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What Is Anxiety?

"What good are the best teachers or schools if the most vulnerable kids feel so unsafe that they are unavailable to learn?"[1]

It's hard to be the parent of an anxious child. And it is definitely harder than it was when this book was first published 15 years ago, in 2000. In the seven years before 2001, a US Secret Service study of incidents of targeted school shootings found 37 such incidents in US schools.[2] From August to October 2013 alone, there were 16 school shootings resulting in 45 deaths and 78 non-fatal gunshot injuries. "We've become numb to this," President Obama said.[3] Our children haven't.

While less horrendous, the data for schools around the world indicate a significant increase in school violence.[4] We could cite many other new factors that have increased the level of stress among our children – cyberbullying, "designer" drugs, gangs, high-stakes testing – but there is no need. As a parent and/or an educator, you are surely aware that fear-provoking incidents have become more common in recent decades. In many schools globally, children now regularly

1 Bornstein (2013)
2 Vossekuil *et al.* (2002)
3 Generation Progress (2015)
4 Benbenishty and Aviastor (2014)

Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children, Second Edition. John S. Dacey, Martha D. Mack, and Lisa B. Fiore.

Companion website: www.wiley.com/go/Dacey/Anxiouschild

practice not just fire drills, but also safety exercises such as "lock-down drills". Thus they often estimate the likelihood of their becoming victims as being greater than it really is.

A huge number of children suffer from one (or more) of the eight anxiety disorders – anxiety is currently the most prevalent psychiatric diagnosis in individuals aged 16 and younger. For example, among the United Kingdom's population, 24 percent will experience some kind of mental health problem in the course of a year. Mixed anxiety and depression is the most common mental disorder. Anxious children are two to four times more likely to develop depression, and as teenagers, they are much more likely to attempt suicide and to become involved with substance abuse.[5]

These dismal data are similar in the United States, Australia, and many other countries, and represent an increase of as much a 10 percent in the past two decades.[6] A major cause worldwide is greater pressure to achieve in school. In an article entitled "Redefining teenage success", Weiss called for changing the typical parental question from "How did you do on that test?" to "What did you enjoy learning today?" She argues that when children enjoy an experience, they are probably learning something.[7]

Internationally, this position is supported by UNICEF: "Child rights, dignity, participation and equity are at the core of the Council of Europe's *Child-Friendly Health Care Guidelines*."[8] It is also backed by a study of 1,004 elementary, middle and high school Asian students aged nine to 19 years, which investigated their levels of generalized anxiety, social anxiety, and separation anxiety These findings were consistent with studies conducted in Western culture and suggest that the incidence of childhood anxiety is universal.[9]

So how can you help your anxious child? Often you don't know what is causing her[10] anxiety, and sometimes you're not even aware that she is feeling frightened. Anxiety has been called the "silent affliction"

5 Mental health/UK (2014)

6 Stamopoulos (2014)

7 Weiss (2014, p. A13)

8 Poirier (2014)

9 Lu *et al.* (2007)

10 We have chosen to use the feminine pronoun "she" in the first chapter, and will alternate it with "he" in the succeeding chapters.

because most sufferers try, and are able, to hide their distress from others. What can you as a parent do?

The Concerns of Four Worried Parents

"My Katie is a little chatterbox, but when you ask her to perform, even for the family, she gets so nervous that she freezes up. I wish I could help her relax more."

"Almost since he was a baby, Jose has been a 'clinger'. He hated starting kindergarten and even now in the third grade, he misses me and can't wait to get home. He's always worrying that something bad will happen. We thought up a plan to help him be less frightened, but it just didn't work out."

"Our Damian is terrified of animals. He hates to walk down the street by himself. He thinks a squirrel is going to jump out at him! We took him to a psychologist who helped him think about his fears differently, and for while he was a lot better. Then a dog barked at him and he just gave up."

