
UNIT 1 ANXIETY DISORDER

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1.0 INTRODUCTION

This unit focuses on anxiety disorders. It gives an introduction to anxiety disorders and then go on to give the various categories of anxiety disorders. Discussing the common symptoms of anxiety disorders, the unit mentions specifically about the physiological and psychological symptoms. Anxiety up to a point is conducive for performance and beyond a point where the anxiety becomes overwhelming; the performance of the individual gets adversely affected. These are being discussed in detail in this unit. The various causative factors of anxiety disorders are presented and different approaches to intervention are discussed which includes psychoanalytical, cognitive, behavioural and biological perspectives.

1.1 OBJECTIVES

After reading this unit, you will be able to:

- Define anxiety disorders;
- Enlist various types of anxiety disorders;
- Describe the Symptoms anxiety disorders;
- Explain the causes of anxiety disorders;
- Analyse the various approaches to treatment of anxiety disorders; and
- Describe the Interventional approaches for anxiety disorders.

1.2 ANXIETY DISORDERS

In everyday life almost everybody gets anxious or feels nervous before a test, or an important business meeting. Even rich or poor, famous or general public suffers from this anxiety may be in the terms of worries and fears. The term ‘anxiety disorders’ is a term that covers pathological fear and anxiety. These terms to an extent became more popular in psychiatry at the very end of the 19th century.

One could state that anxiety disorders as a term had also started during Sigmund Freud’s time. Freud and his disciples considered anxiety as a warning signal that endangers or threatens the id impulses of undesirable nature which are also against social norms and which were about to enter the conscious mind. Freud argued that anxiety can be adaptive if the discomfort with it motivates people to learn new ways of approaching life’s challenges.

It is normal to experience anxiety when faced with any stress or threatening situations, but it becomes abnormal to feel strong, chronic anxiety in the absence of a visible cause. There is a growing evidence of most of the people suffering from anxiety disorders are overly sensitive to threat cues, they exhibit a heightened sensitivity, vigilance or readiness to attend to potential threats.

Current psychiatric diagnostic criteria recognises a wide variety of anxiety disorders. Vulnerability is the lack of “perceived control” over stressful life circumstances. While the presence of environmental stressors may set the stage for the development of an anxiety disorder, researchers have found it is not only the actual presence of environmental stressors that create anxiety; but rather, anxiety is greatly determined by a person’s perceived ability to control a potentially stressful event. It is important to realise that this lack of control may, or may not be accurate. Rather, it is the person’s perception about their degree of control that is important.

It is believed that people’s perceptions of control are heavily influenced by childhood experiences. When children repeatedly experience a “lack of control” or a sense of unpredictability over the events in their lives, they may come to view the world as unpredictable and dangerous. This world view may lead to feelings of helplessness, and a tendency to expect negative outcomes, no matter how they may try to prevent them.

Examples of early life experiences that may influence a person’s perception of control include:

- 1) family dynamics such as parenting style (i.e., overprotective parenting style, and its opposite, under-protective, low-care style),
- 2) significant life stressors such as loss of, or separation from, primary caregivers, and
- 3) traumatic experiences such as childhood abuse (physical, emotional, and/or sexual).

This is not to say that our psychological trajectory is fixed in childhood and that nothing can be done to change it.

Instead, it simply means that early experiences may have contributed to this psychological vulnerability and explains, in part, why some people are more prone to experience anxiety than others. The perceived lack of control extends to a person's experience of their anxiety disorder. People with anxiety disorders often report they have no control over their symptoms and this lack of control is highly distressing to them. This fact may explain why the often good intentioned attempts by loved ones, to offer reassurance, are often met with doubt by the person with an anxiety disorder.

The term anxiety is mainly defined as vague, diffuse and a very unpleasant feeling of fear and apprehension. The individual shows combinations of the symptoms like rapid heart rate, shortness of breath, diarrhea, fainting, dizziness, sweating, sleeplessness, frequent urination and tremors. People who feel anxious are not aware of the reasons for their fear. Thus even though fear and anxiety involve similar reactions , the cause of worry is readily apparent.

