Understanding Anxiety Disorder and Effective Stress Management Strategies

Jyotiraditya Ray, Raunak Mishra, Rounak Ghara and Samrajya Maity

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Authors: Jyotiraditya Ray(8), Raunak Mishra(49), Rounak Ghara(57), Samrajya Maity(71)

Affiliated by:

INSTITUTE OF ENGINEERING AND MANAGEMENT

UNDER

UNIVERSITY OF ENGINEERING AND MANAGEMENT

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Guided By: Prof. Riya Barui

Abstract:

Anxiety disorders represent a prevalent and debilitating set of mental health conditions that significantly impact individuals' daily lives and well-being. This paper aims to explore the intricate relationship between anxiety disorders and stress while delineating effective stress management strategies to alleviate symptoms and enhance coping mechanisms.

The exploration begins with an in-depth examination of anxiety disorders, encompassing various subtypes, causes, and symptomatology. Emphasis is placed on elucidating the multifaceted nature of these disorders, incorporating genetic, environmental, and psychological factors contributing to their onset and perpetuation.

Central to this exploration is the discernment of the profound interplay between stress and anxiety disorders. Chronic stress serves as a catalyst for the exacerbation of anxiety symptoms, thereby creating a cyclical pattern that necessitates comprehensive intervention strategies.

The core focus of this paper lies in delineating diverse stress management strategies. Cognitive-behavioral techniques, mindfulness and relaxation practices, lifestyle modifications, and the significance of social support networks emerge as pivotal components in managing anxiety disorders. Each strategy is examined in detail, exploring their mechanisms and evidence-based efficacy in ameliorating anxiety symptoms.

Furthermore, the paper underscores the practical implementation of stress management strategies in daily life, acknowledging the challenges and advocating for consistency

and perseverance in their adoption. Realizing the potential benefits of these strategies necessitates a shift in lifestyle and an unwavering commitment to self-care.

In conclusion, the integration of stress management strategies presents a beacon of hope for individuals grappling with anxiety disorders. By adopting a comprehensive approach that amalgamates therapeutic interventions with proactive stress management, individuals can reclaim control, fortify resilience, and foster a more fulfilling life despite the challenges posed by anxiety disorders.

This research advocates for ongoing exploration and refinement of stress management techniques, highlighting the importance of personalized interventions and a holistic approach to mental health care. By fostering awareness and implementing effective stress management strategies, we can aspire to create a more supportive and empathetic environment for individuals navigating the complexities of anxiety disorders.

Introduction:

Before everything there's an indulging requirement to know what we are dealing with. the advancement in technology has truly taken us far but still stuck and not developed to acknowledge or to rationalise the importance of mental health and the big term Anxiety. Anxiety is a normal reaction to stress. Mild levels of anxiety can be beneficial in some situations. It can alert us to dangers and help us prepare and pay attention. Anxiety disorders differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety. Anxiety disorders are the most common of mental disorders. They affect nearly 30% of adults at some point in their lives. However, anxiety disorders are treatable with a number of psychotherapeutic treatments. Treatment helps most people lead normal productive lives.

Anxiety refers to anticipation of a future concern and is more associated with muscle tension and avoidance behavior.

Fear is an emotional response to an immediate threat and is more associated with a fight or flight reaction – either staying to fight or leaving to escape danger.

Anxiety disorders can cause people to try to avoid situations that trigger or worsen their symptoms. Job performance, schoolwork and personal relationships can be affected. In general, for a person to be diagnosed with an anxiety disorder, the fear or anxiety must:

Be out of proportion to the situation or be age-inappropriate

Hinder their ability to function normally

There are several types of anxiety disorders: generalized anxiety disorder, panic disorder with or without agoraphobia, specific phobias, agoraphobia, social anxiety disorder, separation anxiety disorder and selective mutism.

Now lets get to the root of the tern that has been in our heads without even the slightest of hints:

Types of Anxiety Disorders

Generalized Anxiety Disorder

Generalized anxiety disorder involves persistent and excessive worry that interferes with daily activities. This ongoing worry and tension may be accompanied by physical symptoms, such as restlessness, feeling on edge or easily fatigued, difficulty concentrating, muscle tension or problems sleeping. Often the worries focus on everyday things such as job responsibilities, family health or minor matters such as chores, car repairs, or appointments.