"I wouldn't say Felicia has a disorder. She does most of the things the other kids do – it's just that she worries about doing everything. She's very capable, but she's always afraid she's going to screw up. She works hard to get over her fears and we tell her that she is doing better. She just can't see it, though. She just doesn't realize the improvements she's made."

These statements reflect the four central problems that all anxious children face:

1. They find it harder than other children to calm themselves when they are in a stressful situation.
2. Although many of them are above average in creativity,[11] they seldom use this ability when thinking of strategies and tactics for coping with their anxiety because they have become inflexible in their thinking.
3. Even when they do have a good plan, they tend to become discouraged after a while and often quit trying.

[11] Dacey and Conklin (2013); Zhao (2009, 2011)

4. Even when they are making progress in reducing their anxious feelings, they fail to recognize their progress.

The good news is that although medications can be helpful, studies have shown that about 90 percent of all anxious children can be greatly helped by learning coping skills.[12] The goal of our book is straightforward: we want to empower you and your child to relieve her feelings of anxiety. In the chapters that follow, we will provide strategies that form the basis for our four-step **COPE** program, one step for each of the four difficulties described in the parental statements. COPE has undergone 25 years of successful field testing in schools and with individual children in various parts of the country.[13] These activities will help you to deal effectively with each of the four problems we listed above. This master plan, which will be used throughout this book, has been designed to ensure that all children are given opportunities to regulate their anxiety level. We will say more about this later in this chapter.

We know that as parents, you are often faced with questions from your child such as "What if I'm not picked for the soccer team?", "What if I can't tie a square knot when it's my turn?", or "What if nobody gives me a Valentine?" It is difficult to know whether your child's worries are a case of the "what ifs" or she has a serious anxiety problem. If the latter, everyday tasks and events can become extremely challenging, with seemingly insurmountable obstacles. She simply can't imagine personal success when she first imagines failure or harm.

The Nature of Anxiety

Almost all children experience fear when they perceive a threat, be it real or imaginary. In fact, a moderate amount of fear can motivate them to learn new things. Whether the perceived threat takes the form of a dentist, a witch, or a snake, all kids encounter stressful situations, and these circumstances change as the child matures into adolescence.

[12] American Psychiatric Association (2014)

[13] E.g. Dacey *et al.* (1997)

For example, preschoolers may feel afraid of the dark, being alone, or monsters, while older children may worry about rejection by peers or incompetence in school activities. Children and adolescents inevitably come to learn about potentially fearful, even dangerous, risks. The ways they respond to anxiety depend on their individual personalities and their developmental level.

The terms fear, worry, and anxiety are often used interchangeably. In fact, there are subtle differences that are worth noting here. Psychologists use the word fear 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 is similar to fear, in that it refers to less intense foreboding about specific future events.

In contrast, anxiety is a general frightened response to a source that is not readily identifiable. It could be the perception of a threat of what might have happened in the past or might happen in the future. An anxious child or adolescent may feel emotionally torn over some event which she cannot control. When a child is unable to think of a solution to the problem, their thinking becomes inflexible due to feelings of helplessness. In summary, anxiety is a response to events or people that pose no immediate threat, although to the individual they seem quite menacing.

When Anxiety Becomes a Problem

In the simplest sense, anxiety is the feeling that one's wellbeing is endangered. Under some circumstances, a potential threat is readily resolved, such as the first time a child musters the courage to blow bubbles in the swimming pool. When she hears applause for joining the ranks of the minnows, the threatened feeling is replaced by a feeling of success.

Some children, however, find it more difficult to experience success in everyday situations. They find themselves plagued by self-doubts that are more pervasive than a simple fear. Most of the time, this feeling is the result of two types of mistaken thinking:

- Faulty perception of the facts; and/or
- Misunderstanding of the meaning of the facts.

Examples of Mistaken Thinking

Fact: My heart is being faster than usual now.

Faulty perception of the fact: "My heart is racing; it feels like it may burst!"

Misunderstanding of the meaning of the fact: "If my heart rate doesn't slow soon, I will surely have a heart attack and die!"

