

**PSYCHOLOGICAL BEHAVIOR OF ANXIETY DISORDER  
WITH SPECIAL REFERENCE TO TREATMENT,  
PSYCHOTHERAPY, PSYCHOSURGERY IN INDIAN  
CONTEXT**

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**ABSTRACT:**

Anxiety is a psychological response to a real or imagined threat. It is a complex emotional state characterized by a general fear or foreboding usually accompanied by stress and tension. It is associated with apprehension and fear and is frequently linked with failure, either real or anticipated. It often has to do with interpersonal relations and social circumstances and situations. Feelings of refusal and insecurity are usually a part of anxiety. Anxiety is a normal human emotion, it is considered excessive or pathological when it arises in the absence of challenge or stress, when it is out of proportion to the stressful situations in duration or severity, when it results in significant distress, and when it results in psychological, social, occupational, biological, and other impairment. In this article, psychological behavior of anxiety disorder has been highlighted with special reference to treatment, psychotherapy, psychosurgery in Indian context.

**Keywords:** Psychological, Anxiety, Psychotherapy, Psychosurgery, Treatment.4

**INTRODUCTION:**

The term anxiety is derived from the Latin word “anxiety” which means to choke, throttle, trouble, and upset and encompasses behavioral, affective and cognitive responses to the perception of danger. Anxiety is an uneasiness and feeling of foreboding often seen when an individual is about to embark on a hazardous venture; it is often lead by a strong desire to excel. Therefore, anxiety state arises from flawed adaptations to the stress and is caused by over actions in an attempt to meet this complicatedness. A certain level of anxiety is needed for peak performance of human being. Our body autonomous nervous system prepares for completion with the fight or flight response which quickness reaction time, sharpens our sense and increases our strength [1].

Anxiety has two aspects i.e., trait anxiety and state anxiety. Trait anxiety is a tendency to react emotionally to a wide range of non-threatening stimuli. It refers to a predisposition to reply with heightened arousal to a certain class of stimuli. On the other hand state anxiety is the actual feeling of tension and nervousness.

**ANXIETY DISORDER IN INDIA:**

Neurotic disorders are basically related to stress, maladaptive reaction to stress and individual proneness to anxiety. Interestingly, both stress and coping have a close association with socio-cultural aspects. Culture can affect symptom presentation, explanation of the illness and help-seeking behaviour [2].

The importance is given to the symptoms and meaning assigned by the physician according to their cultural background also differ across culture. In this way, culture can affect epidemiology, phenomenology as well as treatment outcome of psychiatric illness especially anxiety disorders.

**CLASSIFICATION OF ANXIETY:**

**i) Generalized Anxiety Disorder (GAD):** Generalized Anxiety Disorder is a chronic disorder characterized by excessive, long-lasting anxiety and worries towards nonspecific life incidents, objects, and situations. Generalized Anxiety Disorder sufferers frequently experience afraid and worry about health, money, family, work, or school, but they have difficulty both identifying the specific fear and managing the worries. Their fear is often unrealistic or out of proportion with what may be expected in their situation. Person expects failure and disaster to the point that it interferes with daily functions like work, school, social activities, and relationships.

**ii) Social Anxiety Disorder:** Social Anxiety Disorder is a kind of social phobia characterized by a fear of being negatively judged by other people or a fear of public humiliation due to impulsive actions. This comprises feelings such as stage fright, a fear of relationship, and a fear of embarrassment. This disorder can cause people to avoid public situations and human contact to the point that normal life is rendered unworkable.

**iii) Separation Anxiety Disorder:** Separation Anxiety Disorder is characterized by high levels of anxiety when a person separated from a place that provides feelings of security. Sometimes separation leads with panic and it is considered a disorder when the response is excessive or unsuitable. [3]

**CAUSES OF ANXIETY:**

The exact cause of anxiety disorders is unknown. It may be either inherited or acquired.

- One can trace its origins to the parents, which means, the individual possibly inherits the genes which predispose to develop anxiety responses to external changes in the environment of a threatening order.
- The repetitive past life experiences from which the people have received a repulsive experience which becomes fixed and which makes them anticipate the worst
- A set of learned response patterns which typify the people as an anxious personality.
- A particular life experience which may lead to specific fears or phobias.

