

# The Hidden Struggle: Understanding Adolescent Anxiety

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As a practising psychologist based in Cape Town specialising in adolescent mental health, I've witnessed firsthand how anxiety can silently infiltrate a teenager's world, often remaining hidden from even the most attentive parents. This article draws from clinical experience working with diverse families to help parents recognise, understand, and address adolescent anxiety.

Anxiety disorders affect approximately 15-20% of South African adolescents, making them the most common mental health conditions in this age group. Yet in my clinical experience, less than half of these young people receive an appropriate diagnosis and treatment. This represents not just individual suffering, but a significant public health challenge with long-term societal implications. The consequences of this hidden epidemic extend far beyond the consulting room, affecting educational outcomes, family dynamics, and ultimately, the prospects of an entire generation.

## Clinical Manifestations: How Anxiety Presents in Daily Functioning

From a clinical perspective, adolescent anxiety rarely presents as straightforward "worry." Instead, it manifests across multiple domains of functioning, often in ways that disguise its true nature. Understanding these presentations is crucial for parents, educators, and healthcare providers who work with young people.

In my assessments, I frequently observe how anxiety disrupts executive functioning, the mental skills that include working memory, flexible thinking, and self-control. A teenager might sit for hours attempting to complete homework, not due to lack of understanding, but because anxiety has impaired their ability to organise thoughts and sustain attention. I've assessed numerous students who demonstrate high intellectual capability during one-on-one sessions but completely "freeze" during group activities or examinations. This performance anxiety often leads to academic underachievement that doesn't reflect true cognitive ability.

School refusal, which I encounter increasingly in my practice, often begins subtly. Students might complain of physical symptoms on Sunday evenings, struggle to get ready for school on Monday mornings, or develop elaborate avoidance strategies. These behaviours represent the adolescent's nervous system responding to perceived threat, even when the school environment poses no objective danger. Parents often interpret this as defiance or laziness, not recognising the underlying anxiety driving these behaviours.

From a developmental psychology perspective, adolescence is crucial for identity formation and peer relationship development. Anxiety disorders can significantly disrupt these processes. In my clinical observations, socially anxious teenagers often develop what I term "safety behaviours", subtle strategies to avoid potential embarrassment or rejection. These might include avoiding eye contact, remaining silent in group settings, or declining social invitations. Whilst these behaviours temporarily reduce anxiety, they paradoxically maintain and strengthen the disorder by preventing the teenager from experiencing positive social interactions that could challenge their anxious beliefs.

Clinical experience has taught me that anxiety in adolescents often presents primarily through physical symptoms. The developing adolescent brain's stress response system can be particularly reactive, leading to prominent somatic complaints that may initially seem unrelated to mental health. I regularly assess teenagers presenting with chronic headaches, gastrointestinal disturbances, fatigue, and sleep disruption. These aren't "imaginary" symptoms; they're genuine physiological responses to

chronic stress and anxiety. The challenge lies in recognising the psychological underpinnings whilst validating the reality of the physical experience.

Sleep architecture is particularly vulnerable during adolescence, and anxiety can significantly disrupt both sleep onset and sleep maintenance. In my practice, I've observed how poor sleep creates a vicious cycle, sleep deprivation exacerbates anxiety symptoms, which in turn make restorative sleep even more elusive. Parents often report that their teenagers seem exhausted despite spending adequate time in bed, not realising that anxiety is preventing restorative sleep cycles.

From a systemic perspective, adolescent anxiety inevitably affects entire family systems. Parents often develop their anxiety in response to their teenager's difficulties, creating feedback loops that can inadvertently maintain the problem. I frequently observe families where well-intentioned accommodation of the teenager's anxiety, such as allowing school avoidance or providing excessive reassurance, becomes part of the maintenance factors. Cultural factors significantly influence these dynamics in South African families. Traditional parenting approaches that emphasise obedience and emotional restraint may clash with the support needs of an anxious teenager, creating additional family stress and confusion.

#### **Diagnostic Challenges: Why Anxiety Remains Hidden**

Several factors contribute to the under-recognition of adolescent anxiety disorders. Adolescence is inherently a time of emotional turbulence, identity exploration, and behavioural change. This developmental context can mask anxiety symptoms, making them appear like "normal teenage behaviour." From a clinical perspective, the key lies in identifying when typical adolescent concerns become excessive, persistent, and functionally impairing. I've learnt to look for patterns rather than isolated incidents. A teenager who occasionally worries about social situations is different from one whose worry is so intense that it prevents school attendance or social participation.