Fear and stress reactions are essential for human survival. They enable people to pursue important goals and to respond appropriately to danger. In a healthy individual, the stress response (fight, fright, or flight) is provoked by a genuine threat or challenge and is used as a spur for appropriate action.

An anxiety disorder, however, involves an excessive or inappropriate state of arousal characterised by feelings of apprehension, uncertainty, or fear. The word is derived from the Latin, *angere*, which means to choke or strangle. The anxiety response is often not triggered by a real threat. Nevertheless it can still paralyze the individual into inaction or withdrawal. An anxiety disorder persists, while an appropriate response to a threat resolves, once the threat is removed.

Anxiety disorders involve a state of distressing chronic but fluctuating nervousness that is inappropriately severe for the person's circumstances.

Anxiety disorders can make people sweat, feel short of breath or dizzy, have a rapid heartbeat, tremble, and avoid certain situations.

These disorders are usually diagnosed using specific established criteria.

Drugs, psychotherapy, or both can substantially help most people.

Anxiety is a normal response to an actual or perceived threat or to psychological stress and is experienced occasionally by everyone. Normal anxiety has its roots in fear and serves an important survival function. When someone is faced with a dangerous situation, anxiety induces the fight or flight response. With this response, a variety of physical changes, such as increased blood flow to the heart and muscles, provide the body with the necessary energy and strength to deal with life-threatening situations, such as running from an aggressive animal or fighting off an attacker.

However, when anxiety occurs at inappropriate times, occurs frequently, or is so intense and long-lasting that it interferes with a person's normal activities, it is considered a disorder.

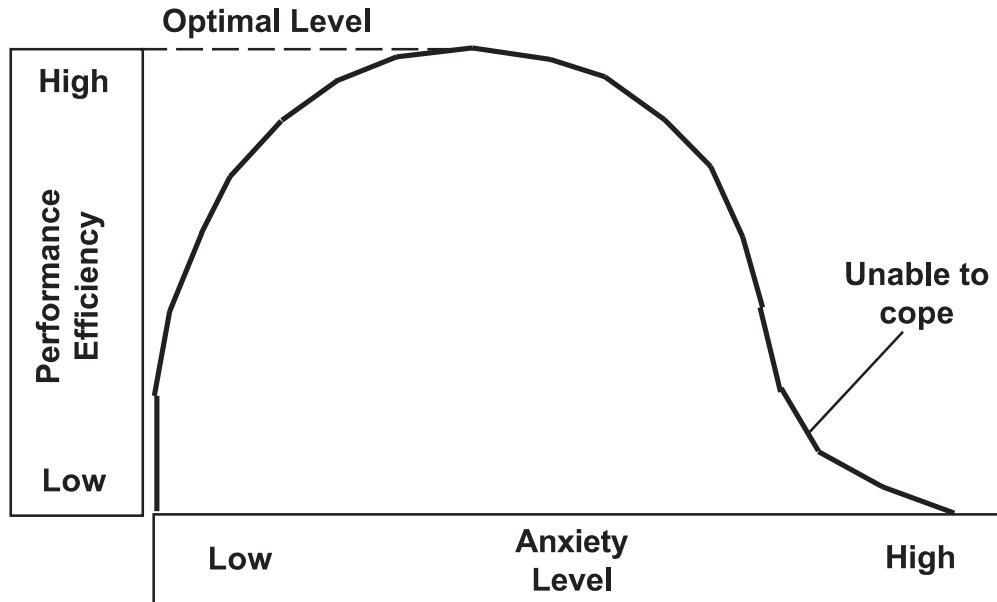
Anxiety disorders are more common than any other category of mental health disorder and are believed to affect about 15% of adults in the United States. However, anxiety disorders often are not recognised by people who have them

or by health care practitioners and consequently are seldom treated. The graph below presents the detail.

Anxiety and Performance

Anxiety affects performance up to a point anxiety enhances the performance but beyond a point that is when anxiety is overwhelming, the performance goes down considerably. This is illustrated in the graph given below.

How Anxiety Affects Performance



The effects of anxiety on performance can be shown on a curve. As the level of anxiety increases, performance efficiency increases proportionately, but only up to a point. As anxiety increases further, performance efficiency decreases. Before the peak of the curve, anxiety is considered adaptive; because it helps people prepare for a crisis and improve their functioning. Beyond the peak of the curve, anxiety is considered maladaptive, because it produces distress and impairs functioning.

