

CLASSIFICATION BASED APPROACH TOWARDS ANXIETY IN TEENAGERS

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ABSTRACT

Anxiety is an offensive state of inward turmoil, regularly joined by apprehensive conduct, for example, pacing over and over again, substantial protests and rumination. It is the subjectively disagreeable sentiments of fear over something unrealistic to happen, for example, the inclination of approaching passing. Nervousness is not the same as alarm, which is a reaction to a genuine or saw prompt risk; while uneasiness is the desire of future danger. Nervousness is an inclination of apprehension, stress, and uneasiness, generally summed up and unfocused as an eruption to a circumstance that is just subjectively seen as threatening. It is regularly joined by bulky strain, eagerness, weariness, and issues in focus. Uneasiness might be suitable, yet when it is an excess of and proceeds excessively long, the singular may experience the ill effects of a tension issue. Tension is recognized from alarm, which is a suitable cognitive and enthusiastic reaction to an apparent danger and is identified with the particular practices of battle or-flight reactions, opposing conduct or getaway. Tension happens in circumstances just saw as wild or unavoidable, yet not sensibly so. David Barlow characterizes nervousness as "a future-arranged mind-set state in which one is prepared or ready to endeavor to adapt to approaching negative occasions," and that it is a refinement between future and present dangers which partitions uneasiness and alarm. An alternate depiction of nervousness is desolation, fear, dread, or even

trepidation. In positive brain research, tension is portrayed as the mental state that comes about because of a troublesome test for which the subject has deficient adapting abilities. This paper highlights the parts of anxiety and related parameters in the youngsters.

Keywords – Anxiety Disorder, Anxiety Syndrome, Psychological Syndrome in Teenagers

INTRODUCTION

Fear and anxiety can be differentiated in four domains: (1) duration of emotional experience, (2) temporal focus, (3) specificity of the threat, and (4) motivated direction. Fear is defined as short lived, present focused, geared towards a specific threat, and facilitating escape from threat; while anxiety is defined as long acting, future focused, broadly focused towards a diffuse threat, and promoting excessive caution while approaching a potential threat and interferes with constructive coping.

Symptoms of anxiety can range in number, intensity, and frequency, depending on the person. While almost everyone has experienced anxiety at some point in their lives, most do not develop long-term problems with anxiety.

The behavioral effects of anxiety may include withdrawal from situations which have provoked anxiety in the past. Anxiety can also be experienced in ways which include changes in sleeping patterns, nervous habits, and increased motor tension like foot tapping.

The emotional effects of anxiety may include "feelings of apprehension or dread, trouble concentrating, feeling tense or jumpy, anticipating the worst, irritability, restlessness, watching (and waiting) for signs (and occurrences) of danger, and, feeling like your mind's gone blank" as well as "nightmares/bad dreams, obsessions about sensations, deja vu, a trapped in your mind feeling, and feeling like everything is scary."

The cognitive effects of anxiety may include thoughts about suspected dangers, such as fear of dying. "You may ... fear that the chest pains are a deadly heart attack or that the shooting pains in your head are the result of a tumor or aneurysm. You feel an intense fear when you think of dying, or you may think of it more often than normal, or can't get it out of your mind."

The philosopher Soren Kierkegaard, in *The Concept of Anxiety*, described anxiety or dread associated with the "dizziness of freedom" and suggested the possibility for positive resolution of anxiety through the self-conscious exercise of responsibility and choosing. In *Art and Artist* (1932), the psychologist Otto Rank wrote that the psychological trauma of birth was the pre-eminent human symbol of existential anxiety and encompasses the creative person's simultaneous fear of – and desire for – separation, individuation and differentiation.

The theologian Paul Tillich characterized existential anxiety as "the state in which a being is aware of its possible nonbeing" and he listed three categories for the nonbeing and resulting anxiety: ontic (fate and death), moral (guilt and condemnation), and spiritual (emptiness and meaninglessness). According to Tillich, the last of these three types of existential anxiety, i.e. spiritual anxiety, is predominant in modern times while the others were predominant in earlier periods. Tillich argues that this anxiety can be accepted as part of the human condition or it can be resisted but with negative consequences. In its pathological form, spiritual anxiety may tend to "drive the person toward the creation of certitude in systems of meaning which are supported by tradition and authority" even though such "undoubted certitude is not built on the rock of reality".

