



## *Anxiety Disorders: A Brief Overview*

By Donald Graber, M.D.

We've all felt worried or anxious at one point or another. Taking a test in school, interviewing for a job, undergoing a tax audit, facing an unexpected health crisis — these are the types of situations that many people find stressful and which might provoke intense feelings of unease.

As a psychiatrist, I've brought to many people's attention the fact that many of the troubles we worry over never do actually come about. Furthermore, when we take the time to realistically consider and work through "worst-case scenarios" we can enjoy a measure of clear-headedness and calm when considering potential problems. So while worry and anxiety are unpleasant, these feelings can be quite useful if they prompt us to plan and take action. For example, considering the situations above, if worry causes us to study harder, prepare for the job interview, keep our tax records and financial paperwork in order, or attend to the needs of our physical body, these anxious feelings will have served a good purpose.

We all worry to some extent from time to time, but most people move through life without being debilitated by the fear of life's difficulties and unknowns. Some of us, though, find our lives disrupted by fear and anxiety.

### **Anxiety as a Mental Health Concern**

God gave us the capacity for fear to protect us. Fear not only motivates us to avoid hazardous situations but it helps to prepare our bodies to fight or flee when we are in danger. Unfortunately, our brains and bodies can act as if we're facing an imminent threat even when we're not, and feelings of fear can explode into uncontrollable dread and panic. These feelings can arise suddenly even in the absence of any discernible trigger. One can experience worry or fears about future uncertainties that are so overpowering that normal everyday functioning is impaired. These are just a few of the signs of a class of illnesses known collectively as *anxiety disorders*.

As is common with other mental health issues, people with anxiety disorders can feel very alone, like they are dealing with something that no one else is facing. The fact is, anxiety disorders are not uncommon. It's estimated that each year about 18 percent of adults in the U.S. deal with an anxiety disorder. If you are struggling with an anxiety disorder, understand that you are *not* alone.

Let's take a look at some of these disorders.

### **Generalized Anxiety Disorder (GAD)**

People who suffer from this disorder experience excessive anxiety or worry about the things of everyday life in a way that causes distress or significant impairment in normal daily functioning. For a diagnosis of GAD to be made, feelings of anxiety must occur most days for six months. GAD sufferers may have feelings of restlessness or edginess; become easily fatigued; have difficulty concentrating or experience their mind going blank; and experience irritability, muscle tension, or sleep disturbances.

Treatments for GAD include psychotherapy such as cognitive behavior therapy to address patterns of thinking that lead to anxiety. Certain medications may also be of help.

### **Panic Disorder**

The hallmark of this disorder is sudden, terrifying, and often unexpected panic attacks. There are a number of symptoms that may accompany these attacks: an elevated heart rate or a pounding heartbeat; sweating; trembling or shaking; the feeling of being short of breath or being unable to breathe; a sensation of choking; chest pain or discomfort; nausea or abdominal distress; dizziness, lightheadedness, or feeling faint; feelings that one is not experiencing reality or is detached from oneself; fear of losing control or going insane; a sense of doom or imminent death; numbness or tingling sensations; and chills or hot flushes. A person having a panic attack may believe they are having a heart attack. The intensity of these panic attacks can be so great that people may live in constant fear of the next attack.

Psychotherapy can be helpful in the treatment of panic disorder, as can the use of certain medications. Many people respond best with a *combination* of psychotherapy and medication.

### **Agoraphobia**

This disorder is characterized by a dread associated with certain places, usually public ones. Places that provoke discomfort often are vastly open or crowded spaces, and sufferers may fear being unable to escape. They may feel helpless or embarrassed at the thought of having feelings of anxiety in public places. Consequently, some with agoraphobia may refuse to leave their home, or leave it only with feelings of great distress.

Agoraphobia can be treated with psychotherapy or medication, or a combination of the two.

### **Social Anxiety Disorder**

While a lot of people find novel social situations (like going to a party where they don't know anyone, or going on a blind date) to be a bit awkward or stressful, people with social anxiety disorder — sometimes called social phobia — have an intense, excessive, persistent fear of being judged or scrutinized by others or being humiliated in social situations. Individuals with social anxiety disorder might seemingly get through a social event okay, but the anxiety felt before and during the situation can be excruciating, and the individual may worry for hours afterward about how they were perceived. The anxiety can be such that it can even provoke a panic attack when social situations approach or are contemplated. The diagnostic criteria include avoidance

of social situations, along with distress that interferes with a normal routine or normal functioning at work or school. For adults, this persists for at least six months.