Other typical faulty perceptions of facts:

- This distressing situation is really always going to be this way.
- No one understands me.
- I am a totally weak person.
- Other typical misunderstandings of the meaning of facts:
- Because I am having tense and fearful feelings, I am unlucky. Maybe I deserve this stress. Others don't have it. I must be getting punished for something I've done.
- I'm so often scared there must be something wrong with me. I have some sickness (devil, syndrome, demon, mental illness) in me that won't let me rest.
- I can see no real danger, but still I feel fearful – obviously I am missing some threat to my safety.

For your child's anxiety to be reduced or eliminated, these errors in thinking must be rectified. The goal of all of the strategies in this book is to help you assist your child achieve this end. However, this book should not replace psychotherapy and medical treatment for the more serious cases. The only safe way you can determine the urgency of your child's problem is through the professional methods used by qualified psychotherapists and psychiatrists. Nevertheless, it is our

contention that you, the parent, are most often in the best position to help, especially when you are armed with the knowledge available in this book.

Major Causes of Anxiety in Children

Scientists used to try to explain human traits, including anxiety, by pointing to two causes: nature and nurture – that is, genes and environment. In recent years, psychologists have carried out numerous studies of the causes of anxiety.[14] Much headway has been made. Perhaps the most important conclusion they have reached is that anxiety always results from a combination of *three* factors: biological, psychological, and social. They refer to this as the "biopsychosocial model". Understanding this model will help you to take a more comprehensive approach to coping with your child's problems. Let's look at each of these causes more closely. Although we describe them separately, please remember that in reality they are always interacting and affecting each other.

Biological factors

From the moment that your child was conceived, she was subject to biological influences that affect her level of anxiety. Some of the indicators of a genetic tendency toward anxiety are obvious, such as a tense, irritable temperament or erratic sleep. Other factors are less obvious but are equally influential, such as hormonal imbalances and abnormal brain activity. Whenever these biological abnormalities are present, they increase adrenaline in the bloodstream. As a result, a child will likely exhibit hard-to-notice symptoms: shallow breathing, increased heart rate, sweaty palms, and tense muscles, for example. When we are evaluating a child for anxiety, we surreptitiously put our fingers on her wrist so we can take her pulse. The

[14] E.g. Bierman *et al.* (2008)

reactions of anxious children are different, and you often cannot tell it from their faces.[15]

These symptoms are typical when a child or adolescent experiences the alarm reaction. This reaction involves 22 physiological responses that usually result from heightened adrenaline levels (see below). Not all of these responses need to occur for the alarm reaction to be present. Ironically, many people come to fear the uncomfortable and disabling symptoms of the alarm reaction more than the actual cause of the anxiety itself!

Physiological Responses of the Alarm Reaction

1. Increased heart rate.
2. Sweating.
3. Hyperventilation (faster, shallower breathing).
4. Constriction of some blood vessels, dilation of others.
5. Feeling faint, dizzy (as blood moves away from extremities, especially the head, to the center of the body).
6. Dry mouth from decreased salivation.
7. Higher squeaky voice from tightness in throat.
8. Sharper eyesight from dilated pupils.
9. Queasy feeling resulting from inflamed intestinal lining.
10. Decreased digestive ability.
11. Decreased interest in food.
12. Decreased verbal ability, sometimes including stuttering and stammering.
13. Increased blood-clotting ability.
14. Onset of the fight-or-flight mechanism in the sub-cortex of the brain.
15. Increased motor ability.
16. Decreased mental ability, sometimes including indecision.

[15] Blair and Diamond (2008)

17. Raised hair on the back of the neck (makes animals with fur look bigger).
18. Excitation of muscle fibers, sometimes to the point of trembling (for example, knees).
19. Increased pallor of skin, especially of the face.
20. Decreased interest in sex.
21. Hyper-vigilance.
22. An overall feeling of tension.

