ANAMNESIS OF CHILDHOOD TRAUMA RESULTING IN ANXIETY DISORDER IN CHILDREN

Asmita Chatterjee

B.Ed. Trainee, Institute of Education (P.G.) for Women,
Chandernagore, Hooghly

and

*Rakheebrita Biswas

Assistant Professor in Botany (W.B.E.S), Institute of Education (P.G.) for Women, Chandernagore, Hooghly & Academic Counsellor of IGNOU and NSOU Institute of Education (P.G.) for Women, Chandernagore,

Hooghly, P.O: Khalisani, Pin:712138

*Corresponding Author: rbrakhee@gmail.com

Abstract

Adjustment is a behavioural process by which one maintains balance among various needs that one encounters at a given point of time and period. It has been noticed that if the relationship between the individual and his/ her environment is in accordance with the norms then only the adjustment is achieved and the behavior of the person concerned would be termed as 'normal'. On the other hand, gross deviation from the norms demands clinical investigations and interventions and such deviations are being defined as maladjustments. This paper intends to throw light on anxiety disorder, a maladjusted behavior through a precise case study approach that reveals how the childhood trauma resulting in anxiety disorder.

Key words: Maladjustment, Anxiety Disorders, Cognitive Behavioral Therapy, Trauma

Introduction

Maladjustment is a term used in psychology to refer the inability to react successfully and satisfactorily to the demand of one's environment. The term maladjustment can be referred to a wide range of social, biological and psychological conditions. Maladjustment can be either intrinsic or extrinsic. *Intrinsic maladjustment* is the disparity between the needs, motivation and evaluations of an individual, with the actual reward gain through experiences. *Extrinsic maladjustment* on the other hand, is referred to when an individual's behaviour does not meet the cultural or social expectation of society.

The causes of maladjustment can be attributed to a wide variety of factors, including: family environment, personal factors and school related factors. Often maladjustment emerges during early stages of childhood, when a child is in the process of learning methods to solve

problem that occurs in interpersonal relationship in their social network. A lack of intervention for individuals who are maladjusted can cause negative effects later on in life. [1]

Concept of Case Study- the Adopted Approach:

As we have adopted case study in this study for finding out necessary facts and information from the subject, here in a nutshell we would discuss about the case study. A case study is a detailed study of a specific subject, such as a person, group, place, event, organization, or phenomenon. Case studies are commonly used in social, educational, clinical and business research. A case study research design usually involves qualitative methods, but quantitative methods are sometimes also used. Case studies are good for describing, comparing, evaluating and understanding different aspects of a research problem. [2]

Phases of Case Study:

- (a) Select a case
- (b) Build a theoretical framework
- (c) Collect your data
- (d) Describe and analyze the case

(a)	Select a case: Once the problem statement and research questions are developed, a specific case should be chosen on which we have to focus on. A good case study should have the potential to –	
	Provide new or unexpected insights into the subject. Challenge or complicate existing assumptions and theories. Propose practical courses of action to resolve a problem, Open up new directions for future research.	
(b) Build a theoretical framework: While case studies focus more on concrete details than general theories, they should usually have some connection with theory in the field. It aims to –		
	Exemplify a theory by showing how it explains the case under investigation. Expand on a theory by uncovering new concepts and ideas that need to be incorporated. Challenge a theory by exploring an outlier case that does not fit with established assumptions.	

(c) Collect your data: There are many different research methods we can use to collect data on specified subject. Case studies tend to focus on qualitative data using methods such as interviews, observations and analysis of primary and secondary sources.

(d) Describe and analyze the case: In writing up the case study, we need to bring together all the relevant aspects to give as complete a picture as possible of the subject. In all cases though, we have to make sure to give contextual details about the case, connect it back to the literature and theory, and discuss how it fits into the wider patterns or debates.

Advantages and Disadvantages of Case Study:

Advantages of case study –

☐ Case study helps convert client observations into usable data.

