

# The types of anxiety disorders



Anxiety is a general term for several disorders that cause nervousness, apprehension and worrying. These disorders affect how we feel and behave, and they can manifest physical symptoms. Mild anxiety is vague and unsettling, while severe anxiety can be extremely debilitating, which will cause a serious impact on daily life. (medicalnewstoday. com, 2010) It is different as fear, as we only feel fear when the stimulus is present, and it fades off if we avoid the stimulus. (James W. Kalat, 1992). On the other hand, anxiety is the result of how people perceive threats, which appears to be uncontrollable and unavoidable. In fact, anxiety may not always be a bad thing as they help us stay alert and focused; it spurs us to action and motivates us to solve problems.

People often experience worry or fear when they confront something challenging such as examinations and interview, these mild anxiety are justified and considered as normal. It only becomes a disorder when it interferes with our ability to function and cope with everyday life (James W. Kalat, 1992). Anxiety disorder, are thus the results from excessive anxiety and worries, in which occurred in a prolonged period of time to be classified as a type of disorder.

Research shows that almost 25 percent of the adult population experienced symptoms characteristic of the various anxiety disorders (Kessler et al., 1994). Because anxiety disorders are a group of related conditions rather than just a single disorder, they vary from person to person. Different individuals may experience different type of attacks and symptoms. Despite of the different forms in anxiety disorder, all anxiety disorders share one major symptom: persistent or severe worry or fear in situations in which

most people would not feel threatened (Melinda Smith, 2008). This shows that to be categorized in the different types of anxiety disorder, it depends on which type of anxiety is experienced, the degree of anxiety experienced, and also the situation which stimulated the anxiety.

There are several disorders which are categorized under anxiety disorder, the five major categories are namely Generalized Anxiety Disorder (GAD), Panic disorder, phobias, Post-traumatic Stress Disorder and the Obsessive-Compulsive Disorders (Zimbardo & Gerrig, 1996)

## Types of Anxiety Disorders

### Generalized Anxiety Disorder

This disorder is diagnosed when a person has the anxious and worry feeling in a prolonged period of time, at least six months, when he or she is not threatened by any specific danger. It usually focuses on specific life circumstances (Zimbardo & Gerrig, 1996). Several examples for life circumstances are such as keeping their job, simple household matters, well-being of loved ones etc. They do not have realistic reasons to have such intense anxiety and it may persist and interfere with their normal functioning in daily life for a prolonged period of time.

Physical symptoms of Generalized Anxiety Disorder may include sweating, flushing, pounding heart, diarrhea, clammy hands, headaches, muscle tension and muscle aches. Whereas the psychological symptoms frequently include persistent nervousness, fatigue, restlessness, irritability and insomnia (Rod Plotnik, 1993). This disorder leads to impaired functioning

because the person is unable to control his excessive anxiety; hence the individual cannot attend sufficiently to his or her daily life obligations. It is further compounded by the physical symptoms associated with the disorder. For instance, when the individual has this disorder, he perhaps will have persistent insomnia, which leads to deprivation of sleep. This will then affect his function ability the next day as he is too tired or fatigued.

Generalized Anxiety Disorder is commonly treated with psychotherapy or with medications. Many studies show that therapy is the most effective treatment for most people as it is side-effect free. One of the psychotherapies which is commonly used to treat Generalized Anxiety Disorder is the Cognitive-Behavioral Therapy (CBT). It analyses the distortions in the way the patient perceives the world and themselves (Robert Segal, 2008). As from the medication aspect, drugs which are frequently prescribed are tranquilizers, such as Valium and Librium (Slazman, 1991). In moderate doses, it is usually not physically addicting. However, when it is consumed in higher doses, the person may suffer withdrawal symptoms when the drugs were stopped. Based on studies, people who had been treated by these two ways were 68% recovered or less impaired than untreated controls (Noyes et al., 1980) Hence both drugs and psychotherapy are often used together to treat patients with Generalized Anxiety Disorder.

### Panic Disorder

Research shows that panic disorder is an emotional disturbance which is found in about 1-2% of all American Adults, women more than men and is rare among children (McNally, 1990; Myers et al., 1984; Robins et al., 1984).

According to the DSM-III-R, panic disorders are different from generalized anxiety disorder and the various types of phobias. Patients of panic disorders usually experience unexpected and severe panic attacks that may last for only a few minutes to a few hours.

Studies shows that people with this disorder have a fairly constant state of moderate anxiety and an over responsive sympathetic nervous system. When faced a mild stressor, patients may respond with a sudden increase in heart rate and blood adrenaline (Liebowitz et al., 1985; Nutt, 1989). As it attacks suddenly, it can occur anytime, even when the individual are asleep. Although research could not find the specific cause of panic disorder, it is said to be due to an inherited neurochemical abnormality that results the sudden surges of physiological arousal and fear or it may be due to psychological factors such as conditioning and irrational beliefs (McNally 1990).

