

Benefits of Students With General Anxiety Disorder Participating in Recess

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Introduction

Over the past decade, awareness of mental illnesses has grown. This is especially true within the educational setting. Many specific illnesses fall under the umbrella of mental health, one of the most prevalent is General Anxiety Disorder (GAD). As individuals working within

the field of education or having an interest in education, the responsibility of educators is to inform ourselves about the characteristics of this disorder on behalf of the students or children that we may know who have it. Even more so, educators must provide opportunities and accommodations for those students to help them succeed academically, physically, emotionally, and mentally. Therefore, the scope of this article is to examine how participating in recess can provide social benefits for students or children that we know to have GAD.

Definition, Signs, Symptoms, and Prevalence of General Anxiety Disorder

General Anxiety Disorder is defined as following:

People with generalized anxiety disorder (GAD) display excessive anxiety or worry, most days for at least 6 months, about a number of things such as personal health, work, social interactions, and everyday routine life circumstances. The fear and anxiety can cause significant problems in areas of their life, such as social interactions, school, and work (National Institute of Mental Health).

For years now, GAD has been difficult to diagnose, however recent research and studies have been conducted and the criteria in order to successfully diagnose an individual with the disorder is currently evolving (Gale & Davidson, 2007). A majority of people who have the disorder typically have other disorders or health problems, leaving them to “report a considerable level of disability” (Gale & Davidson, 2007). Studies have shown that GAD itself can lead to further medical conditions in the future, as well as worsen other illnesses or conditions that an individual may already have. Within the general population, about 1% - 5% of people are affected by this disorder (Gae & Davidson, 2007).

An important sign to look for is anyone presenting with a mood or anxiety disorder as other disorders such as those may have been worsened from an underlying general anxiety disorder (Gale & Davidson, 2007). It is necessary to screen an individual for GAD symptoms and signs, however, since the criteria is currently evolving, it is difficult to pinpoint if the individual has the disorder. People that have other disorders or illnesses may present the signs of GAD while showing worsened symptoms of their other health conditions, making it easier for health experts to diagnose the patients. All mood or anxiety disorders are important to screen for, however, depressive disorder is a key sign of the possibility of having GAD as it can easily present the symptoms of excessive worrying and anxiety within an individual that can be further studied to make a successful diagnosis (Gale & Davidson, 2007).

One of the most important defining characteristics of GAD is that the individual “displays excessive anxiety or worry, most days for at least 6 months” (National Institute of Mental Health). The way that individuals experience excessive anxiety may vary and take the shape of many different forms. According to the American Academy of Family Physicians, some of the few symptoms of GAD include:

- Restlessness or feeling “keyed up” or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep Disturbance (Hoge, Ivkovic, Fricchione, 2012, p. 37)

These symptoms paint a fraction of the picture of what living with GAD for individuals looks like. The American Academy of Family Physicians continues to describe what it is like to live with GAD, which is important to be conscious of so that when working with a student with GAD, there is at least an understanding of what they may be experiencing. “Your body mistakenly triggers your alarm system when there is no danger” (American Academy of Family Physicians). With this “alarm” being set off prematurely, the body and mind is preemptively responding to what the body has considered alarming through the previously mentioned symptoms. It is important to note that each individual's “alarms” may be triggered by varying factors and worries. (Hoge, Ivkovic, Fricchione, 2012, p. 37) In terms of prevalence, anyone can be diagnosed with GAD, including young children and adolescents. The National Institute of Mental Health has found that an estimated 2.2% of adolescents have GAD which was gathered from the National Comorbidity Survey Adolescent Supplement. Although there is a greater prevalence in those who are older, teaching students strategies and helping them develop awareness about how to manage their anxiety at a young age is increasingly important (National Institute of Mental Health).

Benefits of the Recess Setting for Students with General Anxiety Disorder

Recess is a set time during the school day that allows for children to have free, unstructured play. Three main ways that children with General Anxiety Disorder benefit from the recess setting is psychological, emotional, and physical. Recess time has shown that

students with this disorder display “psychological and physical benefits of exercise can also help improve mood and reduce anxiety” (Mayo Clinic). Some of the physical benefits include the students getting ample amounts of physical activity and exercise which can help improve the mood in a student that has GAD (Mayo Clinic). Also, some of the psychological and emotional benefits that come from recess are that the children gain confidence, get more social interaction with their peers, and they are able to cope with their anxiety in healthy ways (Mayo Clinic).

Recess Modifications for Children with Generalized Anxiety Disorder

Students who have General Anxiety Disorder may have a difficult time when in the classroom. The same goes for when they are at recess. Social interactions can be intimidating and frightening to some students which could potentially leave them feeling isolated and lonely. There are many points during recess to talk to other peers, play a game, or climb on the jungle gym. Whatever the interaction may be, it can be a very scary moment for a child, so it is important that we, as future teachers, take every precaution we can to help our future students with their potential anxieties.

