

Anxiety in the School Child

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Abstract

Anxiety in the school has been described as a factor that determines the process of development and interaction of the child in its relationship with the environment and development in the academic environment. Objective: Describe anxiety in children under 18 and its impact on school. Methodology: Databases such as Pubmed, Science direct and Scopus were reviewed, the Google Scholar search engine was used, the descriptors were used: "anxiety", "school children" and the Mesh "school children", "infant", "anxiety", "Criança", "ansiedade"; articles of studies carried out in children under 18, complete texts, originals, systematic reviews and literature reviews, maximum age of ten years (2010 to 2018) in Spanish, English and Portuguese. Results: Anxiety has a prevalence in children under 18 years generating problems at school level such as low, family and social, due to factors such as academic demand, separation of parents, self-esteem among others being more frequently in girls 2: one. Conclusion: Anxiety is similar in any country, it presents itself without asking the bearer for permission and little by little it becomes a pathological state that affects the relationship and integration of the scholar in the environment in which he lives affecting his ability to learn and develop.

Keywords: Anxiety; School; Academic Performance; Social Relationships

Introduction

In the interrelation of man with his environment is that there is the psychological phenomenon that is distinguished as human beings. Mental health is one of the most relevant branches of psychology, it is important to say that the World Health Organization (WHO) defines mental health as a state of well-being in which the individual is aware of their own abilities, can face the

normal tensions of life, can work productively and fruitfully; He is also able to make a contribution to his community [1]. However, mental illnesses maintain a high prevalence worldwide, since at some point in life one may be predisposed to go through one of them [2].

To achieve the maximum state of mental health, cognitive alterations such as depression, stress and anxiety, sociodemographic and psychosocial factors, self-

directed competences, low self-confidence, family dysfunction, socioeconomic status, cultural values, negative attitudes of teachers or decrease factors must be avoided of risk especially those triggered by emotions and promoting protective factors such as self-concept, self-esteem and resilience, being anxiety one of the most frequent diseases in the school stage that generates a fear that can be normal or exaggerated caused by different causes in the environment in which the school develops [1,3-6].

One of the disorders that are produced in this area is anxiety, where the Royal Academy of the Spanish Language indicates that anxiety comes from the Latin *anxietas*, which refers to a state of agitation, restlessness or anxiety of the mind. *Sor Callista Roy*, a health professional who has worked with anxiety, explains that it is the result of anything that threatens a person's sense of self-consistency and defines it as a painful restlessness of the mind due to a vague and nonspecific threat. Freud one of the most important specialists in this branch described anxiety as a syndrome of general irritability, anxious expectations, nightmares, constant fear of various situations in life and conceived it as an unpleasant affective state [7-9].

The purpose of this review is to describe the anxiety in the school and its involvement in the educational field.

Epidemiology

WHO notes that between 1990 and 2013, the number of people with depression or anxiety has increased by almost 50%, from 416 million to 615 million. Anxiety commonly begins during childhood and adolescence, with a prevalence rate of 4% and 32% [3,10,11].

The most common psychiatric disorders that occur in childhood, adolescence and in the young adult are anxiety disorders with a prevalence of 19.3% specific phobia, 9.1% social anxiety disorder (SAD), 7.6% separation anxiety disorder, 2.3% panic disorder, 2.4% agoraphobia, 2.2% generalized anxiety disorder (GAD) and 31.9% for any anxiety disorder [12].

It is estimated that 12% of the child population in Mexico has anxiety, 4% suffer from Attention Deficit Hyperactivity Disorder and 2% have depression. In Mexico, anxiety is the most common mental illness, it has become one of the main psychiatric problems in the general population, 14.3% of Mexicans suffer from anxiety [13,14].

Risk Factor's

Presence of psychopathologies in parents or other close relatives, parental educational style, personality of the child, socioeconomic level, traditional selection system to enter school, high competitiveness with peers, high level of academic self-demand, lack of affection in the home, conflict between parents, bad relationships, maladjustment, low self-esteem compete to be the best, self-realization, parental divorce and homework overload [15-17].

