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ANXIETY IN CHILDREN AND ADOLESCENTS¹

Iulia RACU,

associate professor, doctor habilitatus,

The Institute of Research, Innovation and Technological Transferal
within the The "Ion Creangă" State Pedagogical University, RM

ORCID ID: 0000-0002-9096-7121

Igor RACU,

university professor, doctor habilitatus,

The "Ion Creangă" State Pedagogical University, RM

ORCID ID: 0000-0001-8143-4908

Abstract. *The article presents the development of anxiety from preschoolers to adolescents and includes the following aspects: the specifics of the anxiety at preschooler, junior schoolchildren, preadolescent, adolescent boys and girls of different ages. As results we established that the anxiety is higher at preschoolers. Also we underlined that junior schoolgirls, preadolescents and adolescents are more anxious. Besides we can mention that the anxiety is more intensive at the beginning and at the end of the age.*

Keywords: *anxiety, preschoolers, junior schoolchildren, preadolescents, adolescents, gender differences, ages differences.*

CERCETAREA EXPERIMENTALĂ A ANXIETĂȚII LA COPII ȘI ADOLESCENȚI

Rezumat. *Articolul conține descrierea evoluției anxietății la copii și adolescenți și include următoarele aspecte: specificul anxietății la preșcolari, școlari mici, preadolescenți și adolescenți. Ca rezultate am stabilit că incidența anxietății este mai ridicată în rândul copiilor preșcolari. De asemenea am evidențiat că începând cu vârsta școlară mică anxietatea predomină la fete. Totodată consemnăm că anxietatea este mai intensă la începutul și la sfârșitul vârstelor investigate.*

Cuvinte-cheie: *anxietate, preșcolari, școlari mici, preadolescenți, adolescenți, diferențe de gen și diferențe de vârstă.*

In the century in which we live the importance of anxiety studies significantly increases. The complexity of the problems which are imposed by the study of the anxiety are multiple and are more and more signaled and vivid both on global and national level.

An alarming reality of the moment, according to World Health Organization is the great number of people affected by anxiety and depression, which is increasing. The WHO experts mention that „a problem of proportions” referring to the significant increase of the adults with mental health problems in future will appear, if urgent measures to help children and adolescents who present anxiety manifestations will not be taken [1, 2]. The meta-analytical studies suggest that anxiety

within the general population significantly increased during the last 40 years. The exposed results are also valid for the population represented by children and adolescents. Thus, with all the exposed during the last years, a primary objectives of mental health policies around the world is the well-being emotional and social state of children and adolescents [1].

The presence of the anxiety, as well as the imbalances at the level of human mental health well-being state are determined by the *new realities*: profound and important changes in the life of society and of the human being in particular: the development of modern technologies computerization, information excess, mass-media, internet, social networking impact [3, 4, 5].

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Following the above mentioned, we ascertain the problem of anxiety in childhood and adolescence *in the context of new social realities* insufficiently investigated, for this reason we set out to study anxiety in children and adolescents.

The synthesis of latest scientific literature reflects that the anxiety represents a complex and dynamic phenomenon engraved by restlessness, agitation tension, fear, unjustified concern which manifests itself either as a state that appears in certain circumstances usually for a limited time duration which can be encountered in the life of each person, or as a personality trait which is relatively constant, stable and does not depend on external life factors and circumstances [3, 4, 5].

The ample analysis of the conceptions referring to the transformations which are produced in the organism of the one that feels anxiety emphasizes upon the following ways and levels of its manifestation. The presence of the anxiety betrays a number of transformations at biological, affective, cognitive and behavioural level. Among the ways of anxiety manifestations, we can underline the subjective states which include the feeling of helplessness, self-doubt, lack of energy in front of the external factors which appear as exaggerated and threatening, diffuse fear of a real or imaginary danger, the expectation of failure etc. and the behavioural manifestations which include disorganized activity, diminished performance compared to the usual ones and tendencies to overcome discomfort through „protection mechanisms“. The levels of anxiety manifestations are as follows: reduced anxiety, moderate anxiety, and high level anxiety [3, 4, 5, 6].