For times when the students are in the classroom, it is easy to become overwhelmed, so teachers can help their students by deciding to take a break from their work and go outside. According to *We Are Teachers*, it can really help calm an anxious head when you take a walk and go into nature. The natural surroundings can be peaceful to look at and fresh air can be a great way to take in some new scenery and forget about what is worrying their minds, at least for a little while (Nelson, 2019). Another suggestion from *We Are Teachers* is to simply get your kids moving, even if you have to stay in the classroom. There will be some days where we are not able to go outside due to rain, snow, temperatures, or any number of reasons. So, being flexible

and having a plan even on the days we have to stay inside is important (Nelson, 2019). Taking a yoga break, switching your educational activity to a station activity around the classroom, or utilizing a website such as GoNoodle.com are all great ways to help free an anxious mind.

For the days when recess is possible, always take advantage of letting your children play outside; this is vital for all children. However, like we mentioned, it can be scary for some children with GAD. One way to avoid this problem is to have a more structured play time. Teachers can do this by creating a specific activity for recess instead of just letting their students do as they wish. Creating a scavenger hunt or a questionnaire to fill out about what they see in nature could be a great way to keep everyone occupied and not give them the chance to feel left out. Another idea could be to create a “get to know you” game where students are assigned one partner during recess and they can ask each other questions while playing (Nelson, 2019). This may make it less intimidating for the child with anxiety because they do not have to initiate the interaction if it is an activity assigned by the teacher. If the student with anxiety still feels uncomfortable with this, the teacher themselves could be their partner to start and the child could work their way up to talking with other students. Whatever the activity may be, it is important to be receptive to each individual child and create solutions based upon their specific needs. No two children are exactly the same, so we have to be sure to give them the care they need.

Other studies focus on using recess and the playground as avenues to modify socially withdrawn behavior in students with internalizing behaviors. The article *Modifying Socially Withdrawn Behavior: A Playground Intervention for Students with Internalizing Behaviors* states that “internalizing disorders are divided into four categories: depression, anxiety, social withdrawal, and somatic or physical problems” (Marchant, Solano, Fisher, Caldarella, Young, &

Renshaw, 2007, p. 780). Each study had three participants who were all elementary school aged, including kindergarten. These participants were selected based on the identification of internalizing behaviors.

As a means to improve social skills, the study in *Modifying Socially Withdrawn Behavior* used evidence-based strategies including social skills training, peer and adult mediation, and self-management that was paired with positive reinforcement (Marchant, et al., 2007, p. 781) while the study in *Increasing Positive Playground Interaction for Kindergarten Students at Risk for Emotional and Behavioral Disorders* utilized these same strategies along with parent involvement by sending notes home with students involved (Anderson, Trinh, Caldarella, Hansen, & Richardson, 2018, p. 489). Participants were observed during recess because unlike the classroom instruction times, this portion of the day is usually unstructured and allows for more social interactions between students. In the studies, researchers targeted “effective communication and appropriate peer play” (Marchant, et al., 2007, p. 785) when describing positive social interactions of the participants. Effective communication included the participant looking at their peer and initiating verbal communication while appropriate peer play is defined as the participant following the school’s posted playground rules and engaging in an activity in which the participant and a peer are within a 5 foot radius of one another (Marchant, et al., 2007, p. 785). While different physical activities were not always used when the participants were interacting with other students, simply being outside during recess gave students the opportunity to increase their interactions with their peers even if this interaction was something as simple as saying hello. However, while activities were not a requirement for positive social interactions,

the participants goals could include joining or participating in a game in order to facilitate social interactions.

Both studies found that with social skills instruction combined with other strategies, students with internalizing behaviors and who exhibited social withdrawal had an increase in positive social interaction. According to Anderson, Trinh, Caldarella, Hansen, and Richardson, “social interaction on the recess playground presents a unique opportunity for all students, including those at risk for social withdrawal, to learn to interact successfully with peers outside the structure of the academic environment” (2018, pp. 494-495). In other words, recess provides a time and environment for all students, specifically those deemed as shy or being socially withdrawn, to learn how to and practice interacting with their peers. Unlike the classroom environment which is typically characterized by a structured schedule of instructional activities, recess provides unstructured time for students to interact with their peers in a variety of ways allowing students to comfortably learn how to positively interact socially.

Conclusion

As future educators, it is important to familiarize ourselves with a variety of disorders that we may encounter in the classroom in order to better help and educate every student. One such disorder, General Anxiety Disorder, or GAD, falls under the umbrella of mental health and mental illnesses. GAD can be difficult to diagnose because individuals with this disorder often are diagnosed with other disorders or health problems. However, one of the main symptoms or characteristics of GAD in individuals is displaying “excessive anxiety or worry, most days for at least 6 month” (National Institute of Mental Health). Students who are diagnosed with GAD may be characterized as being shy or exhibit internalizing or socially withdrawn behaviors, often

making it difficult for these students to interact with their peers. However, recess can be used as a way to provide students with GAD with a break from the structured and sometimes stressful environment of the classroom, as well as a place where students can interact with their peers. The two studies used in this article used recess as an environment to foster social skills and peer interactions for students who presented socially withdrawn behaviors. Recess was used because it is a largely unstructured portion of the school day where students can comfortably practice social skills with their peers.

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