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## UNIT 3 EMOTIONAL PROBLEMS (ANXIETY, FEAR, PHOBIA)-II

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### 3.1 INTRODUCTION

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We all experience different emotions at different points of time. We also vary in the way we express our emotions. Biological, psychological and environmental factors influence our emotional experiences. Two children enter a room where there is a lizard. One child is slightly scared, stands at a distance and looks at it with curiosity. This is a normal reaction. The other child runs away from the room shouting as if she has seen something terrible, this reaction is abnormal. The intensity, frequency and duration of such reactions help us judge what is a normal reaction and what is an abnormal reaction. This Unit will focus on the emotional states of anxiety, fears and phobias.

Ramu is an 11 year-old boy studying in fifth standard. On returning from his new school, he threw away his bag and started crying. When his mother questioned him, he told her that he did not want to go to school because the teacher and other students call him "Khullapajee" a kannada word meaning short statured miser. The mother, however, forced him to go to school the next day. The tension was mounting every day. The bullying continued. It was at this time Ramu heard a story from his elder brother that a student was stabbed to death in the football field in his college. The following day Ramu refused to go to school. He started trembling and shrieking when he was persuaded to go to school.

You can see in the above examples, that an incident turns into a stress, and anxiety and fear are formed. Stress is a continuous factor in the environment. It is further strengthened by the atmosphere at home. Fear, when increased out of proportion, incapacitates the child in the form of a phobia.

Let us now examine how anxiety, fear and phobias differ from one another.

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## 3.2 OBJECTIVES

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You have already read a unit on **emotional problems**. In this Unit, we will discuss disorders like anxiety, fear and phobias. After going through this unit you will be able to:

- identify the causes and symptoms of anxiety, fear and phobias;
- interpret a child's reactions at the beginning stage and prevent them from setting into major disorders;
- suggest to their parents steps in preventing disorders from becoming serious; and
- describe how to create a healthy environment in school and at home for the child.

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## 3.3 ANXIETY AND FEAR

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In understanding anxiety, fears and phobias, the following points regarding their genesis are of great importance.

### **Danger arouses fear**

Perception of specific danger arouses fear. This produces **withdrawal or flight** reactions. The danger perceived and the degree of fear elicited would vary from individual to individual in different environmental contexts. Ramu, after listening to the stabbing incident, perceive a similar danger to him in the school. This perception of danger induced fear in him. The fear was manifested by withdrawing from the school.

### **Threat arouses anxiety**

Anxiety is closely related to fear. **Stress** situations often give rise to both fear and anxiety. In general, we may understand fear as directly related to perceived dangers, while the sources of anxiety are perceived vaguely or not at all. Raju is going to appear for his final examination, he doesn't know how he is going to perform and he feels anxious. When Raju was going to school, he saw a huge dog running towards him. He became fearful. In the first situation, the source of threat was vague while in the second situation the threat is specific. In the first situation, he experiences anxiety while in the latter he experiences fear.

### **Continued irrational fear creates phobia**

In phobia, the individual realizes that his/her fear is irrational and unrealistic but is unable to dispel it. He/she takes elaborate steps to avoid the situation that arouses fear in him/her.

Geeta knows that the lizard in the room will do her no harm and yet she is unable to enter that room. This is referred to as phobia.

### **3.3.1 Anxiety and Behaviour**

Anxiety elicits both maladaptive and adaptive behaviour patterns. Take the case of Ramu. Due to anxiety he tries to withdraw totally from school. Here anxiety causes maladaptive behaviour. Anxiety becomes pathological (abnormal) because of its intensity, duration and inappropriate expression in response to situations.

Anxiety also has some adaptive functions. It is a necessity for preventive action and

preparation to meet various challenging situations in life. As the examinations come closer many students become anxious and this anxiety helps in motivating the students to spend extra time in studies. Here anxiety helps in eliciting adaptive behaviour. Take the case of Shyam, he had to give a speech on his school day. As the school day approached, Shyam became anxious and this made him rehearse his speech over and over again. Finally, he gave a good speech on his school day. Here again anxiety has helped him come out with adaptive behaviour.

