



Childhood Anxiety Disorders:

Could it be a social interest underdevelopment?

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Anxiety

Definition and Prevalence

- Children with anxiety experience excessive, uncontrollable, unrealistic, and unpleasant feeling or emotion of fear or worry that interferes with their lives and impairs their normal activities including relationships, social and school performances.
- Thibaut (2017): “Anxiety disorders are the most prevalent psychiatric disorders (worldwide prevalence of 7.3% ... a high **comorbidity** between anxiety and depressive disorders or between anxiety disorders ... often remain underdiagnosed and undertreated...”



Recognizing Anxiety in Children

- Shy, quite, silent, worry, inhibition, hesitant, inflexibility, rigid, perfectionism, withdrawal, difficulty in trying new things, fear to talk, low confidence and assertiveness, irrational fears, somatic complaints, prefers to avoid,



Myths on Childhood Anxiety

- **MYTH 1:** A child with an anxiety disorder is damaged for life.
- **MYTH 2:** Anxiety results from children's weakness.
- **MYTH 3:** Anxiety results just from dysfunctional parenting!
- **MYTH 4:** A child can manage anxiety disorder through willpower.
- **MYTH 5:** Anxiety in children can not be treated!
- **MYTH 5:** Children grow out of anxiety disorders.



Normal Development of Anxiety in Childhood

1. **Infancy:** lack of support, height and dropping
2. **From 1 to 2 years old:** physical harm, toileting, strangers,
3. **From 3 to 5 years old:** animals, fictional things, darkness, leaving alone,
4. **From 6 to 9 years old:** animals, light and thunder, security, school
5. **From 9 to 12 years old:** physical health, exams and competencies!
6. **From 13 years and later:** physical health, personal manner, economic concerns, social interactions,



Childhood Anxieties

General view

- **Generalized Anxiety Disorder (GAD):** Worry for almost everything, particularly success, hesitations, and perfection
- **Separation Anxiety Disorder (SAD):** Avoidance of being separated from mother or caregiver!
- **Selective Mutism (SM):** Refuses to speak with others, particularly in school. At least 1 month,
- **Phobias:** Exaggerated fear, preoccupation with something,
- **Social Anxiety:** Intense self-consciousness and fear of social situations in which feels to be judged or scrutinized.
- **Panic Disorders:** Unexpected and repeated periods of intense fear or discomfort, has panic attacks, and fear of dying.





Etiology of Childhood Anxieties

Core Causes

- *Gene-environment studies have highlighted the importance of early developmental trauma and recent stressful life events in interaction with molecular plasticity markers... parenting behavior may also play a role in the prevention of anxiety disorders (Aktar et al., 2017)*
- **Generalized Anxiety D. (GAD):** Genetics and neurological functioning (amygdala), bad childhood experiences, parenting
- **Separation Anxiety D. (SAD):** Big change in life, like losing first-degree relative, school or house change, overprotective parenting,
- **Selective Mutism (SM):** Genetic and neurological predisposition (amygdala), language and speech challenges, rescuing parents
- **Phobias:** Genetic predisposition, direct conditioning, modeling or transmission of information.
- **Social Anxiety:** Genetic predisposition to uncertainty, fear of negative evaluation, modeling by parents, parenting
- **Panic Disorders:** Genetic predisposition, traumatic life events,

