Chapter 6
Anxiety Disorders

Anxiety Disorders are a group of syndromes in which a heightened state of unease, worry, or fear is the basis for the symptoms. These syndromes are set apart from each other by kinds and degrees of anxious symptoms, along with the ways the individual has learned to try to prevent the symptoms. People with anxiety disorders often have some symptoms of depression and vice versa, and sometimes a person has one or more Anxiety Disorders along with a Depressive Disorder.

The major Anxiety Disorders are Panic Disorder, Phobias, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, and Generalized Anxiety Disorder.

Section 1: Panic Disorder and Phobias

> The thing I fear most is fear.
>
> Michel Eyquem de Montaigne, *Essays*, 1580

What Is the Definition?

Panic states and phobias are both described in this section. They often occur together in the same person because phobias can arise as ways to try to avoid panic attacks. The word *panic* comes from Pan, a Greek god who was a source of fright or terror to flocks and herds. To feel panic is to be seized by a sudden, frantic feeling of fright and an urgent wish to flee. The word *phobia* comes from the Greek, meaning “fear.” People have a phobia when there is an anticipated fear of another person, object, or setting to such a degree that they feel compelled to avoid contact. Very often this contact avoidance occurs following an episode of sudden, extreme, and frantic fear, that is, a panic attack.

What Are the Symptoms?

A Panic Disorder is diagnosed when a person has attacks of panic that occur without warning. These attacks begin suddenly and build up to a peak, usually in less than ten minutes, and are often accompanied by a sense of great danger or doom and an intense urge to escape. Some of the physical and mental symptoms are a rapid and pounding heartbeat, pain or pressure in the chest, feeling short of breath or about to choke or smother, sweating, trembling, nausea, feeling dizzy or faint, feeling unreal, fear of losing control or going crazy, fear of dying, numbing or tingling feelings, and cold or hot sensations. Panic attacks can occur with other anxiety disorders, and the key to diagnosing a separate Panic Disorder is if the attacks occur with no warning.

Just one or two panic attacks can change a person's life, because he or she will likely begin to make urgent efforts to prevent any more attacks. Since the attacks tend to occur without any known rhyme or reason, the person often assumes they can be prevented by staying away from the kind of place where an attack has occurred or where one can imagine it might occur. In this way the person may also develop a certain kind of phobia called Agoraphobia, which refers to the fear of being in places or settings from which it might be hard or awkward to escape, or in which help will likely not come if panic symptoms occur (*agora* is Greek for "marketplace"). This kind of fear tends to expand to the point that eventually the person cannot go to stores, travel, be in a crowd, or in some cases even leave the home. Sometimes a person has only one or a few panic attacks before he or she becomes imprisoned by a highly restrained life, even if the feared panic attacks never or rarely occur again.

There are two other types of phobias that may or may not involve panic symptoms: Specific Phobia and Social Phobia. A Specific Phobia is a marked and lasting fear of certain objects or settings, such as types of insects or animals, heights, bridges, tunnels, flying, elevators, or blood (for School Phobia in children, see chapter 1, section 10, "Separation Anxiety Disorder"). Persons with Social Phobia, which can also be called Social

Anxiety Disorder, have a marked and lasting fear of social or performance situations in which they could feel shamed or where others might judge them to be fearful, ineffective, weak, crazy, or stupid. In these types of phobias, any panic symptoms occur in the known feared situations and do not occur out of the blue.

Who Is Affected?

A nationwide survey found that more than one person in ten suffered an Anxiety Disorder. These syndromes are more frequent in women than men, except for Social Phobia where the occurrence is about equal for males and females. All of the Anxiety Disorders result from complex groupings of temperament, environment, and life events. Careful study of a each person's history almost always reveals problems with self-esteem as well as sources of stress. Persons with Panic Disorder often have a parent who has had similar symptoms. Some people with Panic Disorder have symptoms brought out by underlying medical problems, such as heart or thyroid conditions, for which they should see their doctor. An individual who develops Social Phobia, which is apparently much more common than had been realized, may have a childhood history of social constraint and shyness. People who have Panic Disorder or Social Phobia often have other anxiety and depressive disorders. For instance, more than half of people with Panic Disorder have also had Major Depressive Disorder.