Thus, anxiety is a result of faulty interactions between the individual and his/her life situation or events. It mostly includes biological, genetic, environmental and social factors. These causes may be helpful in dealing with the patients. Each patient requires unique management i.e. medicines and psychotherapy. Environmental factors such as a trauma or significant events may prompt an anxiety disorder in individuals who have an inherited susceptibility to developing the anxiety disorders.

Some other causes include:

1. Excessive use of tea or coffee or caffeinated drinks is common preventable causes of anxiety.
2. Threat to self-preservation
3. Conflict taking place from development of conscience and crisis of conscience
4. Abnormal sexual life
5. Minor/ Major stress of every day
6. Dysfunctional cognitive processing and beliefs,
7. Physical diseases like thyroid disorders
8. Inadequate coping mechanism
9. Loss of self-esteem
10. Desire to have something for nothing
11. Psychological trauma
12. Social conflict

#### **SIGNS AND SYMPTOMS OF ANXIETY:**

##### ***i) Physical symptoms:***

1. Trembling of the body, restlessness and muscle twitches
2. Palpitations, increased heart rate, flushing, excessive sweating, rapid breathing, diarrhoea, increased frequency/hesitancy of passing urine, dizziness, dry mouth, dilated pupil

##### ***ii) Psychological symptoms:***

1. Fearful facial expressions
2. Poor concentration, easy distractibility, easy arousal or excitability.
3. Inability to relax, fearfulness, irritability, feeling of impending doom, vague sense of apprehension
4. Lack of sleep
5. A feeling that the surrounding environment is not real

#### **HEALTH ANXIETY:**

Although there is increasing interest in health anxiety, it is still a relatively neglected area of research. Health anxiety refers excessive concern about health in the absence of any physical symptom. Kellner (1985) shown that the proportion of patients presenting to physicians and surgeons where physical illness is not found after routine investigations range from 20 to 84 percent. Barsky and Klerman (1983) reported that 30-80 percent of individuals with diabetes who consult physicians present with symptoms for which there is no physical basis. Such patient will receive medical reassurance but in some cases, health concerns remain despite reassurance and more extreme cases may fit the diagnostic criteria of one of the somatoform disorders such as hypochondriasis [4].

#### **FORMS OF HEALTH ANXIETY:**

**i) Abridged Hypochondriasis:** Health anxiety is a primary persisting problem that can be clinically important even when the person does not meet the full DSM-VI criteria for

hypochondriasis. This type of health anxiety has been called abridged hypochondriasis, which differs from full-blown hypochondriasis, in that one or more of the diagnostic features of hypochondriasis are not present. On the other hand, the person could be anxious with fears of disease and be impervious to medical assurance, but still be able to function reasonably well [5].

**ii) Transient Hypochondriasis:** Transient hypochondriasis is a general term used to explain health anxiety that does not fully meet the DSM-IV criteria for hypochondriasis. Transient hypochondriasis is truly a form of abridged hypochondriasis in which clinically significant health anxiety very last for not more than 6 months. Increased knowledge about the disease can accompany to transient increases in health anxiety. This is exemplified by medical student's disease, which is the short-lived increase in anxiety that occurs when medical students learn about various life-threatening maladies.

**iii) Disease phobia:** The person with disease phobia is fearful of contracting a disease, but does not believe that he or she has already astringent it, and may respond to medical reassurance. Disease phobia can take a variety of forms, with the most common being fear of developing cancer or acquiring a communicable disease. For example, Mr. Hardik presented with a severe phobia of contracting HIV, related with and avoidance of public washroom. Although he accepted that it was unlikely that he could get HIV from public washrooms. He has a belief that infection was still possible. He worried that if he had to use a public toilet, the virus might take its way into his body through the pores of his skin.

**iv) Somatic delusion:** In this disorder people with extremely strong, immovable, and unfounded beliefs that they have a serious disease are suffering from somatic delusions. The most common types of somatic delusions are:

- (1) Someone is emitting a foul odour from the scale or a body orifice.
- (2) Someone is infected with insects or parasites.
- (3) Certain parts of the body are misshapen or ugly.
- (4) Parts of one's body are not functioning properly.