We can also speak of normal or abnormal (pathological) anxiety. Anxiety is normal for the infant who is threatened by separation from parents or by loss of love, for the child on his first day in school, for the adolescent on his final examination and for anyone who is faced with illness. **Anxiety is a normal accompaniment of growth, of change, of experiencing something new and untried, of finding one's own identities and meaning in life.**

### **The Case of Hema**

Hema came from a family of intellectuals, her father being an IAS officer and mother a professor in a college. Her two brothers were well placed as engineers. She was brought to the counselling centre with the following complaints: sleeplessness, headache, talking back to everyone, and being very sensitive about small problems in the family.

Hema was a prematurely born baby suffering from jaundice and typhoid during childhood. She was quite irritable, weak and sensitive. She was quiet and shy in disposition. She would get upset if her parents did not pay attention to her. Upto class five, she was able to get good marks. In class six she could not withstand the competition and felt that she was being discriminated against both at school and at home. She attributed her failure to achieve to others in the environment. Subsequently she developed all the symptoms described above.

The above example shows that in addition to stress, it is the personality factors which intensify the anxiety experienced by an individual and the type of reactions manifested. A shy, sensitive, introverted child responds more intensely to stress than others. S/he over reacts to the wide range of stresses in everyday life. Once anxieties are aroused, they continue to mount because of inappropriate coping with stress.

### **3.3.2 Causes of Fear and Anxiety**

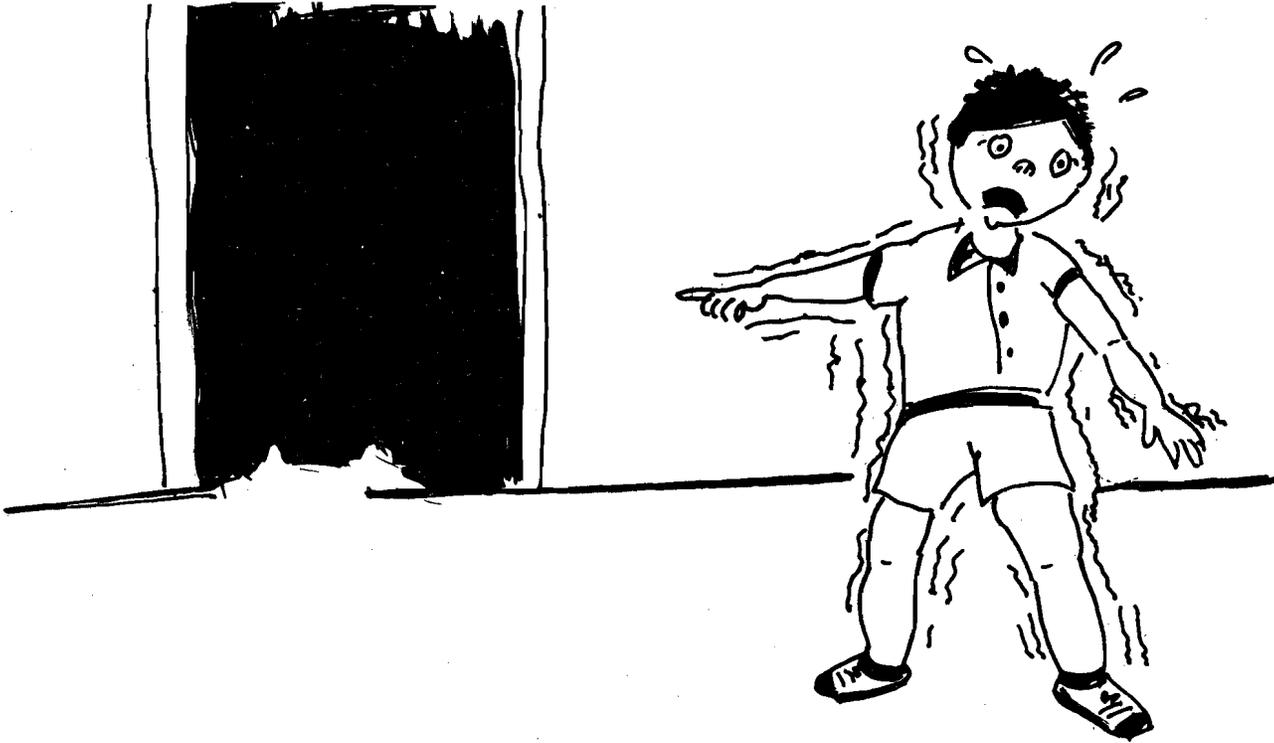
Unconscious conflicts within the individual have been seen to be a source of anxiety and give distress.

