



# DEALING WITH **ANXIETY DISORDER**

By A.W. Buckey

DEALING WITH  
**MENTAL  
DISORDERS**



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## CHAPTER ONE

# WHAT ARE ANXIETY DISORDERS?

**A**nxiety is a universal emotion. Like fear, anxiety is a response to something threatening or unwanted. Anxiety also includes worry, or thoughts and concerns that interrupt peace of mind. What makes anxiety unique is that it persists even when no threat is present, and it is felt in the body as well as the mind. Fear is usually a response to an immediate danger. A person who sees a big snake may feel symptoms of fear, such as mental alertness and physical tension. A person with anxiety about snakebites will feel some of those sensations even when there are no snakes around. They may worry about snakes appearing at unlikely times and places. Anxiety is the negative anticipation of things that may or may not happen in the future.

Anxiety is a physical and mental response. There is no single experience of anxiety, but instead a complex cluster of thoughts and sensations. Anxiety can be felt in the body through symptoms such as fast breathing, sweating, shaking, and an upset stomach. People can experience anxiety very differently. For example, some people with anxiety



**Anxiety disorders disrupt a sufferer's life. They affect both the body and the mind.**

may feel sleepy and have trouble concentrating, while others may feel unusually tense and unable to sleep. Some may feel too cold when they're anxious, while others may feel overheated. Anxiety also often involves repetitive, concerning thoughts. People who are feeling anxiety may find themselves imagining worst-case scenarios or fixating on a negative outcome for some future event.

However, about 1 to 2 percent of people over eighteen have the disorder. Adults with separation anxiety disorder are also likely to worry too much about friends and loved ones. The disorder can have severe negative effects. Allison Forti is an assistant professor of counseling. She points out that separation anxiety disorder can make adults less likely to travel for opportunities and can lead them to behave in ways that drive others away. “For adults, separation anxiety disorder . . . could lead to social isolation, loss of employment opportunities or the ability to prosper at work, relational difficulties, or the [loss of the] ability to live a satisfying and fulfilling life,” Forti says.<sup>14</sup>

## SELECTIVE MUTISM

Mutism is an inability or unwillingness to speak. People with selective mutism are able to speak in some situations but lose the ability to speak in situations that cause them anxiety. For example, a person with selective mutism may be able to speak easily around trusted friends and family members but be unable to speak in school.

Most people with selective mutism develop the disorder in early childhood. Anna Clark, who has selective mutism, remembers that she lost the ability to speak at age six. “I can see myself sitting with the teacher in my classroom,” Clark wrote. “She wanted me to read out loud

**“I can see myself sitting with the teacher in my classroom. She wanted me to read out loud to her, but I couldn’t. I was frozen.”<sup>15</sup>**

**– Anna Clark, selective mutism sufferer**

to her, but I couldn’t. I was frozen.”<sup>15</sup> Selective mutism is rare, with fewer than 1 percent of US children suffering from the disorder. For many children with selective mutism, symptoms do not progress into adulthood.

## **SUBSTANCE/MEDICATION-INDUCED ANXIETY DISORDER**

Substance/medication-induced anxiety disorders occur when a person ingests something that causes anxiety. The substances can include drugs like caffeine and cocaine, as well as heavy metals, toxic gases like carbon monoxide, and some medications. This disorder is only diagnosed when it is clear that a substance is directly contributing to anxiety symptoms. If the symptoms persist long after the person stops using the substance, it is not a substance-induced anxiety disorder. For example, a daily coffee drinker might decide to give up caffeine after experiencing generalized anxiety. If his panic and worry continued one month after quitting the drug, he would not be diagnosed with this disorder.

## **ANXIETY DISORDER DUE TO ANOTHER MEDICAL CONDITION**

There are several diseases and disorders that often cause anxiety. Some endocrine (hormone), cardiovascular (heart), respiratory (breathing), and neurological (nervous system) illnesses and disorders result in anxiety symptoms. Deficiencies or excessive amounts of substances like vitamins can also lead to anxiety. Mental health professionals and physicians can collaborate to diagnose this anxiety disorder when it is clear that the patient's anxiety has one of these underlying medical causes.