It is also believed that panic disorder is trigger by stress, fear, or even physical activities. When people discover that by doing this physical activity will cause a panic attack, they tend to avoid the activity completely, causing them to be more sensitive towards the effect of that particular physical activity. Hence, for example, they tend to suffer from panic attacks due to the slightest exertion that will cause their heart rate to increase, in which they will start to perceive as a panic attack because of their persistent worry of having this attack again. Therefore, professionals usually suggest the patient to have regular exercise as a treatment for panic disorder (Ledwidge, 1980)

Base on prior studies, panic disorders are usually treated with a combination of benzodiazepines or antidepressants and psychotherapy. With this combination, it can be usually treated successfully in a period of 3 to 8 months (Ballenger 1991).

## Phobias

According to Zimbardo & Gerrig in their book *Psychology and Life*, they stated that a person suffers from phobia when he suffers from a persistent and irrational fear of a specific object, activity or situation that is excessive and unreasonable given the reality of the threat. This means that that person may show intense fear of something, in which normal people may not have such intense fear of it. This shows that phobias have a distinct different from the meaning of fear. Fear, on the other hand, is a rational reaction to an objectively identified external danger that will cause the person to escape or attack in self-defense. What it means by objectively identified external danger are such as sudden natural disaster or there is fire at one's home. These stimuli are perceived as dangerous and it is rational to have fear against it.

Phobias causes significant distress and it interferes with the adjustment in life of that that individual (Zimbardo & Gerrig, 1996). James W. Kalat even define phobia as a fear so extreme that it interferes with normal living. For example, normal people may have fear against some insect such as bees or even spiders. But these fears did not interfere with their function of living and it did not stop them from achieving their goal. It is only diagnosed as phobia if this fear interferes with the normal functionality of their life.

The DSM-IV divides phobia into two categories, namely social phobias and specific phobias. Rod Plotnik define social phobia as phobias which are brought on by the presence of other people. This further means that that person feels uneasy in a public location because they are fear of the presence of others around them. People suffering from social phobia may have stage fright and always fear that they will act something embarrassing in public. Surveys show that approximately 13.3 percent of U. S. adults have experienced social phobia (Kessler et al., 1994).

On the other hand, specific phobias occur when a patient produces response towards several different types of objects or situations (Zimbardo & Gerrig, 1996). Some people may have intense fear of height, while some towards snake which may due to prior conditioning. Different people with specific phobias may have different thing or stimulus which they are afraid of.

Phobias can last a lifetime as people tend to avoid the stimulus which they are afraid of. Hence it is very difficult for a phobia to extinguish itself. Hence the therapies which are usually used to cure phobias are systematic desensitization and flooding. Systematic desensitization is known as the most common and successful therapy to treat phobias. It is a method of reducing fear by gradually exposing the patient to the object which they fear (Wolpe, 1961). For instance, if a person is afraid of snakes, they are asked to slowly approach a snake through stages. For the first stage they may just need to imagine about an image of a snake, as the person is ready, they are then exposed to the real stimulus. However, the patient can stop the process whenever they feel distress about it. This shows that the process resembles Skinner's shaping procedure.

Flooding, also known as implosion is a treatment in which differ from systematic desensitization. Base on Hogan and Kirchner, this treatment is conducted by exposing the object of the phobia suddenly, rather than gradually. This approach is basically treating phobia by believing that the human sympathetic nervous system is unable to maintain an extreme arousal for a very long period of time, in which the body will start to adapt and the fear will start to subside.

### Obsessive-Compulsive Disorders

According to Jeanne Segal, Obsessive-compulsive disorder is characterized by uncontrollable, unwanted thoughts and repetitive, ritualized behaviors in which the individual feel compelled to perform.

As the name implies, this disorder consists of obsessions and compulsions. Obsessions are involuntary, uncontrollable thoughts, images or impulses that tend to occur over and over again in the mind unconsciously. For example, the person may repetitively think that they may not lock the door yet, although they already did. These thinking are usually disturbing and may cause stress to the person. On the other hand, compulsions are repetitive behaviors or rituals in which the person is driven to carry out again and again (Melinda Smith, 2008). This means that the action is taken again and again to reduce the discomfort of the previously repeating obsessions. For instance, the patient may repetitively checking whether he had turn off the oven even though he had checked it again and again for the past few hours. This may then interfere with the normal routine of the individual's daily life especially their social and occupational functioning.



