Anxiety in children

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Abstract

Anxiety is an activation state of the whole body, which drives a set of emotions and tendencies of action, manifested in the form of concerns, worries, alertness and caution and is also an alarm signal calling attention to the possibility of something happening against personal wishes. It provides the ability to act constructively and call the rules of survival. Anxiety is a natural response and an adaptive form of warning, which the human being is endowed with. This disorder can become pathological when it manifests excessively and uncontrollable, when it appears in the absence of external stimuli and when it is expressed through a variety of physical, emotional, cognitive, and behavioral symptoms.

Anxiety disorders are the most common diagnostics made in child psychological pathology. The prevalence rate of anxiety in children aged 9 to 13 years was 5.7% and in children aged 9 to 17 years, 17% (Castellanos, & Hunter, 1999).

Keywords: *anxiety, child psychological pathology, separation anxiety, diagnostic criteria.*

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I. INTRODUCTION

According to DSM IV-TR (2000) anxiety disorders include generalized anxiety disorder, social anxiety (social phobia), specific phobias, panic disorder (with or without agoraphobia), obsessive-compulsive disorder, posttraumatic stress disorder, anxiety due to a medical condition, acute stress and substance-induced anxiety.

Anxiety occurs when external factors are perceived as threatening to physical and mental integrity of the individual. Unlike fear - arousal that occurs when senses record the presence of a real or imminent danger and disappears with the disappearance of danger, in anxiety attention is paid in anticipation of a real or imaginary danger, prompting appropriate action in relation to the situation (Fonseca, & Perrin, 2001).

"Health" anxiety works towards achieving the goals and avoiding the pain and suffering (Ellis, 1999). It works to protect the person to not feel discomfort caused by the continuing unmet desires or need for safety. It is based on a realistic and rational fear that leads to prevent failures.

"Unhealthy" anxiety is destructive and acts against the interests of the individual. It is accompanied by irrational beliefs that lead to blocking in dysfunctional behaviors, further triggering negative emotions which prevent proper prevention of threats (John, & Gross, 2004).

II. ANXIETY IN CHILDREN

Anxiety is naturally present in children, along with fear and sadness, being a part of children's emotionality. The child communicates her emotions first through behavior, then through spoken language. Fear, anxiety, sadness and depression are expressed in various forms, and these experiences are changing gradually, gaining adaptive function. Fear and anxiety have the same psychological manifestations, being felt as a sense of fear and tension, accompanied by motor and autonomic phenomena. These feelings vary both in terms of their nature and response modalities.

The estimate prevalence of any type of anxiety disorder in children is around 3-12% and increases to 40% if account the deterioration of social functioning is not taken into account (Biederman et al., 2001).

According to a qualitative study conducted in Romania by "Save the Children" in 2010, 20% of children suffer from a mental disorder, 3.5% were diagnosed with depression and 13% with anxiety disorders (generalized anxiety disorder, social anxiety, phobias, separation anxiety, panic attacks). In Romania there are 880.709 children with mental health problems and disorders, of which 154.124 children with depression and 572.461 children with anxiety disorders (http://www.who.int/).

Fear of strangers appears around the age of 4-5 months and fades around the age of 12 months. Although in their first weeks of life children do not react to unfamiliar figures approaching them, at 4 months they begin to fear these figures. They look withdrawn, tense and easily burst into tears. The intensity of this behavior depends on:

- the presence or absence of the mother - child in her mother's arms turns away from unknown person, protesting and approaching nearer to the mother's breast;

- Previous experiences with strangers - that can be pleasant or unpleasant;

- The age of the unknown person - children are less afraid if the unknown person is also a child;

- The degree of control - if the mother is nearby or the child is alone.

This behavior scheme, as a whole, begins in the early weeks of life, when the child is interested in all external stimuli, including unknown ones. In time, she develops the ability to recognize familiar faces and to distinguish them from those unfamiliar through cognitive and memory development. Bowlby (1975) stated that in eight months' babies the "permanent object" scheme is established while child's memory allows her to distinguish a known person or object from the unknown ones.

