

Anxiety Disorders

Anxiety is a normal emotion and common experience, and it represents one of the most basic of human emotions. At one time or another, all of us are likely to be “stressed out,” worried about finances or health or the children, fearful in certain situations (such as when on a ladder or just before an operation), and concerned about what other people think. In general, anxiety serves to motivate and protect an individual from harm or unpleasant consequences.

For many people, however, constant or excessive anxiety disrupts their daily activities and quality of life; for others, panic, which seems to come out of nowhere, can cause terrible physical symptoms, such as faintness, chills, and even extreme chest pains. Anxiety disorders are so common that more than 1 in every 10 Americans will suffer with one at some point in their lives. Fortunately, anxiety disorders can be treated, generally with short-term, effective, and cost-efficient methods.

Types of Anxiety Disorders

There are a number of different disorders that fall under the category of anxiety. They include Panic, Generalized Anxiety, Obsessive-Compulsive Disorder (or OCD), various Phobias (including Social Phobia and Agoraphobia), and Posttraumatic Stress Disorder (or PTSD). Each of these is described below.

Panic Disorder: On his way home from work, John is driving through his neighborhood when suddenly a child darts out into the street in front of the car. John slams on the brakes and swerves, just missing the child. As he pulls over, John’s heart is beating furiously, and he is breathless, sweating, and shaking. He could have killed that child. It is several long minutes before he is able to continue home. This is a normal reaction to a potentially catastrophic situation. Our nervous systems are equipped with an alarm system, much like a fire alarm, that alerts us to danger. This system is triggered by impending danger, and it instantaneously prepares our body to “fight or flee” and ultimately protects us from harm.

For some individuals, the alarm system rings at inappropriate times, when there is no danger present. Imagine sitting at home, watching television, and, from out of nowhere, this alarm reaction occurs. A panic attack is the physical sensations of the alarm system and includes sensations such as a racing heart, rapid breathing, tingling or numbing sensations, hot or cold flashes, sweating, trembling, and similar sensations. Individuals who experience unexpected alarms develop a fear of these sensations, and often attribute the attacks to major medical problems, such as a heart attack or stroke. When no physical cause is identified, the individual

begins to fear losing control, or even think that he or she is going crazy. The more a person fears these intense sensations, the more aware he or she becomes of the sensations. The fear of the panic attacks ultimately can cause the attacks to become more intense and frequent. Fear of panic attacks, then, often becomes the cause of the panic attack.

Social Phobia: Giving a talk in front of a group, walking into a room full of strangers, or meeting with the boss can make anyone somewhat anxious, but for the person with social phobia, such situations cause intense fear and even panic attacks. Individuals with social phobia fear being evaluated negatively by others, and worry excessively about embarrassing themselves. This overwhelming fear often leads the person to avoid social situations. Social phobia is not the normal nervousness a person has before meeting new people, it is an intense fear that causes that person to avoid that situation, significantly disrupting the person's life. Social phobia is one of the most common forms of anxiety disorder, and is often accompanied by depression. In addition, some individuals with social phobia develop alcoholism or other substance abuse problems. Social phobia may be present in all social situations or it may appear in only certain situations, such as speaking in public.

Generalized Anxiety Disorder (GAD): Everyone worries from time to time about finances, the job, health, or family matters. For individuals with GAD, the worry is excessive, difficult to control, and unrealistic. In addition, GAD is accompanied by a range of physical symptoms, such as muscle aches, tension, soreness, sleepless nights, irritability, concentration difficulties, and restlessness. The worry and physical symptoms of GAD can persist for six months or longer, thus reinforcing the person's feelings of helplessness and anxiety. Individuals with GAD are also more likely to develop additional anxiety disorders and depression.

Specific Phobias and Agoraphobia: Dogs, spiders, injections, small rooms, thunderstorms, blood, elevators, crowds, driving, heights, and deep water can all cause a certain degree of unease in most individuals. It is relatively easy for most individuals to think about a particular situation or object that they would prefer to avoid. However, when that fear is persistent, or the individual's life is disrupted when trying to avoid the cause of that fear, this is considered a specific phobia. Although individuals with specific phobias recognize that their fear is way out of proportion to the actual threat of the situation, they are unable to control the fear and may experience an anxiety attack when encountering the feared situation or object. As an example, individuals with a specific phobia of blood often faint when they see blood; the anxiety and, especially, fainting, make simple medical or dental procedures overwhelming. Agoraphobia, which is closely linked with panic attacks, is particularly disruptive because the person fears most any open space, thereby making simple tasks, such as grocery shopping, or even seeing

a therapist, anxiety-provoking.

Obsessive-Compulsive Disorder (OCD): Ever wonder if you locked the doors or left the stove on? Ever have the feeling that something terrible was about to happen? Do you have certain routines that you follow in the morning or evening? These thoughts and simple routines are not unusual. However, for the person with OCD, these thoughts and routines occur repeatedly, and the individual feels unable to stop them. Moreover, these thoughts and behaviors cause significant distress and interference in the individual's life. When "checking behavior" or other compulsions take hours, not minutes, of a person's day, therapists consider this to be OCD. Typical obsessions include fears of contamination or poisoning, religious themes, doubts, and thoughts of sex. Compulsions are often desperate attempts to "neutralize" the obsession and anxiety, and involve repeating some behavior such as washing, checking, counting, tapping or touching things repeatedly.

Posttraumatic Stress Disorder (PTSD): Terrible events can cause extreme feelings of helplessness, horror, and fear. These events might include physical or sexual assault, car accidents, natural disasters, robbery, and war. People with PTSD develop anxiety and intrusive thoughts about the event, and may feel at times as though the event were happening again. Classic symptoms of PTSD include nightmares, being easily startled, anger outbursts, feelings of detachment, and hopelessness about the future. PTSD can occur within one month of the event, or may be delayed for many years after the trauma.

How Can Cognitive and Behavior Therapy Help People With Anxiety Disorders?

There is hope for individuals with anxiety disorders, because these problems can be effectively treated with cognitive therapy and behavior therapy. In some cases, treatment of a specific phobia takes only one session, while most programs for the other anxiety disorders take, on average, 12 to 18 sessions. Cognitive behavioral treatments typically involve four main components.

Education about the nature of anxiety helps the individual understand his or her responses and teaches the individual ways to more effectively cope with anxiety. **Somatic management skills** teach relaxation and breathing techniques, which help the individual manage the physical symptoms and discomfort of anxiety. **Cognitive skills** address the individual's beliefs and thoughts, and focus on teaching more adaptive, realistic thinking styles. And, all treatments for anxiety involve some form of **behavioral exposure**, a gradual, step-by-step confrontation of the fear with mastery and skill.

For many people, behavior therapy and cognitive therapy alone will be enough to overcome or manage the various anxiety disorders. For some individuals, however, medication, in

combination with cognitive behavioral therapy, can foster a return to a full and satisfying life. Programs combining pharmacology and behavior therapy are available for the range of anxiety disorders.

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or Goals might involve:

- a way of acting - like smoking less or being more outgoing;
- a way of feeling - like helping a person be less scared, less depressed, or less anxious;
- a way of thinking - like learning to problem-solve or get rid of self-defeating thoughts;
- a way of dealing with physical or medical problems - like lessening back pain or helping a person stick to a doctor's suggestions; or
- a way of adjusting - like training developmentally disabled people to care for themselves or hold a job.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well, with ways of living that work, and giving people more control over their lives are common goals of behavior therapy.

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

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