Panic Disorder

The core symptom of panic disorder is recurrent panic attacks, an overwhelming combination of physical and psychological distress. During an attack, several of these symptoms occur in combination:

Palpitations, pounding heart or rapid heart rate

Sweating

Trembling or shaking

Feeling of shortness of breath or smothering sensations

Chest pain

Feeling dizzy, light-headed or faint

Feeling of choking

Numbness or tingling

Chills or hot flashes

Nausea or abdominal pains

Feeling detached

Fear of losing control

Fear of dying

Because the symptoms can be quite severe, some people who experience a panic attack may believe they are having a heart attack or some other life-threatening illness. They may go to a hospital emergency department. Panic attacks may be expected, such as a response to a feared object, or unexpected, apparently occurring for no reason. The mean age for onset of panic disorder is 20-24. Panic attacks may occur with other mental disorders such as depression or PTSD.

Phobias, Specific Phobia

A specific phobia is excessive and persistent fear of a specific object, situation or activity that is generally not harmful. Patients know their fear is excessive, but they can't overcome it. These fears cause such distress that some people go to extreme lengths to avoid what they fear. Examples are public speaking, fear of flying or fear of spiders.

Agoraphobia

Agoraphobia is the fear of being in situations where escape may be difficult or embarrassing, or help might not be available in the event of panic symptoms. The fear is out of proportion to the actual situation and lasts generally six months or more and causes problems in functioning. A person with agoraphobia experiences this fear in two or more of the following situations:

Using public transportation

Being in open spaces

Being in enclosed places

Standing in line or being in a crowd

Being outside the home alone

The individual actively avoids the situation, requires a companion or endures with intense fear or anxiety. Untreated agoraphobia can become so serious that a person may be unable to leave the house. A person can only be diagnosed with agoraphobia if the fear is intensely upsetting, or if it significantly interferes with normal daily activities.

Social Anxiety Disorder (previously called social phobia)

A person with social anxiety disorder has significant anxiety and discomfort about being embarrassed, humiliated, rejected or looked down on in social interactions. People with this disorder will try to avoid the situation or endure it with great anxiety. Common examples are extreme fear of public speaking, meeting new

people or eating/drinking in public. The fear or anxiety causes problems with daily functioning and lasts at least six months.

Separation Anxiety Disorder

A person with separation anxiety disorder is excessively fearful or anxious about separation from those with whom he or she is attached. The feeling is beyond what is appropriate for the person's age, persists (at least four weeks in children and six months in adults) and causes problems functioning. A person with separation anxiety disorder may be persistently worried about losing the person closest to him or her, may be reluctant or refuse to go out or sleep away from home or without that person, or may experience nightmares about separation. Physical symptoms of distress often develop in childhood, but symptoms can carry though adulthood.

Selective Mutism

Children with selective mutism do not speak in some social situations where they are expected to speak, such as school, even though they speak in other situations. They will speak in their home around immediate family members, but often will not speak even in front of others, such as close friends or grandparents.

The lack of speech may interfere with social communication, although children with this disorder sometimes use non-spoken or nonverbal means (e.g., grunting, pointing, writing). The lack of speech can also have significant consequences in school, leading to academic problems and social isolation. Many children with selective mutism also experience excessive shyness, fear of social embarrassment and high social anxiety. However, they typically have normal language skills.

Selective mutism usually begins before age 5, but it may not be formally identified until the child enters school. Many children will outgrow selective mutism. For children who also have social anxiety disorder, selective mutism may disappear, but symptoms of social anxiety disorder may remain.

Risk Factors

The causes of anxiety disorders are currently unknown but likely involve a combination of factors including genetic, environmental, psychological and developmental. Anxiety disorders can run in families, suggesting that a combination of genes and environmental stresses can produce the disorders.

Diagnosis and Treatment

The first step is to see your doctor to make sure there is no physical problem causing the symptoms. If an anxiety disorder is diagnosed, a mental health professional can work with you on finding the best treatment. Unfortunately, many people with anxiety disorders don't seek help. They don't realize that they have a condition for which there are effective treatments.

Although each anxiety disorder has unique characteristics, most respond well to two types of treatment: psychotherapy or "talk therapy," and medications. These treatments can be given alone or in combination. Cognitive behavior therapy (CBT), a type of talk therapy, can help a person learn a different way of thinking, reacting and behaving to help feel less anxious. Medications will not cure anxiety disorders, but can provide significant relief from symptoms. The most commonly used medications are anti-anxiety medications (generally prescribed only for a short period of time) and antidepressants. Beta-blockers, used for heart conditions, are sometimes used to control physical symptoms of anxiety.

Self-Help, Coping, and Managing

There are a number of things people do to help cope with symptoms of anxiety disorders and make treatment more effective. Stress management techniques and meditation can be helpful. Support groups (in-person or online) can provide an opportunity to share experiences and coping strategies. Learning more about the specifics of a disorder and helping family and friends to understand the condition better can also be helpful. Avoid caffeine, which can worsen symptoms, and check with your doctor about any medications.