Methodology

300 articles were found, in databases such as Pubmed, Science Direct, Scopus and using the Google Academic search engine, after a thorough critical reading 270 were discriminated and 30 articles remained, once the inclusion criteria were applied only 20 articles were useful, from magazines like *Rev Acta bioeth.*, *Rev pers individ dif.* and *Rev Psiquiatr Salud Ment.*, among others.

The inclusion criteria established were: articles of studies carried out in a population under 18 years of age, which were full texts, works related to the search for articles of an original nature, systematic reviews and literature reviews; Articles published between 2013-2018, Spanish, English and Portuguese.

Anxiety

Anxiety is an alert system that is activated when a person feels in danger. All people experience a certain degree of nervousness, fear and anxiety when facing threatening tasks for which they may feel deficient. What causes anxiety is not physiological and becomes pathological [18-20].

Giving differences between one another because physiological anxiety is a defense mechanism against threats of daily life, which is activated in the face of an environmental circumstance due to an adaptive function, improving performance, is lighter with less somatic component than not. It generates psychiatric attention, while pathological anxiety can block an adequate response to disproportionate daily life to the trigger with a maladaptive function, worsening performance; it is more serious with greater somatic components and demand for psychiatric care [20].

Anxiety despite the great impact it generates on public health, and on the lives of patients and their families, is usually not diagnosed and, therefore, not treated in

pediatric patients. In general, the search for medical help is delayed, by the parents, when the anxious symptoms take months or even years, and begin to generate dysfunction in the child's life, or increase in severity until they become intolerable. Anxiety is a brain state very similar to fear, but that occurs in the absence of a threatening stimulus [21].

It is currently known that in school, in order to see the development of children, not only cognitive skills are required, but also social skills (self-control, self-esteem, ability to understand and follow instructions and rules, conflict resolution skills, communication, cooperation and skills relationship). Children, who lack social competence, do not do well in school, are rejected by their peers and are less positive [22]. However, there is little management in these stages of life, because knowledge and practice are needed in the application of the appropriate procedure for anxiety management [23].

The approach that has been carried out for the study of anxiety says that it was considered natural and not only that but that it was also considered a necessary response to a functional adaptation in humans. So that this can be detrimental to other processes when it becomes uncontrollable, which can cause anguish and this interferes with daily activities, as mentioned in relation to evaluation situations [24].

On the other hand it is essential to address the following; because when the child wants to express himself, he must first speak in family, in an intimate circle, then in the school environment and thus communicate with his environment to verbalize and demonstrate feelings and thoughts. During this verbalization, the accent, tone, diction and pronunciation must be correct; so that this gives them the security of doing things to children [25].

Because anxiety disorders are characterized by excessive worries, fears and negative beliefs, avoidance of specific situations or objects, and physical symptoms such as increased heart rate, rapid and shallow breathing, sweating and pain in the stomach or chest [26].

The DSM-5 diagnostic manual specifies a series of anxiety disorders. "Panic attack" (sudden onset of intense fear with cognitive and physical symptoms such as heart palpitations, shortness of breath, dizziness, derealization and fear of death) is included as a specifier that can be applied through disorders of the DSM-5, as it recognizes

that panic attacks can be implicated in a series of disorders [27].

Unlike previous versions, DSM-5 does not classify obsessive compulsive disorder (OCD) and posttraumatic stress disorder (posttraumatic stress disorder) as anxiety disorders. Although the specific details of each anxiety disorder vary, they share some common characteristics. These include the overestimation of the real threat and danger associated with the feared situation, the underestimation of the individual's ability to cope and significant interference in normal life experiences, such as friendships, school and family life [27].