Physiological factors such as sleep, stimulation, and food affect the anxiety response. For example, your child may be getting too much stimulation from her environment or not enough. Any child will be more easily agitated if she has not had enough sleep or has ingested too many candy bars or sugary, caffeinated soft drinks. Exercising judgment and control over a child's sleeping and eating habits are easier with young children than with adolescents, who make more decisions on their own. Nevertheless, by modeling desired eating habits and sleeping routines in the home, you can influence your child beneficially.

Psychological factors

Psychological causes of anxiety result from disturbing experiences. An example might be what happens when a child takes a tumble off a tricycle. For most children, it is upsetting but they soon forget it. For a child who has a high-wired nervous system, such an accident can cause tricycles to become feared objects.

Psychological factors affect the way your child perceives and thinks about the world. Some theorists support the notion that anxiety originates at birth, when the infant is bombarded with stimulation upon leaving the comfort of the mother's womb. They believe that stress during the birth process can be seen as a precursor for later anxieties,

and children who have undergone lengthy and/or difficult births would be at most risk.[16]

Children who are anxious also become hyper-vigilant (a heightened state of sensitivity to the *possibility* of danger or threat). If your child's mind is in a constant state of alertness, you may find that as a result, she finds it difficult to relax. If your child views the world hyper-vigilantly, she is likely to spend most of her time in distress, which in turn distorts her view of reality.

Social factors

Social factors involve your child's interactions with her family, friends and others in her life. These people may contribute to her anxiety in various ways, and their influences change as she matures. Parents, brothers, sisters and playmates can be constant sources of anxiety if she perceives them as a threat. For example, her big brother may be only kidding, but your daughter may think he is really going to hurt her. The intentions of these persons may be good, but if your child is predisposed toward feelings of wariness, then everyday conflicts may seem especially threatening to her.

The patterns of behavior that parents use in raising their children are referred to as parenting style. Several such styles have been identified, and each contributes, positively or negatively, to the development of children and adolescents (more on this in Chapter 8).

Anxiety among Caribbean Children[17]

A good example of social context may be seen in the children of the Caribbean islands. Consider the views of two therapists who practice on one of these islands, St. Maarten, which is about 100 miles east of Puerto

[16] Ask a Nurse (2014)

[17] Interviews with Dr Dacey

Rico. Dr Karen Phillips is a native of Holland. Dr Judith Arndell was born and has spent most of her life on St. Maarten.

Dr Phillips sees the main source of anxiety among Caribbean children as post-traumatic stress disorder, mainly as a result of the terrible hurricanes that have devastated that part of the world in recent decades. Some children still suffer symptoms years after the storm has past – fear of leaving parents or home, difficulty sleeping or night terrors, and social phobias.

How does Dr Phillips treat these problems? "If I can get a child to realize that she can control her own perceptions and thoughts, then she begins to feel that she is in control of herself and she can be safe everywhere.

"My main approach is to help the child feel that she does not have to anticipate bad things, but that she can concentrate on positive outcomes. If the child thinks, 'What if a hurricane comes?' I help her to think about 'What if a hurricane does not come?' I help her to avoid concentration on negative possibilities, but to keep her mind on all the good things that are likely to happen. She has a choice as to which of these two types of thoughts she thinks about. She can choose to block the negative ones, and pay most attention to happy outcomes.

"Another problem I see is that after a while, the child wants to give up. She thinks there is a limit on her ability to persevere for as long as it takes. I have to show her that she can continue to fight her anxiety for a long time. Her assumption that she will run out of steam is false. If I can get her to believe that, we can make great progress together."

Dr Arndell stated that more than half of her clients suffer from anxiety problems. She agrees with Dr Phillips that in Caribbean children and teens, storminess is certainly a problem. However, she believes their primary problem is the insecurities caused by their parents telling them they will be punished by spiritual beings (bogeymen, devils, their dead relatives) for their bad behavior. The youngsters come to believe that these hobgoblins hide in various places waiting to punish them.

