

Reconciliation and Coping with Anxiety Disorders

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Anxiety disorders

Fear is one of the basic emotions and is normal, as it is a response to a real environmental threat. Anxiety disorders, on the other hand, are accompanied by symptoms that are disproportionate to the risk they are perceived to have, are enduring, and are inherent to internalizing disorders. They are among the most common disorders of childhood and adolescence and are characterized by tension and persistent anxiety. In addition, for people with anxiety disorders it is not possible to check the correspondence between cognitive patterns and reality. The girls outperform the boys and there is co-morbidity with depression in both sexes.

Diagnostic criteria

They are differentiated by type (generalized anxiety disorder where one is concerned about everything, special phobias, social phobia, separation anxiety and school phobia, obsessive compulsive disorder). The symptoms cause discomfort and are undesirable. They are separated from normal fears of tension/maladaptation/persistence (cannot be controlled by the child, are involuntary and cannot be explained).

But why are some people more susceptible to developing anxiety disorders?

According to the Holistic Model of Developmental Psychopathology (Vasey, *et al.*), there are predisposing factors that contribute to their manifestation. With regard to the biological component, temperament and neurobiological factors appear to play an important role. Still, the family context contributes to the development of an insecure bond - a doubt for the world from an early age. The individual framework appears to be dominated by cognitive bias (selective attention, interpretation of ambiguous situations as threatening), but also by deficits in emotion regulation (feeling inadequate in controlling anxiety reactions).

The above factors work cumulatively, while alleviating phobia, past negative experiences, and parental overprotection „complete the puzzle”.

And how do they combat anxiety disorders, especially in children and adolescents?

Behavioral therapies deliver very good and immediate results, as the person tests in safe conditions to cope with their fears, while being trained to do so without the help of the therapist gradually. The following are in detail:

1. Parent and child psycho-education: minimizes self-esteem, explains behavior-preserving behaviors, and informs child and parent therapeutic approaches.
2. Cognitive Behavioral Therapies (CBT) with exposure to phobic stimulus - the key feature in fear management programs (systematic desensitization and relaxation, prolonged and hierarchical exposure, recognition and modification of anxiety disorders, management plan development, role model imitation, cognitive self-management through internal dialogue, emphasis on the child's own ability and generalization and in other contexts, praise and remuneration).

3. Advisory cooperation with the school.
4. Out-of-session activities: practicing skills learned in sessions/home work/exhibition work.

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