## **OTHER SPECIFIED ANXIETY DISORDER AND UNSPECIFIED ANXIETY DISORDER**

Sometimes mental health providers diagnose an anxiety disorder that does not exactly fit the symptoms of any of these anxiety disorders. The anxiety may present itself slightly differently or fit only some of the criteria. In these cases, the patient may be diagnosed with other specified anxiety





## OBSESSIVE-COMPULSIVE DISORDER AND PTSD

The *DSM-5* reorganized the classifications of several mental disorders. Two common mental disorders, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD), were previously defined as anxiety disorders. In the *DSM-5*, they are grouped differently. However, the symptoms of OCD and PTSD overlap with those of anxiety disorders.

OCD is a mental disorder defined by repeating, unstoppable thoughts (obsessions) and behaviors (compulsions). People with OCD find themselves unable to control some of their thoughts and actions and may find themselves repeating certain actions, like turning off a faucet over and over again in order to feel safe. People with OCD might try to alleviate anxious thoughts with certain behaviors or rituals. Patients often feel ashamed about the way they think and act. In the *DSM-5*, OCD falls under the larger category of obsessive-compulsive and related disorders.

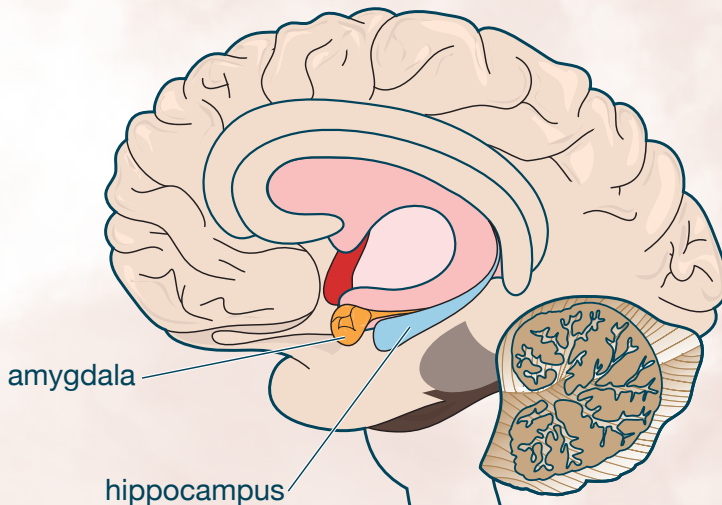
People with PTSD have lived through or witnessed a trauma, or deeply harmful life event. Sexual assault, military combat, and physical abuse are examples of trauma. People with PTSD may have physical and mental symptoms of anxiety or panic attacks when they remember the trauma. The disorder is now grouped with trauma- and stressor-related disorders.

disorder. Health care providers make this diagnosis when a patient has symptoms of an anxiety disorder but there is not enough information available to be more specific. For example, sometimes a doctor sees a patient for only a few minutes before referring them to someone else. The doctor may observe that the patient is suffering from clinical anxiety but not know its exact cause and presentation.

There is also a great deal of variety within each anxiety disorder. Every patient thinks, acts, and experiences symptoms differently. For this reason, the diagnosis of anxiety disorders is a complicated process. Medical professionals, mental health professionals, and patients work together to explore symptoms, rule out other diagnoses, and understand how the disorder is affecting the patient's life.



# ANXIETY IN THE BRAIN



Two key parts of the brain play a role in most anxiety disorders. They are the amygdala and the hippocampus. Scientists believe the amygdala is a communications center in the brain. It processes and interprets incoming sensory signals. The amygdala tells the rest of the brain when it detects a threat. This triggers a physical fear response.

The hippocampus is responsible for creating memories. Scientists have found that the hippocampus is smaller in victims of trauma such as child abuse or combat.

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