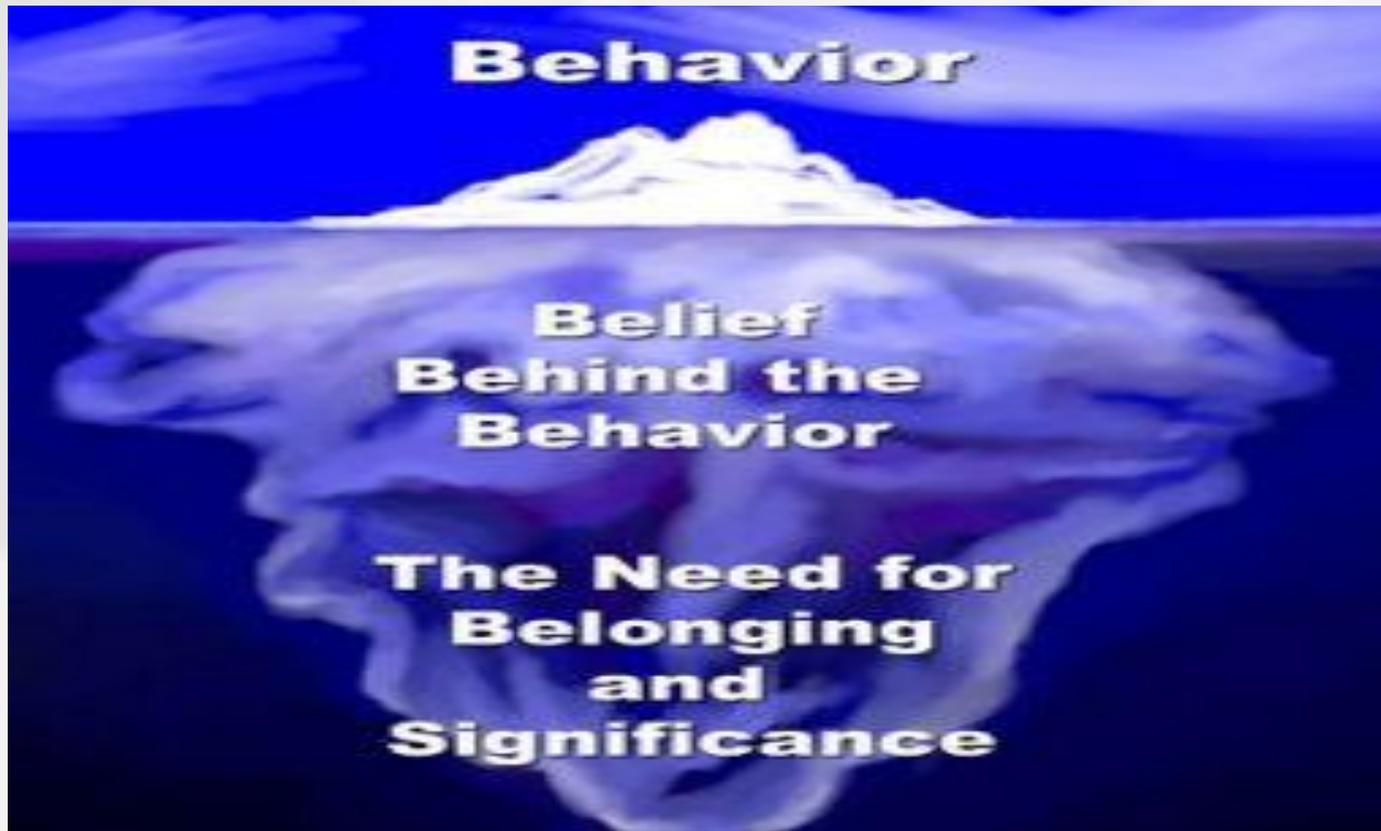
Adlerian Principles to View Human Behavior

1. All *in-dividual's* behavior, the system, strives from felt minus situation towards a plus situation, from a feeling of **inferiority towards superiority**, perfection, totality.
2. The striving receives its specific direction from ... **self-ideal**, which though influenced by biological and environmental factors is ultimately the creation of the individual. Because it is an ideal, the goal is a fiction.
3. The goal is only “**dimly envisaged**” by the individual... The goal becomes the final cause, ... [and conscious and unconscious make] a unified relational system.
4. The behavior is socially-embedded, not isolated... so, **social interest** becomes crucial for his adjustment.
5. Maladjustment is characterized by increased inferiority feelings, underdeveloped social interest, and an exaggerated uncooperative goal of personal superiority.... Problems are solved in a self-centered “**private logic**” rather than a task-centered “common sense” fashion.