The most important classifications regarding the types of anxiety outline: the anxiety-state, anxiety-trait, school anxiety / academic anxiety [7, 8, 9, 10, 11, 12, 13, 14, 15].

The scientific approach regarding anxiety in children and adolescents shows that anxiety is one of the most frequent emotional problems of children and adolescents, with negative consequences, difficult to be immediately perceived, upon the wellbeing of the child and upon his daily functioning [16, 17, 18, 19]. The most evident negative consequences of the anxiety which interfere with child's quality of life are the level of autonomy in daily activities; several aspects are negatively affected: the school performance, the implication in school, extra-school development activities, self-confidence, the capacity to develop friendships, as well as satisfaction with his own life [4, 17, 20].

The approach and examination of the ontogenetic course of the anxiety present that the anxiety

is encountered even during the first year of life of the child, as soon as the types of anxiety manifestation get modified from one age to another. The babies experience the anxiety of strangers and the anxiety of separation. These types of anxiety persist at older children as well. Preschoolers manifest other types of anxiety, worries and preoccupations connected to animals, darkness, doctors, creatures and certain particular situations. Junior schoolchildren experience school fear and phobia. Such situations as: parents' divorce, separation of parents as well as various physical wounds and dangers determine the presence of anxiety in junior schoolchildren. The changes the preadolescents overcome also generate anxiety. Thus, the preadolescents feel the anxiety produced by the physical modifications, identity development, communication and relations with parents, peers, colleagues, and the preadolescents of the opposite gender. Adolescents' anxiety is connected with appearance, development and constitution of the identity, school, future, relations with parents, with other adolescents and with the opposite gender [17, 19, 21, 20, 22].

The course of anxiety development is not an encouraging one, there are empirical proofs which support the idea that the anxiety manifested during the childhood and adolescence continues and persists most often at adulthood as well. It is important to focus on and to intervene early in case of anxiety, this being beneficial for adults' functioning. The untreated at the right time anxiety can intensify and be present as clinical manifestation and most frequently will condition the appearance of depression.

The research target group included **792 children** of different ages among which: **152 preschoolers** with ages between 4 and 7 years old, **170 junior schoolchildren** with ages between 7 and 11 years old, **320 preadolescents** with ages between 10 and 15 years old and **150 adolescents** with ages between 16 and 18 years old.

For the finding experiment we have launched the following general hypothesis: *The manifestation and levels of the anxiety in children and adolescents are determined by gender, age, development social conditions, influence personality features and are specific for different age stage.*

For the investigations derived from the hypothesis launched for the finding experiment we have chosen a series of tests, inventory and questionnaires for the more authentic examination and appreciation of anxiety and its correlates at children and adolescents: *R. Temml, V. Amen and M. Dorca anxiety test for children, Scale of anxiety manifesta-*

tion at children, Taylor's scale of anxiety manifestation.

In the intention to conceptualize anxiety in pre-schoolers through elucidating its specific character depending on gender and age we have administered the **R. Temml, V. Amen and M. Dorca anxiety test for children**. The results obtained for the anxiety levels at pre-schoolers are illustrated in figure 1.

46,05% from the investigated pre-schoolers obtained high scores for anxiety, proving high anxiety level. We can affirm that the pre-schoolers with high anxiety level feel restlessness states, tension, frustration, permanent nervousness, manifest psychic fatigue, annoyance, hypersensitivity and distraction. Combined with defective management of their own feelings and emotions, we very often witness avoiding communication and socializing with other children. Boys and girls register high anxiety scores (53,85% and 37,83%). We would mention that there are no clear gender differences in anxiety manifestation at pre-schoolers. We would interpret this thing in such a way: both, boys and girls are predisposed to feel anxiety. Anxiety manifestation in pre-schoolers is characterized through distinct content and sphere. Boys present emphasized anxiety conditioned by their emotional vulnerability in the context of their relationship with parents and by everyday activities. Girls present emotional malfunctions in situations connected with the communication with the peers. The distinct feeling of emotional experiences together with the identification process and gender differentiation which continues at preschool stage ground the lack of gender differences in anxiety at this stage. Additionally, a possible reason for equal high anxiety level at boys and girls, proved by our observations, are changes concerning education and family composition of each pre-schooler; all of these combined with technological development affect the quality