According to Viktor Frankl, the author of *Man's Search for Meaning*, when a person is faced with extreme mortal dangers, the most basic of all human wishes is to find a meaning of life to combat the "trauma of nonbeing" as death is near.^[citation needed]

According to Yerkes-Dodson law, an optimal level of arousal is necessary to best complete a task such as an exam, performance, or competitive event. However, when the anxiety or level of arousal exceeds that optimum, the result is a decline in performance.

Test anxiety is the uneasiness, apprehension, or nervousness felt by students who have a fear of failing an exam. Students who have test anxiety may experience any of the following: the association of grades with personal worth; fear of embarrassment by a teacher; fear of alienation from parents or friends; time pressures; or feeling a loss of control. Sweating, dizziness, headaches, racing heartbeats, nausea, fidgeting, uncontrollable crying or laughing and drumming on a desk are all common. Because test anxiety hinges on fear of negative evaluation, debate exists as to whether test anxiety is itself a unique anxiety disorder or whether it is a specific type of social phobia. The DSM-IV classifies test anxiety as a type of social phobia.

While the term "test anxiety" refers specifically to students, many workers share the same experience with regard to their career or profession. The fear of failing at a task and being negatively evaluated for failure can have a similarly negative effect on the adult.^[citation needed] Management of test anxiety focuses on achieving relaxation and developing mechanisms to manage anxiety.

Stranger, social, and intergroup

Humans generally require social acceptance and thus sometimes dread the disapproval of others. Apprehension of being judged by others may cause anxiety in social environments.

Anxiety during social interactions, particularly between strangers, is common among young people. It may persist into adulthood and become social anxiety or social phobia. "Stranger anxiety" in small children is not considered a phobia. In adults, an excessive fear of other people is not a developmentally common stage; it is called social anxiety. According to Cutting, social phobics do not fear the crowd but the fact that they may be judged negatively.

Social anxiety varies in degree and severity. For some people it is characterized by experiencing discomfort or awkwardness during physical social contact (e.g. embracing, shaking hands, etc.), while in other cases it can lead to a fear of interacting with unfamiliar people altogether. Those suffering from this condition may restrict their lifestyles to accommodate the anxiety, minimizing social interaction whenever possible. Social anxiety also forms a core aspect of certain personality disorders, including Avoidant Personality Disorder.

To the extent that a person is fearful of social encounters with unfamiliar others, some people may experience anxiety particularly during interactions with outgroup members, or people who share different group memberships (i.e., by race, ethnicity, class, gender, etc.). Depending on the nature of the antecedent relations, cognitions, and situational factors, intergroup contact may be stressful, and lead to feelings of anxiety. This apprehension or fear of contact with outgroup members is often called interracial or intergroup anxiety.

As is the case in the more generalized forms of social anxiety, intergroup anxiety has behavioral, cognitive, and affective effects. For instance, increases in schematic processing and simplified information processing can occur when anxiety is high. Indeed, such is consistent with related work on attentional bias in implicit memory. Additionally recent research has found that implicit racial evaluations (i.e. automatic prejudiced attitudes) can be amplified during intergroup interaction. Negative experiences have been illustrated in producing not only negative expectations, but also avoidant, or otherwise antagonistic, behavior such as hostility. Furthermore, when compared to anxiety levels and cognitive effort (e.g., impression management and self-presentation) in intragroup contexts, levels and depletion of resources may be exacerbated in the intergroup situation.

Trait

Anxiety can be either a short term 'state' or a long term "trait". Trait anxiety reflects a stable tendency to respond with state anxiety in the anticipation of threatening situations. It is closely related to the personality trait of neuroticism. Such anxiety may be conscious or unconscious.

Choice or decision

Anxiety induced by the need to choose between similar options is increasingly being recognized as a problem for individuals and for organizations.

"Today we're all faced with greater choice, more competition and less time to consider our options or seek out the right advice."

In a decision context, unpredictability or uncertainty may trigger emotional responses in anxious individuals that systematically alter decision-making. There are primarily two forms of this anxiety type. The first form refers to a choice in which there are multiple potential outcomes with known or calculable probabilities. The second form refers to the uncertainty and ambiguity related to a decision context in which there are multiple possible outcomes with unknown probabilities.

In some Buddhist meditation literature, this effect is described as something which arises naturally and should be turned toward and mindfully explored in order to gain insight into the nature of emotion, and more profoundly, the nature of self.

Psychiatric

Anxiety disorders are a group of mental disorders characterized by feelings of anxiety and fear, where anxiety is a worry about future events and fear is a reaction to current events. These feelings may cause physical symptoms, such as a racing heart and shakiness. There are various forms of anxiety disorders, including generalized anxiety disorder, phobic disorder, and panic

disorder. While each has its own characteristics and symptoms, they all include symptoms of anxiety.