Adlerian Conceptualization on Childhood Anxiety

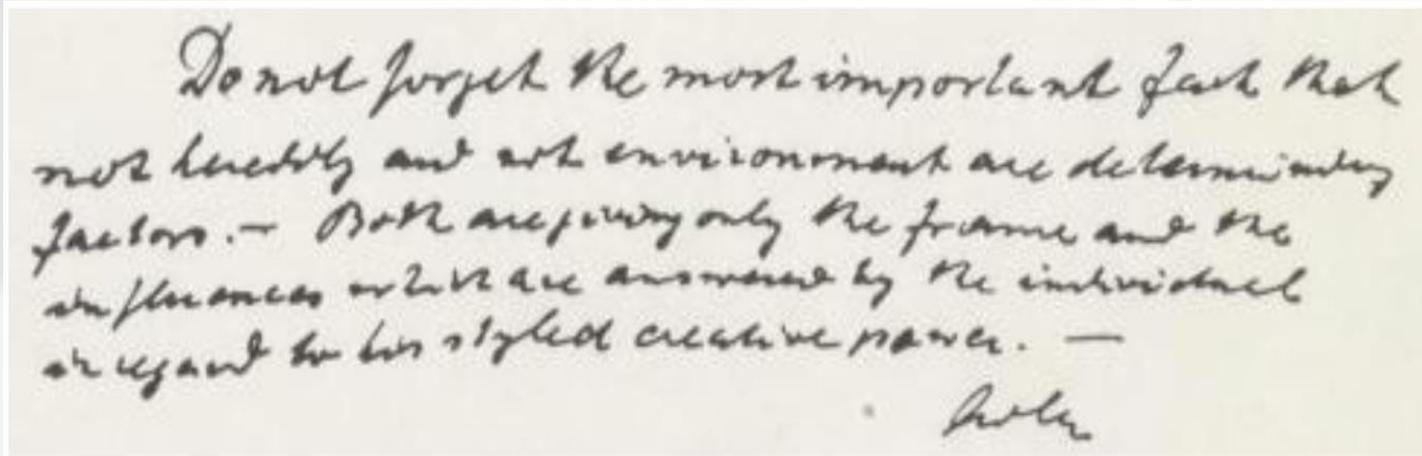
- The child's opinion and **attitude** about him/herself, others, life tasks, and the world, which form the **lifestyle**, influence every psychological process including anxiety. **Anxiety is an attitude!**
- In fact, anxiety is beyond an emotion, not something that a child has, it is a **GOAL!**
- Anxiety is a **child's choice** that helps the child detour from the tasks of life, which require courage, responsibility, capability, and feeling of belongingness.
- Anxiety is a **socially useless movement** to strive for plus situation and feeling "belongingness".
- When the child's **attitude to problem-solving is avoidance**, anxiety as an emotion, enforces the movement.
- Due to underdeveloped social interest, a child with anxiety assumes others as threatening and hence he starts to safeguard.

Theory in one picture



Adlerian General View on Psychopathology

- In general, biology and past history are relative to the goal idea; they do not function as total causes but increase probabilities,
- **Alfred Adler:**



Do not forget the most important fact that not heredity and not environment are determining factors.— Both are giving only the frame and the influences which are answered by the individual or regard to his styled creative power.—
Adler

- ***Do not forget the most important fact that not heredity and not environment are determining factors.—Both are giving only the frame and the influences which are answered by the individual in regard to his styled creative power.—***



Identity and function of anxiety

❖ Identity:

- conscious emotion,
 - ✓ **InFEARiority**: lack of courage, and
 - ✓ Underdevelopment of social interest, and
 - ✓ Lack of skills

❖ Functions of anxiety:

- ✓ helps to hide fictional feeling of incapability, and to safeguard ...?
- ✓ useless problem-solving way
- ✓ achievement of control and belongingness



Adlerian Lens to Formation of Childhood Anxiety

- **R. Dreikurs:** Do not analyze the child, analyze your relationship with the child.
 - **Two points on a line:** The crux of the problem is that parents make a condition that the child infers he is incapable (**point 1**), and let him achieve the goal (**point 2**).
- **Parents allow the child:**
- **Make distortion in realities and keep them:**
People/world are dangerous! (point 1)
 - *You do not need to show flexibility!*
 - *Someone exists that will figure out the problem! (point 2)*

Adlerian Therapy

Childhood anxiety

Point 1: Problem in the context

1. Adlerian parent training focuses on:

- Encourage him by trusting,
- No force and coercion! It is still a choice!
- Show empathy, not sympathy and pity, minimalize the fear!
- Parents should manage their own anxiety and fear
- Be a model for courage,
- Explore the mistaken goal (4 basic Cs), and apply required actions
- Boost his self-awareness, and awareness to “scape” trap!
- **“Never do for a child what a child can do for himself” (RD)**
- Allow him to decide and learn from his mistakes, to experience,
- Encourage him to say No!
- **Encourage him to be imperfect!**
- Physical encouragement is important too.