According to Rapoport, obsessive-compulsive disorder can be treated by exposing the person to the very situation or object in which the individual is attempting to avoid. He further suggests that if this treatment does not work, clomipramine can be used as medication. This antidepressant drug is usually used simultaneously with exposure therapy for an efficient result. Furthermore, researchers also found out that about 80% of the patients had maintained their improved status of reducing their rituals from 5 hours to 1 hour a day (O'Sullivan et al., 1991).

### Post-traumatic Stress Disorder (PTSD)

PTSD is a disorder in which it develops following a traumatic event that threatens one's safety or create a helpless feeling towards that individual (Robert Segal, 2008). Traumatic events are such as car crash, kidnapping, natural disasters, rape case, war etc. These events somehow create fear towards the individual in which it develops into PTSD. Studies shows that rape victim are among the group are most likely to develop this disorder (Green, 1994). After the individual experience a traumatic event, the body will be in a state of shock. If the individual make sense of what had happened, they tend to come out of it. But if the individual remain in psychological shock, PTSD will then develop. Zimbardo & Gerrig defines this disorder as an anxiety disorder that is characterized by persistent re-experience of traumatic events through dreams, hallucinations or flashbacks.

The symptoms of post-traumatic stress disorder usually arises suddenly, gradually or continuously over time (Melinda Smith, 2008). Sometimes it may also be triggered by a stimulus that is related to the traumatic event.

For example, victims who are raped in a car tend to have PTSD when they see a car.

PTSD can be treated by encouraging the victim to face the trauma they have experienced rather than to avoid them. There are four types of treatments for PTSD, namely Trauma-focused cognitive-behavioral therapy, Eye Movement Desensitization and Reprocessing, Family therapy and medications (Robert Segal, 2008). The Trauma-focused cognitive-behavioral therapy involves exposing the victim towards thoughts, feelings and situations that will remind the victim about the trauma. This therapy also encourages the victim to identify upsetting thoughts of the event and replacing them with a more balanced picture. The Eye Movement Desensitization and Reprocessing incorporates the elements of cognitive-behavioral therapy with eye movements or other forms of rhythmic stimulations. For instance, hand taps or sounds. This therapy is believed to ‘unfreeze’ the brain’s information processing system which is interrupted in times of extreme stress. It is also used to free the frozen emotional fragments which retained their original intensity; they can be integrated into a cohesive memory. Family therapy is a therapy in which family members around the victim help the loved ones to understand and support what they are going through. Last but not least, medication can be prescribed to relieve secondary symptoms such as depression or anxiety, but it will not cure the causes of PTSD.

General Symptoms of Anxiety Disorder

According to Jeanne Segal, anxiety disorders share one major symptom, which is persistent or severe fear or worry in situations in which normal people would not feel threatened.

In addition to the primary symptoms of irrational and excessive worry and fear, emotional symptoms of anxiety disorder includes: having trouble concentrating, tension, irritability, restlessness, anticipating the worst, apprehension feelings and have the tendency to focus more on signs of danger.

On the other hand, physical symptoms are involved because anxiety makes the body to produce a fight-or-flight response. Common physical symptoms include pounding heart, sweating, muscle tensions, fatigue, insomnia, shortness of breath, stomach upset, and etc. Anxiety sufferers often mistook these physical symptoms as symptoms of medical illness, causing them to visit the hospital numerous times before discovering their disorder.

### Causes of Anxiety Disorder

Many psychologists suggest that the development of anxiety disorder with the four etiological approaches, namely biological, psychodynamic, behavioral and cognitive (Zimbardo & Gerrig, 1996).

### Biological

Seligman proposed a hypothesis called as the preparedness hypothesis. This hypothesis suggests that human carry around an evolutionary tendency to respond quickly and ‘thoughtlessly’ to once-feared stimuli. This hypothesis attempts to explain why only certain phobias are more common than fears of

other dangers. For example, the fear of snakes and height are more common than the fear of electricity. He further proposed that at one time in the evolutionary past, certain fear enhanced our ancestors' chances of survival. Besides that, he also thinks that there is a possibility where human are born with a predisposition to fear whatever is related to sources of serious danger in the evolutionary past. However, this hypothesis did not explain the other types of phobias which develop in response to objects or situations that would not have had survival meaning over evolutionary theory, such as the fear of driving or elevators.

A research conducted with identical and fraternal twins shows another evidence of a biological role in anxiety disorders. This research suggests a genetic basis for the predisposition to experience four of the five categories of anxiety disorders (Skre et al., 1993). It suggest that the probability of a pair of identical twins both suffered from a panic disorder is twice the probability of both fraternal twins were sufferers. However, phobia shows no genetic evidence because it is develop more purely environmental origins for those disorders.

