

Of academic angst

With the accent on academics increasing in schools and competition becoming fierce, more and more children seem to be succumbing to anxiety disorders.

SHOBHA MENON talks to some psychologists and analyses the problem.

ALL OF us experience anxiety in some form or the other. With anxiety being most evident in periods of rapid change, childhood is definitely a phase where anxiety is especially prevalent. Much of this seems to be often fuelled by the prevailing education system. How many of us know that 40 per cent of children in an average school in Chennai suffer from mild to severe anxiety disorders?

Brinda Jayaraman, a counselling psychologist who has specialised in childhood adolescent behaviour, says, "While children with severe anxiety disorders are taken to a counsellor, those with Mild Anxiety Disorder continue to live with the problem because the concerned caregivers think it is natural. But without early intervention, children who fall in the latter category grow into adults with poor coping skills. The current day focus on academic performance puts a great stress on children, more so in children with an unidentified learning disability or disorder. Every test or assignment becomes a major hurdle and sitting for an examination can be the ultimate catastrophe and many suffer from panic attacks, gasping, stiff limbs or hyperventilating."

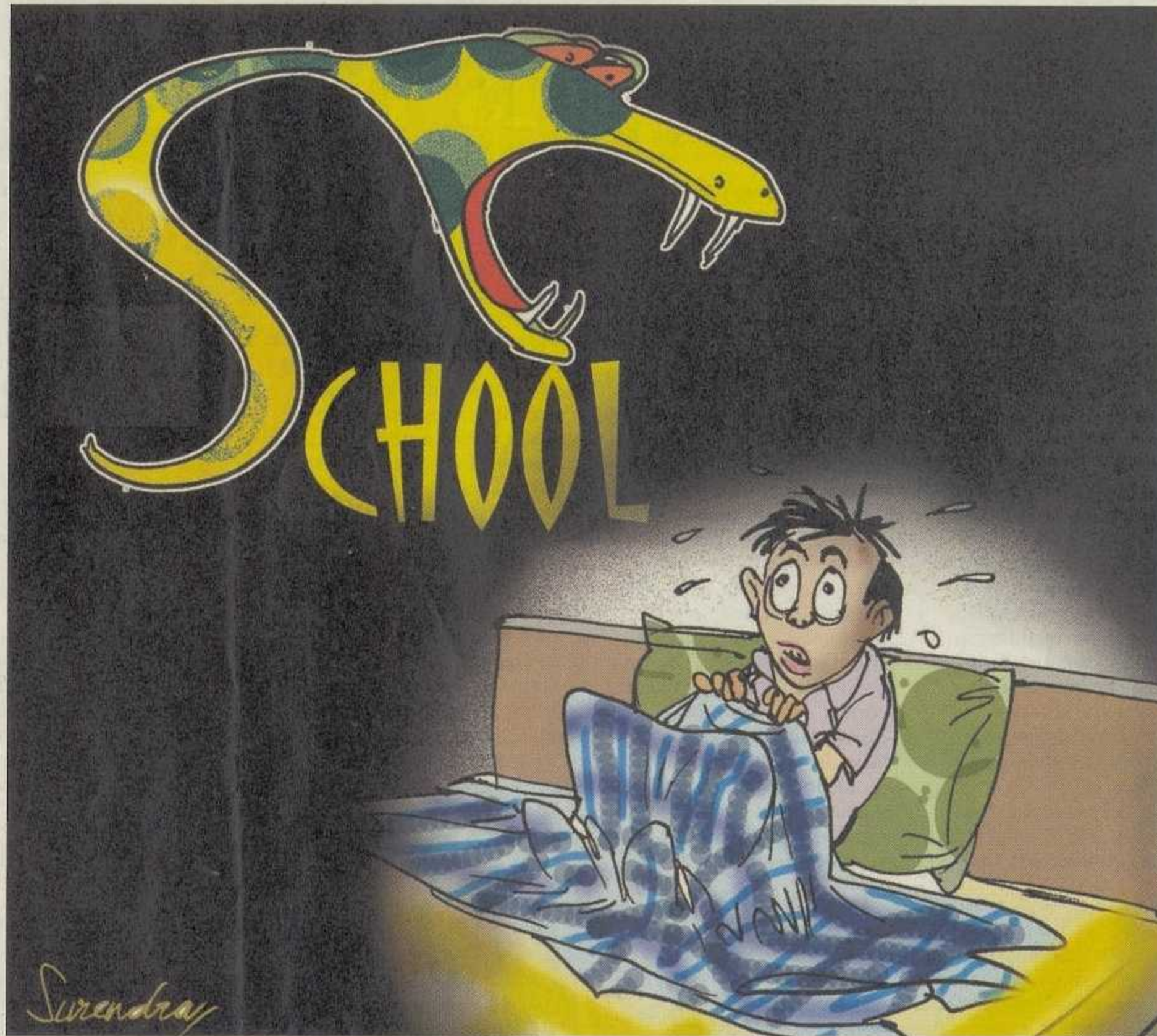
While an optimum level of anxiety is a must for an individual to be

motivated to excel and achieve, anxiety becomes harmful when one begins to over-react to a given situation, becoming either aggressive or terrified. This can result in acute stress levels, phobias or obsessive-compulsive disorders. Such anxiety is dysfunctional as it does not allow you to think clearly. And sadly, such

a problem is often not identified in its early stages. Anxiety not only envelops the mind, but also leads to physical problems such as ulcers, chronic skin ailments, headaches or asthma.