Certain medications may be helpful in the treatment of social anxiety disorder, as can psychotherapy.

### **Specific Phobias**

Specific phobias are marked by a persistent, powerful, irrational fear of something. The object of fear may be something that most other people would encounter with some sense of discomfort (like snakes) but the fear may also focus on apparently harmless things (clowns, kittens). Sometimes even just thinking about the object of the phobia can bring on intense anxiety, and encountering the feared object or situation can provoke a panic attack. Many phobias can interfere drastically with the individual's ability to function. A person with a phobia against flying, for example, might turn down job offers or choose career paths based on the fear that air travel might be involved.

Effective treatment of specific phobias involves psychotherapy. One particular form of therapy that can be useful is called *desensitization*. In desensitization therapy, the patient is asked to experience or think about the object of the phobia while at the same time the patient employs relaxation techniques. By confronting anxiety-provoking thoughts while relaxing, the patient finds that specific thoughts or experiences do not have to be linked to fear and anxiety.

Another form of therapy called eye movement desensitization and reprocessing (EMDR) has been gaining popularity in recent years. EMDR involves the patient visually tracking the hand movements of the therapist while the therapist prompts the patient to think about the object of the phobia. While a number of individuals have claimed success with this mode of therapy, research into EMDR is ongoing.



The list of anxiety disorders above is not exhaustive, and DSM-5, the latest version of the manual used by mental health professionals to diagnose mental health conditions, mentions several other conditions that fall within the classification of anxiety disorder.

In previous years the category of anxiety disorders had included two other conditions — obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). While both of these are characterized in part by feelings of anxiousness and discomfort, DSM-5 distinguishes OCD and PTSD from anxiety disorders. I describe them below for those who may be used to the older classification.

### **Obsessive-Compulsive Disorder (OCD)**

Almost everyone has left their home only to wonder later if they've turned off the stove or locked the door. A person dealing with OCD, however, may have troubling thoughts

(obsessions) like these that are persistent, recurrent, and distressing. The obsessions that an OCD-sufferer may struggle with are varied. Some individuals are preoccupied with symmetrical or ordered arrangement of objects and may feel troubled if objects are disarranged. Others may obsess over fears of committing a repugnant act of violence against a loved one. The fear of performing acts or harboring thoughts that are prohibited by one's religious beliefs is a common obsession. Many Bible-believing Christians with OCD experience incredible emotional suffering over concerns that they might have committed "the unpardonable sin" (Matthew 12:31; Mark 3:28-29; Luke 12:10).

Often, people with OCD will engage in ritual or repetitive behaviors (compulsions) in an attempt to reduce the anxiety produced by their obsessions. For instance, a person might have an obsession with germs, and his compulsion might manifest as repetitive hand washing. The fear that an oven might have been left on might lead a person to check the oven to make sure it's turned off — not once or twice, but many times. Common compulsions also include counting things or placing items in a precise order. These compulsions are not only distressing, but they take so much time and energy that they interfere with the course of normal life.

Certain antidepressant medications have proven helpful in treating some individuals with OCD. Additionally, psychotherapy designed to desensitize sufferers to situations that prompt anxiety or compulsive behavior can be helpful.

### **Post-Traumatic Stress Disorder (PTSD)**

This particular disorder has gained greater attention over the past decade as servicemen and women return from deployment having faced horrible and traumatizing circumstances. It is also being recognized more frequently as a common psychological result of violent crime, sexual assault, domestic abuse, and even motor vehicle accidents.

PTSD can occur when a person is involved in or witnesses a life-threatening event or one that causes or threatens serious personal harm to oneself or others. Intense distress may be caused by things that remind the person about the event (such as loud noises or being surprised by another person). They may experience distressing memories of the event, a sense that the incident is somehow being replayed (such as flashbacks), or have disturbing dreams about the event. They may avoid any conversation about the trauma or make special efforts to avoid activities or places that remind them of the trauma. Conversely, a person with PTSD may be unable to recall significant aspects of the trauma. They may become detached from others and find it difficult to show affection. They may find that they no longer enjoy things or activities that were once of interest.