Onset and Course

Panic Disorder and Agoraphobia most often begin between the late teens and mid-thirties. Social Phobia usually begins in the mid-teens, whereas many Specific Phobias begin in childhood.

Once Panic Disorder occurs, Agoraphobia can then occur at any point, although most often appearing in the first year if there are repeated panic attacks. Specific Phobias developing in childhood often clear up by themselves. However, Panic and Phobic Disorders in adult life tend not to resolve themselves. The longer the symptoms exist, the more effect they will have on a person's life and the harder it will be to effect change. Social

Phobia may appear to go away, but the problem is often still there. For instance, the person who fears dating may be fine after marriage, only to have the problem recur after the death or divorce of the spouse. In all anxiety disorders, there is a risk of substance abuse as a way of self-treating symptoms.

Treatment

Self-Help. People with panic and phobic symptoms are often very private and are ashamed about their symptoms, so they endure them in painful silence. They can be helped a good deal by the many books about these syndromes that reveal that they are far from alone in having such symptoms and can also inform them about seeking help. One such book is *Triumph over Fear* by Jerilyn Ross and Rosalynn Carter. There is also a video produced by the American Psychiatric Association titled *Anxiety Disorders: New Diagnostic Issues*. Often persons with Panic Disorder and Agoraphobia are helped a great deal by joining self-help groups of others with the same types of symptoms who carry out feared activities together. Persons with Social Phobia are sometimes helped by support groups such as Dale Carnegie and Toastmasters. The Anxiety Disorders Association of America is a major advocacy organization.

Professional Help. People with Anxiety Disorders require treatment from experts to help them grasp the nature of their symptoms, the personal causes for them, how to recover and how to prevent symptoms from coming back in the future. When panic symptoms are acute and impair normal activities, prescribed drugs may be necessary.

Section 2: Obsessive-Compulsive Disorder

Doctor: What is it she does now? Look how she rubs her hands.
Gentlewoman: It is an accustomed action with her, to seem thus washing her hands. I have known her to continue in this a quarter of an hour.
Lady Macbeth: Yet here's a spot . . . Out, damned spot! out I say! . . . What! will these hands ne'er be clean?

William Shakespeare, *Macbeth*, 1606

What Is the Definition?

The word *obsess* comes from the Latin *obsidere*, “to beset” and *compulsion* comes from the Latin *compulsus*, “to compel.” A person with Obsessive-Compulsive Disorder (OCD) is beset by unwanted thoughts or impulses and feels compelled to engage in repetitive actions that have no practical purpose. Many people dwell at times on upsetting thoughts and can have minor compulsive behaviors, but a diagnosis of OCD is not made unless obsessions and compulsions cause marked distress, take up a lot of time (more than one hour a day), or block daily routines such as school, work, or friendships.

What Are the Symptoms?

Common types of obsessions are intrusive worries about being touched by someone such as in shaking hands, possibly having hit someone while driving, or having left home without locking up. A person can have fearful impulses that are most often resisted, such as urges to curse loudly in front of others. There can be great concern that everything in the home must be in its own very special location. Compulsions involve repeated acts that cannot be resisted, such as hand washing, checking if doors are locked, and repeating prayers over and over for hours, acts that are carried on in order to reduce the extreme tension that builds up while trying to resist the urges. Children may not know when their worries don’t make sense, whereas adults do know and yet feel compelled to have the thoughts and acts anyway. People with OCD also frequently have other anxiety and depressive disorders.

Who Is Affected?