Some other psychologists state that disturbed parent-child relationships create feelings of insecurity in children and then these children become prone to develop anxiety reactions. Where children are subjected to frequent disapproval and punishment, they tend to remain anxious.

Behavioural psychologists give importance to conditioning in developing fear and anxiety. Watson, a psychologist demonstrated this through an experiment. He showed a rabbit to a three year old child. Whenever the child approached the rabbit, a loud noise was produced. The child got frightened and withdrew. After a few days, at the very sight of the rabbit, the child was frightened and started screaming. In this way a harmless object, through association with a threatening situation, can elicit fear and anxiety. It is also possible that because of a painful experience the child becomes fearful and anxious in a similar situation. A child who is severely punished by a teacher may develop fear of all teachers or of the school itself.

At times the child develops fear through his/her own interaction with others. The

child may hear or read of horror or see his/her sibling becomes fearful at the sight of a cockroach. He/she may develop fear of those situations or objects.



Cognitive theorists focus on thinking. According to them, we feel anxious or fearful because we have irrational thinking, which produces fear and anxiety. For example, an adolescent who is going to deliver a speech keeps thinking that he is going to make mistakes and the whole school is going to laugh at him, feels very anxious. A student who keeps thinking that the teacher is going to be angry with him, feels anxious.

We have discussed some of the causes that produce fear and anxiety in children. Can you think of some similar causes or situations that give rise to anxiety and fear? Write your answer below:

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### The Case of Mario

Mario was the only child of his parents who were extremely loving, affectionate, and concerned about the child. He was not allowed by the parents to leave home or play alone with others. During his fourth year, his parents took him for admission to the local school. Following a week of his admission to school, the child showed resistance to go to school, became restless and started crying. He developed breathlessness, started waking up at night, crying, bed-wetting and clinging to his mother.

1. What are the causes for Mario's anxiety.

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2. What are the symptoms of his anxiety?

i) resistance to go to school

ii) restlessness

iii) .....

iv) .....

v) .....

Read the following case history and answer the questions.

Ramesh is studying in fourth class. He has considerable problem in arithmetic. He is unable to do his homework. No one is interested in helping him with his school work at home. When he goes to school without doing home-work, he is punished by his teacher. The child starts playing truant from school and home and one day he was brought back home by the police. Subsequently he was afraid of anyone talking loudly, started stuttering and bed-wetting at night.

1. What factors have contributed to the anxiety of the child (Ramesh)?

2. What are the symptoms of anxiety manifested in the child?

3. What would be your plan for helping the child?

**Check Your Progress**

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the Block.

1. State the primary difference between fear, anxiety and phobia? Illustrate with examples.

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2. 'Anxiety elicits both adaptive and maladaptive behaviour'. What is meant by this statement?

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3. State the primary difference between behavioural and cognitive psychologists in their explanation of causes of fear and anxiety?

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### 3.4 PHOBIC REACTIONS

**A phobic reaction is a persistent fear of some object or situation which presents no actual dangers to the child.** A child who has phobia takes elaborate steps to avoid such objects or situations.

The following are some of the common types of phobias:

- Acrophobia - fear of heights
- Agoraphobia - fear of open places
- Claustrophobia - fear of closed places
- Zoophobia - fear of animals
- Pyrophobia - fear of fire
- School phobia - fear of school

Besides these, there are numerous other phobias. Any object or situation may become the content of phobia due to past experiences.

Phobias are extremely disabling. Phobic people recognise that their fear is inappropriate to the situation. When they think of the object or the particular situation, they become anxious. They manifest physiological reactions like excessive perspiration, rapid breathing, tremor, diarrhoea, vomiting, tightness in chest, and dizzy spells.