As a result, Dr Arndell holds, the children frequently develop fears of going into certain rooms, especially bathrooms and bedrooms. Many of them become obsessed with these concerns. Such obsessions often lead to separation anxiety, performance anxiety, and a variety of social phobias. They can be quite difficult to overcome. "In fact, comparing my 10 years' experience in the United States and the rest of my career here, I would

say that although the causes of the problems of Caribbean children and American children are often different, the ways they manifest their anxiety are really quite similar.

"I see my job as helping kids to stop thinking about all those negative things in their lives, whether real or imaginary. I teach them not to entertain those thoughts. I show them how to substitute more wholesome ideas. I also try to get them to focus on the present rather than to worry so much about the future. Most of my younger clients need to practice having thoughts about safety and security. That's what I tell their parents, too: 'If you can make them feel that their home is secure, that's the most important contribution you can make to relieving their anxiety.'

"The other thing I emphasize," Dr Arndell says, "is living in the present. Most of these kids have their minds fixed firmly on what is going to happen. I try to help them quiet their fears about what the future will bring and instead concentrate on the present moment. When I can get them to do that, they're on their way to getting better."

The point made in this story is not just that different environments produce different causes of anxiety. In the Caribbean, virtually all children have experienced hurricanes and have been threatened by the idea of bogeymen. Most do not suffer from anxiety problems, however. Those who do usually also have highly sensitive temperaments and/or have experienced early psychological distress. This combination of biological, psychological, and social elements is a good example of what we mean by the biopsychosocial model.

Anxiety at Different Ages and Stages

As you probably have noticed, age affects your child's anxiety patterns. For example, infants' fears revolve around sensory experiences, such as loud noises, falls, and their parents' absence. Toddlers will likely experience

fear of strangers or distress upon their caregivers' departure (known as separation anxiety). Childhood brings with it fears of animals, the dark, and imaginary beasts and creatures. As their circles of exploration widen, the likelihood of exposure to an anxiety-provoking stressor increases. Children in middle childhood are often concerned with performance, while adolescents are more concerned with social and interpersonal anxieties as they begin to form intimate relationships. The following lists the typical fears child experts find at several age levels.

Typical Causes of Anxiety of Children at Several Age Levels

Ages	*Causes of Anxiety*
3–5	Separation from caregivers Water Stranger anxiety Loud noises Animals Darkness
6– 7	Strange, loud, or abrupt noises (for example, animal noises, telephone and alarm ringing, wind and thunder sounds) Ghosts, witches, and other supernatural beings Separation from parents and being lost Being alone at night (and having nightmares or visitations from evil creatures) Going to school (so-called school phobia) Physical harm from, or rejection by, specific individuals at school
7–8	The dark, and dark places (such as closets, attics, and basements) Real-life catastrophes suggested by TV, the movies, and books (for example, kidnapping, floods, fires, nuclear attack) Not being liked

	Being late for school or left out of school or family events
	Physical harm from, or rejection by, specific individuals at school
8–9	Personal humiliation
	Failure in school or play
	Being caught in a lie or misdeed
	Being the victim of physical violence (either from known people or from strangers), either deliberately or randomly motivated
	Parents fighting, separating, or being hurt
9–11	Failure in school or sports
	Becoming sick
	Specific animals (especially animals larger than humans or those known to attack them)
	Heights and sensations of vertigo (for example, dizziness)
	Sinister people (for example, killers and molesters)
11–13	Failure in school, sports, or social popularity
	Looking and acting strange
	Death or life-threatening illness or disease
	Sex (attracting others, repelling others, being attacked)
	Being fooled or brainwashed
	Losing possessions, being robbed[18]

The famed child expert Jean Piaget proposed that children's thinking proceeds from vague to specific conceptions of life.[19] Then, in early adolescence, their thinking suddenly graduates from concrete to abstract ideas. As children's mental abilities evolve, the capacity for anticipating the future improves. This enables them to meet the increasingly complex demands of the tasks they encounter. Unfortunately, a downside to this growth is the ability to more clearly visualize the possibility of frightening events. Normal fears become associated with exaggerated expectations. Thus some youngsters become progressively

[18] Philadelphia Child Guidance Center (1994)

[19] Piaget (1970)

more anxious as they move toward adolescence (we discuss Piaget's ideas about development further in Chapter 7).