In my practice across diverse Western Cape communities, I've encountered significant cultural variations in how mental health symptoms are conceptualised and expressed. Some cultures may attribute anxiety symptoms to spiritual causes, family conflicts, or character weaknesses rather than recognising them as medical conditions. Language barriers compound these challenges.

Anxiety disorders in adolescents rarely present in textbook fashion. Some teenagers become perfectionistic and over-controlling, whilst others appear disorganised and avoidant. Some experience primarily physical symptoms, whilst others present with behavioural changes that might be mistaken for oppositional defiant disorder. This variability requires a comprehensive assessment that looks beyond surface presentations to understand underlying emotional experiences and functional impairments.

Clinical research confirms that untreated anxiety disorders significantly increase the risk of developing additional mental health conditions. Major depressive disorder commonly co-occurs with anxiety, creating more complex clinical presentations that require integrated treatment approaches. Substance use disorders may develop as adolescents attempt to self-medicate their anxiety symptoms. I've assessed numerous young adults whose alcohol or cannabis use began as attempts to manage social anxiety or panic symptoms during their teenage years.

From a developmental perspective, adolescence is crucial for learning social skills and forming intimate relationships. Chronic anxiety during this period can impair these developmental tasks, leading to long-term difficulties with interpersonal relationships, career advancement, and overall life satisfaction. Perhaps most concerning from a public health perspective is the potential for intergenerational transmission of anxiety. Adults who experienced untreated adolescent anxiety may struggle to recognise and appropriately respond to mental health needs in their children, perpetuating cycles of untreated psychological distress.

### **Comprehensive Psychological Assessment: A Clinical Framework**

As a practising psychologist, I recommend a comprehensive assessment when parents observe persistent, functionally impairing symptoms in their teenagers. Effective assessment requires multiple methods and considers the young person's cultural, family, and social context. My assessment process always begins with a detailed clinical interview that explores the teenager's developmental history, current symptoms, family dynamics, and cultural background. This interview typically spans 90-120 minutes and includes both individual time with the teenager and family sessions.

I pay particular attention to the onset and development of symptoms, identifying potential triggers or maintaining factors. Understanding the cultural context is crucial; what might appear as social anxiety in one cultural setting could represent appropriate cultural behaviour in another. I utilise several validated assessment tools specifically designed for adolescent populations. The Multidimensional Anxiety Scale for Children provides a comprehensive assessment across multiple anxiety domains, including social anxiety, separation anxiety, generalised anxiety, and physical symptoms. The Beck Anxiety Inventory for Youth offers detailed measurement of anxiety severity and helps track treatment progress over time, whilst the Children's Depression Inventory is essential for identifying comorbid depression, which co-occurs in approximately 40% of adolescents with anxiety disorders.

The Behaviour Assessment System for Children provides a broader assessment of emotional and behavioural functioning, helping identify additional areas of concern. These instruments must be interpreted within a cultural context, and I often supplement standardised tools with culturally adapted measures or qualitative assessment methods. When academic functioning is impaired, I recommend a psychoeducational assessment to determine whether anxiety is affecting cognitive performance. This assessment can identify specific areas where anxiety interferes with learning and can guide academic accommodations or interventions.

Understanding family dynamics is crucial for effective intervention. I assess family communication patterns, stress levels, cultural factors, and how family members respond to the teenager's anxiety symptoms. This assessment helps identify both risk factors and protective factors within the family system. The Family Assessment Measure provides a standardised assessment of family functioning, whilst clinical interviews explore cultural factors, family mental health history, and current stressors.

Given the significant physical symptoms often associated with adolescent anxiety, medical evaluation is essential. I work collaboratively with paediatricians or family physicians to rule out medical causes for physical symptoms and to ensure comprehensive care. Thyroid function, cardiac assessment, and neurological screening may be indicated depending on symptom presentation.

Families must understand that physical symptoms associated with anxiety are real and require appropriate medical attention.

In South Africa's diverse cultural landscape, assessment must consider cultural factors that influence symptom expression, help-seeking behaviour, and treatment preferences. I explore the family's cultural background, religious beliefs, and preferred healing approaches. This assessment helps determine whether traditional healing practices should be integrated with psychological treatment and identifies potential cultural barriers to treatment adherence.