Adlerian Therapy

Childhood anxiety

Point 2: Hidden reason

R. Dreikurs: *Attitude is more important than techniques!*



1. Adlerian techniques:

- ✓ Making awareness, and a new picture of himself.
- ✓ Helping to view the problem from a new angle,
- ✓ Helping the child see his strengths
- ✓ Getting the courage to touch the situation,
- ✓ Finding a new way to solve the problem,
- ✓ Finding out the “**USE**” of his anxiety
- ✓ Sense the reality and experience the consequences of his behavior
- ✓ They break the child’s pattern

The Logic of Adlerian Treatment

Alfred Adler:

The individual is thus both the picture and the artist. Therefore if one can change one's concept of self, they can change the picture being painted.



The Question Technique

A Discovery and therapeutic technique

- “How would your life be different if, all of a sudden, you didn't have this problem anymore?”
- “clients will either be unable to hide what their symptom is **doing for** them (i.e., the usefulness, or "purpose" of the behavior), or they will feel a sense of encouragement because they begin to understand that they have the resources and abilities to overcome the problem (Watts et al., 2009).
- The Question forces clients to think in terms of a new reality where they are no longer burdened by their presenting problem.
- Example: The child answers: *I could play with my friends.*

Treatment Techniques

Spit in the soup



- In this technique, the therapist respects the child's problem, and tries to reframe it for the child...and make it less attractive.
- By this means, the therapist changes the child's relation (thinking, and emotion) with his symptoms.
- **Example 1**: My client: A 7 year old boy who couldn't stay alone... refused to stay alone at the waiting room... and ...
- **Example 2**: A teen with anxiety who feared to talk with people... Said "I am more comfortable like this". The psychotherapist replied: "So, your anxiety is helping you to feel comfort, and then it is useful and a good friend for you. It protects you. Ok, let's not to talk about it. You can keep it. Till the next session think about it and then will talk"

King Midas Technique

Error of too much getting/controlling!



- Adler believed that anxiety is a way of self-imposing, and controlling others.
- This technique unfolds the **uselessness of over-control**.
- **Example 1:** A 6 year old boy with separation anxiety, his mother was trained to respects the problem and...told him: “I love you to be with me! And then, she insisted to take him with herself everywhere: to kitchen, other rooms...Now, he couldn’t even watch TV!, He couldn’t go to the yard to play...” Then, once, he said: “I myself can go to the yard to play”

Sense of Humor 1

a therapeutic technique

- Humor means to laugh together, not at each other, which helps to **replace discouraging attitude** to an encouraging, and less agonizing view.
- Humor is distinct from sarcasm, and should be developmentally-appropriate.
- It is an **icebreaker**, can boost **psychotherapeutic alliance**.
- ❖ **Guide:** use some imagination, replacements, literalism, funny parables, jokes, ...





Sense of Humor 2

a therapeutic technique

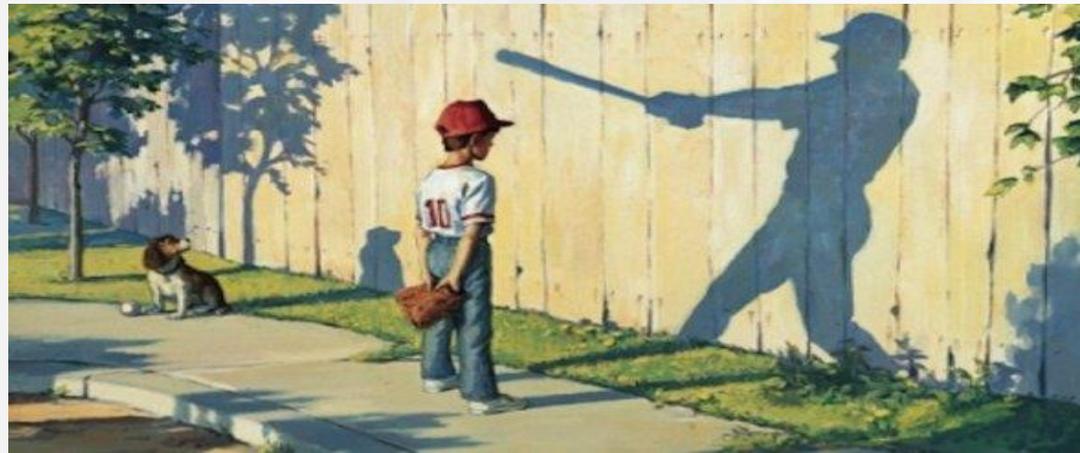
- **Example 1:** when talking to a child with fear and anxiety of thieves: *imagine that the thief is in your house and then he feels has to find the bathroom, and cannot! Oh! What will happen...*
- **Example 2:** (for social anxiety) *Can you draw a picture of your classmates in form of the animals that you like!*
- **Example 3:** How do you think a 5 year old boy would see fear of separation from his mother!
- **Journaling, and collecting some jokes and funny events. Watching comedy films and then talking about the funny sections.**
- **Example 4:** I fear that an ant bites me. Therapist: how long would it take to eat you completely!?

