

Guide to Your Child's Symptoms

Fears/Phobias

Consult your pediatrician if your child's fears are:

- Interfering with family activities.
- Creating problems in making friends.
- Creating an excuse for not going to school.
- Disrupting normal sleep habits.
- Resulting in compulsive behavior.

In General:

All healthy children have fears and worries; indeed, well defined fears mark different developmental stages. A baby as young as 5 months, for example, may become wary in the presence of a strange face. The vivid imagination of the preschooler is expressed in fears of the dark or monsters that have little to do—at least directly—with daily life. In normal school-age children, imaginary threats are replaced by more realistic fears such as bodily harm. In general, healthy fears stop children from taking unnecessary risks. Children who are shy and withdrawn are more likely to develop marked fears than those who are outgoing. Girls are more likely than boys to develop the severe, irrational fears called phobias. Certain fears may grow out of parents' needs. After a divorce or the death of a spouse, for example, a parent may unwittingly encourage a child's separation anxiety out of a desire for companionship. And if parents are overprotective or fearful themselves, they may foster timidity and hamper a youngster's attempts to stretch his abilities.

Questions to consider

Is your 5- or 6-month-old less outgoing than before? Is she fretful when she sees a strange face? Does she cry when you leave the room?

If answer is Yes
Possible cause is Normal development; stranger anxiety.
Action to take Your baby by now is strongly attached to you and her other regular caregivers. Make a special effort to reassure her among new people or surroundings. Children generally outgrow stranger anxiety by about age 1.

Does your toddler scream when he recognizes a familiar baby-sitter? Does he sob and try to hold you back as you leave the house?

If answer is Yes
Possible cause is Separation anxiety; attention seeking.

Action to take Don't prolong your goodbyes; give the baby-sitter instructions away from your child. Have the baby-sitter engage your toddler's attention with a book or game. Assure your child that you'll be back soon and then leave quickly.

Does your baby often wake up and call for you at night? Is he between about 10 and 18 months old?

If answer is Yes

Possible cause is Normal separation anxiety (which generally reaches a peak in this age group).

Action to take Quietly comfort your child and change his diaper if necessary. Put him back in his bed and stay until he is calm. Children usually settle down with reassurance. Nightly waking may continue for weeks or months.

Is your toddler or preschooler terrified by common events, such as thunder or noisy appliances?

If answer is Yes

Possible cause is Normal fearfulness.

Action to take The fears will fade with time. Run noisy appliances during naptime or in a room away from your child. During storms, hold your child and talk calmly to show you're not afraid.

Does your preschooler refuse to get into the bathtub or sit on the toilet?

If answer is Yes

Possible cause is A still-developing sense of size and strength.

Action to take If your child is afraid of being flushed down the drain, he may prefer showers or sponge-baths. Let him use a child's toilet seat or a potty until he's more confident. Help him develop a sense of his size and strength.

Is your child abnormally fearful and withdrawn around people or in unfamiliar situations?

If answer is Yes

Possible cause is Shyness (avoidant disorder).

Action to take Prepare for new experiences by talking about them, but be careful not to make your child apprehensive. Let your child take her time getting used to new situations.

Does your child adopt extreme delaying tactics or throw tantrums at bedtime?

If answer is Yes

Possible cause is Fear of the dark; separation anxiety; fatigue; overstimulation.

Action to take Follow the same bedtime routine every night. Avoid roughhousing and overstimulation. Place nightlights to orient your child.

Does your preschooler scream about an hour after falling asleep? Is he unresponsive although his eyes are open?

If answer is Yes

Possible cause is Night terrors

Action to take Quietly reassure your child. He won't respond; he's not awake. The terror may last a half-hour or more,

take but eventually your child will settle back to sleep, and have no recall of the incident in the morning.

Does your preschooler wake up in the night, afraid and crying?

If answer is Yes

Possible cause is Nightmare.

Action to take A preschooler may not understand the difference between dreams and real life. Reassure the child the dream wasn't real. Stay with her until she's calm.

Is your child refusing to go to school? Does she complain of severe but vague symptoms (headache, nausea, dizziness) to avoid school?

If answer is Yes

Possible cause is School phobia; separation anxiety; bullying and other school factors.

Action to take Your pediatrician will rule out a physical cause and may recommend counseling. Consult your child's teachers to identify problems. Insist that your child attend school, but try to find solutions to specific problems.

Has your child developed fears or phobias after witnessing a violent event?

If answer is Yes

Possible cause is Post-traumatic stress disorder.

Action to take Consult your pediatrician, who will evaluate the child's condition and may recommend counseling.

School reluctance/phobia

About 1 or 2 out of every 100 children become reluctant to go to school. Studies have shown that most are depressed, many have separation anxiety, and about half have both depression and anxiety. Some are overdependent, while others are adept at manipulating their parents. Either consciously or unconsciously, parents may foster reluctance.

School phobia usually appears around third or fourth grade after an absence from school because of vacation or illness. A few children develop school phobia when they transfer from home schooling to regular school.

Children with school phobia need help before it undermines their education and socialization. Your pediatrician may offer a plan or refer you to a mental health professional. Treatment involves not only the child but also the school and the parents. Young children usually respond to a consistent approach. Treatment of adolescents may require a longer effort. Returning to school is a critical part of treatment.

Warning

Although most childhood fears are not a reason for concern, some should alert parents to probe for a serious cause. A sudden, intense fear of a previously trusted person, for example, may stem from abuse. Don't dismiss seemingly irrational fears as just another phase; it may be a good idea to look for an underlying cause.