	It helps turn opinion into evidence-based facts.
	It is relevant to everyone.
	Case study employs variety of research methods.
	It can be done from anywhere.
Disad	vantages of case study –
	There can be difference in facts and data presented.
	Most case studies take time.
	Case study method can be ineffective sometimes.
	Case study requires sample size data to be effective.
	Data collection is a strenuous work.
A Brief Note Based:	e on Anxiety, the Maladjusted Behaviour on which Our Study is being
•	kiety is the tense, unsettling anticipation of a threatening but vague event; a easy suspense. It is a negative effect so closely related to fear that in many

Ar event; a n many fee circumstances that two terms are used interchangeably. Like anxiety, fear also is a combination of tension and unpleasant anticipation. But distinctions can be made between the causes, duration and maintenance of fear and anxiety. Anxiety is a multisystem response to a pei pat

-	ved threat or danger. It reflects a combination of biochemical changes in the body, the t's personal history and memory, and the social situation. [3]
Cause	es of Anxiety: [4, 5]
	Stress
	Genetic factors
	Personality type
	Trauma
	Racism
	Sex
	Gender dysphoria
	Life events
	Medications
Natur	re of Anxiety:
	It depends on human perception of threat and danger.
	It is a unique mental condition for humans only.
	It is a biochemical change causing physical change like increased blood pressure in body.

Treatments, Usually Adopted for Treating Anxiety:

☐ Sometimes it leads to various anxiety disorders.

☐ It needs memory and imagination power.

The main two treatments for anxiety disorders are -[6]

Page 28 ISSN 2456-6551

- Psychotherapy
- Medications

Psychotherapy: Also known as talk therapy or psychological counselling, psychotherapy involves working with a therapist to reduce your anxiety symptoms. Cognitive Behavioral Therapy (CBT) is the most effective form of psychotherapy for anxiety disorders. [7]

Medications: Several types of medications are used to help relieve symptoms, depending on the type of anxiety disorder one has. Certain antidepressants are used to treat anxiety. An anti-anxiety medication called 'Buspirone' may be prescribed. Sedatives such as benzodiazepines or beta-blockers are also used to treat anxiety disorder.

Objectives of the Study: The basic objectives of this study are -

- To understand the true meaning of maladjustment by executing this case study.
- To enhance the observation skill.
- To identify the students/people with maladjusted behavior, in near future.
- To be aware of the various types of maladjusted behavior.
- To alter the future of the concerned child/children with maladjusted behavior through proper medication and remedial measures suggested.

Methodology:

It is basically a qualitative study. Case Study approach was implied for gathering, analyzing and further interpretation of the necessary data and information obtained from the subject.

Procedural Details: Case Study

Identification Data of the Subject [Concerned Person] -

- Name: [Name of the subject is kept hidden for maintaining the confidentiality and research ethics of the study]
- Address: Bankura, West Bengal [Address of the subject is kept hidden for maintaining the confidentiality and research ethics of the study]
- Age: 15 yearsSex: Male
- Handedness: Right-handed
- Religion: Hinduism
 Mother tongue: Bengali
 Marital status: Unmarried
- Occupation: StudentIncome: Not applicable
- Socio-economic background: Middle-class
- Source of referral: The researchersName of informant: Not applicable
- **Relation:** Not applicable
- Onset of illness: From the age of 12
- **Precipitating Factor:** When he was studying in class 5, a home tutor used to scold and beat him frequently for minor mistakes.

Biological Features	; ;
□ Арре	etite: Healthy (normal)
☐ Libio	do: Not applicable
□ Sleep	o: Sleeps late at night
• Past medical a	nd psychiatric factor/ history found: No doctors have
been consulted r	egarding this problem till date.
• Family History	: The father of this concerned child (subject) is a teacher
and his mother	is a nurse. None of the parents have anxiety disorder.
	parents are working, for a very little amount of time his
<u> </u>	h him. From a very small age, he was taken cared by a
	father has high blood pressure.
Personal Histor	•
	Birth: Normal delivery
	Ordinal Position: First born
	Childhood problems: Migraine
	Home Situation: Normal
	Patient's attitude towards parents: Quite obedient
	towards parents.
Educational His	•
	Performance: Average student (Secures around 65%
_	marks in annuals)
	Peer Relation: Friendly
	Problems in disciplining: No
	Discontinuation, if any, then why: No
• Play History: L	ikes to play bat-ball, badminton, race with friends.
Occupational H	•
	Onset: Not applicable
	Change, if any, why: Not applicable
	Level of satisfaction: Not applicable
Adolescent Sexu	·
	Sexual preference and activity: Normal, no such
<u>_</u>	activity is being mentioned
	Menstrual history: Not applicable
Marital History	
	Age of marriage: Not applicable
	Arranged/ love: Not applicable NA
	Details about spouse: Not applicable
	Marital adjustment: Not applicable
	Sexual adjustment: Not applicable
	Extra-marital relations: Not applicable
	Family planning: Not applicable
	Family status: Not applicable

ISSN 2456-6551 Page 30

• Addiction History:

Onset: Not found
Situation of addiction: Not found
Type: Not found
Frequency: Not found

Pre-morbid Personality:

- ☐ **Attitude towards self:** Very lower self-esteem and confidence, panicked, always under-estimates himself, often questions his own worth and potentials.
- ☐ Attitude towards work responsibility: Does the work perfectly but before starting the work, he becomes very timid as well as tensed.
- ☐ **Fantasy:** Not found
- ☐ **Hobbies:** Playing table-tennis, badminton, tabla playing and recitation.