Anxiety disorders are partly genetic but may also be due to drug use including alcohol and caffeine, as well as withdrawal from certain drugs. They often occur with other mental disorders, particularly major depressive disorder, bipolar disorder, certain personality disorders, and eating disorders. The term anxiety covers four aspects of experiences that an individual may have: mental apprehension, physical tension, physical symptoms and dissociative anxiety. The emotions present in anxiety disorders range from simple nervousness to bouts of terror. There are other psychiatric and medical problems that may mimic the symptoms of an anxiety disorder, such as hyperthyroidism.

Common treatment options include lifestyle changes, therapy, and medications. Medications are typically recommended only if other measures are not effective. Anxiety disorders occur about twice as often in females as males, and generally begin during childhood. As many as 18% of Americans and 14% of Europeans may be affected by one or more anxiety disorders.

Causes

Early life experiences

Anxiety risk factors include family history (e.g. of anxiety) and parenting factors including parental rejection, lack of parental warmth, high hostility, harsh discipline, high maternal negative affect, anxious childrearing, modelling of dysfunctional and drug-abusing behaviour, and child abuse (emotional, physical and sexual).

Biological vulnerabilities

Research upon adolescents who as infants had been highly apprehensive, vigilant, and fearful finds that their nucleus accumbens is more sensitive than that in other people when deciding to

make an action that determined whether they received a reward. This suggests a link between circuits responsible for fear and also reward in anxious people. As researchers note, "a sense of 'responsibility', or self agency, in a context of uncertainty (probabilistic outcomes) drives the neural system underlying appetitive motivation (i.e., nucleus accumbens) more strongly in temperamentally inhibited than noninhibited adolescents". Anxiety is also linked and perpetuated by the person's own pessimistic outcome expectancy and how they cope with feedback negativity. Temperament and attitudes (e.g. pessimism) have been found to be risk factors for anxiety.

Some writers believe that excessive anxiety can lead to an overpotentiation of the limbic system, giving increased future anxiety, but this does not appear to have been proven.

Social issues - gender

Contextual factors that are thought to contribute to anxiety include gender socialization and learning experiences. In particular, learning mastery (the degree to which people perceive their lives to be under their own control) and instrumentality, which includes such traits as self-confidence, independence, and competitiveness fully mediate the relation between gender and anxiety. That is, though gender differences in anxiety exist, with higher levels of anxiety in women compared to men, gender socialization and learning mastery explain these gender differences.^[citation needed] Research has demonstrated the ways in which facial prominence in photographic images differs between men and women. More specifically, in official online photographs of politicians around the world, women's faces are less prominent than men's. Interestingly enough, the difference in these images actually tended to be greater in cultures with greater institutional gender equality.

Evolutionary psychology

An evolutionary psychology explanation is that increased anxiety serves the purpose of increased vigilance regarding potential threats in the environment as well as increased tendency to take

proactive actions regarding such possible threats. This may cause false positive reactions but an individual suffering from anxiety may also avoid real threats. This may explain why anxious people are less likely to die due to accidents.

Neural circuitry involving the amygdala and hippocampus is thought to underlie anxiety. When people are confronted with unpleasant and potentially harmful stimuli such as foul odors or tastes, PET-scans show increased bloodflow in the amygdala. In these studies, the participants also reported moderate anxiety. This might indicate that anxiety is a protective mechanism designed to prevent the organism from engaging in potentially harmful behaviors.

GENERAL PERCEPTION

All students feel anxious at times. Many young students, for example, show great distress when separated from their parents. Young students are often frightened of strangers, thunderstorms, or the dark. These are normal and usually short-lived anxieties. But some students suffer from anxieties severe enough to interfere with the daily activities of childhood or adolescence.

Anxious students may lose friends and be left out of social activities. They often experience academic failure and low self-esteem. Because many students with this disorder are quiet and compliant, the signs are often missed. Teachers and parents should be aware of the signs of a possible anxiety disorder so that appropriate referrals can be made.

Signs of anxiety may present differently in children and adolescents than in adults. Common signs can include:

- Excessive and persistent worry
- Restlessness and irritability
- Crying or losing temper easily or frequently
- Avoidance and procrastination
- Disruption to sleep and eating patterns
- Decline in academic performance

- Truancy and school refusal
- Increased use of alcohol or other drugs
- Withdrawal from social, class or school activities
- Tiredness and fatigue

There are several types of anxiety disorders. The list below describes those most common to children.