Individuals who suffer from PTSD may also experience difficulty falling or staying asleep, or have difficulty concentrating. They may become hypervigilant or be easily startled. They may become irritable or prone to angry outbursts. Symptoms of PTSD are distressful to the point of impairing normal functions, including causing significant social or occupational difficulties.

Several medications have been useful in treating PTSD, and certain types of psychotherapy, including desensitization therapy and EMDR, may also be helpful.



### **What causes anxiety disorders?**

Our understanding of the roots of anxiety disorders is very incomplete. Anxiety disorders constitute a class of mental health issues, and the underlying causes for each one may vary. It is not clear, for example, why a specific phobia might afflict one person but not another. It's likely that genetic and environmental factors combine to make some people more susceptible to certain anxiety disorders, and research is currently being done to increase our knowledge.

### **What should I do if I think I might be dealing with an anxiety disorder?**

Please, seek help. Some people with anxiety disorders never get the help that's available. They may simply be unaware that something can be done about their anxiety, or they may avoid getting help because they fear that dealing with anxiety or reaching out for help will be perceived as weakness. Sometimes Christians don't get help because they believe anxiety is a sign of spiritual failure, or they fear the stigma in their faith community that's associated with an anxiety disorder (see below).

### **What can I do to help a family member with an anxiety disorder?**

Anxiety disorders cause tremendous suffering to those who are afflicted, but they can also devastate a patient's family and loved ones. Too often, the stress and pain of an anxiety disorder shatters families and destroys relationships. If you believe that a family member or loved one is dealing with an anxiety disorder, encourage them to get help. Often, a person with anxiety will seek the help he or she needs if only someone will encourage them in that direction.

### **What help is available for people with anxiety disorders?**

Left untreated, anxiety disorders can be disabling. The good news is that there are helpful treatments for these disorders, and most people who undergo treatment see real improvements.

Individuals who believe they may have an anxiety disorder should seek a thorough examination by a physician to determine the possibility that symptoms are the result of a separate medical condition. In fact, DSM-5 lists "Anxiety Disorder Due to Another Medical Condition" as a distinct diagnosis. Medical conditions that may produce anxiety include hyperthyroidism, hypoglycemia, cardiac arrhythmia, and vitamin B<sub>12</sub> deficiency, among others. A physician can help identify and treat medical conditions that may produce anxiety. He or she may also be able to determine whether the anxiety being experienced is the result of medications or other substances (a condition known as "Substance/Medication-induced Anxiety Disorder").

If it appears that anxiety is not the result of an underlying medical condition or any medication, another type of anxiety disorder may be diagnosed. A primary care doctor such as a family

physician or an internal medicine specialist may prescribe medications to relieve anxiety, and may also recommend psychotherapy. A primary care professional might refer to a psychiatrist for cases that don't respond to relatively simple medical care. A psychiatrist is a medical doctor who is specially trained to treat mental disorders.

Medications cannot "cure" anxiety disorders but they may relieve a person's symptoms enough to allow them to function and respond to psychotherapy. Antidepressants including selective serotonin reuptake inhibitors (SSRIs) have been found to be effective in treating panic disorder and social anxiety disorder. They may also be effective for OCD and PTSD. GAD may be treated with certain serotonin-norepinephrine reuptake inhibitors. An older class of anti-anxiety drugs known as benzodiazepines may be used in the treatment of GAD, social anxiety disorder, and panic disorder, but these drugs are typically reserved for use as adjunct therapies.

A drug that is effective in treating an anxiety disorder in one patient may not be effective in someone else. Some drugs take several weeks to exert their full effects, and patients may not experience improvements for some time. It may take a patient and his or her doctor weeks or even months to find the right medication at the dosage that works best.

Sometimes people will begin to feel better after being on medication for a while, and they may stop taking medication because they feel they no longer need it. Unfortunately, symptoms can return after a person stops taking their prescription. Abruptly quitting certain medications can result in negative side effects. Individuals who wish to discontinue their medication should do so in consultation with, and under the supervision of, a physician.