Mental state examination -

• General appearance and behavior:

Mood: Happy yet shaky and curious mostly

Speech: Clear and distinct

Thought: Thinks about a plenty of matter over a short

period of time.

Perceptual disorder: A little slow **Attention and concentration:** Medium

Memory: Average to Good

Orientation: Normal

Insight: Since he seemed to be an over-thinker, so his

insights are strong and clear.

Judgement: Since his thinking is not mature enough, so his judgement is somewhat biased in nature.

Abstraction: The level of abstraction is high since he imagines the situation before it occurs.

Provisional diagnosis: It is assumed that he might have an anxiety disorder, since it is seen that he has a tendency to exaggerate certain normal situations such as exams, test and become excessively anxious about the upcoming event.

Management: Till date, no management procedures have been applied on him. But whenever he becomes tensed or anxious, his parents try to calm him. It was found that his teachers also help him during his exam days by providing him mental support as far as applicable.

Chief complaints: Poor decision-making power, fear of disappointments, anxiety problem etc.

History of present illness: Class 5 onwards these issues were observed in the concerned subject, it was also found that whenever study pressure mounted, his anxiety problem was aroused. He started panicking even on minor things.

Negative history:

• Brain damage: Not applicable

• **Mood fluctuation:** Occurs frequently

• Schizophrenia: Not applicable

• Suicidal attempt: Not applicable

Mixing with people: Mixes with people easily and have a friendly nature though frequent mood fluctuations seen.

Interest in work: Have interest in work but before doing that work, he panics much. But while doing that work, he efficiently gives his best.

Self-confidence: Very low

Experiencing pleasure: After every work that has been

done by him already

Confidential Counselling Report: Based on the above mentioned facts and information a report is being prepared by the researchers which is as follows -

Date: 10 May 2023

• Student's name: [Name of the subject is kept hidden for maintaining the confidentiality and research ethics of the study]

Class: IXStatus: StudentUrgent: Yes

• Is the student aware of the counselling process?

- No

• If 'No', then referral by:

Self: No Peer: No Teacher: No

Administrator: No

Parent: No

Others: Yes [by the researchers]

- Area of concern: 'ANXIETY'; before doing any work, the subject overimagines about that task and starts panicking which affects his studies as well as his mental health to a great extent.
- Academics:

School achievements: Scores near about 65% to 70% marks, good

in sports.

School leaving: No Attendance: 80% Course change: No

Study skills: Good in recitation though his memorization ability is

too low.

Subject area concern: Good in Science, English, Social science

but average in Mathematics.

Test taking preparation: The subject alwaysover-thinks about the exam and thus cannot stabilize his mind to prepare for the exam.

Scholarships: Not yet received.

Behavior:

Classroom: Attentive in class, friendly nature with peers, respects

the teachers, quite obedient.

Returning from suspension: Not applicable

Social skills: Interactive, helpful.

Meditation: Does not practice meditation regularly.

• Career:

Making career/educational choice: Wants to be in Science stream

and become an Engineer

Choices/ Bridges/ Career cruising/ Inventory session: Joined a training institute for being prepared for the entrance examinations.

Resume writing: Not applicable

Portfolio: Not applicable

• Personal:

Stress: Cannot handle stress and starts panicking along with severe migraine pain.

Friendship: Friendly with peers.

Social/ Emotional: Socially interactive, loves to help others,

emotionally not too much stable. **Finances/ Money:** Not applicable

Health: Healthy but suffers from acute migraine problem.

Conflict resolution: Not much good at conflict resolution,

indecisive in nature.

Self-esteem: Low, always under-estimates himself. **Home relations:** Good, respects parents and elders.

Peer pressure: Not found

Gang: Not found

Mental health: Average; takes up stress too easily and starts over-

thinking as well as panicking

Weight: 45 kg Sexuality: Male

Housing: Bankura, West Bengal [Address of the subject is kept hidden for maintaining the confidentiality and research ethics of the

study]

Abuse:

Harassment: Not applicable

Physical: Sometimes got beaten by his home tutor severely.

