

Anxiety and Stomachaches: *Really Sick or Worried Sick?*

Jill Crawford, LCSW

No, this isn't one of those at-home quizzes you see in magazines, and it's not a trick question, although sometimes it may certainly feel that way. This is, rather, a brief look at one of the more puzzling and certainly more worrisome questions I am confronted with in my practice these days. See if any of these statements sound familiar:

“Jenna never wants to go out with her friends anymore. When she pushes herself to be social, she winds up getting a stomachache right before she’s supposed to leave and then canceling on her friends...”

“Andrew wakes up complaining of stomachaches every morning before school. He tries and tries to get us to let him stay home, and I just don’t know when he’s really sick or when he’s faking. He seems genuinely upset, but I get the feeling he’s avoiding school for some reason...”

“Marissa has a bellyache each time she has a soccer game. She fights me on going and lingers on the sideline when we get there. When she finally—reluctantly—goes into play, she winds up having fun, and she plays great, but the next time it’s the same thing all over again...”

In my job as a child and family therapist, I tend to wear a lot of different hats—including those of counselor, confidante, advocate, educator, and even detective sometimes. Lately, though, I have begun to feel like part pediatrician as well, with all of the abdominal pain I have been seeing in my office. An increasingly common complaint (and concern!) of my young clients and their parents is the occurrence of routine stomachaches. Often, by the time they get to me, these families have already had their child at their family doctor’s office for a check-up and, if indicated, blood work and any other lab tests that have been recommended to determine the source of the unpleasant pain. Sometimes they have even been to a gastroenterologist for more extensive testing. As my clients recount their results to me, I see relief—the tests have revealed no medical problems at all. But there is also frustration: if there is no health issue, then what could be causing the stomachaches?

We can all remember times in our lives when we’ve had “butterflies” in our stomachs, all the way back to our dance recitals, school plays, big tests, team championships, first dates, and as adults, perhaps job interviews, medical appointments, or days we have to travel. These butterflies are a normal reaction to anxiety and are our mind and body’s way of letting us know that today is a bit different than most other days.

The stomachaches to which I refer above, however, are more than just butterflies. They can often bring intense discomfort (may be reported as dull, sharp, or cramping) and even vomiting at times. They are painful, frightening at times, and definitely a nuisance—especially the more they begin to interfere with day-to-day life. I have noted in previous articles a significant increase in child and adolescent anxiety over the past several years, and, in many kids, these stomachaches are one of the various symptoms accompanying this anxiety.

But how can you be sure? It is unsettling to say the least when your child is doubled over in front of you, crying in pain, pleading to stay home, swearing he is not able to do whatever it is you're asking of him, and your nurturing parental self wants to reach out, hug him, and tell him you'll do whatever you can to help stop the pain. We've all been there—we want to protect our children from the big scary world, and really, how bad would it be to stay home, just this once? Truthfully, probably not that bad. But fast forward one month. Your child has now missed 8 days of school due to stomachaches, the doctor can find nothing wrong, the attendance office is on your back, and the stomachaches are not getting any better. In fact, they're worse. The mere suggestion of getting ready for school now triggers a toddler-like tantrum, the likes of which you haven't seen in years, and your child swears that if he has to go, he will throw up, first at home, and most definitely at school—a fate worse than death! So what now? Hopefully the following suggestions will help you and your family avoid getting to this place, or if you're already there, help you to reverse course:

1. **ASK** the right questions. When we hear physical complaints, we tend to focus on physical questions. Don't just whip out the thermometer, take a temperature, and consider the case closed. Ask your child if anything is going on at school, soccer, with friends, etc. that is troubling her. If she doesn't want to talk to you, find out if there's anyone in particular she'd feel comfortable sharing with. If your child is unsure of where the stomachaches are coming from, encourage her to keep a pain diary. This should track several things about the stomachaches: time of day, place (home, school, etc.), people present, how extensive the pain (on a scale of 1 to 10), what it kept the child from doing, any thoughts and feelings present before the pain began, what the child did to feel better, and then her final observation—what she believed was the cause of the pain. This diary can be a useful tool in beginning to identify primary stressors and positive ways of dealing with them.
2. Provide a **SUPPORTIVE and ACCEPTING environment** in which your child can feel safe to share her feelings. Anxiety is often irrational, and when children are aware of that irrationality, it can be embarrassing to reveal the source of their worries. Let them know that, whatever the anxiety is, you understand it is very real to them and you will take it seriously.
3. **COLLABORATE** with others who may be in a position to help assess and monitor the situation. This may mean communicating with school personnel (usually teachers and/or guidance counselors), coaches, or friends' parents. These people may be able to offer a different perspective on the situation, which can be helpful as you dialogue with your child. Note: Let your child know who you'd like to speak with and work out a plan together. This way your child will not feel that you have betrayed her confidence and will feel a part of any progress that is made.
4. **Be SENSITIVE but FIRM.** It is important to understand that avoiding an anxiety-provoking situation may diffuse the anxiety in the immediate moment, but long term, will only make returning to the situation much more difficult. With school anxiety, for example, kids are relieved when the weekend arrives, or better yet, a school vacation. But the return after these breaks can be brutal. The longer

- the anxiety stimulus is avoided, the bigger and more daunting it becomes in the mind of the anxious child. Let your child know that you are not insensitive to her stomachache, but that you believe the best thing for her will be to face the situation nonetheless. Gently insist that she do what she needs to do.
5. Encourage your child to **DEVELOP ANXIETY MANAGEMENT and REDUCTION techniques**. These can be made a part of routine family life also. In the midst of an anxiety crisis, **distraction** tends to be highly effective. Engage your child in an activity or a discussion unrelated to the anxiety situation. Knowing what works for your child is helpful. Some will benefit from writing in a journal, others from drawing or building something with their hands. Still others prefer to be physically active, with a quick bike ride or jog proving helpful, and some will report feeling relaxed when they listen to their favorite music. Giving sympathy and over-attention to anxiety symptoms may actually make children feel worse, while distracting them refocuses their attention elsewhere and helps the anxiety go down. In the long term, incorporating relaxation and anxiety management into your child's life will help lower their overall anxiety and improve reactions to stressors that arise at any given time. Children, like adults, can benefit from regular exercise, healthy sleeping habits, and proper nutrition. Additionally, yoga, deep breathing, progressive muscle relaxation, and guided imagery can be tremendously effective in reducing anxiety levels. Even when things are relatively calm and there is no particular stressor, these activities cultivate skills that can be called upon at any time as needed.
 6. **Know when to seek professional help**. Sometimes children (and parents!) become so anxious that they are no longer able to communicate about these issues without the anxiety escalating or significant conflict ensuing. Sometimes children shut down and are unwilling to discuss the situation with their parents. And sometimes families just get stuck. Calling upon a therapist with experience in treating child and family anxiety can be extremely valuable in these instances. An objective perspective from someone with a trained eye can offer creative strategies for diffusing the anxiety and getting the child (and thus the family) back on track. A therapist can also be an additional source of support for the child, who may feel more comfortable discussing their worries with a neutral, unrelated person whose feelings he or she does not have to be concerned about.
 7. **Try to stay calm**. This, too, shall pass.

Jill Crawford is a Licensed Clinical Social Worker specializing in child/adolescent and family therapy. She has a private outpatient counseling practice in Malvern, PA. For more information, call (610) 564-6835 or visit www.jillcrawfordcounseling.com.