#### The Case of Ravi

Ravi aged 10 years, was studying in the 5<sup>th</sup> standard. He was a healthy child. One of his close friend who was bitten by a mad dog, died. Within a few weeks of this incident he requested his parents to give away their pet dog. He was afraid to go alone to school. He was scared that some stray dogs might attack him. He asked his father to take him in a vehicle or escort him up to the classroom every day.

As in this case, many a time phobic fears are learned through some painful encounter. They are acquired through one painful encounter or many exposures to a painful situation. Sometimes they are also learnt by seeing a model or imitating others. Sita's mother is phobic to cockroaches. Seeing her mother, Sita too has developed excessive fear to cockroaches. Sita is scared to enter a room, if she is told that there is a cockroach in the room.

**Check Your Progress**

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the Block.

4. What is a phobic reaction? What are its symptoms?

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**3.5 THE THERAPEUTIC INTERVENTION**

When a child with disturbance is to be treated, it is most vital to ensure that the child and the family are taken into complete confidence before the therapy begins. The child must not be made to feel like a patient or as someone who is guilty of having an unusual condition. While different therapists may have different kinds of training and hence somewhat different approaches, the goal is essentially to help the child overcome the disturbed state.

In treating fear and anxieties the following are some of the suitable techniques or forms of therapy:

**3.5.1 Behaviour Therapy/Modification**

a) **Relaxation procedures:** These procedures are adopted to reduce tension and stress from the body and mind. Here we can use play as a method of relaxation with children. Make the children run, dance, act in caricature and joke. For older children yoga can be used as a relaxation procedure.

Ms. Uma is teaching the first standard. Whenever she finds one or two students anxious, she call them out. She gets a few more students, make them all stand in a circle and dance. The anxious children feel shy and inhibited at first but after a few days, the anxiety of those children comes down. It is to be noted that when children do something they like and feel confident about, they are not anxious.

a) **Desensitisation procedures:** Some children are sensitive to place, person, object or situation and show anxiety, tension and fear. There are various procedures for dealing with this. A child is gradually exposed to anxiety reducing situations in this manner. For example, a child who is scared of dogs can be exposed to a picture of the dog first, then he can be asked to colour a picture of a dog, then in the next stage when the child stands with the teacher while a dog on a leash is shown from a distance. Thus gradually the child is exposed to the dog till he can see a dog from a reasonable distance without getting scared.

In desensitisation, always introduce a pleasant task like eating, painting, music while the child is gradually exposed to fear arousing situation. For example, if a child has a fear of darkness, then keep him or her engaged in listening to music and slowly make the room from a well-lit state to dimly lit and then dark room session to session. Over a period of time he or she would get desensitised.

a) **Modelling:** Here the adult demonstrates by touching or encountering the objects/situations to the child that the fear is baseless. For example, a parent can walk into a

dark room and come out and tell the child that nothing has happened to her. She can then encourage the child to do the same, first along with herself and later alone.

### **3.5.2 Counselling**

Unknowingly, parents and others may be contributing to the fears and anxieties of the child. A mother may be telling ghost and horror stories to the young child who in turn may be scared to walk in the dark. In counselling, the mother is made aware of how, indirectly, she has been contributing to the development of fear in her child. She is also taught how to act when the child is anxious and how to help the child - (see the Do's and Don'ts). In counselling, the child is also given a chance to speak out his/her fears and concrete suggestions are given to overcome them. For example, a child who is timid and becomes fearful easily is advised to avoid seeing horror programmes on TV. Whenever the child makes any improvement she/he is given a positive response such as a hug or a pat on the back.

### **3.5.3 Play Therapy**



All play serves a therapeutic function in a general sense. However, when it is employed as a tool for therapy, the therapist gives it a structure and a direction; depending upon the nature of the child's age and problem. As young children find it difficult to express their needs and problems verbally, through their play patterns and conversations, the therapist can assess the causes and nature of problems. Materials like toys, dolls, paints and clay are provided while the therapist makes minimum suggestions to the child so that the child leads the play. At opportune moments the therapist asks questions without interrupting the child's involvement in the activity. Thus fears and anxieties related to situations, objects and anxieties related to situations, objects and people may be expressed. By providing a similar play approach the child may be helped to overcome apprehensions with the therapist's help, who becomes a play partner. Usually the therapist deals with one child at a time.