Collaboration with schools provides valuable information about the teenager's functioning in academic and social environments. Teacher reports, academic records, and direct observation can illuminate how anxiety symptoms manifest in educational settings. School psychologists or guidance counsellors can provide additional perspectives on the teenager's peer relationships, academic performance, and social functioning.

### **Clinical Recommendations for Families**

Based on my clinical experience, I offer several recommendations for families concerned about adolescent anxiety. Parents should consider professional evaluation when symptoms persist for more than four to six weeks, when functional impairment occurs across multiple settings such as home, school, and social environments, when physical symptoms occur without clear medical explanation, when academic performance declines significantly, when social withdrawal becomes pronounced, when the teenager expresses hopelessness or reports feeling overwhelmed, or when family relationships become significantly strained.

Families can facilitate effective assessment by documenting specific symptoms and their frequency, gathering school reports and academic records, preparing information about family mental health history, considering cultural factors that might influence assessment, and discussing the assessment process with their teenager beforehand. In South Africa's complex healthcare landscape, families should seek psychologists or psychiatrists with specific training in adolescent mental health. Professional qualifications to look for include registration with the Health Professions Council of South Africa, specialisation in child and adolescent psychology, experience with anxiety disorders, and cultural competence relevant to your family's background.

Effective treatment for adolescent anxiety typically involves multiple components. Individual therapy, particularly Cognitive Behavioural Therapy, is the gold standard for adolescent anxiety disorders, with strong evidence for effectiveness across diverse populations. Family intervention through family therapy or parent training helps families develop effective responses to anxiety symptoms and improve communication patterns. School collaboration involves working with school personnel to implement accommodations and support strategies, whilst cultural integration incorporates culturally relevant practices and beliefs into treatment planning. In severe cases, psychiatric evaluation for medication may be appropriate, typically as an adjunct to psychological treatment.

### **Evidence-Based Treatment Approaches**

My clinical experience aligns with research evidence supporting several effective treatments for adolescent anxiety. CBT remains the most extensively researched and effective psychological

treatment for adolescent anxiety disorders. This approach helps teenagers identify and modify anxious thoughts whilst gradually confronting feared situations through exposure exercises.

Research consistently demonstrates that family involvement improves treatment outcomes for adolescent anxiety. Family CBT approaches teach parents effective strategies for responding to anxiety symptoms whilst improving family communication and problem-solving skills. Mindfulness approaches, including Mindfulness-Based Cognitive Therapy for Children, show promising results for adolescent anxiety. These interventions teach practical skills for managing anxious thoughts and physical symptoms.

Selective serotonin reuptake inhibitors may be considered for severe anxiety disorders, particularly when psychological interventions alone are insufficient. Medication should always be combined with psychological treatment and requires careful monitoring by qualified psychiatrists. The decision to use medication should involve careful consideration of the individual teenager's needs, family preferences, and cultural context.

#### **A Message of Clinical Hope**

As a psychologist who has worked with hundreds of anxious adolescents across Cape Town's diverse communities, I want to emphasise that anxiety disorders are highly treatable conditions. From my consulting rooms in the city centre to community outreach work in Gugulethu and Hanover Park, I've seen the transformative power of early intervention and appropriate treatment. With proper assessment, evidence-based treatment, and family support, the vast majority of teenagers with anxiety disorders can achieve significant improvement in their symptoms and functioning.

Early intervention is crucial; the earlier we identify and address anxiety disorders, the better the long-term outcomes. Families who seek help for their teenagers are taking a courageous and necessary step towards ensuring their child's mental health and future well-being. The teenage years are challenging enough without the added burden of untreated anxiety. By recognising the signs, seeking appropriate professional help, and supporting evidence-based treatment, we can help adolescents not just survive their anxiety, but learn to thrive despite it.

Remember: seeking mental health support for your teenager is an act of love and wisdom, not a sign of failure. Your teenager's anxiety is treatable, their future is bright, and with proper support, they can develop the resilience and skills they need for a fulfilling life. The key lies in understanding that anxiety is not a character flaw or a sign of weakness, but a treatable condition that responds well to appropriate intervention when identified early and addressed comprehensively.