Acting as if

Reflecting as if

(Watts, 2014)

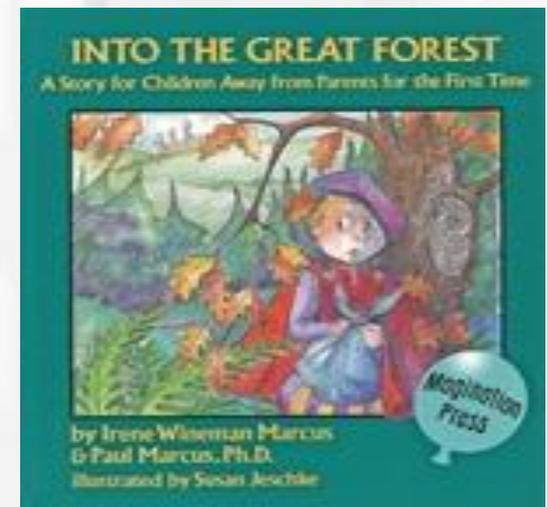
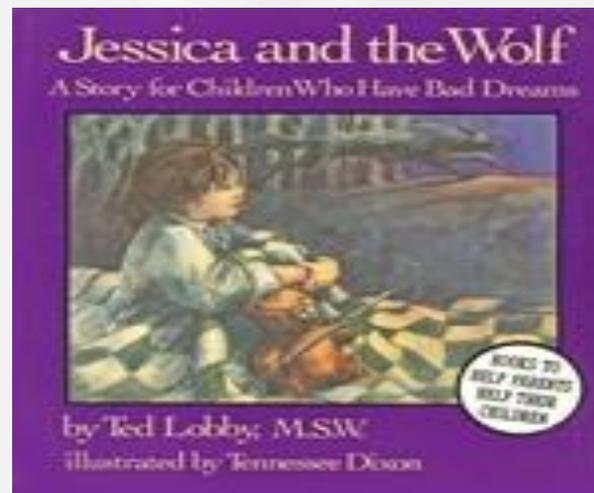
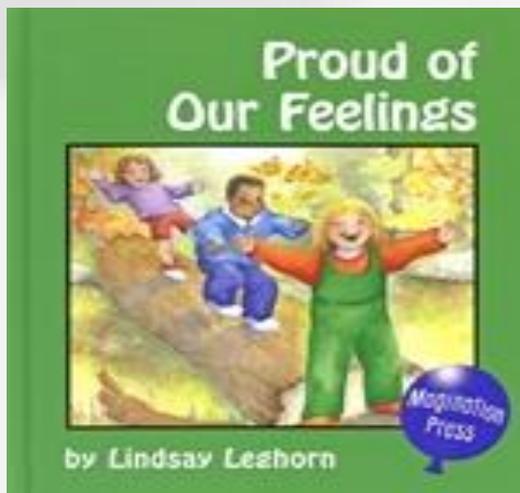
- The therapist asks the child to pretend and act as the person he would like to be, for example, act confidently, courageously, assertively, ...
- If the child cannot act as if, he is asked to reflect on it. Painting is used in this techniques.



Storytelling

a therapeutic technique for children

- **Storytelling and Reading** related books with children provides an opportunity to show him how a third person experiences the anxiety problem and how he solves the problem.
- **Bibliography** is usually recommended by Adlerian psychologists.





**The answer is encouragement,
What is the problem?**

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