1.2.1 Common Symptoms of Anxiety Disorders

All types of anxiety disorders have one common feature. This causes a general problem with the persons ability to have a normal everyday routine and normal life. All of the anxiety disorders lead to a pessimistic outlook on life and a feeling of a loss of control over an upcoming bad situation.

The symptoms of anxiety are:

- Nervousness
- Vigilance
- Sleeplessness
- Breathlessness
- Feeling faint
- Lack of concentration
- Worry or apprehension

- 3) How are anxiety disorders identified?

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1.2.2 Category of Anxiety Disorders

According to a standard manual for mental health clinicians the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition text revised of DSM IV TR) categorises anxiety disorders under the following headings:

- i) **Generalised Anxiety Disorders:** This consists of more prolonged ,vague, unexplained but intense fears that do not seem to be attached to any particular object. It resembles normal fears but no actual danger is present in most of the cases. A person who has experienced six month or more persistent and excessive worry is diagnosed with generalised anxiety disorder. The symptoms of this disorder are of four types, which may be experienced individually or in combination. They are:
 - Motor Tension
 - Apprehensive feelings about the future
 - Automatic reactivity
 - Hyper vigilance
- ii) **Panic Disorder:** Panic Disorders may come about with no warning signs. The indicators are mostly similar to generalised anxiety disorders except that they are magnified and usually have a sudden onset. Panic attacks also have shortness of breath, increased heart rate, dizziness and a feeling of helplessness. The victims fear that they will die, or go crazy or do something uncontrolled and they report a variety of unusual psycho sensory symptoms.

These attacks mainly ranges in length from a few seconds to many hours and even days. They also differ in severity and in the degree of incapacitation.

Symptoms of Panic Attacks

- 1) Dizziness, unsteadiness or faintness
- 2) Trembling, shaking or sweating
- 3) Heart palpitations or high heart rate
- 4) Chest pain or discomfort
- 5) Numbness or tingling
- 6) Fear of death or losing control

This disorder also affect women more than men and younger age groups more than the elderly. Compared to other anxiety disorders panic attacks appear to be more distressing and sometimes severe panic states are followed by periods of psychotic disorganisation in which there is a reduced capacity to test reality.

- iii) **Obsessive Compulsive Disorder:** According to DSMIV(TR) either obsessions or compulsions need to be present. But most people who have obsessive compulsive disorder demonstrate both. This illness is very much what it sounds like. This disorder mainly conveys the driven quality of the thoughts and rituals seen in people with this condition. Obsessions are recurring thoughts, impulses or images that the person tries to eliminate or resist but either cannot or has extreme difficulty in doing so.

The Person does not have the control on their obsessions which leads to increase anxiety and to the method generally used to try to control the obsessions. People usually involve in doubt, hesitation, fear of contamination or fear of ones own aggression. Compulsions are thought or action that provide relief are generally used to suppress the obsession.

The compulsions are not connected realistically with the obsessions they are excessive in their nature. The exact incidence of obsessive compulsive disorder is hard to determine. The victims tend to be secretive about their pre occupations and frequently are able to work effectively in spite of their problems.

Symptoms of Obsessive Compulsive disorder:

- 1) Obsessivness to check the door locks
- 2) Obsessive of sexual thoughts
- 3) Obsession of counting
- 4) Washing the hands continuously.
- 5) Lots of doubt
- 6) Brushing the teeth continuously under compulsion

Thus obsessive compulsive disorder causes marked distress and takes considerable time to overcome the problem.

- iv) **Phobias:** Phobia is a term derived from the Greek word “Phobos”. It is an intense irrational and persistent fear of certain situations, activities, things etc. People with this disorder know exactly for what they are afraid of, except for their fears of specific objects, phobic situations, individuals etc. Physically there does not seem to be anything wrong with them, but their fears are out of proportion with reality seem to be inexplicable and are beyond their voluntary control. Phobics do not need the actual presence of the feared object or situation to experience intense tension and discomfort. It tends to grow progressively broader. Phobias may begin with a generalised anxiety attack but that anxiety in course of time gets crystallised around a particular object or situation.

