

## CHAPTER 1

# WHAT IS ANXIETY?

Everyone experiences moments of anxiety, including worry, concern, or apprehension. That is a good thing because those feelings help prepare us for whatever is about to occur. But it is a thin line between helpful and harmful. What is the tipping point?

According to Webster's dictionary, when anxiety becomes overwhelming and debilitating it is defined as an abnormal and overwhelming sense of apprehension and fear often marked by physical signs. The key words in the definition are "abnormal" and "overwhelming."

## WHAT CAUSES ANXIETY?

There is no single explanation for the cause of anxiety. Anxiety certainly can be useful as an “early warning system” that there is some possible danger heading your way. Feelings of anxiety alert you, giving you the chance to mobilize to keep yourself safe. We all have moments where anxiety serves its purpose and saves us from harm.

Here’s an example that some of you will relate to. Have you ever been driving along peacefully enjoying the sights, when your relaxed state is hijacked by the flashing blue lights of a police cruiser coming up behind you? Anxiety! You begin to problem solve. Did I miss a stop light? Was I speeding? Is my tail-light out? You slowly let off the accelerator, improve your posture and force yourself to look relaxed. And then the police car passes you and heads on to the actual destination. You breathe a sigh of relief. Anxiety did its job! It alerted you of a potential danger or stressor which sprang you into action to deal with the problem, returning to a manageable level of stress and activity.

So, anxiety is an asset. But for some people, their anxiety skills – apprehension, caution, guardedness, reluctance, hesitancy, excessive worry – are off the charts, and often not in response to a true risk or danger. And they limit so many opportunities to tune into life. Why is there a range in the way we cope with situations? For most, the explanation begins with genetics. Sometimes the genes that add up to the package called anxiety are especially dominant. Research released in December 2023 (Karunakaran, et. al.) demonstrates how science is getting closer to identifying actual genes, or gene clusters, that account for substantial amounts of emotional or behavioral patterns. While pinning down an accurate “percentage of causality” is not yet doable, there are multiple studies that provide estimates of the genetic contribution to anxiety. A study done by Morris-Rosendahl (2002) tells us that approximately 50% of anxiety can be attributed to genetics. Gottschalk and Domschke (2017) concluded that the heritability rate for anxiety to be slightly lower at 31.6%.

We know that anxiety can be useful, sharpening our focus on how to address life events that require actions to deal with. When a person's natural anxiety levels are either more elevated or reactive, "normal anxiety moments" are magnified. A manageable worry quickly becomes an overwhelming WORRY. And if the adults in a child's life also have a naturally higher "anxiety instinct" it is common for those adults to model more elevated anxiety when dealing with common stressors.

Trauma is another contributor to anxiety. It comes in many forms, some are one-time events, others are a constant stream of elevated concerns, and some are systemic and continuous. A specific slowly developing example of trauma is when children's basic physical and emotional needs are not consistently met by the caregivers in their lives. All children experience anxieties over basic needs, including being alone, feeling adequate or capable, worrying about disappointing adults, and natural conflicts from letting go of being dependent on adults, to gradually becoming more independent. Again, all children wrestle with these issues. In the best of worlds, caregivers are able to guide a young child going through these natural growth challenges.

But sometimes the caregivers have their own struggles, including the possibility of the same anxiety genetics that are passed on to their child. We know that adults who are high on the worry scale can unintentionally model elevated anxiety for their child. This could be the child's parent/caregiver, a teacher, or another adult. With the best of "protective intentions" the adult can teach the message that the student has a good reason to be anxious.

A comforting note, however, is that we do not currently think that genetics totally explains anxiety (or most other personality patterns, for that matter). And it's comforting because, for all human personality patterns, both nature and nurture play their parts. "Nurture" reflects your experiences, the things you observe, and are taught. The promise of "nurture" is that our brains and our behaviors are constantly evolving; we can learn more effective ways of managing our anxiety instincts so that they serve us instead of controlling us.

## **WHAT IS THE ROLE OF STRESS IN ANXIETY?**

Stress is a response to challenges and threats, often including mental and physical symptoms, such as irritability, anger, fatigue, muscle pain, digestive troubles, and difficulty sleeping. Everyone experiences stress. In fact, experiencing stress is important to give the young infant's brain a reason to develop! The process is called "synaptic pruning." Synapses are the "thinking connections" between neurons; it's the essence of cognitive problem solving. Over time the brain becomes more efficient, as connections between neurons that are used a lot get stronger, and those not used get weaker. The problem is too much stress over extended periods of time can keep the brain on high alert. After a while, the brain doesn't know how or when to relax, and it remains on alert status, even when that's not needed. And this constant high alert state can contribute to an increase in anxiety.