**v) Other Disorders:** Excessive health anxiety can also be an attribute of other disorders, such as panic disorder and major depressive disorder. That is, these presentations would not be considered to be primarily health anxiety disorders. However, if a person with panic disorder also had a broader pattern of disease convictions and disease fears that were not linked to panic attacks, then a diagnosis of hypochondriasis or other health anxiety disorder would be considered.

#### **DIAGNOSIS OF ANXIETY:**

Anxiety disorders are often debilitating chronic conditions, which can be present from an early age or start suddenly after a triggering event. They are prone to flare up at times of high stress and are frequently accompanied by physiological symptoms like a headache, sweating, muscle spasms, palpitations, and hypertension, which in some cases lead to fatigue or even exhaustion. The word anxiety and fear are often used interchangeably in casual discourse; in clinical usage, these words have distinct meanings. Anxiety is defined as an unpleasant emotional state for which the cause is either not readily identified or

perceived to be uncontrollable or unavoidable, whereas term fear is an emotional and physiological response to a recognized external threat. Anxiety disorders are often comorbid with other mental disorders, particularly clinical depression, which may occur in as many as 60% of people with anxiety disorders [6].

Sometimes, there is considerable overlap between symptoms of anxiety and depression, and that the same provoking environmental can trigger symptoms in either situation, may helpful to explain this high rate of comorbidity. Studies have also indicated that anxiety disorders are more likely among those with a family history of anxiety disorders, especially certain types. Sexual dysfunctions often occur along with anxiety disorders, although it is not easy to determine whether anxiety is a cause of sexual dysfunction or whether they arise from a common cause. The most common manifestations in individuals with an anxiety disorder are escaping from sexual activity, premature ejaculation or erectile dysfunction among male and feeling of pain during intercourse among women. Sexual dysfunction is predominantly common among people exaggerated by panic disorder and post-traumatic stress disorder

**TREATMENT FOR ANXIETY:**

The most important clinical point to emerge from research findings of social anxiety disorder is the advantage of early diagnosis and treatment. Social anxiety disorder residue under-recognized in primary care practice. Treatment options available comprise lifestyle changes; psychotherapy, especially cognitive behavioural therapy; and pharmaceutical therapy. Education, encouragement and some form of cognitive behaviour therapy should be used in treatment almost. Research findings have presented evidence for the efficacy of two types of treatment available for social phobia: certain medications and a specific form of short-term psychotherapy known as cognitive behaviour therapy, the central component of this therapy is gradual exposure therapy. Anxiety can be treated medically, with psychological counselling, or independently. Ultimately, the treatment process depends on the cause of the anxiety and the preferences of the patient. Often treatment process includes a combination of psychotherapy, behaviour therapy, and medications. Sometimes alcoholism, depression, or other coexisting circumstances have such a strong impact on the person that treating the anxiety disorder must wait until the coexisting conditions are got under control [7].

**PSYCHOTHERAPY:**

The patients with anxiety will be exposed some form of psychotherapy along with medications most of the time. Some of the patients get benefit from insight-oriented therapies, which are planned to help them to uncover their unconscious conflicts. Patients who are extremely anxious may get benefit from supportive psychotherapy; the major aim of psychotherapy is symptom reduction rather than personality restructuring. There are two recent approaches that work well with anxious clients and that are cognitive behaviour therapy and relaxation training. In the process of cognitive behaviour therapy patients are taught to identify the thoughts and situations that elevate their anxiety, and to view them more realistically. In the behavioural process of the therapy, the clients are exposed to the anxiety triggering situation, object, or internal stimulus in gradual stages until they are

desensitized to it.

Relaxation training is also known as an anxiety management training, which includes breathing exercises and similar techniques. These techniques intended to facilitate the client prevent hyperventilation and lighten the muscle tension related with the fight-or-flight reaction. Both the training can be presented in group therapy as well as individual treatment. Cognitive behaviour therapy supported groups are often helpful to anxious clients because they provide a social network and lessen the humiliation that repeatedly accompanies anxiety symptoms [8].