### Psychodynamic

According to Zimbardo & Gerrig, this model is based on the assumption that the symptoms of anxiety disorders actually comes from an underlying psychic conflicts or fears. These symptoms are actually attempts to protect the individual from psychological pain. For example, in obsessive-compulsive disorders, the obsessive behavior seems to be an attempt to displace anxiety created by a related but far more feared conflict or desire. Hence, in

order to gain some relief, the individual then substitute an obsession towards something that symbolically captures the forbidden impulse. Another example is such as a child with a record of childhood abuse develops the obsessive-compulsive disorder. The child may have different types of compulsion so that she will feel being in control and not bullied by someone else and this soothes anxiety of losing control or doing something wrong that will cause her family to beat her up. In a nutshell, the individual actually carry out minor task repetitively to avoid the original issue that is creating unconscious conflict.

### Behavioral

This factor focus on the way symptoms of anxiety disorders are conditioned or reinforced. The Classical conditioning theory proposed by Ivan Pavlov is often used to explain the development of phobias, which are seen as classically conditioned fears. This means that the object in which the individual phobia of may be a neutral stimulus but became something a phobia stimulus after it is paired with a frightening experience. For example, an individual might not be afraid of a dog before the incident in which he is bitten by a dog. From that incident, the individual is conditioned that all dogs will bite and thus cause him to have a fear of dogs.

As what the obsessive-compulsive example above suggests, the compulsive behaviors tend to reduce the unconscious anxiety associated with the obsessive thoughts. This can be explained from the behavioral aspect. As the individual reduce the unconscious anxiety through his compulsive behaviors,

it reinforces the compulsive behaviors as it causes a sense of temporary relieve.

### Cognitive

Sufferers of anxiety disorder tend to perceive their distress as a sign of impending disaster. Their reaction may set off a vicious cycle in which the person fears disaster, which in turn leads to an increase of the anxiety level even more, which cause the anxiety sensation to worsen and confirms the person's fear (Beck & Emery, 1985). Research also found out that anxious patients maintain their anxiety by employing cognitive biases that highlight the threatening of the stimuli (MacLeod et al., 1986). The result of this study suggest that anxious patients may have bias in attending or encoding that makes them more likely to notice a threatening stimuli.

### Neuromolecular

Studies show that levels of some neurotransmitter in the body contributes to anxiety disorder. For instance, low levels of GABA, which reduces the activity in the central nervous system, will contribute to anxiety (Lydiard RB, Nemeroff CB, 2003). Recent studies also suggest that the effect of Selective Serotonin Reuptake Inhibitors (SSRIs) in alleviating anxiety may result from a direct action on GABA neurons (Taylor M, 2004).

### Effect of Anxiety Disorder

According to Kendall Genre, an anxiety disorder can affect one's family and friends in a number of ways. When one has anxiety disorder, the

symptoms which they experience, such as insomnia, irritability, tension can affect his or her interpersonal relationships with his or her family and friends.

Besides that, the symptoms of anxiety disorder may abruptly the normal function of that individual in his daily life (Kendall Genre, 2008). The individual may not be able to do his or her work efficiently which may be related to the symptoms one suffered due to anxiety disorder. For example, if the individual suffers from insomnia, he will be fatigued the next day and causing lack of concentration in fulfilling his task properly. Symptoms may last for days, causing the sufferer having difficulty to cope it, which then cause them to be unable to function properly (Judith Boucher, 2007)

Furthermore, some anxiety disorder such as panic disorder and Post-traumatic stress disorder may cause the individual to avoid things that will trigger the disorder (Kendall Genre, 2008). Avoidance then causes the individual to be unable to function in one's daily life normally. For instance, if a person is afraid of cars due to an incident in which she was raped in a car, she will avoid going on cars and thus circumscribed her ability to interact socially in such a way that her family, friends and coworkers are affected. She can no longer drive out to have tea with her friends because she wants to avoid being in a car.

Better Daoust suggest that anxiety disorder especially panic disorder can cause the body to take a lot of punishment due to its broad symptoms. Panic attack can generate long term stress related problems that are quite serious. First of all, the heart will suffer first from a panic attack. If it is not handled properly, it will affect the functions of other organs in the body too. During a

panic attack, the lungs will work harder and the heart pumps faster because there is a lack of cellular support, the brain dedicates energy to somewhere else. Hence, she suggests that panic attack is a multi-system attacker.

Anxiety disorders are often comorbid with other serious psychiatric disorders, particularly common, depression and substance abuse (Kendall Genre, 2008). This means that a patient of anxiety disorder has a very high possibility to suffer from depression or substance abuse.