## **IS FEAR THE SAME THING AS ANXIETY?**

No. Fear and anxiety both produce a similar stress reaction often referred to as "Fight-or-Flight Response." However, many experts believe that there are essential differences between the two. These differences can account for how we react to various environmental stressors (Tovote, Padok, & Lüthi, 2015).

Fear and anxiety differ in the following ways:

- » Fear is a reaction to a specific, observable danger.
- » Anxiety is often a general feeling of distress and is often not specific to a particular event; it is more of an overall feeling of uneasiness that never leaves.
- » Fear is rooted in the present, while anxiety can be an obsessive focus on past events or possible future events.
- » Fear mobilizes energy for movement as in the fight-or-flight response, while anxiety takes away energy.

- » Fear relates to a known or understood threat, while anxiety follows from an unknown, expected, or poorly defined threat (Hendel, 2021).

## **ARE THERE DIFFERENT TYPES OF ANXIETY DISORDERS?**

Yes, there are quite a few different classifications of anxiety. *The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5) lists several anxiety disorders, including:

- » Separation Anxiety Disorder
- » Selective Mutism
- » Specific Phobia
- » Social Anxiety Disorder (Social Phobia)
- » Panic Disorder
- » Generalized Anxiety Disorder

Each of these anxiety disorders has its own diagnostic criteria. The DSM-5 estimates that approximately 7.3% of individuals worldwide suffer from anxiety. The prevalence of anxiety disorders in children and adolescents is slightly different. Anxiety disorders are the most common psychiatric conditions in children and adolescents, affecting nearly 1 in 12 children and 1 in 4 adolescents (Kowalchuk, Gonzalez, & Zoorob, 2022). The National Institute of Mental Health estimates that the prevalence of anxiety disorders in adolescents 13 to 18 years of age is 1 in 4 (25%), and the prevalence of severe anxiety is about 1 in 17 (5.8%). Prevalence rates are approximately 20% for specific phobias, 9% for social anxiety disorder, 8% for separation anxiety disorder, and 2% each for agoraphobia, panic disorder, and generalized anxiety disorder (Walter, Bukstein, Abright, et al., 2020).

## **SEPARATION ANXIETY**

Separation anxiety is characterized by a persistent fear of being away from home or without an attachment figure. This usually causes the person significant distress, and they may have difficulty going to school or work due to the separation. People with separation anxiety disorder may also be prone to nightmares or have excessive anxiety about unwelcome events happening to their attachment figure.

How might separation anxiety look in the classroom?

- » Crying, clinging, tantrums
- » Distraction from instruction
- » Somatic complaints
- » Frequent requests to visit the nurse or office
- » Frequent requests to go to or call home

## **SELECTIVE MUTISM**

Selective mutism is generally seen in children. The disorder refers to the inability to speak in specific social situations and can last into adulthood if a child does not receive treatment. Selective mutism was an addition to the DSM-5. It was previously listed under disorders that occur in childhood.

How might selective mutism look in the classroom?

- » Doesn't participate fully in instructional activities
- » Minimally responsive to adults
- » Doesn't interact comfortably with peers
- » May have one or two peers they talk with or "through"

## **SPECIFIC PHOBIA**

Specific phobia is when a person experiences extreme anxiety when they anticipate exposure or are exposed to a feared stimulus. There are generally five categories of specific phobias:

- » animal type (spiders, snakes, dogs)
- » natural environment type (tornadoes, heights, water, fire)
- » blood injection type (needles, medical procedures)
- » situational type (flying on an airplane, enclosed spaces)
- » other type (phobias that do not fit into the previous four categories)

How might specific phobia look in the classroom?

- » Difficulty sitting near an area that feels confining
- » Difficulty enjoying events, e.g., a field trip to a cave, or a zoo
- » Extreme distraction during weather events
- » Intense worry when a classmate has a small injury

## **SOCIAL ANXIETY DISORDER (SOCIAL PHOBIA)**

Social anxiety disorder is characterized by extreme fear of social situations. People who experience social anxiety may also feel an intense fear of criticism or scrutiny by others in social interactions. This intense fear often leads to avoidance of the social situation and can cause impairments in school, work, or relationships.

