



Sick With Fear When Sensitivities Mount to Symptoms

Kay Kosak Abrams, Ph.D.

Dear Dr. Kay,

Our 12-year-old daughter has a stomach virus that never ends. For three weeks she has continued to throw up and has been complaining of stomachaches. She has had every medical test under the sun. She is losing weight and continues to say, "I am sick," or, "I'm not hungry." While she has always been conscientious and competitive in school, she will not go, for fear she will "get sick." We are running out of sympathy and are at a loss. She has always been a sensitive, rather dramatic child. She worries a lot and is a perfectionist, prone to panic. Now we are starting to panic!

Dear Parent,

Your panic response is healthy. That is your "fight or flight" signal that it is time to move into action. I do not know your child well, but

you mention perfectionism and a history of worry. You have ruled out medical cause for illness. It is time to learn about anxiety, which falls into the mental health basket.

Anxiety is inheritable, so check your family tree. Anxiety falls along a spectrum of severity. Managing anxiety and functioning, both socially and emotionally, is called good coping. When our anxieties get the best of us and functioning fails, it is time for some extra help. Significant anxiety reveals itself in symptoms such as excessive worrying, fears and phobias, dramatic reactivity to conflict, needs for control, as well as somatic complaints, such as stomachaches, rashes or headaches. It is not uncommon for illness to trigger repetition of symptoms for a child who is prone to anxiety, particularly in the face of academic or social stressors.

When children face the complex challenges of adolescence with greater fear than confidence, symptoms or acting-out behaviors arise as "red flags," pointing to the fact that the chal-

lenges are too overwhelming. More confounding for you is the fact that your child may not be able to explain what is troubling her. An anxious child often resists offers of help. It will take time to identify and sort out problems and feelings. This process is necessary, however, and needs to be done in a very calm and safe manner. Sometimes it is helpful for parents to be present if a child refuses to go talk to a professional by herself.

Keep in mind that these hard times result in enormous learning and growth for the whole family. Here are a few inquiries and suggestions to consider as you move forward to help your 12-year-old get back on track:

- Does your daughter have a history of needs for control, rumination, all or nothing reasoning, separation anxiety and/or is she prone to having tantrums or fits?
- Is your daughter inclined to overreact or work herself into a "tizzy" whereby no amount of reasoning helps her cope? Does she have a

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lot of fears compared to other 12-year-olds you know? Does she ever think about death or loss of a loved one?

- Does anxiety or depression run in the family? Remember that untreated mood disorders are often self-medicated, and thereby masked, with alcohol or drug dependency.

- Sometimes a call for help plays out by getting sick and shutting down in order to withdraw from the outside world. There may also be a wish to regress back to dependency when the demands for autonomy were less burdensome.

- If you recognize that your child is securing secondary gains from being "sick," such as avoiding responsibilities or gaining lots of attention, it is time to eliminate any of those gains. It is essential not to reinforce the avoidance or the dependency by responding dramatically or coddling your teen. No excused absences. And, let her know if she is home for the day, she is confined to bed. No fun that evening either.

- In situations where the symptoms are prolonged and school avoidance becomes significant, it is especially important to talk about anything but "the sickness." Talk about all the things she is missing that she used to love, like hockey, visiting friends and parties. Remembering the good times may facilitate motivation to cooperate in treatment.

- We have enormous data in the field of clinical psychology to demonstrate, repeatedly, that anxiety is treatable through medication and cognitive-behavioral strategies to promote maturity. It is impossible to practice new thinking and new behavior while feeling fearful. The medication eases the tension and fear, allowing the individual to practice new thinking and coping.

- Treatment interventions are contingent upon severity of symptoms and level of social and emotional functioning. Hopefully, turning to individual, group or family therapy, practicing coping and taking medication is less frightening than living with frequent panic attacks, explosiveness and/or somatic complaints.

Fear, grief and sadness have always been a part of the human experience. Such emotional sensitivities add to our capacity for empathy, problem solving and creativity. We want any teenager who becomes paralyzed by symptoms to move out of fear and back into everyday functioning, so she can "sail on her strengths." We want her to learn how to identify and voice her needs and to be able to put any challenge into perspective. Expectations often need to be tempered, as the perfectionist puts undue pressure upon herself. It is essential to reinforce feelings of efficacy and effort, rather than focusing on performance and outcome. Over the years, as your daughter comes to know and work with herself, she will gain a greater sense of security and confidence.

Kay Kosak Abrams is a psychologist in private practice who brings psychology to the community through her public speaking, writing and educational recordings. Join her for a monthly "Parenting Coffeehouse" for inspiration about how to parent with greater confidence. For details go to www.kayabrams.com.

Is your Child Sad, Having Trouble Sleeping, or Not Enjoying Things?

If so, he/she may suffer from major depression.

NIMH would like to talk to you about participation in an ongoing depression study for children and adolescents.

Symptoms of depression can also include:

- Hopeless thoughts
- Recent weight gain or loss
- More time spent alone
- Losing interest in favorite activities
- Being more tired than in the past

Participation includes:

- Medical evaluations
- Psychotherapy or treatment medication
- Brain imaging
- Outpatient visits over 8 weeks at the NIH Clinical Center

Participants must:

- Be 9-17 years old
- Be otherwise medically healthy
- Not be taking any psychiatric medications

**Thorough evaluation & participation provided free of charge.
Travel reimbursement available.**

For more information call: 301-496-5645 (TTY: 1-866-411-1010)



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