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Research Paper

Worry worms in me- self-help exercises for anxiety in children and adolescents

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ABSTRACT

Anxiety is a mental response to cope with unknown situations and people. Often, we notice that anxiety results even when a person is in a known environment which could feel threatening to the person feeling the stress. Anxiety provokes various reactions and one of the many is worry, which is the topic for this paper. We will be discussing how stress in children and adolescents results in anxious thoughts which preoccupies their thoughts, and they worry for about everything from their looks to their grades. As this worrisome behavior continues to absorb them into a vicious circle of self-doubt; they start to perceive themselves small and insignificant when compared with others. This paper will discuss self-management, easy to follow techniques with self and with peers to calm oneself when anxious.

Keywords: Anxiety, Stress, Worry, Children, Adolescents, Self-Management, Life skills

To begin with, let us just say that sometimes, its ok not to be ok. Anxiety which is always seen in a pathological way is not a hinderance that needs constant repairing. It is a natural process of dealing with threat which from evolutionary to sociologically perspective has been explained in research. Anxiety is our natural response to anything that is considered threatening to our survival thus, we would engage in avoidance behavior to deal with anxiety or stress. Anxiety is our most natural defense against which even without formal learning, children show often. It is commonly seen that when children are being anxious, they display symptoms of stress when they are experiencing something they cannot control (away from parents, exams, not blending into a group, new environment, etc.). This can be considered normal and part of assimilation.

But it can become a problem when the child experiencing anxiety starts to feel and behave dysfunctional and avoids any social contact. Rationality for this paper is to understand what anxiety in children and adolescents is and how self-help can be resourceful to them.

Cognitive behavior as well as relaxation techniques are discussed keeping in mind robust adults while not realizing that younger population needs more attention because that is

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where habits are formed, and they are low on coping skills. As kids grow up in an everchanging environment various stimulus influences their coping mechanisms. Anxiety and stress thus becomes coping mechanism where worrisome thoughts negatively impact a child/adolescent's personality and conduct. They look for positive or reassuring feedback from their environment to help them cope with debilitating thoughts.

Young people especially children and to some extent early adolescents have a lot of expectations from their environment like school and family in which they are learning to grow. At times, their expectations of unconditional support are not met as expected and they are belittled and made to feel worthless.

Constant feeling of worthlessness can lead to a buildup of mixed emotions and over time, anxiety becomes a chronic condition in the form of a disorder (generalized, panic, social phobias, separation anxiety, etc.).

Anxiety disorders in children and adolescents are associated with concurrent adjustment problems such as low academic achievement (van Ameringen, et.al. 2003) and poor social functioning (Ialongo et.al. 1995), and they predict later mental health problems (Bittner et al., 2007; Beesdo, K., Knappe, S., & Pine, D. S. (2009).

It is not only children, but adolescents as well who at times can feel threatened by the environment in which they are looking for their identity and learning to become like adults. As much as a child can throw a physical tantrum of being uncomfortable in his environment like (crying, whining, clinging to a parent); a teenager unfortunately could show it very differently (deviancy, poor social conduct and academic performance, addiction).

A study conducted with Hong Kong adolescents reported that 28% of the sample displayed a high level of anxiety symptoms deserving professional concern (Chan et.al 2015). Considering the potential harmful effects on development and the high prevalence, the early onset age of anxiety disorders is also important, especially when designing prevention.

The median onset age of anxiety disorders is 11, much earlier than that of other kinds of mental disorders (Kessler et.al. 2005).

It is impractical to alter the environment however from a counseling approach, we need to examine risk factors for assisting children and adolescents to self-train themselves in coping skills that can be used as life skills as well.

Risk Factors accountable for Anxiety in Children and Adolescents

Mental health problems in children and adolescents have been shown to contribute to lower achievement in education, and increased rates of engagement in health risk behaviors, self-harm, and suicide (Patel et.al 2007) with the impacts of such problems often persisting into adulthood.