Emotional: Not applicable Sexual: Not applicable Verbal: Not applicable

Drug/ Alcohol/ Substance: Not applicable

Self: Not applicable

Interpretation:

Analyzing the above mentioned facts and information it can be assumed that the concerned subject/person is suffering from anxiety disorder related problem which needs to be

addressed immediately or else it will affect his mental health severely and can also hamper his studies and career in near future.

Anxiety Disorder

From a very young age, when he was studying in class 5, this anxiety problem aroused. Even minor stressed situation makes him panic too much. No treatment has been done from his family side till date. No doctor has also been consulted till now since his parents believe that with maturity this problem will dissolve.

Suggestive Measures (General):

For the betterment of the concerned subject the following measures might be adopted -

• **Nutrition:** A healthy diet is important to reduce and prevent anxiety. Therefore, greasy, sugary, high-fat and processed food should be avoided as far as possible.

• Therapy:

Psychotherapy: Relaxation techniques and counselling by trained professionals would help to understand the condition and improve emotional response to cope with the condition.

Cognitive Behavior Therapy (CBT): A special type of psychotherapy that helps us change/improve our thought patterns and behaviours.

Medication [should only be taken if prescribed by a doctor, otherwise not]:
 Benzodiazepines: Have a calming effect due to their sedative properties.
 Antidepressants: Relieve the symptoms by affecting neurotransmitters.

• Self-care:

Relaxation strategies, such as deep diaphragmatic breathing, have shown lower pressure, slow heart rate and reduce tension. So, he can start practicing this from now onwards.

Mindfulness practice, meditation and mindfulness yoga can increase one's awareness of the world. So, meditation can be practiced by him to get rid of anxiety.

Getting enough restful sleep can also help his mind relax. Before going to bed, he can write all his worries and tension on a piece of paper and get back to sleep. Sometimes, these strategies work and help to get a peaceful sleep.

Specialist to consult:

Clinical psychologist: Specializes in diagnosing and treating diseases of the brain, emotional disturbance, and behavioural problems can be consulted. **Psychiatrist:** Specializes in the branch of medicine concerned with the diagnosis and treatment of mental illness.

Conclusion

This case study was really challenging yet interesting as working with a child having maladjusted behavior was not an easy task. No parent wants to accept the truth of their child's affected mental health. Since, we have seen this child from a very small age that is why we came to know about his anxiety disorder and had collected all the necessary information. Several cognitive-behavioral programs are recently being developed to specifically address the children and youth. Researchers have also found that involvement of the family members (mainly parents) are highly needed in the treatment process of the children with anxiety problem. So, parents should be aware of their child's maladjusted behavior and are also advised to opt for required treatment as early as possible.

References

- 1. Bullock, A., Xiao, B., Xu, G., Liu, J., Coplan, R., & Chen, X. (2020). Unsociability, peer relations, and psychological maladjustment among children: A moderated mediated model. Social Development, 29(4), 1014-1030.
- 2. Allchin, B., O'Hanlon, B., Weimand, B. M., Boyer, F., Cripps, G., Gill, & Goodyear, M. (2020). An explanatory model of factors enabling sustainability of let's talk in an adult mental health service: a participatory case study. International Journal of Mental Health Systems, 14(1), 1-16.
- 3. Sahiner, N. C., & Bal, M. D. (2016). The effects of three different distraction methods on pain and anxiety in children. Journal of Child Health Care, 20(3), 277-285.
- 4. Carter, T., Pascoe, M., Bastounis, A., Morres, I. D., Callaghan, P., & Parker, A. G. (2021). The effect of physical activity on anxiety in children and young people: A systematic review and meta-analysis. Journal of Affective Disorders, 285, 10-21.
- 5. Wang, Z., Whiteside, S., Sim, L., Farah, W., Morrow, A., Alsawas, & Murad, M. H. (2018). Anxiety in children.
- 6. Stasiak, K., Fleming, T., Lucassen, M. F., Shepherd, M. J., Whittaker, R., & Merry, S. N. (2016). Computer-based and online therapy for depression and anxiety in children and adolescents. Journal of child and adolescent psychopharmacology, 26(3), 235-245.
- 7. Otte, C. (2022). Cognitive behavioral therapy in anxiety disorders: current state of the evidence. Dialogues in clinical neuroscience