Anxiety disorders cause significant interference in the daily functioning of children and youth, affecting school performance, social functioning, family life, leisure activities and sleep. If left untreated, anxiety disorders tend to be chronic. Of course, they still persist in adulthood. Anxiety disorders often coexist, are often comorbid with other disorders such as depression and predict the development of other serious mental health problems in later life, such as depression and suicide risk [26].

Anxiety research is one of the most active areas in psychology, and has been the subject of considerable studies, especially in the last two decades. It is estimated that they affect approximately 1 in 10 people and are more frequent among women than among men, with an estimated ratio of 2:1 [12].

Anxiety in the School Environment

Anxiety in the school environment has been studied in different parts of the world, becoming a phenomenon that takes ground in the pediatric area that presents different levels of anxiety according to the findings found in the different studies such as that carried out by Gaeta and Martínez with a sample of 808 subjects of 5th and 6th grade of primary school in Puebla Mexico, resulting in the level of total anxiety in schoolchildren being located at a medium high level (from the 61st to 80th percentile), and the girls show a significantly higher level compared to children ($p < 0.001$) [15].

While Hernández et al., Report an average of 25.15 (SD = 13.54) in anxiety symptoms, with a weak statistical association ($p = 0.041$), which was related between sociodemographic variables and anxiety subscales in 80 schoolchildren of ages between 8 and 10 years, 53% female and 47% male [16].

According to Orgilés, et al., Children and adolescents in an age range of 8 to 17 years, of which 49% were male, presented high levels of anxiety with an average score obtained on the scale (range: 0-114) was 25.15 (SD = 13.54), and 2.41% of children and adolescents showed high scores in any anxiety disorder. With a greater frequency in separation anxiety 5.5%, followed by physical fears 5.1% where they found differences based on age in all disorders and with a significantly higher score in girls ($p < 0.001$) [29].

Gómez, et al. [19] showed that conflicting relationships between parents increase levels of childhood anxiety in school children (M conflict = 1.37; SD = 0.488; M non-conflict = 0.92; SD = 0.41), mostly affecting girls in 94 school participants of these 52.13% boys and 47.87% girls, with an age range of 6 to 11 years [17].

Anxiety and Academic Performance in the School

Anxiety in education affects school performance, those with anxiety are less workers, with significantly lower learning and academically poorer, as well as less well-being, which cause alterations in the cognitive process (attention, memory and concentration) [15]. Causing poor functioning in daily school activities that affect leisure and sleep activities, social functioning, family life and school performance [17].

Anxiety and its Relationship with Emotions and the Limbic System

To understand more about anxiety, emphasis should be placed on the psychological aspect seen from the emotional perspective where it is necessary to know about emotions. Emotions are evaluative states that come from the Latin *emotio* *ōnis* which means to move, they are bodily dispositions that determine or specify mastery of actions and intense and temporary mood alterations, with a living, truthful, situated and transient body experience. Emotions involve changes through experiential, behavioral, physiological responses and prepare the organism in actions required to respond optimally to environmental demands. It is an adaptive process to certain situations that require a quick and effective response to adjust to changes that occur in the environment where cognitive capacity participates [30-35].

Emotions are mainly classified as positive and negative. The positive ones are pleasant feelings of

pleasure and well-being where joy, humor and love enter, which influence in improving reasoning, problem solving, information processing, maximizing attention, intellectual processes, retention and I remember, cognitive flexibility and executive functions. Negative emotions are unpleasant feelings of harm such as surprise, anger, sadness and mainly fear [36,37].

Fear as the main precursor of anxiety, is a survival response, directed towards external stimuli that is given through an emotional warning signal to a threat, alerts the body of a real or potential danger, which causes insecurity and anxiety in the individuals. The brain systems involved in fear and other emotions are generated in the orbitofrontal cortex, the amygdala, the limbic system [38-40].

The limbic system means <<Edge>> or <<Limit>>, it is used to include a group of structures that are in the border of the zone of the cerebral cortex and hypothalamus. It participates in behavior, initiative, impulses and memory in the human being and is a system of regulation and expression of emotions that plays the central role of regulating them [41].