Current Therapeutic Perspectives on Anxiety

The science of psychology has taught us a great deal of the nature of anxiety. Unfortunately, there is still disagreement about the best way to reduce it. There are several schools of thought that influence diagnosis and treatment of anxiety in children and adolescents: psychodynamic, behaviorist, family systems, and cognitive. We think it is important to briefly describe these current viewpoints. Many of the activities you will use in this book are built on these perspectives, especially the behaviorist, family systems, and cognitive viewpoints. Also, learning this information is if helpful when choosing a therapist, should that be necessary.

The psychodynamic perspective

Sigmund Freud was the father of psychoanalysis, the first form of the psychodynamic model. However, his method of dealing with anxiety has little evidence in its favor. It has been largely superseded by the approach of Erik Erikson, another famous psychoanalyst. In his much discussed book, *Childhood and Society*,[20] Erikson outlined eight universal stages of development. He held that progressing from one stage to the next depends on resolution of the conflict present in each stage. At every stage, two personality traits conflict with each other. For example, at Stage Two, the conflict is between a sense of autonomy and shame. For healthy development, the child needs to resolve the crisis in favor of the first trait in each pair. From the standpoint of the anxious child, the most relevant stage is probably Stage Four: industry vs. inferiority. During this stage, which occurs between five and 11 years of age, children are concerned with performance in school and at home. The anxious child may be overly concerned with making the

[20] Erikson (1963)

grade both academically and socially: Will I pass the test? Will I make new friends? Are people making fun of me behind my back?

For these children, anxiety exceeds the routine self-doubts experienced by others. An anxious child is often hindered because the anxiety is so great that she has difficulty functioning in the realm of her peers. When this happens, a sense of inferiority prevails and the ability to achieve success declines. Psychoanalytic approaches seek to heal through a detailed journey through the child's early years.

The behaviorist perspective

Anxious children naturally wish to avoid situations that scare them, even more than other children do. When your child avoids such situations, her avoidance is reinforced because her frightened feelings are temporarily reduced. This only perpetuates the anxiety, according to behaviorist theorists such as B.F. Skinner.[21] Some parents feel that giving in to the child's reluctance is appropriate and caring, but this enables the child to avoid fearful situations and thus she fails to deal with the problem.

Another aspect of the behaviorist approach is seen in the work of Albert Bandura, who has done considerable research on the concept of modeling.[22] Arguing that children learn primarily through imitation and modeling, Bandura espouses the use of these techniques to promote confidence in children. In modeling situations, parents behave calmly and competently in real or make-believe scary scenarios. This shows the child a more effective reaction she might have. Over time, she learns to adopt these modeled behaviors as her own and gradually she becomes less anxious.

The family systems perspective

Family systems therapists such as John Bell and Virginia Satir regard the anxiety symptoms of an individual as a family problem.[23] Thus they

[21] Morrison-Valfre (2012)

[22] Bandura (2006)

[23] Smith-Acuña (2010)

find it necessary to treat the whole family rather than just the child or adolescent. There are many varieties of family treatments that may be combined in different ways and with other types of therapy. Perhaps the most important feature of this perspective is bringing the whole family together for therapeutic sessions. Families are seen as self-sustaining systems that influence each member in a myriad of ways.

The child is the identified patient whose symptoms bring the family to therapy. Once the family's rituals, rules, and routines have been identified, the therapist attempts to alter the patterns that affect the child. These changes then reverberate throughout the family system. For example, a family therapist will try to influence the interactions between a husband and wife in order to help the child. The personal story that follows illustrates one such problem.