One study on phobic patients showed that their fears fell into five categories, viz., (i) separation, (ii) animals, (iii) bodily mutilation, (iv) social situation and (v) nature. Phobias like other forms of maladaptive behaviour do not come in isolation. They are usually intertwined with a host of other problems. In consequence it is difficult to estimate their frequency accurately. Mild phobias are common, though phobias which are serious enough to be clinically diagnosed and recommended for treatment etc., occur infrequently.

It has been experienced by the psychologists that phobias were obtained more commonly among women in all age groups, and these were found to be the second most common illness among men older than 25 years of age.

Classification of Phobias

Phobias are many and are classified according to the feared object. For instance a person having phobia for heights will be considered as having phobia called “Acora phobia” that is fear of heights. Then we have fear of opens spaces, closed spaces and so on and these are presented below:

- i) Agora phobia: Fear of open places
- ii) Claustro phobia: Fear of closed spaces
- iii) Xeno phobia: Fear of strangers
- iv) Ochlo phobia: Fear of crowd
- v) Hemo phobia: Fear of blood
- vi) Somni phobia: Fear of sleep
- vii) Phasmo phobia: Fear of ghosts
- viii) Myso phobia: Fear of dirt
- ix) Algophobia: Fear of pain
- x) Andro phobia: Fear of men
- xi) Aqua phobia: Fear of water
- xii) Hydro phobia (commonly used terms); Fear of water
- xiii) Arachno phobia: Fear of spiders
- xiv) Social phobia: Fear and embarrassment in dealing with others.

Symptoms of Phobia

There are typical characteristic symptoms of phobias and these include the following:

- Intense and disabling fear, panic and anxiety
- Fear becomes too much excessive and unreasonable
- Avoiding certain places and situation for fear
- Avoidance becomes prominent and affects the normal life
- Obsessive thinking
- Fleeing from the situation
- Persistent worry
- Shaking and palpitation

Thus phobias have been seen more prevalent than generalised anxiety disorder and have no specific known cause for happening.

- v) **Post Traumatic Stress Disorder:** This is a disorder that develops after a person experiences a traumatic or terrifying event. For example physical or sexual assault, unexpected death of loved ones, natural disasters causing heavy damage and death and destruction, etc. Longtime after the event had

occurred the person mentally remains occupied along with the same feelings of anxiety that the original event had produced.

According to DSMIV (TR) (Diagnostic Statistical Manual) the symptoms like persistent re experiencing of event, avoidance or emotional numbing remain for more than one month .It causes significant impairment in social, occupational or in other areas of functioning. Mainly in the occurrence of post traumatic disorder the physical and psychological trauma comes in combination and affect the life of the individual. It has been said by the Psychologist atkinetal (2000) that posttraumatic stress disorder is cause by physical or psychological trauma caused by human such as by rape, war or terror attack. Sometimes possible sources also come from childhood, assault, drug-addiction, illness, medical complications or employment in occupations exposed to war or disaster. Sometimes heredity brain functioning also affects the human being life.

Symptoms of Post Traumatic Stress Disorder

- i) Anger and irritability
- ii) Flashbacks
- iii) Feelings of intense distress
- iv) Depression and hopelessness
- v) Feeling jumpy and easily startled
- vi) Rapid breathing nausea and muscle tension
- vii) Suicidal thoughts
- viii) Feelings of alienated
- ix) Chest pain

Thus post traumatic stress disorder is gradual and ongoing process. Individual need to be confident and strong to overcome from this disorder otherwise it leads to worsening the situation.

- vi) **Acute Stress Disorder:** It is a psychological condition arising in response to a terrifying or traumatic event. Disorder is similar to posttraumatic stress disorder but experienced immediately after the traumatic event. The onset of a stress response is associated with specific physiological actions in the sympathetic nervous system. Both directly and indirectly through the release of epinephrine from the medulla of the adrenal glands.

Symptoms of Acute Stress Disorder

- i) Numbing
- ii) Detachment
- iii) Derealisation
- iv) Depersonalisation
- v) Dissociative amnesia
- vi) Flashbacks
- vii) Avoidance of any stimulation

1.3 CAUSES OF ANXIETY DISORDER

The causes of anxiety disorders are not fully known, but both physical and psychological factors are involved. Because anxiety disorders are prevalent in some families, heredity probably plays a role. Anxiety is viewed at a psychological level as a response to environmental stresses, such as the breakup of a significant relationship or exposure to a life threatening disaster.

