

Normal Fear Vs. Disorder

Dr. David Russ

It can be quite difficult for a parent of a child demonstrating fear, worry or anxiety to tell the difference between normal childhood fears and those that are or could become psychological issues. In my practice, I frequently deal with adults with anxiety disorders that started in their childhood but went undiagnosed and untreated. It wasn't bad parenting, it just got missed or was misinterpreted. The sooner problematic anxiety can be treated the better.

Everyone goes through a series of developmental stages throughout their entire lifespan. Characteristic of childhood development are certain kinds of fears that any child is likely to experience and are part of a normal developmental process. Children grow out of these fears as they mature unless for some reason they become problematic. Generally speaking the most common fears for these stages are as follows.

Age 1 - 3

- fear of strangers-evokes withdrawal, crying, clinging
- being neglected
- loud unexpected noise

Age 3 - 5

- new and unfamiliar environment
- threat to safety and security
- dogs
- bugs (such as spiders and roaches)
- the dark
- imaginary characters such as monsters

Age 6 - 10

- school
- dangers outside of home
- realization that not always protected
- stranger danger
- illnesses
- tragic events in the media
- lightning and thunder
- personal safety

Age 10 - 13

- academic and athletic performance
- personal and social success
- making and keeping friends
- social criticism
- environmental danger like thunderstorms, earthquakes and floods
- parents and loved ones getting hurt or dying

Age 13 - 18

- acceptance or rejection in social relationships (primary fear)
- the future
- moral issues-guilt
- issues about dating
- career choice
- not being independent
- personal injury

Generally, younger children are afraid of physical events and imaginary creatures, while older children are more fearful of social issues. There are some fears that cross all developmental stages. Fears related to illnesses, pain, medical and dental procedures, doctor visits, natural disasters, war and any kind of traumatic event are likely to evoke anxiety regardless of the developmental stage. These stages should not be considered as absolute. Instead they provide a general guideline. Developmentally some kids may be ahead or behind a couple years and that's unlikely to be an issue. On the other hand, for example, a 14-year-old child who is still afraid of the dark and requires a night light may be more anxious than normal. Fear and anxiety often don't follow the expected course and for whatever reason sometimes "sticks" around but wouldn't necessarily be considered clinically significant. Therefore, even more important than the particular content of the fear are the following characteristics. In an attempt to make it easier to remember, I'll start them all with the letter S.

Surplus Does the anxiety seem out of line with what most people would think a "fitting" reaction? Is there a significant surplus of fear and worry relative to the danger? Is your child frequently unable to stop or control the worry or fear? Does your child have an exaggerated sense of danger or threat?

Storm Does your child get very distraught or easily upset? Is the worry and fear such a burden or nuisance that your child seems unhappy or miserable because of it? Does the emotional reaction seem like an intense storm?

Spoil Does the fear and anxiety significantly interfere with his or her daily activities or that of the family? Does it significantly impact sleep, school, friendships or the ability to act independently? Is it spoiling your child's life to some extent?

Stuck Does the fear last far longer than you would expect? For example, has your child worried consistently for a couple months? Is the fear present most everyday or fairly frequently? Is it persistent to the point where you're wondering if it's stuck?

Sometimes it is hard to measure these characteristics because it is not always clear what to use as point of comparison. First, consider what has been typical for your own child. Does the anxiety seem like a significant break from their normal behavior? Second, but be careful of this, consider what seems typical of other children in similar life stages. If you are still uncertain, it is highly recommended that you get a professional assessment. One thing that is certain about anxiety disorders, the sooner they are addressed and treated the shorter and less troubling they are for your child.

The following references provided the research data used for part of this article

Beidel, D. C., & Turner, M. (2005). *Childhood anxiety disorders: a guide to research and treatment*. New York: Routledge.

Wagner, A. P. (2005). *Worried no more: help and hope for anxious children*. Rochester: Lighthouse Press.

Dr. David Russ is a licensed psychologist in private practice in North Carolina. For the last two years, Dr. Russ and Chris McCarthy (PhD candidate), have been developing an innovative treatment program for anxious kids. In seeking help for his own child, Dr. Russ discovered there were almost no media-based resources that specifically spoke to children about anxiety and how to overcome it in an age-appropriate way. The passion and love for their own kids and patients led to the creation of "Turnaround". The professionally produced audio program is based on the science of cognitive-behavioral therapy which has shown conclusive results in successfully treating anxiety. They have added a unique innovation. The science is combined with kid captivating fun, creativity and age-appropriate explanation! A group of kids go on a journey meeting all kinds of curious characters. The steps to overcome anxiety are embedded throughout this fun adventure. It is done with professional actors, artwork and production to keep any child engaged and helped. Information is available at www.myanxiouschild.com.