In addition to medication, psychotherapy can be an effective treatment for anxiety disorders. Psychotherapy involves talking with a qualified professional who can help patients learn how to deal with their anxiety. One form of psychotherapy that is particularly helpful in treating anxiety disorders is cognitive-behavioral therapy (CBT). With CBT, individuals examine how their thoughts and behaviors contribute to anxiety. They then learn new ways to think about their experiences and circumstances and how to recognize and alter dysfunctional thought or behavior patterns. CBT may be useful in the treatment of GAD, panic disorder, specific phobias, and social anxiety disorder, as well as OCD and PTSD. Another form of therapy, desensitization, is mentioned above.

Many individuals experience best treatment results when medications are combined with psychotherapy.

### **How do I choose a mental health professional?**

When selecting a mental health professional you should choose one who is licensed in your state. Focus on the Family may be able to help you locate a licensed and qualified Christian psychologist, therapist, counselor or psychiatrist in your area. For more information call Focus' counseling department at 1-855-771-HELP (4357) Monday through Friday between 6:00 a.m. and 8:00 p.m. Mountain Time.

### **Why am I experiencing an anxiety disorder if I am a Christian?**

Christians are not immune to anxiety disorders. One tragic notion that persists in some Christian circles is the idea that problems like anxiety are primarily, if not completely, spiritual in nature. Many Christians sincerely believe that a person should not experience anxiety disorders if he or she just has enough faith and trust in God. That is simply not true.

Well-meaning Christians may quote Scripture passages such as, "There is no fear in love, but perfect love casts out fear ... whoever fears has not been perfected in love" (1 John 4:18). This verse reminds us that God is greater than anything we will face in this world, and it assures us of the confidence we can enjoy when we stand before God someday. But it was *not* written as a pronouncement on anxiety disorders. Anxiety disorders can affect a person's spiritual life, and spiritual issues may be interwoven with a person's anxiety, but to say that the person with an anxiety disorder should simply trust God more is like telling the woman with a broken bone that she should just have greater faith, and she will be well. We wouldn't scold or throw out-of-context Bible verses at a person with a broken bone. Why would we do that to a fellow believer who's suffering the torments of an anxiety disorder?

In a similar vein, some Christians disparage the use of medications in treating anxiety disorders or other mental health problems. But we wouldn't dismiss a diabetic who takes insulin as someone who obviously lacks trust in God. In the same way, we ought not to look at those who take medication for anxiety as somehow deficient in their faith.

If you or someone you love is dealing with an anxiety disorder, and you feel that the use of medications is somehow sinful or evidence of a lack of faith, I urge you to reconsider. For some people, the use of medications is a lifeline, allowing them to function normally and helping them to reconnect with others and with God in ways that might not otherwise be possible.

### **A few words on anxiety and substance abuse...**

Some people with anxiety disorders use alcohol or drugs to medicate themselves and relieve feelings of distress. Unfortunately, illicit drugs and alcohol are no more helpful for treating anxiety disorders than they would be for treating pneumonia.

Alcohol and drugs can mask the symptoms of anxiety disorders, making diagnosis and treatment more difficult. In some people, they can worsen or actually cause anxiety. Additionally, using drugs or alcohol to deal with anxiety increases risks for drug addiction or alcoholism. If you or someone you love uses drugs or alcohol to cope with an anxiety disorder please speak to a qualified mental health professional. Substance abuse has only downsides, never an upside.



### **Conclusion**

Anxiety disorders are much more than simple jitters or nervousness; the feelings of fear and

anxiety that accompany them can be debilitating. The good news is that help is available and these conditions can be managed with the proper combination of medical and psychological care and spiritual support. While not discussed in detail above, this last element is extremely important, as anxiety disorders can challenge the notion that God is a loving Father who is trustworthy and cares for us and is in control of all things. If you or someone you love is dealing with an anxiety disorder, I encourage you to consider the benefits of Christian counseling, pastoral care, and the support of a strong faith community. Combined with other forms of care, these can help people struggling with anxiety to live a vibrant and effective life or Christ.

The information provided here is for general informational purposes and is not intended to substitute for advice that you might receive from your physician or licensed mental health professional. If you have any questions or concerns regarding your particular situation, you should seek the advice of a qualified professional.