The Attack of the River Rats (JSD)

Our house had a small front yard, surrounded by a low hedge. On the side of the hedge facing away from our house was a huge open field sloping down to the railroad tracks and the bank of the Delaware River. There was a narrow break in the hedge that opened onto a path, and that path led across the field to a train station about a quarter-mile away. It was exactly the kind of place that kids would want to explore and that any parent would declare off-limits.

My mother could not help worrying about it all the time. Her training as a nurse contributed to this trait, I think. She was perpetually concerned that the colds my brothers and I were always catching would turn into pneumonia, and our bumps on the head must be concussions. She felt sure that one day one of us would wander through the hedge, cross the field, and get hit by a train. To prevent this, she told us a vivid story about the river rats:

"You kids must never go through that hedge unless Daddy or I are with you. A family of river rats lives down by the river, and there's always a few of them hiding near the opening of the hedge. They have a cave in the riverbank and they might take you there. If you become their pet, they won't let you come home again. So if you know what's good for you, you'd better stay away from that hedge!"

Her story was effective, particularly because there really were immense rats in that area. I still have a most graphic memory of the few that occasionally made their way into our house. And so we children were duly terrified by the thought of crossing through that hedge. On the other hand, I don't recall my siblings becoming hyper-vigilant as I did – on the lookout for danger everywhere. Therefore, she didn't *cause* me to be a highly anxious child. I believe I had inherited an inclination toward an anxious personality. Early experiences such as this rat situation interacted with my genetic proclivity to produce a nervous child – me.

One morning when I came downstairs for breakfast, I found my mother entering the front door, wearing her light coat and a hat with one of those veils made so popular during World War II by Ingrid Bergman and the other mysterious Hollywood *femmes fatales*. I couldn't see her face, so at first I didn't realize that she was sobbing. When I did, I asked her what was wrong.

"Oh, nothing. I just walked Daddy to catch a train, and I'm just very sad that he's gone."

It was unusual that my father should take a train trip, but he had done so before. Nevertheless, she said the word "gone", and the first thought that occurred to my four-year-old mind was that the rats had gotten him. I pictured hundreds of rats jumping on my father from their hiding places in the hedge. They knocked him to the ground and, with pieces of his clothing clenched in their teeth, dragged him back to their disgusting cave. I started crying too, and it took her a while to discover my fear. Eventually, she helped me calm down, but this was one more reinforcement for me that life is a very dangerous undertaking. It was years before I began to question that attitude.

The cognitive perspective

The cognitive perspective on anxiety of therapists such as Aaron Beck focuses on the thoughts of the child.[24] This view is the opposite of Freud's psychoanalysis, which identifies repressed feelings as the culprits. Cognitivists believe it is distorted thinking that causes disruptive

[24] Beck (2011)

feelings rather than the other way around. Feelings are analogous to the level of the mercury in the thermometer when you have a fever. The red or silver line is not itself important. It simply indicates that the body's internal temperature is above average, which is a sign of an invasion of germs. Analogously, anxious feelings usually reflect thought patterns that have gone awry. Fix the thoughts and the anxious feelings will subside. And children *can* learn to control their thoughts.

Your child plays an active part in controlling her life through the ways she thinks about things. For example, confronting unfamiliar situations is probably quite anxiety-provoking for her. For some children, if it's new, it's dangerous. The cognitive method helps her develop increasingly stable confidence in her surroundings and her self-image. These play a positive role in her behavior.

One way to make your child less likely to perceive situations as threatening is through cognitive restructuring. This treatment involves working with her to:

- Remove or reduce misinterpretations of reality.
- Challenge faulty logic or irrational self-statements.
- Construct a way of looking at the world that includes adaptive coping strategies (more on this in Chapter 4).

The Cope Method

The letters **COPE** stand for the four steps that make up our anti-anxiety method:

C = calming the nervous system.
O = originating an imaginative plan.
P = persisting in the face of obstacles and failure.
E = evaluating the plan.