Early detection and management can significantly reduce illness burden and increase coping mechanisms in young. It is noted that children as well as adolescents support and mirror each other's responses to circumstances. Hence, to teach children who at assessment show mild to moderate levels of anxiety management techniques can significantly help not only the child/adolescent but also their social group.

In recent years, there is a dimensional shift from discussing symptomatology to focusing on management and in specific self-care and wellness. This constructive shift helps in early assessment and focusing largely on self-management of concerns in as young as children to as dynamic as adolescents. Let us briefly look into types of anxiety disorders that need to be assessed before we discuss cognitive behavioral management of the same.

TYPES OF ANXIETY DISORDERS

ANXIETY DISORDER ^a	COMMON BEHAVIORS
Separation anxiety disorder: Excessive fear/anxiety about being separated from a major person of attachment.	Sleeping with caregiver, following them around, avoiding school/camp/other activities.
Generalized anxiety disorder: General feeling of dread linked to the perception of the unpredictability or uncontrollability of events or situations.	Seeks constant reassurance, difficulty focusing due to worries, difficulty sleeping, irritable/restless.
Social anxiety disorder: Fear of embarrassment or humiliation by others.	Avoidance behaviors (raising hand or speaking in class, ordering food in restaurants, talking on the phone).
Panic disorder: Fear of panic attacks or consequences.	Avoids activities, such as heavy exercise, linked to strong sensations; avoids places where prior panic attacks have occurred.
Agoraphobia: Fear of being in places where escape may be difficult or help not available.	Avoids leaving the house and crowded/ enclosed spaces.
Specific phobia: Fear of specific object or situation.	Intense fear of specific objects, such as an animal, needles, or blood, and avoids them.
Obsessive-compulsive: disorder (OCD) Fear of unwanted thoughts, images, or urges.	Constant worries about germs, harming others; engages in ritualized activities such as hand washing.

^aTypes of anxiety disorders listed in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (*DSM-5*), except for OCD that is now listed in "Obsessive-Compulsive and Related Disorders" category. From Chiu A, et al.²

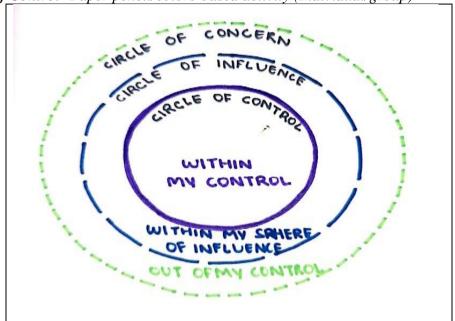
Above listed anxiety disorders in children and adolescents have some similar symptoms like being hyperactive, nervous to change in their environment, they are sensitive when perceived threat, display avoidant behavior, when anxious complain of a lot of physical discomfort which are accompanied by tragic reaction formations.

While they complain of an anxious episode, they need parental supervision to be calmed and to be separated from anxiety provoking stimuli.

Understanding the source of the threat can provide essential clues about the type of anxiety. For example, youths with social anxiety disorder are hypervigilant in situations in which they can be scrutinized. They are primed to detect clues indicating disapproval in social contexts and are worried about humiliation and rejection. In contrast, youths with separation anxiety disorder are on edge and reactive when separation is anticipated because they perceive separation from their loved ones as inherently dangerous (Chiu et.al. 2016).

Following are some cognitive behavioral therapy suggestions which are practical recommendations that can be incorporated either as ice-breaking or problem solving as well as goal setting techniques. Not only are these suggestions easy to follow, but they can also

be adopted as effective coping mechanisms. Psychologists can use these techniques while counseling and as a part of home-based therapy work.



II. Circle of Control- Paper pencil/colors-based activity (Individual/group)

Source: Original work by Ananya Maheshwari, Undergraduate student of Psychology and a voracious reader

For some it is hard to accept that they have no control over many aspects of their life. When they are unable to exercise control over those aspects, they feel distress and fall prey to stress and anxiety issues. When they find themselves in a crisis, their behavior, thoughts, and emotions are often in chaos. Feeling out of control can be extremely unsettling and can lead to high levels of anxiety and even depression.