A nationwide survey found that 2 percent of the population had OCD at some point in 1990. OCD may occur more often in identical twins than in fraternal twins, and it occurs equally in males and females, except in childhood where boys show symptoms more often than girls. As for other Anxiety Disorders, there are complex causes for OCD involving temperament and life events.

Onset and Course

OCD can begin in childhood but usually starts in the teen or early adult years. Its onset is most often gradual.

Most people with OCD develop a chronic illness that tends to cycle from periods when they have many symptoms to times with only a few; the symptoms are usually brought on by stress. Without expert help and after long-term failure to resist the thoughts and urges, the person may give in to them, no longer struggling, ending in a lifestyle that makes him or her a lasting prisoner of the obsessions and compulsions. This can result in isolation from others and chronic job failure.

Treatment

Self-Help. In most cases, self-help is not very useful for people with OCD, although reading about the disorder and researching what is said about it on the Internet can help a person feel less alone and perhaps push him or her to seek expert help. A major advocacy organization is the Obsessive Compulsive Foundation. A video about the disorder, *Children with OCD*, can be obtained from the American Psychiatric Association.

Professional Help. People with OCD require psychotherapy and often drugs from experts skilled in treating the disorder. As in all the Anxiety Disorders, it can be very helpful to work with an expert to learn about the nature of the condition, the events in one's life that led to problems in self-esteem and in relationships with others, and the kinds of steps required to decrease the symptoms. With regard to drug treatment, certain antidepressants and related drugs have been found to be helpful for many people with this disorder.

Section 3: Posttraumatic Stress Disorder

Extreme fear can neither fight nor fly.
William Shakespeare, *The Rape of Lucrece*, 1593–94

What Is the Definition?

The word *stress* comes from the Latin *stringere*, which

means “to draw tight.” The word *trauma* is Greek, meaning “hurt or wound.” A person with Posttraumatic Stress Disorder (PTSD) has been “drawn tight” by severe stress symptoms as a result of being threatened with death or severe injury, or having witnessed another person being killed or threatened with death. To be given this diagnosis, the person must have major symptoms based on a trauma that caused extreme feelings of mortal fear or helplessness, with resulting problems in social, work, or other aspects of daily life.

What Are the Symptoms?

A person with PTSD has three types of symptoms. First, the trauma continues to recur in painful memories and dreams, with intense distress when exposed to something that reminds the individual of the event. Second, the person tries to avoid any thoughts, feelings, actions, places, or people that elicit such memories and may not even be able to recall key aspects of the trauma. There may be an associated loss of interests and a sensation of numbness about daily activities and events, along with a feeling of distance from other people, even to the extent of not being able to have feelings of affection for anyone. There may also be a sense of impending doom and an expectation of early death. Third, there are very troubling symptoms that can include poor sleep and concentration, feelings of crankiness and anger, and hypervigilance along with being easily startled. Children may become confused and agitated and may repeat the trauma in play, such as crashing toy cars when they have been in or seen a car crash.

Who Is Affected?

About one person in a hundred has this condition at some point during their lifetimes, and it occurs twice as often in females as in males. Some people can live through extreme traumas without developing PTSD, while others are very susceptible. It can occur in up to 30 percent of disaster victims. People who respond immediately to traumas by becoming numb or having strong avoidance symptoms are at higher risk for PTSD. It has been found that early life experiences can set the stage. Adult children of Holocaust survivors are more likely to develop PTSD after traumas, and one-third of persons with Borderline Personality Disorder also have PTSD (see chapter 15).

Onset and Course

PTSD can occur at any age. For children, sexual, physical, and emotional abuse can trigger PTSD, with or without clear threat of death or severe injury. Traumas that can be followed by PTSD include combat, rape, assault, domestic violence, kidnapping, torture, internment in a concentration camp, natural disasters, and life-threatening illness.

About half of those with PTSD recover within three months. Many others have symptoms that become chronic, sometimes resulting in joblessness or causing them to live almost as a hermit.