We have discovered through our teaching, therapeutic practice, and research that most people – children and adults – have similar problems

when they deal with situations that are anxiety-provoking. These four problems (the same ones that are reflected in the four quotations with which we opened this chapter) fall into these four steps:

Calming the nervous system

The first problem most of us confront when we enter a stressful situation is the stimulation of the fight-flight-or-freeze response. This is the ancient human tendency when under threat to attack the antagonist, run away, or become motionless. In prehistoric times, this response was most functional; when being eyed by a saber-toothed tiger as a possible lunch, standing around and thinking up alternative plans would have been fatal.

Today, however, most situations that scare children cannot be resolved by simply running away or attacking. For example, as your child stands up in front of a class to make a presentation, she may feel like leaving, or she may feel angry with the people staring at her. However, what she needs to do is quell these conditioned responses so that she can think clearly. A calm nervous system, then, not a highly aroused one, is what she needs when dealing with modern stressors. In this book we will cover different strategies for achieving tranquility. Some of them are physical, some mental, some a combination of the two, and some even involve spiritual approaches – because anxiety is irrational.

Originating an imaginative plan

The second problem that anxious people often face is that, even when calm, they often have faulty understandings of their feelings and why they have them. Further, because they are under such pressure, they may be unable to think of really imaginative plans for dealing with their quandaries. Anxious children are less likely than others to have imaginative ideas about the best way to problem-solve, even though, with their vibrant imaginations, they often have superior creative potential. However, if they calm down, they can use the techniques that we teach to originate better insights about themselves, and to design an

imaginative plan for dealing with their problem. And, as we pointed out earlier, your modeling will be helpful for each of these four COPE steps.

In recent years, research has identified a number of thinking strategies and styles that are much more likely to produce creative problem-solving.[25] We will offer numerous activities that are aimed at helping you and your child to become better problem-solvers. As you and she learn these techniques, you both will improve your ability to design a plan that will successfully combat her anxiety.

Persisting in the face of obstacles and failure

We have found that many plans for dealing with anxiety start out well but then fizzle out. The temptation to quit blossoms and soon the child gives up on her plan. A number of scholars have shown that people who believe in God or some other spiritual higher power are more sedulous. Anxious children are especially prone to the problem of throwing in the towel. We will offer a variety of paths that can be taken to help your child have faith in herself, her plan, and her higher power. Among these paths is a new one about which we are very excited: techniques for designing your own family rituals, which, when faithfully attended to, are proving to be powerful anxiety-fighters.

Evaluating the plan

We recommend you use evaluation techniques both while the plan is in operation and after the plan has been carried out, so that your child recognizes the improvements she has made. We suggest a number of ways your child can get objective feedback on the efficacy of her plan.

In Summary

We have devoted one chapter to each of the four COPE strategies. Some of these activities are for six to 10-year-olds, some are for 11 to 15-year-olds. Why have we chosen these ages? We start with six-year-olds because we

[25] Dacey and Conklin (2013)

believe that our approach requires some additional understanding of the way preschoolers learn. However, we offer this information in Chapter 8 in case you want to start with your three to five-year-old children. Many of our activities may also be helpful for persons older than 15, if you are able to get their cooperation. However, sometimes the help of a therapist will also be required. Most teachers, we believe, can easily adapt our techniques for use with small groups or their whole classroom.

In this chapter, we have looked at the trait of anxiety in some detail. There are at least eight types of anxiety problem, however. We will differentiate them in the next chapter. It will be useful to understand these distinctions for two reasons:

- Some treatments work better with some types of anxiety than with others.
- Some sorts of anxiety are more serious than others. Many cases can be handled by parents or other relatives at home, but most will benefit from cooperation with teachers. A few absolutely require the care of a professional such as a psychologist, a social worker, or a psychiatrist (such as when medication is needed).

Research studies have found the COPE program to be one of the most effective treatment approaches available.[26] We believe that with or without the help of professionals, parents and other caring individuals can use COPE to greatly alleviate the anxiety problems of children and adolescents. We sincerely hope that after trying out the COPE system with your child, you will agree.

[26] E.g. Dacey *et al.* (1993)