of the attachment and emotional and social development in pre-schoolers. The highest frequency for high anxiety level is noticed at 6 year-old and 4 year-old pre-schoolers (47,05%, $U=110$, $p\leq 0,01$ and 45,94%, $U=78$, $p\leq 0,01$), followed by 5 year-old (41,81%) and 7 year-old pre-schoolers (66,67% – 6 pre-schoolers). The 4 year-old pre-schoolers and 6 year-old pre-schoolers feel the highest level of anxiety. The level of anxiety shows, on one hand, the fragility and lability of the affective sphere and pre-school personality development at the beginning of the age, as well as the growth of surrounding world complexity and the extension and intensification of the activities bigger pre-schoolers are involved in. We would explain pre-schoolers' anxiety also as manifestation referring to some models and requirements which they do not manage to know, to understand and to accept.

The anxiety in junior schoolchildren was grounded through following and underlining its features depending on gender and age dimensions by the administration of the **Scale of anxiety manifestation at children**. The anxiety level at junior children are illustrated in figure 2.

The junior schoolchildren studied extensively, reach high scores for anxiety which correspond to high level of anxiety (48,08%). Junior schoolchildren with high level of anxiety show such features such as: body tensions, emotions or stomachaches, headaches, they have difficulties while falling asleep, attention and concentration problems, feelings of loneliness, restlessness, adults' addiction, refusals to go to school, self-distrust. It becomes vivid that boys (47,04%) and girls (50%, $U=353$, $p\leq 0,05$) of junior school age show high level of anxiety. The girls are more predisposed to anxiety. Anxiety prevalence at girls can be explained by a certain influence of the nervous system, their higher susceptibility towards parent-child interaction (communication style, education), the psychological state of