Generalized Anxiety Disorder —Children with generalized anxiety disorder (GAD) have recurring fears and worries that they find difficult to control. They worry about almost everything—school, sports, being on time, even natural disasters. They may be restless, irritable, tense, or easily tired, and they may have trouble concentrating or sleeping. Students with GAD are usually eager to please others and may be “perfectionists”, dissatisfied with their own less-than-perfect performance.

Separation Anxiety Disorder —Students with separation anxiety disorder have intense anxiety about being away from home or caregivers that affects their ability to function socially and in school. These students may have a great need to stay at home or be close to their parents. Students with this disorder may worry excessively about their parents when they are apart from them. When they are together, the student may cling to parents, refuse to go to school, or be afraid to sleep alone. Repeated nightmares about separation and physical symptoms such as stomach-aches and headaches are also common in students with separation anxiety disorder.

Social Phobia —Social phobia usually emerges in the mid-teens and typically does not affect young students. Adolescents with this disorder have a constant fear of social or performance situations such as speaking in class or eating in public. This fear is often accompanied by physical symptoms such as sweating, blushing, heart palpitations, shortness of breath, or muscle tenseness. Adolescents with this disorder typically respond to these feelings by avoiding the feared situation. For example, they may stay home from school or avoid parties. Young people with social phobia are often overly sensitive to criticism, have trouble being assertive, and suffer

from low self-esteem. Social phobia can be limited to specific situations, so the adolescent may fear dating and recreational events but be confident in academic and work situations.

Obsessive-compulsive Disorder —Obsessive-compulsive disorder (OCD) typically begins in early childhood or adolescence. Children with OCD have frequent and uncontrollable thoughts (called “obsessions”) and may perform routines or rituals (called “compulsions”) in an attempt to eliminate the thoughts. Those with the disorder often repeat behaviours to avoid some imagined consequence. For example, a compulsion common to people with OCD is excessive hand washing due to a fear of germs. Other common compulsions include counting, repeating words silently, and rechecking completed tasks. In the case of OCD, these obsessions and compulsions take up so much time that they interfere with daily living and cause a young person a great deal of anxiety.

POST TRAUMATIC STRESS DISORDER

Post-Traumatic Stress Disorder (PTSD) refers to an ongoing reaction to trauma, and is commonly associated with reactions to experiences of war. However, PTSD is more common in children than frequently thought. The trauma may have occurred in an isolated event (e.g. the child being in a car accident) or through ongoing events (e.g. ongoing child abuse).

Children and young people who are experiencing PTSD may be experiencing:

- Intense fear, helplessness or horror
- Agitation or disorganisation
- Inability to complete age-appropriate tasks
- Flashbacks (using any of the senses)
- Avoidance of trauma-related objects or activities
- Hyper-attentiveness, or an increase in alertness, with decreased attention-focusing ability

Students with PTSD are often confused with students with Attention Deficit Hyperactivity Disorder (ADHD) because of their difficulty concentrating and seemingly unpredictable behaviour. It is important to note that the experiences of PTSD can occur immediately following

trauma, or the child may have a delayed reaction, and not have these experiences until many months after the trauma, or even a year after. It often appears that children delay their reaction until their parents or other adults have regained their composure and appear strong enough to help the child cope with their own reaction.

EDUCATIONAL IMPLICATIONS

Because students with anxiety disorders are easily frustrated, they may have difficulty completing their work. They may worry so much about getting everything right that they take much longer to finish than other students. Or they may simply refuse to begin out of fear that they won't be able to do anything properly. Their fears of being embarrassed, humiliated, or failing may result in school avoidance. Getting behind in their work due to numerous absences often creates a cycle of fear of failure, increased anxiety, and avoidance, which leads to more absences.

Students experiencing PTSD may have difficulty concentrating on work, as they are focused on the traumatic event and ensuring that they can avoid it in the future. Students may also be distracted frequently by reminders of the trauma triggering 'flashbacks', leading to an inability to complete work. Students' reactions may be out of context given the current situation as they react to their perception of events, or reminders of past events. Reminders may come from any of the senses, and may seem innocuous to others (e.g. a smell of a vehicle, the rustle of leaves, the touch of a friend, or the use of a certain word). Emotional reactions may take the form of fear, horror, anger or hopelessness, without an obvious trigger.

Younger students are not likely to identify anxious feelings, which may make it difficult for educators to fully understand the reason behind poor school performance.