The different afferent and efferent connections of the limbic system provide avenues for integration and effective homeostatic responses to environmental stimuli. The limbic system through the hypothalamus, the amygdala and its cortical-subcortical connections that involve bilateral prefrontal cortices and dorsolateral prefrontal cortex, regulate affective states and behavior and with the participation of the autonomic nervous system and its system control function Endocrine, is apt to intervene in many aspects of emotional behavior especially in reactions of fear and disgust [9,42,43].

An essential part of the limbic system is the amygdala which is the part responsible for processing and storing emotional reactions. Alerts the organism so that it can escape from situations of risk or danger. Regulates sensations and seeks to solve situations of fear, stress or danger, prepares and regulates anxious responses [39,44].

In the study by Barendse, et al. in a sample of 83 participants (40 boys, 43 girls) with an average age of 9.53 years (SD = 0.34). With anxiety scores (all $p > 0.05$) they obtained a positive effect of testosterone on the symptoms of anxiety, which was regulated by the connectivity of the secondary visual cortex and the connectivity of the anterior cingulate of the tonsil in

children. While girls, dehydroepiandrosterone sulfate showed an indirect negative association with anxiety symptoms mediated by the connectivity of the tonsil to the area of the fusiform face and the insula [42].

Another important part is the prefrontal cortex can associate the experiences that are necessary to generate abstract ideas, cooperates in the regulation of the depth of feelings and influences initiative and judgment and participates in the development of the individual's personality [41].

Personality comprises the physical and psychological traits that distinguish an individual from any other. It is given by its capacity for effective work, intellectual endowment, sensitivity, temperament, ability to react emotionally, aggressiveness or passivity, character and tolerance to changes and tensions [9].

Where, temperament is an important part in the formation of personality with feelings and emotional sensitivity. By nature, children are happy, affectionate and unconcerned about immediate frustrations. The most frequent aspects of personality are established in a genetic way, for example serenity, shyness and anxiety. Anxiety affects the emotions of infants according to the findings demonstrated in different studies [9,45,46].

Previously it was considered that children were happy and could not present anxiety. It is currently proven that anxiety in adulthood is triggered in childhood. Hurrell, Hudson and Schniering, showed that anxious children were less aware of their emotions and had more difficulty regulating feelings of sadness, anger and anger than non-anxious children, so it affects emotionally. Their parents rated them as less flexible, with greater difficulty regulating their emotions, labile and emotionally negative; concluding that anxiety affects emotionally in children aged 7 and 12 [19,45,47].

While Loevaas, et al. [47] found a negative association between the symptoms of anxiety and depression of children and the abilities of regulation of negative emotions, which are a risk to present symptoms of anxiety in children from 8 to 12 years. And parents rated their children with a high level of negative emotion regulation ($r = 0.40$, $CI = [-1.25, -0.32]$, $p < 0.001$) [47].

Due to the potential risk of suffering from an anxiety disorder in childhood, the health professional must address the root of the condition according to each of the potential risks mentioned above that lead to trigger

anxiety in the school due to the repercussions generated and affectations that can occur in adulthood due to the chronic and persistent course of the pathology [12].

Conclusion

Due to the impact and condition of anxiety worldwide, it should be noted that anxiety in the school population gives an overview of the behavior of pathology worldwide affecting the population in their behavior and learning, with a higher prevalence in The girls Which generates a greater probability of presentation in adult stages with a chronic and recurrent stage. Generating guidelines for the health professional to take measures at a preventive level from the base of presentation of this pathology to reduce the consequences and spending on medications and psychological therapies, which generates an increase in the relationship and self-esteem of the individual.

Ethical Responsibilities

Protection of people and animals, the authors declare that no experiments were performed on humans or animals for this research.

Confidentiality of the Data: The authors declare that no patient data appear in this article.

Rights to Privacy and Informed Consent: The authors declare that no patient data appear in this article.

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