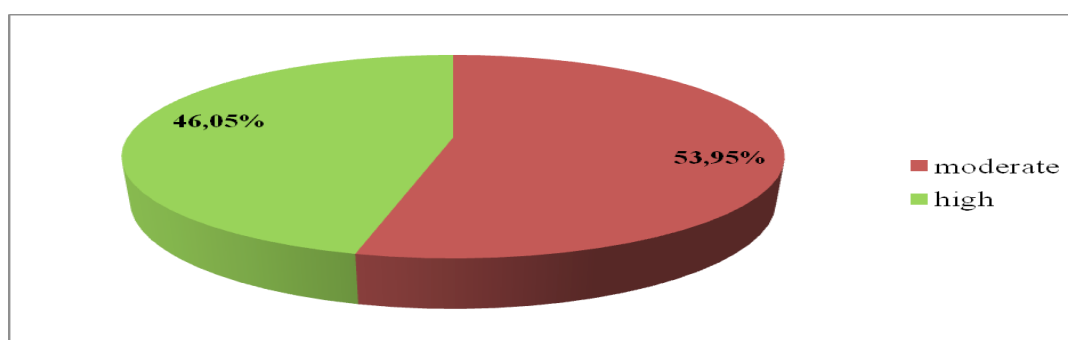


Figure 1. *Frequencies by anxiety levels in pre-schoolers*

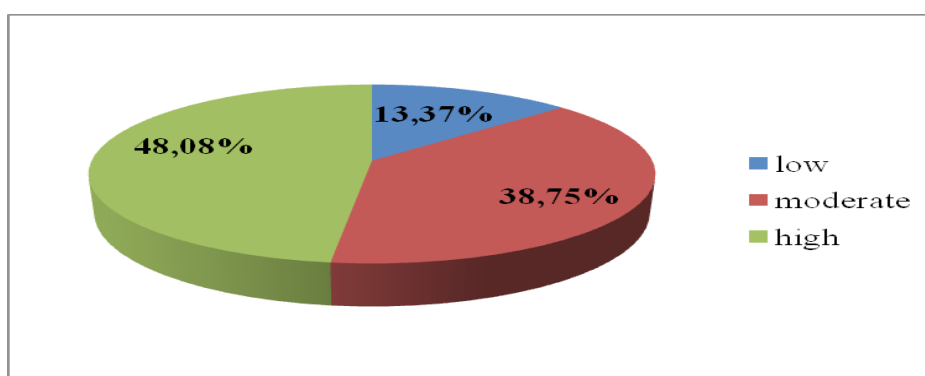


Figure 2. Frequencies by levels for anxiety in junior schoolchildren

parents especially mother's (emotional problems, anxiety, depression) as well as by the difficulties and challenges at school and in relationships with peers. At the same time, boys have the tendency of denying that they feel anxiety and fear. This difference is emphasized and kept during the subsequent development periods, preadolescence and adolescence. 8 year-old juniors (49,02%, $U=77,5$, $p \leq 0,05$, $U=29,5$, $p \leq 0,05$) and 9 year-olds (58,34%, $U=134$, $p \leq 0,01$) present high anxiety compared to 10 year-olds (32,25%) and 11 year-olds (62,50% – 5 junior schoolchildren). Children at the beginning of junior school period are characterized by the incapacity to totally perceive and understand the experiences felt and which seem to be threatening, which lead to intensify and emphasize anxiety problems. We would mention as well the fact that small children still show inadequate social and coping abilities. As they get older, junior schoolchildren, by the development of thinking and emotional self-regulation, can take into account more aspects of the situations and can react more rationally and more adequately to everyday circumstances. They already learn what cause anxiety and how adults react to emotions of such kind and learn how to behave as a consequence.

The grounding of anxiety in preadolescents started from the investigation of gender and age features in manifesting this through the **Scale of anxiety manifestation in children** and **Taylor's scale of anxiety manifestation**. The anxiety levels of anxiety in preadolescents are illustrated in figure 3.

The data show again a high incidence of anxiety in preadolescence (31,56%). Anxiety in preadolescents causes: strong heartbeats, superficial breathing, shivering and sweating/perspiration, pessimistic beliefs and concerns, an emotional state of alarm, fear, the tendency to perceive the world as threatening, timidity, indecision and attempts to control the environment he is in. The gender differences established at junior school stage are kept in preadolescence as well (boys: 29,14% and girls: 33,72%, $T=2,9$, $p \leq 0,01$). The findings for differences between preadolescent girls and preadolescent boys connected to anxiety, which we referred to concerning junior school age, can be considered for the explanation of the results which were obtained for the preadolescents. We need to add to these explanations the accentuated psychological tension of the preadolescents connected to the biological changes of the puberty. Other possible factors can

