

Anxiety – dissecting the basic construct

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Differences between Fear and Anxiety

Fear is being fearful of something particular and determinate, and anxiety is anxious about nothing in particular and is indeterminate. If fear is directed towards some distinct thing in the world, spiders or whatever, then anxiety is anxious about being-in-the-world as such. Anxiety is experienced in the face of something completely indefinite. It is, nothing and nowhere.

Some Fast Facts About Anxiety

- Although, on average, women rate their life satisfaction higher than men, their anxiety levels are significantly higher than men.
- People in their middle years (35 to 59) report the highest levels of anxiety compared to other age groups.
- People in the older age groups tend to be happier and less anxious.
- People with a disability are, on average, more anxious than people without a disability.
- Unemployed people report significantly higher anxiety levels than those in employment.
- People in the lowest income groups report significantly higher anxiety levels than those in the higher income groups.
- Young people aged 16–24 are more likely to report lower levels of anxiety compared with adults generally.
- Almost one in five people feel anxious all of the time or a lot of the time.
- Financial issues are a cause of anxiety for half of people, but this is less likely to be so for older people.
- Women and older people are more likely to feel anxious about the welfare of loved ones.
- Younger people are much more likely to feel anxious about personal relationships.
- One-fifth of people who have experienced anxiety do nothing to cope with it.
- The most commonly used coping strategies are talking to a friend, going for a walk, and physical exercise.
- People are believed to be more anxious now than they were five years ago.
- People who experience anxiety most frequently tend to agree that it is stigmatizing.

Anxiety, Modern Society and Values

Although it is the most common sign of mental distress in nearly every country in the world, anxiety is often presented as an artefact of modern societies. The natural role of twentieth century man is anxiety. The concept of anxiety per se was first brought to prominence as a philosophical and psychoanalytic concept in the first part of the twentieth century. Freud was a seminal figure in the development of Western thinking about anxiety, which he conceived of as a state of inner tension from which humans are driven to escape. At a most basic level, anxiety is a signal to the ego (the aspect of personality that deals with reality) that something overwhelmingly awful is about to happen and that it needs to employ a defence mechanism in response.

Freud saw this as deriving from an infant's mental helplessness, which is a counterpart of its biological helplessness.

Humans learn to cope with anxiety prompted by ‘real’ threats, such as fear of being bitten by a dog, either by avoiding situations likely to contain the threat, or by physically withdrawing from them. Freud’s typology also included neurotic anxiety arising from an unconscious fear that we will lose control of libidinal impulses, leading to inappropriate behavior, and moral anxiety, arising from a fear of violating our own moral or societal codes. Moral anxiety, he suggested, manifests itself as guilt or shame. The task of psychoanalysis is therefore to strengthen the ability of the ego to find ways of coping with anxiety such as ‘denial’, ‘rationalization’, ‘regression’ (to a childhood state) or ‘projection’.

Existential Anxiety

Within the existentialist philosophical tradition, ‘angst’, from the German word for anxiety, is held to be a negative feeling arising from the experience of human freedom and responsibility in a world where faith and traditional social bonds have been undermined.

The emotion the person feels upon realizing that he or she has this option is angst. Kierkegaard described the burden of making moral choices as a consequence of free will “the dizziness of freedom”. Existential psychology therefore proceeds from the presumption that anxiety stems from a crisis in the exercise of free will, which might be manifested in anxiety about one’s mortality, the inevitability of loss, or about accepting personal responsibility for one’s thoughts, feelings and actions.

Manifestation of Anxiety

Anxiety disorders such as panic, phobias and obsessive behaviors may be triggered by traumatic memories, irrational hatred of specific objects, proximity to particular situations or physical locations, or a persistent worry that something bad will happen in the future. A defining characteristic of anxiety disorders is that psychological symptoms, such as irritability, difficulties concentrating and depression, become persistent and intrusive. Many people also experience physical symptoms, like heart palpitations, sweating, tensions and pain, heavy and rapid breathing, dizziness, fainting, indigestion, stomach aches, sickness and diarrhea; in acute cases, people have described how it felt as though they were dying. The lives of those with the most severe forms of anxiety can become completely dominated by their condition, meaning they find it difficult to relax or achieve regular patterns of sleep, becoming stuck in circular patterns of thought that impair their ability to maintain preferred lifestyles, hold down a job or sustain personal relationships.