#### **PSYCHOSURGERY:**

Psychosurgery is also called as brain surgery and it is very rarely suggested for patients with anxiety; however, some patients with severe cases of obsessive-compulsive disorder have been undergone through an operation on a part of the brain that is involved in obsessive-compulsive disorder. Generally, this operation is attempted after all other treatments have failed.

#### **SELF-TREATMENT**

In some cases, anxiety may be managed at home, without the supervision of medical expert. However, this may be used in limited situations, in which the duration of the anxiety is short and the cause of anxiety is identified and can be eliminated or avoided. There are many exercises and actions that are suggested to cope with this form of anxiety, some of these are

- A person with anxiety has to learn to manage stress and keep an eye on pressures and deadlines and commit to taking time away from study or work.
- Patients have to learn a variety of relaxation techniques. He/ She should have information about physical relaxation methods and meditation techniques that can be found in book stores community centres.
- Practice deep abdominal breathing. This consists of breathing in deeply and slowly through the nose, taking the air right down to your abdomen, and then breathing out slowly and gently through your mouth.
- Learn to replace negative self-talk with "coping self-talk."
- Make a list of the negative thoughts that clients have, and write a list of positive; replace negative thoughts with positive ones.
- Talk with the persons who are supportive
- Meditate and Exercise
- Take a long, warm bath and rest in a dark room

#### **COUNSELING:**

A standard method of dealing with anxiety is psychological counselling. It includes cognitive behaviour therapy, psychotherapy, or a combination of both therapies. The main aim of cognitive-behaviour therapy is to recognize and modify the thinking pattern of the client that is associated with the anxiety and feelings of upset. This therapy has two parts, a cognitive part is designed to limit distorted thinking and a behavioural part is designed to change the way people respond to the objects or situations that provoking anxiety. For example clients, those receiving this treatment for obsessive- compulsive disorder for

cleanliness may work with a therapist to get their hands dirty and wait increasingly longer amounts of time before washing them. Post-traumatic stress disorder sufferers will work with a therapist to recall the traumatic event in a safe situation to alleviate the fear it produces.

Exposure-based therapies such as cognitive behaviour therapy essentially have people confront their fears and try to help them become desensitized to anxiety-triggering situations. Psychotherapy is another type of counselling treatment for anxiety disorders. It consists of talking with a trained mental health professional, psychiatrist, psychologist, social worker, or another counsellor. Sessions may be used to explore the causes of anxiety and possible ways to cope with symptoms [9].

**ALTERNATIVE TREATMENT:**

Alternative treatments for anxiety include a variety of treatment approaches. Meditation and mindfulness training is useful to patients with phobias and panic disorder. Hydrotherapy is also beneficial to some anxious clients because it is helpful for a general relaxation of the nervous system. Yoga, aikido and dance therapy help clients to reduce anxiety level. It also works with the physical, as well as the emotional, tensions that either elevate anxiety or are formed by the anxiety.

Homeopathic practitioners select a medication based on other related symptoms and the general constitution of clients. The practitioner of Chinese medicine chooses acupuncture point locations and/or herbal therapy to move and rebalance the entire system in relation to the lung and large intestine.

**CONCLUSION:**

Anxiety disorders are a category of mental disorders characterized by feelings of anxiety and fear, where anxiety is a worry about future events and fear is a reaction to current events. These feelings may cause physical symptoms, such as a racing heart and shakiness. Some people such as the person who has experienced anxiety in some particular situations in which there is no external reason or cause. When anxiety occurs without external justification and begins to impede individual daily functioning. It is considered a psychological problem is known as an anxiety disorder. There are four main types of anxiety disorders: generalized anxiety disorder, panic disorder, phobic disorder, and obsessive-compulsive disorder. Anxiety can be defined as a fear-based mental state, normally felt as a discomforting emotional state accompanied with physical sensations in the body. Anxiety is one of the most frequent diseases among all other psychiatric disorders. Knowledge of disease-specific and nonspecific risk factors facilitates the early identification of people at risk, which is important for further treatments. Anxiety-based mental disorders (i.e. people diagnosed with SAD or GAD) are people who appear anxious about almost everything.

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