Fears and Anxiety in Children in the Era of the Covid-19 Pandemic. A Short Review and a Brief and Integrative Intervention Proposal

Álvarez Bravos Laura¹*, Pastor Romero Alfonso¹, Rodríguez-Rivas Mario²

¹*Psychiatrist, Hospital Clínico Universitario de Valencia*

²*Resident of Clinical Psychology, Hospital Clínico Universitario de Valencia*

*Corresponding author
Álvarez Bravos Laura, Psychiatrist, Hospital Clínico Universitario de Valencia

Submitted: 28 Dec 2020; **Accepted**: 18 Jan 2021; **Published**: 24 Jan 2021

Abstract
For most of the population, the 2019-Coronavirus Disease (COVID-19) pandemic has posed the major health threat they have been exposed to. Medical literature shows that children and young people are less susceptible and vulnerable to it. Despite this, there are individual, familiar, social and environmental circumstances that place them as one of the most vulnerable groups to suffer psychological distress. There is already existing evidence pointing out an increase in fears, anxiety, nightmares and phobias among children due to this current pandemic situation. In this context, in which children are naturally and adaptive affected, the need to have useful tools to address them adequately arises. This article is written with the aim of clarifying concepts (since often the close relationship between fears, anxiety and specific phobias generates some confusion when conceptualizing a behavior or emotion) as a way to better help children, our ultimate purpose. In this regard, the last part of the paper addresses possible techniques and strategies for an intervention model on this kind of difficulties.

Introduction

There is already existing evidence pointing out an increase in fears, anxiety, nightmares and phobias in children due to the current pandemic situation. Minors are part of the most impacted population, they have less cognitive and emotional coping skills, and they are especially harmed the more their environment is. The aim of this article is clarifying concepts (since often the close relationship between fears, anxiety and specific phobias generates some confusion when conceptualizing a behavior) and, ultimately, to assist the professional in helping minors.

Clarifying Concepts

It is known that anxiety and fear experiences are common in children and adolescents. Furthermore, we can distinguish different types of fears from an evolving perspective. During the first year of life, fears related to intense or unfamiliar stimuli, such as loud noises and strange people, are more frequent. From the age of six, fears of physical harm and ridicule are common; a little later, fears of illness and accidents, poor school performance and parental conflict are frequent. From 12 to 18 years old, fears related to interpersonal relationships and loss of self-esteem are predominant [1]. In general, during development, physical fears (such as animals, storms, or harm) tend to decrease, while social fears (such as ridicule, rejection, or public speaking) tend to increase [2]. Fears are so common during childhood that almost all children report

at least one major fear. Luckily, disadaptive fears and phobias are less common, accepting that the rate of phobias in children does not exceed 8% [3].

Anxiety and fear tend to be confused in common speech, but have characteristics that differentiate them in terms of their phenomenology, function and biological substrate [4]. For not making it too lengthy, we can define anxiety as an emotional reaction consisting of feelings of tension, apprehension, nervousness and worry, accompanied by activation of the sympathetic autonomic nervous system (sweating, accelerated heart and respiratory rate, tremor, etc.). The anxiety has the particular characteristic to be anticipatory in nature. In other words, it has the capacity to anticipate or point out a danger or threat to the individual himself [5].

Fear, on the other hand, as authors such as Rachman indicate, obeys to a response to a perceived stimulus (real or imaginary) that is indeed identifiable, concrete and immediate [6]. This was seen, for instance, the experience of a teenager overwhelmed by the possibility of failing is not equivalent to the experience of a child who cries at the appearance of a horrible clown.

On the other hand, we can also differentiate whether we are facing a normal or pathological experience. Fears have an evolving component and occur with greater or less frequency depending on

the maturation development of children. In addition, the evolving fears tend to disappear when the child grows up. Therefore, it is a frequent and adaptive experience among this population and only when the intensity is severe and meets other additional criteria such as longer duration and affectation, the appearance of a phobia would be considered (which has also an important component of avoidance).

Regarding anxiety, we can think about a continuum between complete stillness and full anxiety where most of the population would move, and which varies when facing different situations and stressors.

It is, as well, an adaptive and normal phenomenon that stops being so when it becomes more intense, more lasting, and/or more annoying and disabling than expected.

COVID-19 Pandemic Situation

For most of the population, the COVID-19 pandemic has posed the major health threat they have been exposed to. It is an unknown, rapidly and constantly changing situation that threatens lives and generates a widespread feeling of uncertainty, fear and insecurity.