When a person's response to stresses is inappropriate or a person is overwhelmed by events, an anxiety disorder can arise. For example, some people find speaking before a group exhilarating. But others dread it, becoming anxious with symptoms such as sweating, fear, rapid heart rate, and in some cases also tremors.

Such people may avoid speaking even in a small group. Anxiety disorders may also be caused by a physical disorder or the use of a drug. For example, an overactive thyroid or adrenal gland can cause anxiety, as can a tumor called a pheochromocytoma. Drugs that can cause anxiety include corticosteroids, cocaine, amphetamines, ephedrine, and sometimes caffeine if too much is consumed. Withdrawal from alcohol or certain sedatives can also cause symptoms of an anxiety disorder. In older people, dementia may be the most common cause of anxiety. Although the exact cause of these anxiety disorders are not fully understood.

1.3.1 Causes

The causative factors include the following:

- Genetics
- Substance Abuse
- Stressful Life
- Mental or physical abuse
- Changes in living situation
- Illness
- Death of a loved one
- Faulty relationship
- Brain chemistry
- Changing of jobs or school
- Migration
- Traumatic experience
- Fixation with objects, situations
- Witnessing bad experience
- Embarrassment
- Torture
- Natural disaster

Thus with the high prevalence of these anxiety disorders the necessary thing is need to be quite cautious regarding the said disorders and public awareness. The

This approach views that anxiety disorder stems from the psychological conflict and unconscious mental processes. Any situation or object has symbolic significance and can be regarded as a stand in for something else that one is frightened of something that is completely beyond ones awareness. It represents an unresolved psychological conflict. Obsessive ideas and compulsive activity comes from significant distressing unconscious thoughts.

Psychoanalysts believe that these thoughts involve aggression and rage that may have first been aroused in the battle for autonomy between the growing child and the mother or the care giver. Sigmund Freud father of psychoanalysis emphasised the roles of several defense mechanisms in the development of various anxiety disorders. These include isolation, undoing and reaction formation. Psychotherapy is proved to be the focus clinical tool of the psycho dynamically oriented clinician. It deals with the psychodynamic roots of the maladaptive behaviour. Most specialists believe that such behaviour occur when a person becomes preoccupied with relieving anxiety.

These specialists use catharsis technique which targets in ventilating the repressed thoughts of the person. These all can only get success through free association method between the therapist and the patient. It is believe to be the way of squeezing out all the hidden unresolved issues disturbing the individuals.

1.4.2 Behavioural Perspective

Behaviour therapists have challenged the approaches of psychotherapists. Psychotherapists believe that in order to change abnormal behaviour one must remove or reduce the conflict underlying the behaviour .According to behaviourists anxiety which reaches clinical proportions is a learned or acquired response a symptom that has been created by environmental conditions.

B.F Skinner the leading behaviourist preferred exclusively on observable stimulus and response variable. In this approach the new learning for eliminating anxiety is associated with conditioning, reinforcement and extinction. Behaviour therapy has been directed at discovering the variables that help defuse highly emotional responses.

Expose therapy introduced by the behaviourists has been used in treating phobias, obsessive compulsive disorders and other anxiety disorders. It motivates the client or patient to maintain contact with the actual noxious stimuli or with their imagined presence until he or she becomes used to them. In association to this technique three other types of therapy also can be used like systematic desensitisation, implosive therapy and vivo exposure.

In **systematic desensitisation** the treatment of strong fears is based on conditioning principles. The patient or client is taught to relax and then is presented with a series of stimuli that are graded from low to high according to their capacity to evoke anxiety. Usually the process in reduction of the level of any emotional response to particular stimulus is gradually.

Implosive therapy is based on the belief that many conditions including anxiety disorders are outgrowth of painful of prior experiences. Therapists ask their clients to imagine scenes related to particular personal conflicts and to recreate the anxiety felt in those scenes. The target of the therapist is to strive to heighten the realism

of the recreation and to help the patient extinguish the anxiety that was created by the original aversive conditions client is also helped to adapt the more mature forms of behaviour.