What People say about Anxiety

Perhaps more significantly, the testimony of people living with anxiety affords us a more rounded appreciation of the role that it plays in shaping their lives. Scott Stossel, the author of *My Age of Anxiety*, puts it, “anxiety can be a spur to achievement as well as a barrier. Picture a bell curve with extreme anxiety on the far right and extreme lack of anxiety on the far left. If you’re too anxious to the point where it’s physically and mentally debilitating, then your performance suffers. If you’re not anxious enough, if you’re not engaged and slightly activated by anxiety, as it were, then your performance also suffers.”

Common Anxiety Disorders

The experience of anxiety often involves a bundle of interconnected symptoms and disorders characterized by confusing circularity between the triggers to anxiety and the responses that it invokes. While the separate elements to the bundle may not, in themselves, have a decisive impact on his life, the effects of their interaction can be devastating. This can be seen more clearly in people diagnosed with co-morbid depression and anxiety, which often results from a downward spiral in which anxiety leads to low mood which in turn intensifies the anxiety.

The various types of anxiety disorders and their relationship to human values are now discussed –

Panic Disorder: Panic is an exaggeration of the body’s normal response to fear, stress or excitement. Panic attacks are a period of intense fear in which symptoms develop abruptly and peak rapidly. Panic attacks have been described as a form of emotional short-circuiting, whereby the limbic brain suddenly takes over the body’s functioning, leading to overwhelming sensations, which might include a pounding heart, feeling

faint, sweating, shaky limbs, nausea, chest pains, breathing discomfort and feelings of losing control. Adrenaline overwhelms the cognitive functions that would normally help the brain assess the real nature of the threat to the body. The effects can be so severe that people experiencing panic attacks believed they were dying. It is estimated that about 1-2% of the world's population experience panic as a separate disorder. This type of anxiety is seen when one does something against one's values and moral and the wrong doing brings about guilt and panic.

Phobias: A phobia is an intense and irrational fear of a specific object or situation, such that it compels the person experiencing it to go to great lengths to avoid it. Phobias can be about harmful things or situations that present a risk, but they can also be of harmless situations, objects or sometimes animals.

Social Phobia or Social Anxiety: Social phobia can include a fear of being judged, scrutinized or humiliated in some way. It can show itself with a fear of doing certain things in front of others, such as public speaking. Women are twice as likely as men to be affected by this problem. This is more so common when someone may have present what is right or wrong in front of a committee and may have to defend or compromise on the human values one has built.

Post-Traumatic Stress Disorder (PTSD): This syndrome, is a psychological reaction to a highly stressful event outside the range of everyday experience, such as military combat, physical violence, or a natural disaster. The symptoms usually include depression, anxiety, flashbacks, recurrent nightmares, and avoidance of situations that might trigger memories of the event. A range of stressors have been identified as impacting adversely on mental health, including those experienced pre-migration, such as torture, traumatic bereavement and imprisonment, but also post-migration factors such as discrimination, detention, destitution and delayed decision making in the asylum process. The types of trauma experienced by men and women also differ. PTSD may develop when during traumatic events one's morals or values have been compromised and one has had to act to the contrary.

Obsessive Compulsive Disorder (OCD): This affects around 2–3% of the population and is characterized by unwanted, intrusive, persistent or repetitive thoughts, feelings, ideas, sensations (obsessions), or behaviors that makes the sufferer feel driven to do something (compulsions) to get rid of the obsessive thoughts. This only provides temporary relief and not performing the obsessive rituals can cause great anxiety. A person's level of OCD can be anywhere from mild to severe, but if severe and left untreated, it can destroy a person's capacity to function at work, at school or even to lead a comfortable existence in the home. People who are too particular often develop OCD when the world may not adhere to the morals, values and ideals that they uphold.