Tell tale signs may include:

- Excessive absence, school refusal, truancy or illness related to the anxiety

- Anxiety or fear about particular school activities (would vary according to the type and level of anxiety)
- Difficulty keeping scheduled appointments (secondary students)
- Difficulty beginning or completing activities or assessments
- Inability to think and act (high anxiety can paralyse these functions)
- Physical responses such as becoming ill or highly agitated
- Physical responses that inhibit learning (material is not absorbed and/or the material is not recalled)
- Responding to perceived stressful situations with either anger, aggression or withdrawal
- Difficulty participating fully in curriculum activities due to fatigue from being hyper-aware of their surroundings. It is important to remember that emotional energy can be as draining as physical exertion.

Possible Educational Adjustments

Educational adjustments are designed to meet individual student needs on a case-by-case basis.

Possible adjustments include:

Adolescence

- Preferential seating
- Pre-arranged breaks
- Exit plan - permitting students to leave the classroom if anxiety becomes unmanageable (with a pre-arranged safe place in the school, where they will be supervised by an adult)
- Work with the parents/carers and the clinical care provider to understand how the disorder manifests for this student.
- Clear behaviour management plans
- Providing explicit guidelines for assignments

- Identifying any changes to routine well in advance
- Exemption or alternative arrangements (refer to QSA Policy on Special Consideration)
- Recognising small achievements using positive reinforcement, communication strategies and feedback
- Extended time for tests and exams
- Use of memory aids during exams
- Alternative evaluation/assessment procedures (e.g. substitute assessment- many students experience anxiety with oral presentations; provision of alternative formats to demonstrate knowledge e.g. narrative tape instead of written journal, oral presentation to the teacher and a few close friends rather than the whole class)
- Reduced subject load
- Negotiated attendance
- Programs with strategies tailored to manage anxiety e.g. RAP - Resourceful Adolescent Program
- Access to external agency support (Child and Youth Mental Health Services)
- Regular access to a guidance officer or school based youth health nurse.

EARLY AND MIDDLE CHILDHOOD

- Identifying high risk activities and times, and developing strategies accordingly e.g. handover or transition at the beginning of the day
- Work with the parents/carers and the clinical care provider to understand how the disorder manifests for this student.
- Develop strategies to reinforce attendance at school, e.g. providing preferred activities on arrival and a reward schedule
- Desensitising strategies to focus on anxiety related behaviours e.g. remaining in class
- Modifying curriculum where necessary by shortening task lengths, alternatives to oral presentations or other assessments which may cause anxiety

- Recognising small achievements (initially may require recognising very small achievements, such as writing the date or a name at the top of the page, saying hello to someone on arrival at school, or even the fact that the student arrived at school in the first place.)
- Scaffolding, setting limits of work, particularly around any subjects or topics that cause extreme anxiety
- Conducting a Functional Behavioural Assessment (FBA) to identify triggers/antecedents, as well as maintaining consequences to anxiety and developing strategies to manage resulting behaviour (safe corner in room to go to, chill out space)
- Exit plan (chill-out card)
- Providing structured time-out
- Assigning buddies to support unstructured time such as lunch breaks
- Structured classroom routine with preferred activities on arrival
- Reward schedules

- Explicit teaching of stress management skills such as relaxation and problem solving skills
- Programs with strategies tailored to manage anxiety e.g. FRIENDS Program
- Access to external agency support (Child and Youth Mental Health Services)
- Regular access to a guidance officer or school based youth health nurse

As the summer heat and monsoon rains set in each year, Indian newspapers run colorful front-page pictures of joyous high school seniors cheering over their final exam results.

But turn the page and the black-and-white reality hits home, from the lineup of brief stories on anguished students who have killed themselves.

After grades were released in late May, even seniors who scored a respectable 80 percent — or a B average — could be seen crying and walking forlornly from campuses.

India is obsessed with the numbers, and some teenagers are so wracked by anxiety that they become ill, or worse.

The day before exam results were released, a New Delhi girl named Sakshi hanged herself with a scarf, leaving a note saying she was certain she had failed. Chetna, a girl in another neighborhood, swallowed insecticide, but her parents got her to the hospital in time.

In the southern state of Kerala, which has India's highest literacy rate but also its worst suicide rate, at least nine students killed themselves on May 16, the day 10th grade exam results were released.

"The inhumane stress put on children by the parents and teachers is the cause of this social evil — suicide," state Education Minister Nalakathu Soopy told The Associated Press.