In Vivo exposure is carried out in a real life setting not simply in the imaginations of the client and the therapist as they sit in the therapist clinic. Sometimes in this therapy someone relieves their specific fear in three sessions only.

Modelling is used often to anxiety provoking stimuli. Therapists models a response and then provides corrective feedback as the patient performs the same behaviour. Modelling play a vital role in guided mastery in which therapists guide the client toward mastery over frightening situations and maladaptive behaviour.

1.4.3 Cognitive Perspective

Cognitive therapy is highly effective in reducing anxiety, regardless of client feels relaxed or anxious during their exposure. It seeks to help the patient overcome the difficulties by identifying and changing dysfunctional thinking, behaviour and emotional responses.

Modeling proves to be an important cognitive element from overcoming intense fear and acquire self confidence. Sometimes the way people think about certain things changes when they acquire new response capacities. According to cognitive theorists thinking disturbances that occur only in certain places or in relation to specific problems are the sources of anxiety. These types of thoughts include unrealistic appraisals of situations and consistent overestimation of their dangerous aspects. The therapist tries to highlight the distortions and encourages the patient to change his or her attitudes. The different techniques used to effect change using cognitive therapy are:

Rationale Emotive Therapy

It is based on the belief that for any individual most of the problems originate in irrational thought. The principle of this therapy is the relationships between thinking, feelings and action. It is an analysis model which deals with what is going on. It has its own self control procedures. This helps in becoming able to easily influence the situation and also help in gaining insight in new ways of thinking.

Cognitive Restructuring

This motivates the patient or client attention to the unrealistic thoughts that serve as cues for his or her maladaptive behaviour. It is the responsibility of the client or patient to review their irrational beliefs and expectations to develop more rational ways of life.

Thought Stopping

It is one of the techniques in cognitive perspective which works on the assumption that a sudden distracting stimulus can serve to terminate obsessional thoughts successfully.

Cognitive Rehearsal

It is an approach where patient can mentally rehearse adaptive approaches to problematic situations. This is particularly useful for problems that cannot be

conveniently stimulated in a clinical setting. If someone suffering from a social phobia can imagine being in a group and can mentally rehearse behaviour and internal statements designed to improve his or her interpersonal relationships, it would go a long way in making the person give up the fear being in a group or social situation.

1.4.4 Combination of Cognitive and Behavioural Approaches

These two approaches in combination aim to solve issues concerning dysfunctional emotions, behaviours and cognitions through a goal oriented systematic procedure. The cognitive behavioural technique is effective for the treatment of a variety of problems including mood, anxiety, personality, eating, substance abuse and psychotic disorders. The program has been used in a series of clinical studies with social phobia and generalised anxiety disorder patients. Thus this therapy involves in helping patients on the overall aspects. It supports in modifying beliefs, identifying distorted thinking, changing behaviour etc.

1.4.5 Biological Perspective

It has been seen by the psychologists that different reactions are caused by an individual's biological state. It is an accepted fact that people whose nervous system is particularly sensitive to stimulation appear more likely to experience severe anxiety. Heredity has shown a strong influence on such characteristics as timidity, fearfulness and aggressiveness. A study found that children of people treated for anxiety disorders were more anxious and fearful and showed more school difficulties, worries and had greater number of problems as compared to children of normal parents. Psychologists have also supported the effect of more genetic factor and a statistically significant and weaker effect for a family environment factor.

Drug Therapies

Drugs in the form of medications have also proved effective in treating specific anxiety disorders. Benzodiazepines the tranquilising drugs are the most commonly used somatic therapy in the treatment of anxiety. Anti depressants is also one of drugs to treat anxiety disorders and group of disorders.

From this unit which has dealt with anxiety disorders, types, symptoms, causes and treatment it is clear that all categories are overlapping. The symptoms are more or less the same, with too being similar and having in all cases certain core cause for all but only need to have vigilance over the activities of the individual without shyness and social stigma.

If the awareness is spread out in the society then problem can be diagnosed at the initial stage.

Self Assessment Questions

- 1) Psychodynamic Approach states

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