

Anxiety Disorder

Description

Anxiety disorders refer to a cluster of disorders whose primary features include excessive fearfulness and stress response. In general, the term “anxiety disorder” describes an excessively fearful or stressful response to a perceived threat in the present environment or to anticipate future threat. Anxiety disorders are relatively common among the mental disorders.

Anxiety disorders usually include strong somatic symptoms, such as stomach aches, headaches, nervousness and problems with sleeping and eating that can be quite uncomfortable for the child.

The DSM-V indicates that children can be diagnosed with the following anxiety disorders:

- Panic disorder with agoraphobia
- Panic disorder without agoraphobia
- Acute stress disorder
- Generalized anxiety disorder
- Post-traumatic stress disorder
- Adjustment disorder with anxiety
- Social phobia
- Specific phobia
- Obsessive-compulsive disorder

Additionally, all forms of anxiety disorders involve the loss of functioning in important domains of life, such as school, social functioning and peer relationships.

As you can see by the number of DSM-V diagnoses, anxiety can have many presentations. Human adaptive responses to severe stress vary widely and, as in all mental disorders, the outcome depends upon the nature and severity of the environmental stressors and the heritable characteristics of the person experiencing them. However, child abuse and neglect increase children’s vulnerability to anxiety disorders. Likewise, children who are exposed to domestic violence may be more likely to develop an anxiety disorder.

In cases of extreme abuse and neglect, children are believed to experience a chronic stress response that includes anxiety. This results in withdrawal isolation, lethargy and unresponsiveness to the environment. It is believed to be connected to neurological changes in brain chemistry and even structural changes in the brain. This can happen to very young children and often has deleterious effects to the attachment process and on social functioning.

Physiology of Stress Reactions: Flight, Fight, Freeze

Under conditions of stress or threat, (which research has concluded include severe neglect and abuse), the hippocampus chemically signals the pituitary to release neurotransmitters, which in turn signal the adrenal cortex to release stress hormones (such as cortisol and adrenaline) into the bloodstream. These chemicals prepare the body to respond to threat. They cause many changes in the body, including increased alertness, heightened startle response, increased heart rate and other changes that increase the availability of oxygen to muscles and certain organs. These responses prepare the individual to *flee* (run away from danger), *fight* (for survival), or *freeze* (refrain from reacting, in order to fully perceive the threat) in response to the perceived threat. This is adaptive, because it ensures survival. In normal circumstances, the brain stops the release of stress hormones when the threat is no longer present, and the person's functioning returns to normal. However, there are two ways in which this response can be compromised:

1. *Chronic stress*: Problems can occur when the child experiences chronic states of anxiety and perceived threat, such as chronic abuse or neglect. In this situation, the body maintains its response to stress by continuing to release cortisol into the blood stream. It is believed this prolonged exposure to cortisol interferes with the brain's ability to stop the release of cortisol when the threat or danger is removed. Therefore, children experience prolonged stress reactions, such as heightened awareness of danger, over-reaction to even mildly threatening situations and slow ability to calm down, or withdrawn behavior. In other words, the child is in a persistent state of "flight – fight – freeze".
2. Additionally, problems can occur when a "trigger" event activates the flight – fight – freeze response. One of the body's adaptive responses to trauma (including severe abuse and neglect) is the capacity to generalize from circumstances of threat to other situations that are similar to the original threat. This response pattern can be maladaptive when the emotional and physiological response generalizes to non-threatening situations of daily life and interferes with normal functioning, as in Post-Traumatic Stress Disorder (PTSD). For example, the smell of the cologne that a sexual abuse perpetrator wore can evoke, or trigger fear and anxiety when the child encounters that smell later, whether or not the perpetrator is present.

Long-term Effects

People who have a history of severe stress as children remain vulnerable into adulthood, even when they recover to normal functioning. If they are subject to another trauma or experience a severe loss, they remain more likely to have a catastrophic response (major depression, traumatic stress response) to the later event.

Treatment for Anxiety

Cognitive Behavioral Therapy has been shown help reduce anxiety symptoms. Treatment may involve exposing the child to anxiety producing events in a safe and supportive environment and teach him to relax instead of responding with anxiety. It can also involve self-talk to help the child correctly interpret the non-threatening environment, interrupt and stop the escalation of his/her physiological reaction and think more accurately about the anxiety-producing situation. For example: a child who responds with anxiety whenever she smells the cologne worn by the sex-abuse perpetrator may be taught to remind herself that lots of men wear that cologne, and the perpetrator is not present.

Some treatment protocols include a therapy component for parents as well.

Pharmacological therapies can be very beneficial as an adjunct to psychotherapy, but are not recommended as the sole form of treatment for trauma-related disorders.