Generalised Anxiety Disorder (GAD): This is the most commonly diagnosed anxiety disorder and usually affects young adults. Women are more likely to be affected than men. While feelings of anxiety are normal, people with GAD find it hard to control them, to such an extent that it impinges upon their daily life. It causes sufferers to feel anxious about a wide range of situations and issues, rather than one specific event. Unlike a phobia, which focuses upon a specific object or situation, generalized anxiety is diffuse and pervades the sufferer's daily life. Although GAD is less intense than a panic attack, its duration and the mental and physical symptoms, such as irritability, poor concentration and the effects of disrupted sleep patterns, mean that people with the disorder often find it difficult to live the life they would prefer to live. GAD affects 2–5% of the population and yet accounts for as much as 30% of the mental health problems in people. This is common people who are always anxious or show anxiety as a part of their personality.

Anxiety and Medical Problems

The true impact of anxiety can be masked when it is the symptom of other more obvious or treatable physical problems which are likely to be prioritized in any subsequent medical intervention. Anxiety problems are common amongst cardiovascular patients; for example, panic disorder is up to 10 times more prevalent amongst people with chronic obstructive pulmonary disease than in the general population. People with GAD have been found to be at higher risk of coronary heart disease, while anxiety has also been linked to increased incidence of gastrointestinal problems, arthritis, migraines, allergies, and thyroid disease. People with anxiety disorders are four times as likely as others to develop high blood pressure, and many studies have shown a relationship between anxiety and reduced white blood cell function, a sign of immune system weakness. There is also emerging evidence of a link between stress and Alzheimer's

disease. Anxiety is also associated with unhealthy lifestyle choices such as smoking, drinking too much alcohol, and a poor diet.

Mindfulness and Anxiety

Mindfulness is a variation of psychotherapy in that it focuses on changing the relationship between the anxious person and his or her thoughts, rather than changing the thoughts themselves. Using meditation and similar techniques, it can help people break out of the ‘automatic pilot mode’ that leads to negative ways of thinking and responding. Instead, it is about helping people to experience the world in the ‘here and now’. It does this by addressing the bodily symptoms experienced when someone is anxious, but rather than avoiding or withdrawing from these feelings, he or she remains present and fully experiences them and in this way is able to observe their reactions in a different way.

Guided Self Help and Anxiety

Guided self-help has become an increasingly popular way of offering treatment because of its low cost, adaptability to different forms of digital and social media and its acceptability to people who might otherwise not receive treatment either for reasons connected with their anxiety or because of time pressure from commitments such as caring. Most guided self-help is based on cognitive behavioral approaches and aims to help the person experiencing anxiety achieve a level of recovery whereby they are able to understand the nature of their anxiety and what is happening physiologically to them. They are then helped to develop the necessary skills to tolerate and cope with it, by challenging unhelpful thinking, evaluating their bodily symptoms realistically and managing graded self-exposure to the source of their anxiety.

Peer Support and Anxiety

Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. The benefits of peer support have been evidenced in a number of studies in relation to supporting individuals

to self-manage their mental health problems and for those whose mental health is most at risk, such as isolated older people, people with dementia and young carers. Identified key benefits of peer support are the ability for the peer mentor to provide support based on empathetic understanding and from a position of having previous experience of developing coping skills for the particular set of problems encountered. Most of the research regarding people experiencing mental health problems has not been specific to anxiety. However, there are indications from work in relation to young people during transitions and people adapting to life with long-term conditions that peer support can provide a helpful approach in learning to cope with the anxiety that uncertainty brings.

Recommendations to manage anxiety

- Universal approaches to learning to live well with anxiety should be built into school curriculums from primary onwards, including an understanding of the role of anxiety in our lives and techniques for managing stresses associated with school (such as peer relationships, exams and transitions).
- Peer-led approaches should be promoted within universal settings such as employment, schools and universities, in recognition of the importance that young people place on support from peers and the unique level of empathetic understanding that can be provided by those with a common experience.
- Access to good quality self-help approaches should be made available through quality assured and co-designed digital platforms to ensure they are fit for purpose for those who choose not to use face-to-face services (young people, people in full time employment).
- Teacher training and anxiety-related guidance should be assessed for equalities impact and adapted alongside groups of people who are at highest risk of developing problematic anxiety and least likely to have their needs met by current service provision.

- Agencies offering support to people with anxiety should make greater use of peer mentors and advice and information that is explicitly based on the life experiences of people who live with anxiety.

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