Dr. Albert Bandura, an influential social psychologist, gave the term "**self-efficacy**" i.e., one's belief in their own effectiveness as a person, both generally in terms of managing life, and specifically about competently dealing with individual tasks (Bandura, 1988). Perceived control refers to an individual's belief about their capability of exerting influence on internal states and behaviors, as well as external environment. When people feel that they can exert control, they demonstrate better immune responses, cardiovascular functioning, physical strength, increased longevity, increased life satisfaction, and decreased anxiety and depressive symptoms (Pagnini et. al. 2016).

The model of the '*Circle of Control*, is a self-help tool used to bounce back and build resilience. This model is based on Stephen Covey (2004) "Circle of Concern, Circle of Influence", which looks at where an individual focuses their time and energy. Within the circle of influence an individual can change habits (behavior/ thinking), change methods of influence, or change attitude towards the problems over which they have no control (accept the problems and learn to deal with them).

Stephen Covey's model has been adapted to include a third circle – the Circle of Control. The **Circle of Control** encompasses those circumstances/issues/problems that an individual has direct control over. This includes problems involving our own behavior and thoughts. When time and energy is put into the circle of control, it gives a sense of agency and makes a person feel more in control alleviating anxiety and stress.

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Viktor Frankl an Austrian neurologist and psychiatrist as well as a Holocaust survivor, in his book 'Man's Search for Meaning' said "Everything can be taken from a man but one thing: the last of human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way" (Frankl, 1962).

Locus of control, which is a concept developed by Julian B. Rotter, is the degree to which people believe that they, as opposed to external forces (beyond their influence), have **control** over the outcome of events in their lives. Resilience is about choosing that locus of control expanding your Circle of Influence (Rotter, 1966).

The Circle of control activity can be used as a visualizer to put into perspective what individuals can and cannot control. Children and young adults are not naturally drawn to conversations discussing stress concerns, but self-help tools like Circle of Control make it easier to acknowledge these issues.

III. Dealing with worry worms-slowly- breathing exercise to be increase mindfulness. It is true that it can be challenging to take things slowly, especially for children and adolescents. They are expected to manage a lot of stressful situations, which were not seen by their parents, reducing their coping skills from their known environment.

Learning is a phenomenon that exists in a continuum, assimilation simply takes place when we modify or change new information to fit into our schemas (what we already know). It keeps the new information or experience and adds to what already exists in our minds (Piaget, 1936).

It is evident that when the appropriate tools of coping (during learning) are not present in a child's environment, it can lead to a mismatch which causes an extreme amount of discomfort and stress when they grow up to be adolescents.

Studies (on mindfulness) have shown benefits against many conditions both physical and mental, properly run studies have shown benefits for patients who engaged in a mindfulness meditation program, with similar effects to existing treatment in psychiatry (Powell, 2018).

More specifically, research on mindfulness has identified these benefits (Davis and Hayes,2012); Some benefits for the clients, which were noticed to be reduced rumination and stress, less emotional reactivity, and cognitive flexibility. Patients reported to have satisfaction in interpersonal relations.

The 4-7-8 (or Relaxing Breath) Exercise- Dr. Andrew Weil

Practicing regular, mindful breathing can be calming and energizing and can even help with stress-related health problems ranging from panic attacks to digestive disorders." (Andrew Weil,2017).

Since breathing is something we can control and regulate, it is a useful tool for achieving a relaxed and clear state of mind. It is simple, takes almost no time, requires no equipment and can be done anywhere. Step wise procedure is as explained below:

- 1. 1.It can be done in any position, sit with back straight while learning the exercise.
- 2. Exhale through mouth and exhale completely through mouth, making a whoosh sound.
- 3. Close mouth and inhale quietly through nose to a mental count of four.
- 4. Hold breath for a count of seven.