Separation anxiety, fear of separation from the primary attachment figure, is a natural behavior, specific in all children in the early years. 9-10 months to 2 years children cry when they are taken from their mothers. Separation anxiety is a universal phenomenon (Bowlby, 1960), reflecting the evolution of the human emotions, from child fear for not losing his mother to the adult's fear of being isolated, alone, or abandoned.

Type, duration and intensity of anxiety depend on the child's age, the quality of the attachment relationship, the anxiety nature of the situation, and the previous experiences on the separation and its effects (Clarke, 2006). According to Bowlby (1975), long-term separation has three phases: protest, despair, and detachment.

Separation anxiety begins to fade away in pre-school through development of cognitive processes and experiences. The child develops language, the ability to anticipate events, the intuition of causal relationships, being now able to explain herself some of the unknown events (Barrett, 2000). Fear is maintained, but takes the form of shame in the presence of outsiders. The child sits near her mother investigating the situation in sight. She is still afraid of dark, of some animals, and when she is alone she would imagine terrible things that frighten her. During this period begins a new kind of fear. Fear of abandonment, fear that the parents had left, that there was an accident and they won't come back (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). This type of fear will populate the child's thoughts up to school enrollment.

School years bring some other types of fear: examination anxiety, fear of failure, fear of not being accepted by the group of peers (social anxiety). Later on, while the transition to abstract

operations stages the child becomes sensitive to the development of other fears: fear of the future, war, death, sexuality, fear of failure or career related fear (Siqueland, Kendall, & Steinberg, 1996).

III. DIAGNOSTIC CRITERIA FOR ANXIETY IN CHILDREN

Separation anxiety

DSM IV-TR (2000)

A. Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached, as evidenced by three (or more) of the following:

1. Recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated.

2. Persistent and excessive worry about losing, or about possible harm befalling, major attachment figures.

3. Persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped).

4. Persistent reluctance or refusal to go to school or elsewhere because of fear of separation.

5. Persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings.

6. Persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home.

7. Repeated nightmares involving the theme of separation.

8. Repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated.

B. The duration of the disturbance is at least four weeks.

C. The onset occurs before the age of 18. If occurs before the age of 6 it is called early onset

D. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.

E. The disturbance does not occur exclusively during a pervasive developmental disorder, schizophrenia or other psychotic disorders and, in adolescents and adults, is not better accounted for by panic disorder with agoraphobia.

ICD 10 (World Health Organization, 2004)

F93.0

- It is a disorder in which anxiety is focused on the fear of separation;
- Occurs during the first months and years of life;
- Separation anxiety is differentiated from physiological anxiety through the intensity and persistence after infancy, and the disrupting of social and family life.

IV. CLINICAL FEATURES

The essential clinical feature is the quality of child emotional reaction to separation from the major attachment figure, which he perceives as safety:

- Emotional reaction has various intensity and manifestations, depending on the age of the child.
- Diagnosis of anxiety disorder cannot be established before the age of 10 to 13 months, and only if the intensity and persistence of symptoms is severe, lasting at least four weeks.
- The main clinical symptoms expressed by the child feeling scared and abandoned when left alone are: concern and anxiety in anticipation of separation, protest by crying and screaming, apathy, terrifying dreams and restless sleep with pavor nocturnus, various somatic complaints, autonomic symptoms (Zeanah, Berlin, & Boris, 2011).

Children younger than 8 years often manifest the fear that something bad might happen with their parents in their absence and refuse to sleep alone, to go out without them, or to remain home alone. They frequently have nightmares and sleep disorders, as well as neurovegetative disorders (Streeck-Fischer, & Kolk, 2000). Children of 9 to 12 years old most frequently express fear and anxiety at the moment of separation, sometimes managing to overcome anxiety. Children of 13 to 16 years old refuse to leave home and go to school, fearing to leave their parents. They have frequent somatic complaints.

Children's anxiety disorders are generally studied from a developmental perspective. Children are afraid of dark, heights, thunder and lightning, loud noise, unexpected situations. This genetically programmed behavior protects the child, having an adaptive function. In early childhood fear of strangers and separation anxiety are frequently encountered (Kain, Mayes, O'Connor, & Cicchetti, 1996).

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