Children are no strangers to this situation. There are individual, familiar, social and environmental circumstances that place them as one of the most vulnerable groups to suffer psychological distress [7].

In the first place, the cognitive capacity to integrate information in such a complex situation is more limited. A concrete thought makes children prone to misunderstand abstract information. Some authors emphasize the importance of communicating the situation in an honest, truthful way appropriate to the child's developmental abilities [8].

Secondly, children's thought tends to be more malleable to external interventions. Since the declaration of the pandemic by the WHO, the cases of infections, deaths and hospital collapses have monopolized the information in the mass media rather than recoveries or positive news [9].

In third place, children do not often verbalize and manage fears and worries as adults do. They need more guidance, reinforcement and reassurance from their significant figures as they are in a vital stage still in the process of integrating and internalizing their own coping strategies. A supportive, stable and nurturing environment will allow a better social and emotional development. The pandemic situation threatens the stability of safe places and makes it difficult to implement social or interpersonal coping strategies. In some cases there has been physical separation of parents and elderly people in the family. On the other hand, children tune in to the anxiety, fears and worries of the adults they are living with [10].

Children with "special needs" (autism, attention-deficit-hyperactivity disorder, obsessive-compulsive disorder or developmental delay) who need regular routine and have intolerance for uncertainty and less effective coping strategies have experienced even more psychological distress [11].

In many cases, the COVID-19 pandemic has triggered health relat-

ed anxiety, worries and fears about getting sick or about the most vulnerable members of the family becoming infected. Anxiety and worry can serve in an adaptive way to comply and acquire protection strategies against the virus, but in some cases it has become incapacitating and intolerable.

Distraction, attachment related symptoms, obsessive-compulsive related symptoms, affective disorders, changes in diets and behavioural symptoms has also been increased among children during COVID-19 pandemic [12,13].

Intervention Proposal In Childhood Fears

In this context in which children are naturally and adaptively affected by an increase in fears, nightmares and even anxiety and phobias, the need to have useful tools to address them adequately arises.

After reviewing the existing literature and based on clinical practice, we focus on brief, integrative interventions. In a study where psychological treatments in phobia of darkness were reviewed, multicomponent programs achieved the best results, being the treatments brief and intensive, including live exposure to phobic stimuli, individual intervention and parent participation in therapy [14]. Also, there are numerous works which prove the high effectiveness of parental training in reducing fears in minors, thereby enabling adequate containment and modelling [15].

We hereby describe a proposal of integrative psychotherapeutic intervention consisting of a combination of cognitive, exposure, narrative, psychodramatics techniques, based on emotional intelligence, focused on problem-solving and interventions with parents. The ultimate aim is to enable children to develop a new narrative about their fears where they can acquire power over them and thus gain skills to face future similar situations. The intervention is brief, with some basic objectives, and is mainly targeted at minors from 6 to 14 years old.

The first objective is to externalise the problem. The starting point would be the idea that "the problem is not me". This externalization, commonly used in narrative therapy, is a very powerful technique which allows to disengage ourselves from the annoying narrative that has been the protagonist until now. And this detachment, as well as being healing itself, also allows to externally observe and identify previously ignored personal strengths. With children, using drawings, metaphors and stories can be excellent for externalizing problems. Through the drawing, they can face and resignify those things they are scared of "as if it were not about them", emulating an external observer but assuming an unconscious change that implies achieving power over the situation. An idea for one of the initial sessions would be to draw the fear, describe it as accurately as possible, think about its weaknesses and capture it by drawing a cage where it can be locked up. Stories and metaphors put the children's imagination to the task of finding their own way out of the problem posed in the story. There are many age-appropriate tales highly recommended as a complement to therapy. In Klingman's study, fear of darkness was reduced in a group of young children by storytelling in which the main figures acted as role models for coping with fear of the dark [16].

The second goal would be to promote emotional intelligence

throughout facilitating emotional identification, its normalization (even the wrongly named negatives ones) and training to acquire own skills to properly manage them. In this regard, the first task would be to identify body signals suggesting anxious activation (as muscle tension or headache, for instance). The following step after this "emotional education" will involve modelling self-regulatory strategies to implement in situations where the child recognizes these signals. Muscle relaxation training or mindfulness-based techniques can be a good complement [17].

A third target would be to understand and identify cognitive distortions. By applying cognitive therapy techniques that have demonstrated efficacy, in an age appropriate way and sometimes through games or graphic materials [18].