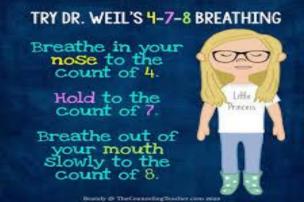
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- 5. Exhale completely through your mouth, making a whoosh sound to a count of eight.
- 6. This is one breath. Now inhale again and repeat the cycle three more times for a total of four breaths.

Note that we always inhale quietly through our nose and exhale audibly through our mouth. Exhalation takes twice as long as inhalation. The absolute time you spend on each phase is not important; the ratio of 4:7:8 is important. If you have trouble holding our breath, speed up the exercise but keep to the ratio of 4:7:8 for the three phases.

This exercise is a natural tranquilizer for the nervous system. If one feels a little lightheaded when we first breathe this way, do not be concerned; it will pass. Use it whenever anything upsetting happens - before we react. Use it whenever we are aware of internal tension. Use it to help fall asleep.

Hence anything that is simple and easy to follow and most importantly self-administered is recommended for children and adolescents. It is useful especially when stress becomes overwhelming and self- management is required to avoid negative self-talk and hyperreactivity.



Source: https://images.app.goo.gl/CX82MHvf7nasaeKy7

III, Repeat Positive self-talk - "Go easy on yourself. Whatever you do today... is enough" Anxiety can be overwhelming. It can make you lose your sleep and appetite as well as your sense of calm. Often our thoughts are overwhelming, and life seems a little out of control. On those days when sleep is a little less and thoughts are a little more finding ways to cope is necessary. The key to coping though lies in knowing that we cannot control everything.

It is important to realize that all we can do and need to do is to focus on what we can control and let go of the reigns a little when it comes to things we can't control. When it comes to coping with anxiety or overwhelming thoughts its necessary that we take small baby steps. One breath at a time.

Affirmations are described as a specific type of positive statement usually directed toward yourself with the intent of promoting change and self-love while squashing worry and fear. Affirmations are like a positive self-thought which helps deal with subconscious negative

thoughts.⁵ An article by Healthline suggests that positive affirmations help improve mood, boost self-esteem, increase motivation, help solve problems, boost optimism, and help address negative thoughts. They can also help counter feelings of stress and panic which generally accompany anxiety thus making positive affirmations another way of effectively coping with anxiety.⁶

Creating one's own affirmations would first require acceptance. It is important to accept the feelings related to anxiety to address them. The affirmations should be realistic and in the present. They should be in first person can be tied to future goal or successes though they should be in the present tense. Positive affirmations can be tied to one's personal core values for example: "I got this", "I am hardworking.", "I will succeed.", etc.

Reminding ourselves that we are amazing and enough. Worthy of everything good. Constant reassurance from self goes a long way when it comes to coping with anxiety. Reminding ourselves that we got this, and we can do this often breaks the chain of negative thoughts. Positive affirmations are powerful, and it is important that we use them to our benefit it is it also important that we use affirmations that are realistic so that we do not struggle to believe ourselves.

Making placards of positive affirmations and placing them in areas where we can see them is a nice way of going about it. A visible reminder of something positive would do wonders when our thoughts spiral out of control. It is about countering negativity with positivity, being mindful and taking slow steps. Anxiety is overwhelming but if anything, we are not alone. *We got this*.