### 3.5.4 Environmental Manipulation for Modifying Stress

Due to some factors in the environment, anxiety and fear might continue in the child. Hence, the place, people and on-going activities in an environment should be examined and modified so that the anxiety triggering factors are minimised. This can be done at home, in the classroom, in other situations.

For example, Radha's mother complains to the class teacher that for the past one week, before coming to school, Radha cries saying that she does not like school and throws up her milk. Many children show this problem when some school related difficulty arises. If the teacher can talk to Radha and try to pin point the reason, she may find that either a classmate bullies her or a teacher has been too harsh with her or perhaps the bus ride is tiring. Whatever appears to be the reasons, some amount of alteration in the environmental factors such as dealing with the **bully** or talking to the **difficult** teacher would help. The latter could be requested to show positive attitude towards the child in the next few classes.

A child becomes extremely anxious at the sight of another child in the class. How will you help the child by following the method of environmental manipulation? Write your answer below.

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### 3.6 SOME DO'S AND DON'TS

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1. Do not be too strict with children.



2. Do not be a perfectionist in your attitude towards children.
3. Do not restrict children from self-expression.
4. Do not always express fear and restrict the movements of children.
5. Do not talk of ghosts to threaten children.
6. Do not be punitive to control children.
7. Allow children to be adventurous.
8. Appreciate children for their efforts, not necessary only success.
9. Be a model yourself in showing them appropriate actions/expressions in fear-arousing situations.
10. Create an environment suitable for inducing confidence (mostly through play/drama/music/painting, etc.).
11. Have enough time to keep company with children.

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### **3.7 BEHAVIOURAL ANALYSIS**

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While dealing with a child who has fear or anxiety or phobia, the following steps have to be followed:

1. In case you detect that the child has abnormal behaviour, make patient observations of such reactions over a period of 7 to 14 days without reaching hasty conclusions.
2. Find out the intensity, frequency and duration of such disorders and record them in a diary.
3. Enquire into the environmental factors at home, school and other working situations. Are there any stress producing operations for the child?
4. Locate the person/persons in the environment who reinforce (strengthen) the child's abnormal behaviour.
5. Then plan the intervention programme, taking into account all the above factors.
6. Take the help of parents and train them to deal with the child along with you.
7. In case a child does not respond within three weeks, refer her/him for an expert opinion (pediatrician, counsellor, etc.)
8. When you find progress, encourage the child further.
9. Do not punish or criticise the child with problem behaviours, extend your helping hands and protect him/her.
10. A follow-up of the effectiveness or failure of therapy should be done by teachers/parents. It can also be reviewed, with the help of an expert.

### Check Your Progress

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the Block.

5. List down three important Do's and Don'ts for healthy development of children.

i) .....

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ii) .....

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iii) .....

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## 3.8 LET US SUM UP

Individuals vary in the expression of their emotions. Biological, psychological and environmental factors influence our emotional reactions considerably. Anxiety, fear and phobia are formed when experience or situations turn into stresses. Though stress is continuous in the environment, it is further strengthened by the atmosphere at home. Various schools of thought explain the causes of fear and anxiety differently. A therapeutic intervention, which is a combination of bio-psycho-social factors, is taken into consideration by therapists. Counselling, play therapy and environmental manipulations are the techniques for reducing stress. Above all, it is a patient and careful analysis of the child's behaviour and location of environmental factors coupled with an appropriate intervention programme which can go a long way in helping the child.

## 3.9 UNIT-END EXERCISES

1. Identify a child with fear/phobia reactions in your school/neighbourhood. Make a case study of the child including factors like the background, causes and suggested do's and don'ts for helping the child. Base your report on interactions with child's parents and his/her peer group.
2. Conduct a brainstorming session with a group of primary school age children on the topic "The thing(s) / object(s) I fear". Based on their ideas and reason(s) for being afraid, discuss the ways / methods that help them to cope with their fears.