As the fourth and final objective of our proposal, we suggest exposition, a highly effective behavioural technique in solving fears. Once again, one way of getting the child exposed to frightening stimuli is through playing, for example, "the challenge of fears". This would consist of exposure to various fears agreed upon between the therapist and the child, graduated through a fear thermometer depending on the severity of the fear. Each colour will have assigned different techniques that can be used when dealing with the chosen fear. Furthermore, there will be a deserved reward for each successful exposure (agreed with parents); it should not be material, and ideally it will have a reinforcing component on the exposure and on neutralizing the unpleasant emotion.

When the recovery has been established, we can celebrate the end of the treatment by giving a certificate describing the child's successes and the skills that were useful to reach them. Thus, the ending of therapy can serve as a ritual from which fears can be redefined as overcome stages of living development.

Acknowledgement

Author Declaration

All the authors declare that the work described has not been published before and that it is not under consideration for publication elsewhere.

Bibliografía

1. Méndez FX, Inglés CJ, Hidalgo MD (2002) Estrés en las relaciones interpersonales: un estudio descriptivo en la adolescencia [Stress and interpersonal relations: A descriptive study of adolescents]. Ansiedad y Estrés 8: 25-36.
2. Graziano AM, DeGiovanni IS, Garcia KA (1979) Behavioral treatment of children's fears: A review. Psychological bulletin 86: 804-830.
3. Ollendick TH, King NJ (1994) Fears and their level of interference in adolescents. Behaviour Research and Therapy 32: 635-638.
4. Albano AM, Chorpita BF, Barlow DH (2003) Childhood anxiety disorders. In EJ Mash & RA Barkley (Eds.), Child psychopathology 279-329.
5. Sandín B (1997) Ansiedad, miedos y fobias en niños y adolescentes. Librería-Editorial Dykinson 4-5.
6. Rachman S, Stanley J Rachman (2019) Anxiety (4tt ed.). Psychology Press.
7. Ghosh R, Dubey MJ, Chatterjee S, Dubey S (2020) Impact of COVID-19 on children: special focus on the psychosocial aspect. Minerva Pediatr 72: 226-235.
8. Haig Ferguson A, Cooper K, Cartwright E, Loades ME, Daniels J (2020) Practitioner review: Health anxiety in children and young people in the context of the COVID-19 pandemic. Behav Cogn Psychother 1–15.
9. Dalton L, Rapa E, Stein A (2020) Protecting the psychological health of children through effective communication about COVID-19. Lancet Child Adolesc Health 4: 346-347.
10. Shweta Singh, Deblina Roy, Krittika Sinha, Sheeba Parveen, Ginni Sharma, etc., (2020) Impact of COVID-19 and lockdown on mental health of children and adolescents: a narrative review with recommendations. Psychiatry Res 293:113429.
11. Jefsen OH, Rohde C, Nørremark B, Østergaard SD (2020) Editorial Perspective: COVID-19 pandemic-related psychopathology in children and adolescents with mental illness. Journal of Child Psychology and Psychiatry 13292.
12. Imran N, Zeshan M, Pervaiz Z (2020) Mental health considerations for children & adolescents in COVID-19 Pandemic. Pak J Med Sci 36: 1-6.
13. de Figueiredo CS, Sandre PC, Portugal LCL, Thalita Mázala-de-Oliveira, Luana da Silva Chagas et al. (2020) COVID-19 pandemic impact on children and adolescents' mental health: Biological, environmental, and social factors. Progress in Neuro-psychopharmacology & Biological Psychiatry 110171.
14. Méndez FX, Orgilés M, Rosa (2005) Psychological treatments in phobia of darkness: A quantitative review.
15. Orgilés M, Méndez FX, Espada JP (2005) Treatment of phobia of darkness through parent training. Psicothema 17: 9-14.
16. Klingman A (1988) Biblioguidance with kindergartners: Evaluation of a primary prevention program to reduce fear of the dark. Journal of Clinical Child Psychology 17: 237-241.
17. Kendall PC, Suveg C (2006) Treating Anxiety Disorders in Youth. In P. C. Kendall (Ed.), Child and adolescent therapy: Cognitive-behavioral procedures 243-294.
18. Simon E, Driessen S, Lambert A, Muris P (2020) Challenging anxious cognitions or accepting them? Exploring the efficacy of the cognitive elements of cognitive behavior therapy and acceptance and commitment therapy in the reduction of children's fear of the dark. International Journal of Psychology 55: 90-97.