Source: Original work by Kirti Manektala, Undergraduate student of Psychology and an aspiring writer

⁵Best Positive Affirmations for Anxiety Relief: Reduce Anxiety with Affirmations. (n.d.). Retrieved from https://www.nrspp.org.au/resources/best-positive-affirmations-for-anxiety-relief/ ⁶Affirmations for Anxiety: How to Make and Use Them. (n.d.). retrieved from https://www.healthline.com/health/mental-health/affirmations-for-anxiety

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CONCLUSION

In closing, we would like to state that worry and stress be a natural response to anxiety provoking thoughts and situations. At times, some situations can be overbearing and due to poor coping mechanisms, children and adolescents can become overtly and expressively worried and stress. This results in unhappy adjustments to circumstances. We recommend medial investigation for the child/adolescent along with psychological intervention to rule out any sort of underlying physiological concerns. Proper assessment by trained psychologists and school counselors can help parents support their children in understanding of anxiety, what and how it is provoked and its management. At times, when a child/adolescent refuses to seek out external help, such self-help practices can reduce stressful thoughts for the meantime. From creating circles of control to deep breathing to calm once down and finally to giving self-positive feedback; it all relates to how we want to look after ourselves. Children learning these techniques at an early age can be a guiding light for unforeseen circumstances.

REFERENCES

Bandura, A. (1988). Self-efficacy conception of anxiety. Anxiety research, 1(2), 77-98.

- Beesdo, K., Knappe, S., & Pine, D. S. (2009). Anxiety and anxiety disorders in children and adolescents: developmental issues and implications for DSM-V. Psychiatric Clinics, 32(3), 483-524.
- Bittner, A., Egger, H. L., Erkanli, A., Costello, E. J., Foley, D. L., & Angold, A. (2007). What do childhood anxiety disorders predict? Journal of Child Psychology and Psychiatry, 48, 1174–1183. doi: 10.1111/jcpp.2007.48.issue-12.
- Chan, S. M., Chan, S. K., & Kwok, W. W. (2015). Ruminative and catastrophizing cognitive styles mediate the association between daily hassles and high anxiety in Hong Kong adolescents. Child Psychiatry and Human Development, 46, 57–66. doi:10.1007/s10578-014-0451-9.
- Chiu, A., Falk, A., & Walkup, J. T. (2016). Anxiety disorders among children and adolescents. Focus, 14(1), 26-33.
- Covey, S. R. (2004). The 7 habits of highly effective people: Restoring the character ethic ([Rev.ed.].). New York: Free Press.
- Davis, D.M., Hayes, J.A. (2012). What are the benefits of mindfulness? American Psychological Association, https://www.apa.org/monitor/2012/07-08/ce-corner.
- Ialongo, N., Edelsohn, G., Werthamer-Larsson, L., Crockett, L., & Kellam, S. (1995). The significance of self-reported anxious symptoms in first grade children: Prediction to anxious symptoms and adaptive functioning in fifth grade. Journal of Child Psychology and Psychiatry, 36, 427–437. doi: 10.1111/jcpp.1995.36.issue-3
- Frankl, Viktor E. (Viktor Emil), 1905-1997. (1962). Man's search for meaning; an introduction to logotherapy. Boston: Beacon Press.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. Archives of General Psychiatry, 62, 593–602. doi:10.1001/ archpsyc.62.6.593.
- Pagnini, F., Bercovitz, K., & Langer, E. (2016). Perceived control and mindfulness: Implications for clinical practice. Journal of Psychotherapy Integration, 26(2).
- Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. The Lancet, 369(9569), 1302-1313.
- Powell, A. (2018). When science meets mindfulness. The Harvard gazette, /https://news.harvard.edu/gazette/story/2018/04/harvard-researchers-study-how-mindfulness-may-change-the-brain-in-depressed-patients

Piaget, J. (1936). Origins of intelligence in the child. London: Routledge & Kegan Paul.

- Rotter, Julian B (1966). "Generalized expectancies for internal versus external control of reinforcement". *Psychological Monographs: General and Applied*. **80** (1).
- van Ameringen, M., Mancini, C., & Farvolden, P. (2003). The impact of anxiety disorders on educational achievement. Journal of Anxiety Disorders, 17, 561–571. doi:10.1016/S0887-6185 (02)00228-1
- Weil, A. (2017). Three breathing exercises. DrWeil. Com. http://www.drweil.com/drw/u/ART00521/three-breathing-exercises.html.

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Conflict of Interest

The author declared no conflict of interest.

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