HELPING CHILDREN OVERCOME FEARS

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Some children say that they are frightened of a variety of inoffensive objects, such as balloons, the sound of a toilet flushing, or going outside. As these fears restrict children's activities, you will need to limit them, perhaps selecting one of the following measures.

Listen

First, listen to children about their fears. Understand *that* they are fearful even if you don't understand *why*. Find out if there could be some reason for the fear and remove children from a situation if there is good reason to be afraid. But even if the fear seems ridiculous, do not tell them to stop being silly, as that forces them to try to hide their feelings. They will become frightened that no one will help them and worried that their true feelings will show. These two feelings make the original problem worse.

Take the panic out of being afraid

Normalise what they are feeling. You might explain that everyone gets frightened at times, or teach them the difference between being frightened of something, disliking it, and being surprised by it. Sometimes we seem frightened of a cockroach when really we have been surprised that it is somewhere unexpected. Being surprised or disliking something is more manageable than being frightened of it.

Have faith

Express your faith that they can overcome their fears. Tell them about other times when they have overcome their fears and express to them your confidence that they can do so again. Courage does not mean being unafraid: it means feeling fear but conquering it. So congratulate your children for their bravery.

Soothe children during meltdowns

Sit with the child during a meltdown, repeating over and over that you will be there until they feel better. Do not address the object of the fear as that is not the issue: the issue is learning to manage their feelings. As you comfort them, they will be learning to self-soothe.

Make them responsible for a solution

In the long term (*not* during a meltdown), ask them how they plan to overcome their fears. As these are a product of their own imagination, only they can change their thinking. You might explain that the fears are sneaking up on them, and suggest that now is a good time to think about whether they would like to find a way to out-sneak them. Once they have decided to become boss of their fears, you could offer to be their 'fears adviser'. You know

about fear-dispelling magic and they know about their own brain so together you could invent a spell that will banish their fears.

Build their skills

Depending on the object of their fear, you could help children to overcome it by developing their physical fitness (so that they can, say, conquer the hurdles without fear of injury) or practise relaxation methods such as visualisation or productive self-talk to help keep themselves calm. (See also the paper on resilience on my website.)

Health issues

If these methods do not help, perhaps the underlying problem is physical. I find that this applies to children with repeated episodes of low blood sugar levels (hypoglycaemia), or childrenwho have histories of being stressed.

With respect to the first cause, low blood sugar levels create an emergency that causes the liver to release adrenaline to alert us of the need to eat. When children repeatedly have hypoglycaemia, their output of adrenaline can be excessive. Signs that this could be the case for a given child are:

- family members have diabetes or weight control issues
- meltdowns are more common if the child is hungry, or has not eaten for 75 minutes or more
- calming methods fail during the meltdown.

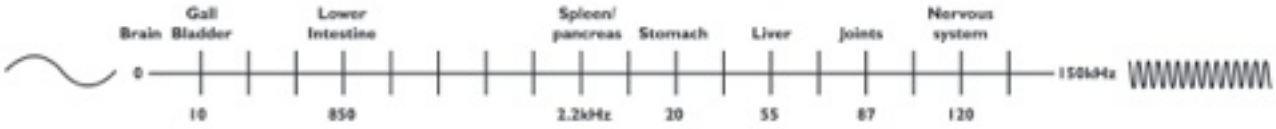
As for the second cause (stress), during stressful incidents, the adrenal glands pump out cortisol and adrenaline to help the body to surmount the challenge. When children have been repeatedly stressed from prenatal traumas, family stress, or hospitalisation (for example), their adrenals might continue to release high levels of stress hormones, even once the stressful event has passed. If we wanted to call this something, we could think of it as post-traumatic stress syndrome.

Because they constantly feel stressed, they cast around for an explanation from the external world. Sometimes there is an apparent trigger, and sometimes they blame benign events such as the presence of dogs, or inflated balloons, or toilets – when, in reality, the stress is internal.

If low blood sugars or an over-reaction to stress continue over the long term, the children can react as if intolerant to their own adrenaline, resulting in emotional meltdowns that are in excess of the actual stressor. They cannot self-soothe, and no amount of parental guidance helps either – until around 30 minutes have elapsed, when the adrenaline levels have dropped.

I find that a helpful approach is bioresonance. This uses a computer (known as a Bicom machine) that maps these signals within the body. In the case of stress reactions, it will read the output of the adrenal glands. It can do this because the various cells in the body give off and absorb different frequencies. For example, cells in the liver differ in their frequency output from cells in the stomach – see Figure 1.

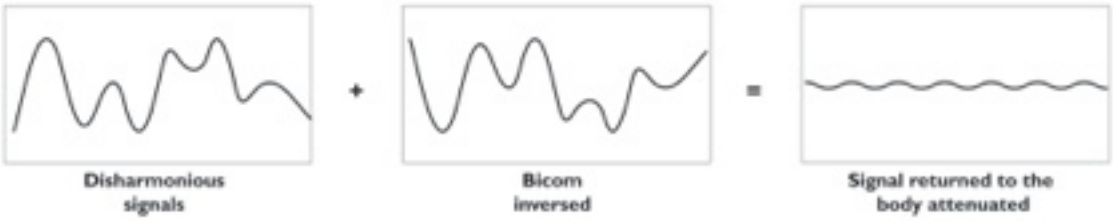
FIGURE 1 FREQUENCY BAND OF THE ORGANS[1]



When the computer detects that the output from the adrenal glands is excessive, it will input into the body calming signals that settle down adrenal output.

Sometimes, the stressor is entirely external and sometimes it arises internally from toxicity generated by food allergies. In that case, the BiCom machine will detect that individuals are reacting with alarm to benign substances and switch off these over-reactions. It does this using what is termed *destructive interference*. This process maps unhealthy signals within the body, then produces their inverse or opposite wave form. During treatment, these are returned to the body, thereby neutralising the pathological information. This is known as destructive interference – see Figure 2.

FIGURE 2 DESTRUCTIVE INTERFERENCE



Removal of internal stressors will give the body less work to do. This will not only assist associated health problems (such as eczema or asthma), but a reduced physical load can give individuals the resources they need in order to do the emotional work necessary to overcome their anxieties.

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FURTHER RESOURCES

Porter, L. (2006). *Children are people too: A parent's guide to young children's behaviour.* (4th ed.) Adelaide, SA: East Street Publications.

Bioresonance practitioners are listed on my website (www.louiseporter.com.au) under the 'Help' tab.

www.lifeworkshealthclinic.com.au

REFERENCE

Regumed Regulative Medizintechnik GmbH (n.d.) *The Bicom device*. Gräfelfing, Germany: Author.

1 Regumed Institute, undated