Tenth-grade exams are crucial, as good results can get a student into a better high school for the final two years. Twelfth-grade exams determine who qualifies for India's 12,600 colleges and 214 universities.

Thousands of students are believed to commit suicide over exams each year, but figures are sketchy as some cases are not reported as exam-related. A study by The Week magazine last October estimated about 4,000 students take their lives each year.

Many of those setting themselves on fire or hanging themselves from their bedroom ceiling fans are girls, although as a group they generally score better than boys.

A growing number of Indian girls are eager to break out of centuries of tradition that put wives in servitude to husbands and mothers-in-law. They are putting off marriage until they have made something of themselves, and for many the only way out is college.

"My entire life will depend on how well I do this year," said Koshika Anand, a 16-year-old girl who is beginning 12th grade later this month. "Girls don't get a second chance."

During their summer break, Koshika and a dozen other 11th graders are taking cram courses in math and science at Sachdeva Tutorial.

Koshika, dressed in trendy blue jeans and a T-shirt, said she hopes to become a surgeon.

"Marriage and dowry, that's for others," she said. "First I have to establish myself as Koshika, not by my father's name, not by my husband's name."

A male classmate, 15-year-old Salil Choudhary, rolled his eyes and said girls have it easy.

"She can just get married, but the pressure is on us to provide for her and our own family," said Salil, who would like to be a model or athlete but is being pushed by his parents toward engineering.

"Engineering is very important for our nation," he said, though without much conviction.

India, which is the world's most populous democracy, has a constitution that calls for equal education for gender and social class. But there are few good schools in a developing nation of more than 1 billion people.

"You are looking at a system that fails a lot of people," said Krishna Kumar, a professor of education at Delhi University. "And these people are from those sections of society which have poor access to the few opportunities that do exist."

Kumar said students from schools that lack basic amenities, where teachers are underpaid and uninspired, where there are few books and no computers, shouldn't have to compete with upper-class kids who have it all.

"The sharp inequality between schools is a very big impediment," he said.

The Ministry of Education said roughly 7 million students took the 12th grade exams in March.

Of the 360,000 who took the exam given by the Central Board of Secondary Education, which oversees 6,800 of the best urban schools, about 70 percent passed. A student passes with a 35 percent grade, but only those who score better than 75 percent will get into good universities and the major of their choice.

Ashok Ganguly, chairman of the Central Board of Secondary Education, concedes the system needs to reduce pressures on young people.

Beginning this school year, schools under his board are adding life skills courses for grades six through 12, emphasizing what Ganguly calls the "3 R's": relaxation, regulation, respiration.

He also wants to implement a letter-grade system. That way, a father will have no need to admonish a son for getting 96 percent on his exam, when a cousin has a 98, because both boys will be A students.

Ganguly notes his board is just one among three national school boards and 37 state boards that supervise a combined 120,000 schools. Soopy, education minister in Kerala, said that state would implement a grade system by 2005, but the idea has been slow to be adopted widely because the boards are competitive and suspicious of one another.

Dr. Elizabeth Vadakekara, director of Thrani, a crisis prevention center in Trivandrum, the capital of Kerala, said the center received 3,168 calls from students and parents during the week that test results came out. She said most callers were students who passed, but were contemplating suicide because they didn't meet parents' expectations.

"Children undergo terrible mental stress and agony when parents covertly express displeasure or anger over their poor performance," said Vadakekara.

Kumar, however, said parents are only responding to an elitist system that weeds out millions of children each year. He noted that only 7 percent of India's children even make it to 12th grade and a chance at college.

CONCLUSION

Children and teens have anxiety in their lives, just as adults do, and they can suffer from anxiety disorders in much the same way. Stressful life events, such as starting school, moving, or the loss of a parent, can trigger the onset of an anxiety disorder, but a specific stressor need not be the precursor to the development of a disorder. While children can develop any of the recognized anxiety disorders, some are more common in childhood than others. Some disorders tend to be specific to age development. Separation Anxiety Disorder and Specific Phobia are more common in younger children, about ages 6-9 years old. Generalized Anxiety Disorder (GAD) and Social

Anxiety Disorder (SAD) are more common in middle childhood and adolescence. Panic Disorder can occur in adolescence as well. As with adults, depression has a high rate of comorbidity in children, especially among teenagers. Although children experience the symptoms of anxiety in much the same way as adults do, children display and react to those symptoms differently. This can lead to difficulties in diagnosis. It can also be difficult to determine whether a child's behavior is "just a phase," or whether it constitutes a disorder.

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