How might social anxiety disorder look in the classroom?

- » Constantly feeling that other kids are staring, gawking, or snickering.
- » Being very afraid of places where there are people.
- » Feeling intense discomfort being in large groups. Note that it is possible to enjoy being with one or two others while struggling with larger groups.

- » An intense fear of negative responses from others.
- » Social reluctance, withdrawal, avoidance, poor eye contact.
- » Fear of saying the wrong thing or being laughed at by others.
- » Difficulty answering questions or responding.
- » Much more intense than extreme shyness.

## **PANIC DISORDER**

Panic disorder is a common mental health condition in which a person experiences recurrent panic attacks. People diagnosed with panic disorder may experience an extreme surge of fear and discomfort due to a perceived loss of control. There is often not a specific trigger to the panic attack.

Physical symptoms that may signal a panic attack include:

- » dizziness
- » unsteadiness
- » nausea
- » shortness of breath
- » racing heart
- » the sensation of choking
- » shaking
- » chest pain
- » trembling
- » abdominal pain
- » sweating
- » fear of losing control
- » chills
- » fear of dying

How might panic disorder look in the classroom?

- » Urgent sense of needing to leave.
- » Excessively anxious in the hall or other crowded places.
- » School refusal.
- » Needs early treatment, or the risk of secondary issues increases, for example, agoraphobia or becoming homebound.

## **GENERALIZED ANXIETY DISORDER (GAD)**

Generalized anxiety disorder is diagnosed when an individual experiences persistent worry about everyday challenges out of proportion to the perceived threat. People with GAD usually experience excessive fear that can last months to years.

How might generalized anxiety disorder look in the classroom?

- » Intense and out-of-proportion worrying about homework, tests, making mistakes, recess, lunchtime, birthday parties, playtime with friends, riding the bus, war, weather, loved ones, safety, illness...
- » Attempting to calm anxiety by being perfect.
- » Worrying about the future or bad things happening.
- » Trouble relaxing, frequent irritability, difficulty sleeping.

## **CONCLUDING THOUGHTS ABOUT DEFINITIONS AND TYPES OF ANXIETY**

Any personality challenge described in the DSM is an attempt to identify characteristics that tend to cluster together. But human personalities don't come in lists and clusters; they simply are expressed over a period of time. Related to that is our experience that every person truly is a study of one. People who have any "type" of anxiety may have characteristics that are listed under another type, or even under another mental health issue, so a rigid sense of identifying the type of anxiety generally isn't useful.

As we reflect on different manifestations of anxiety, it is important to remember the diminishing experience of stigma. Britannica Dictionary defines stigma as "a set of negative and often unfair beliefs that a society or group of people have about something." Mental health language and labels often come with stigma; the authors believe that it is essential to not diminish a person, or to see that person through a lens that

is limiting. Rather we should focus on supporting the individual, with all their challenges and assets. In that light, the first four strategies lay a foundation for this perspective.

## **STRATEGY 1**

### **TEACH STUDENTS TO MANAGE THEIR OWN LIVES**

We often see parents and other adults make the well-intentioned mistake of trying to remove all possible sources of anxiety from their children's lives. This approach is done out of love but ultimately, it is doomed to fail as many of you have probably already realized. Worriers will find things to worry about. If you eliminate one anxiety-provoking situation, they'll find another one to fret about. You can't win this game. The goal is to teach kids the skills to cope with their worries. In some regards it is like the old saying, "Give a man a fish, and you feed him for a day. Teach a man to fish, and you feed him for a lifetime." If you try very hard, you can probably manage the day to keep kids worries to a minimum, but you've done nothing to help them get ready to face the future.

## **STRATEGY 2**

### **KNOW THE POWER OF WORDS**

For any human emotion or personality characteristic, it is helpful to use words that minimize the discomfort, embarrassment, or difficulty handling the experience. There are advantages to using the concept of "worry" compared to "anxiety." Thinking of oneself as having anxiety may be more stigmatizing, leading to "mental blocks" from working on the issue compared to thinking of oneself as having "worries." "Anxiety" is more clinical sounding, while "worry" is more of a normal and common experience. Consider the following comparisons.