety, research is still unclear about this potential contributor to a tendency for anxious children.

Brain function, which includes the structure and chemical operation of the brain, may certainly contribute to a predisposition. But how such a trait interacts with the environment to produce an anxiety disorder or excessive worry is not fully understood. At this point there is no clear identified structural difference in the brains of people prone to worry compared to those who do not worry. Some research suggests there may be a chemical difference, but this research is still being conducted.

Suggestions For Parents

Helping your anxious child can include a combination of activities. Therapy to deal with the anxiety and the thoughts and developing a tool kit of strategies for dealing with the anxiety is a most important component of treatment for most children.

Some of the components of therapy along with the source might be as follows:

1. Children who have difficulty with extreme thinking need to learn how to be realistic and talk back to distorted thinking.
2. Difficulty in coping with anxiety situations can be helped with relaxation and calming activities.
3. Parents who are overprotective and unintentionally enabling a child need help with child management skills.
4. Children who are engaging in avoidance behaviors can be helped with reality testing techniques.

5. Children who have difficulty interacting with others can be helped with social skill training.
6. Children who are overly shy and avoidance children who experience threatening or being pushed around by others can be helped with assertiveness techniques.

A standard approach to helping a child is to first demonstrate how thoughts and feelings effect or in essence create anxious or worried feelings. The tools include the use of cognitive behavioral discussions which helps a child first identify triggers that tend to bring about anxiety and then teach the child to talk back to those distorted thoughts and learn to think realistically.

Two common errors in thinking are overestimating the probability of something that is going to happen and making it into a more certain event and overestimating consequences in which a child makes things more threatening than is realistic.

Medication may also be utilized in working with higher level cases of anxiety. Many of the SSRI type of antidepressants can work well with anxious symptoms. You should check with your physician about the appropriateness of medication for your child if the symptoms seem to be persistent and extreme and/or if therapy seems not be progressing. Sometimes I will recommend medication be considered in order to sort of jump start the therapeutic process. Utilizing both medication to get some immediate relief, and the use of therapeutic strategies to teach the long term management and coping skills, can be a very useful strategy.

The parents' role in working with anxiety includes a number of components including nurturing an optimistic mindset and ideas to help the child develop a feeling of control. This means having a realistic hope and a belief that problems are surmountable. The child needs encouragement in knowing that it will be possible to manage their fear and anxiety.

This can be done through a process beginning with being clearly empathetic. As much as possible, parents need to place themselves in their child's shoes and see the world somewhat as the child sees it. Important questions could be asked by the parent of themselves, such as the following:

1. "In anything I say or do with my child, what do I hope to accomplish?"
2. "Am I saying or doing things in a way in which my child is most likely to listen to me and feel I really care?"
3. "Would I want anyone to behave or speak to me the way I am behaving or speaking to my child?"
4. "How do I want my children to describe attempts to help them deal with their fears and anxieties and how would they actually describe me?"

In addition it is important for the parent to help destigmatize and demystify worry and anxiety. As parents, your role is become as knowledgeable as you can about your child's worries and fears and then use this information with your child in a non-judgmental supportive way. The intent is to convey to your child, that many youngsters worry about things but that some children worry more than others do and that there are ways of handling these fears. It is important for your child to feel that his or her parents will help them in a practical manner to lessen worries. It

is also important for children to begin to feel that they are active participants in confronting their own worries.

The rest of the process is working in concert with your therapist to teach your child about thoughts, feelings and behaviors, and how they contribute to and maintain anxious feelings. Tools such as a “worry scale” and “worry thermometer” understanding triggers, identifying faulty thinking and talking back to anxiety are some of the tools used at this point in the process.

Two resources that I found to be helpful include, *Seven Steps to Help Your Child Worry Less*, by Goldstein, Hagar and Brookes, published by Specialty Press, Plantation, FL, 2002. The other book is *Helping Your Anxious Child-A Step by Step Guide for Parents*, Rapee, Spence, Cobham and Wignall, New Harbinger Publications, Oakland, CA, 2000.