Treatment

Self-Help. A person who knows that he or she has PTSD can benefit from reading about the causes, symptoms, and paths to healing. It has been found that after a plane crash or other group disaster, survivors and involved parties can be helped by coming together and bonding. Bonding in supportive groups has also helped Vietnam and Gulf War veterans with PTSD. Powerful accounts of PTSD are found in Primo Levi's *Survival in Auschwitz: The Nazi Assault on Humanity* and William Styron's *Sophie's Choice*. The American Psychiatric Association has produced a video titled *Posttraumatic Stress Disorder*.

Professional Help. The sooner a person with PTSD symptoms seeks help from an expert, the more likely it is that the symptoms will last only a brief time. Psychotherapy is almost always necessary, beginning with crisis intervention immediately after traumas, along with group support. Many people experience great guilt about the deaths of others and must be given guidance right away. Vulnerable people with childhood histories of trauma and loss may require longer-term intensive psychotherapy. Acute symptoms may respond to drugs, chiefly antidepressants. Chronic PTSD that has lasted for many years is very hard to treat.

Section 4: Generalized Anxiety Disorder

> For as children tremble and fear everything in the blind darkness, so we in the light sometimes fear what is no more to be feared than the things children in the dark hold in terror and imagine will come true.

Lucretius [Titus Lucretius Carus], *De Rerum Natura*, 99–55 B.C.

What Is the Definition?

The word *anxious* comes from the Latin *angere*, which means "to torment." In Generalized Anxiety Disorder (GAD), the person is tormented by undue anxiety, worry, and foreboding that has been going on for at least six months and that he or she cannot control. Everyone at times feels anxiety, but the diagnosis of GAD is made only when symptoms cause considerable distress or seriously hinder work, social, or other key aspects of daily living.

What Are the Symptoms?

A person with GAD feels restless or very uneasy, tires easily, has trouble concentrating, and may lose track of his or her thoughts at times. There may be a feeling of crankiness as well. In addition, there are physical symptoms, such as tense, aching muscles and troubled sleep. This diagnosis is not made if the symptoms are part of some other disorder, such as panic states, phobias, or OCD.

Who Is Affected?

About 60 percent of people with this disorder are women, and there is a trend for family members to experience anxiety more often than in other families. About five of every one hundred people have had an episode of significant GAD in their lifetimes.

Onset and Course

Many people with GAD say that they have felt anxious and have been worriers all of their lives. In fact, about half of those with the disorder began to have definite symptoms in childhood or their teens. Children with GAD tend to be conforming, to have a need to be perfect, to be unsure of themselves, and to require extra approval and reassurance. GAD tends to become chronic if the person does not receive expert help.

A person who seems to have GAD must be asked about medical illness or drug abuse and may need a physical examination and laboratory testing, because illness as well as drugs may cause symptoms such as those of GAD.

Treatment

Self-Help. Persons with milder forms of GAD can often be helped by confiding in friends, getting comfort from them as well as good practical advice about their excessive worries. Reading about anxiety, and learning from books that they are far from alone in having such symptoms, can be quite reassuring. The character of Blanche DuBois in Tennessee Williams's *A Streetcar Named Desire* and the lead characters in Woody Allen's *Annie Hall* illustrate chronic anxiety and its effects.

Professional Help. Very often stress, abuse, and loss in childhood and the teen years, as well as other prior painful life events, are the background for a present-day vulnerability to stress; in such cases, people require professional help from experts. Since a person may be confused about the meaning of the prior life experiences, and may have even learned to blame himself or herself wrongly, it is necessary for the expert to have had thorough training and experience in detecting key aspects of a person's unique history and in helping the patient to understand them. With reassurance and self-knowledge, people can improve greatly and learn to deal successfully with stress in the future. In the case of severe symptoms, there are many antianxiety drugs that can be used temporarily, and because depression often occurs along with GAD, some patients may require both antianxiety and antidepressant drugs.

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