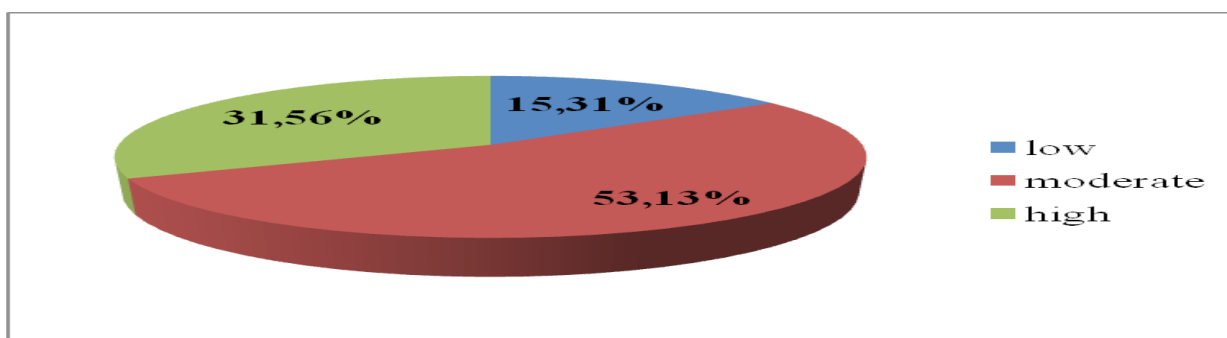


Figure 3. Frequencies by levels for anxiety in preadolescents

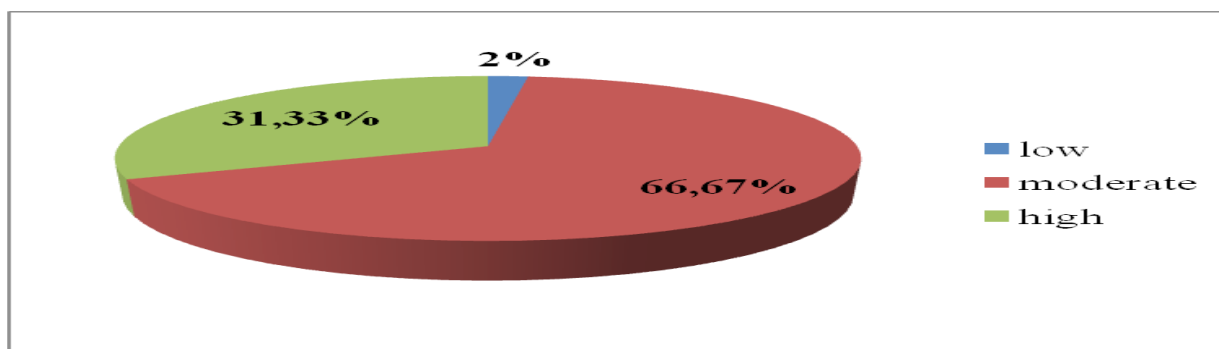


Figure 4. Frequencies by levels for anxiety in adolescents

be the way the girls socialize and greater vulnerability of these to the stress within social relations. 12 year-old (31,15%, $U=29,5$, $p\leq 0,01$), 13 year-old (30,44%, $U=13$, $p\leq 0,01$), 14 year-old (32,86%, $U=8,5$, $p\leq 0,01$) and 15 year old preadolescents (32,76%, $U=12$, $p\leq 0,01$) present higher anxiety compared to those of 10 year-old (33,33%) and 11 year-old (29,51%). At the age of 12, the anxiety is generated by the novelty of growth and of physical changes and the modification of the preadolescent's role in the family, school and community. The anxiety of 13 year-old preadolescents is conditioned by the manifestation of the puberty crisis. The intense development of self-awareness, the growth of aspirations for freedom, for autonomy get to a series of not always positive feelings as: anger, negativity, aggressiveness and anxiety. The period of preadolescence which comprises the ages of 14 and 15 years-old is a step of transition, stressing and tumultuous to adolescence, which includes a series of specific features, a collection of biological, psychical and social modifications. The above mentioned changes emphasize the concern, tension, worries, agitation and anxiety.

Adolescents' anxiety was conceptualized starting with the study of its features conditioned by gender and age dimensions by the administration of **Taylor anxiety manifestation scale**. The levels of anxiety in adolescents are illustrated in figure 4.

The adolescents present a high level of anxiety (31,33%). The anxious adolescents show: headaches and stomachaches, accelerated pulse, rapid breathing, cold hands, repetitive thoughts, scary mental images, worries, restlessness, nervousness

and avoidance. Gender differences regarding anxiety are kept in adolescence as well (adolescent boys: 23,88% and adolescent girls: 37,34%, $T=3,1$, $p\leq 0,01$). Girls' anxiety derives from the explanations mentioned for juniors and preadolescent girls. Adolescence challenges can as well determine anxiety. Body changes, sexuality, personal identity development, real life problems: love, relations with the opposite gender, conflicts with parents, choices connected to the future become overwhelming for the adolescents and can cause stress, confusion, tensions, worries and anxiety. 17 year-old (39,58%) and 18 year-old adolescents (32,31%, $U=41$, $p\leq 0,05$) show higher anxiety compared to those of 16 years-old. The intensification and emphasis of future importance (personal, professional and social) as well as study for high school examinations and possibly those for the application to the university can increase adolescents' anxiety.

The anxiety in children and adolescents was conceptualized through essentiality of a range of laws and mechanisms: The anxiety is encountered from preschool period up to adolescence. We established that the anxiety in children and adolescents has both common and distinct features. We proved that out of all the investigated categories of age, the anxiety is the most intense at preschoolers. We underlined high anxiety in both preschool boys and girls. We proved that for junior schoolchildren, preadolescents and adolescents are common gender differences while showing anxiety. Junior schoolgirls, preadolescents and adolescents are more anxious. We figured out that the anxiety is most remarkable at the beginning and at the end of the age.

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