Anxiety disorders can be classified into two types — Generalised Anxiety Disorder (GAD) that is

genetic, and Learnt Anxiety Disorder (LAD). Anxiety disorders develop in children who may be slow learners, with ADD (Attention Deficit Disorder) or ADHD (Attention Deficit Hyperactive Disorder), with low self-esteem, or those who are emotionally disturbed because of a stressful family environment. Some



children, who do not have the above listed problems, may develop harmful anxiety levels because they have poor coping skills. Children grow increasingly aggressive and irritated. Adolescents may show a mixture of withdrawn and aggressive behaviour. For an anxious child who continually makes irrational decisions, every incident lowers his or her self esteem in a vicious cycle — anxiety leading to depression and then to low self-esteem, and back to anxiety.

How many adults are sensitive to, and aware of children's fears? A leading psychologist refers to a case where the teacher of one of her patients said proudly, "We don't have any unhappy children in this class". Do adults see that they themselves are in difficulties? Never has it been more important than now for the teaching community to monitor the social environment in a classroom. Since every stage in a child's emotional development has its own age-related issues, a teacher must be aware about how to approach a problem, and learn to communicate appropriately with both parents and children. But laments one teacher in a reputed high school, "Where is the time for such interaction when the focus is on exams and completing the syllabus. How much time does a teacher get in a 30-minute class to get to know each child, leave alone monitor the social environment?"

What about parents? How sensitive are they? For a child, many of its emotional experiences are bound to be about its parents. Like any human being, parents may find it hard to see the impact of their behaviour on those they love most. A failure to recognise what one cannot bear to perceive is a well-

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known human defence mechanism.

Another expert explains, "Many parental anxieties are not even identified at source. Without being aware that they do so, adults transfer their anxiety to a child. Parents should first be able to identify their own problems first, and seek professional help, if necessary. And most important, don't wait for a crisis to happen before you seek help for a child. Being aware of harmful stress indicators is important."

G.L. Sampoorina, a senior counselling psychologist, says, "I wouldn't say that the incidence of children needing help in this sphere wasn't there earlier. Just that people are more aware now. While earlier I dealt more with children in the 5-6 years age group with behavioural problems like phobias and maladaptive behaviour, now I find more and more children in the 14 and above group seeking help. Or rather their parents do. It's sad to see adolescents who are already going through what can be an emotionally and physically challenging phase in their lives, pressured so much about the competition they're going to face in Standards X and XII. For children who are unable to take the strain, anxiety has become deeply embedded in their psyche. So, even if thereafter the parents realise their folly and try to get the child to relax, the child is not able to.

"Generally, stress factors

are contributed by both parents and peer group. Parental anxiety easily transfers itself to children. But in the current scene, though parents are willing to seek help, they aren't able to differentiate between psychiatric and psychological help. It is important to understand that behaviour therapy is to be done by the counselling psychologist. It's traumatic for a child to be under psychiatric treatment when he or she merely requires psychological counselling."

Therapy to relieve behavioural problems involves working on a child's self esteem over 15-20 counselling sessions. Important skills like goal setting – daily, weekly, and monthly – are taught. Memory skills, relaxation through meditation and breathing exercises and music therapy are used to train children to control the thought process and bring it to the positive level. A regular weekly class in schools, specially in the pre-teen years, could help tremendously in improving the positive mental health of a child.

On present-day schools and their general outlook, Brinda feels, "Few schools focus on programmes that increase self-esteem.

The crying need of the hour is wholesome child development." Sampoorina agrees, "Sadly most schools haven't been giving as much importance to such aspects as they should be. Whenever an

experiential, impactful course on holistic development and personal growth is offered, — activity-based programmes involving communication, motivation, psychodrama, role play, meditation and other psychological techniques — we find that heads of institutions are usually more interested in study skills or memory enhancing ones. Self-esteem is rarely considered an important skill.

"Teachers, who can play a major role in empowering children, need to realise this and network for a proper database to direct parents to genuine experts. And of course, parents need to be empowered, understand and empathise with their children. To know that a child can never put in his/her best, when anxious and stressed".

But the fact remains we, as adults, continue to engage in largely ineffective communication with children. We talk to them rather than with them.

Do we realise that a child who perceives a situation may not be mature enough to interpret it correctly? And with today's mostly 'part-time parents' continually juggling the many roles they have to play, a child is an easy target for any emotional baggage one carries.

So where do we go from here? What can we do about the existing situations? Do we care enough for what is at stake to try and do something about it? Can we afford to wait any longer to do whatever we can?

These are questions that each one of us as parent/educator/caregiver needs to ask. And do something about it. ■