There are terms which more coherently relate to the term in a different aspect and is elementary for us to understand to work on its measurements:

First being Posttraumatic stress disorder (PTSD)

Posttraumatic stress disorder (PTSD) is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event, series of events or set of circumstances. An individual may experience this as emotionally or physically harmful or life-threatening and may affect mental, physical, social, and/or spiritual well-being. Examples include natural disasters, serious accidents, terrorist acts, war/combat, rape/sexual assault, historical trauma, intimate partner violence and bullying,

PTSD has been known by many names in the past, such as "shell shock" during the years of World War I and "combat fatigue" after World War II, but PTSD does not just happen to combat veterans. PTSD can occur in all people, of any ethnicity, nationality or culture, and at any age. PTSD affects approximately 3.5 percent of U.S. adults every year. The lifetime prevalence of PTSD in adolescents ages 13 -18 is 8%. An estimate one in 11 people will be diagnosed with PTSD in their lifetime. Women are twice as likely as men to have PTSD. Three ethnic groups – U.S. Latinos, African Americans, and Native Americans/Alaska Natives – are disproportionately affected and have higher rates of PTSD than non-Latino whites.

People with PTSD have intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and

they may feel detached or estranged from other people. People with PTSD may avoid situations or people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch.

A diagnosis of PTSD requires exposure to an upsetting traumatic event. Exposure includes directly experiencing an event, witnessing a traumatic event happening to others, or learning that a traumatic event happened to a close family member or friend. It can also occur as a result of repeated exposure to horrible details of trauma such as police officers exposed to details of child abuse cases.

Symptoms and Diagnosis

Symptoms of PTSD fall into the following four categories. Specific symptoms can vary in severity.

Intrusion: Intrusive thoughts such as repeated, involuntary memories; distressing dreams; or flashbacks of the traumatic event. Flashbacks may be so vivid that people feel they are reliving the traumatic experience or seeing it before their eyes.

Avoidance: Avoiding reminders of the traumatic event may include avoiding people, places, activities, objects and situations that may trigger distressing memories. People may try to avoid remembering or thinking about the traumatic event. They may resist talking about what happened or how they feel about it.

Alterations in cognition and mood: Inability to remember important aspects of the traumatic event, negative thoughts and feelings leading to ongoing and distorted beliefs about oneself or others (e.g., "I am bad," "No one can be trusted"); distorted thoughts about the cause or consequences of the event leading to wrongly blaming self or other; ongoing fear, horror, anger, guilt or shame; much less interest in activities previously enjoyed; feeling detached or estranged from others; or being unable to experience positive emotions (a void of happiness or satisfaction).

Alterations in arousal and reactivity: Arousal and reactive symptoms may include being irritable and having angry outbursts; behaving recklessly or in a self-destructive way; being overly watchful of one's surroundings in a suspecting way; being easily startled; or having problems concentrating or sleeping.

Many people who are exposed to a traumatic event experience symptoms similar to those described above in the days following the event. For a person to be diagnosed with PTSD, however, symptoms must last for more than a month and must cause significant distress or problems in the individual's daily functioning. Many individuals develop symptoms within three months of the trauma, but symptoms may appear later and often persist for months and sometimes years. PTSD often occurs with other related conditions, such as depression, substance use, memory problems and other physical and mental health problems.

The four tabs below provide brief descriptions of four conditions related to PTSD: acute stress disorder, adjustment disorder, disinhibited social engagement disorder, and reactive attachment disorder. All of these conditions have a treatment.

<u>Treatment</u>

It is important to note that not everyone who experiences trauma develops PTSD, and not everyone who develops PTSD requires psychiatric treatment. For some people, symptoms of PTSD subside or disappear over time. Others get better with the help of their support system (family, friends or clergy). But many people with PTSD need professional treatment to recover from psychological distress that can be intense and disabling. It is important to remember that trauma may lead to severe distress. That distress is not the individual's fault, and PTSD is treatable. The earlier a person gets treatment, the better chance of recovery.

Psychiatrists and other mental health professionals use various effective (research-proven) methods to help people recover from PTSD. Both talk therapy (psychotherapy) and medication provide effective evidence-based treatments for PTSD.

<u>Cognitive Behavioral Therapy</u>

One category of psychotherapy, cognitive behavior therapies (CBT), is very effective. Cognitive processing therapy, prolonged exposure therapy and stress inoculation therapy (described below) are among the types of CBT used to treat PTSD.

Cognitive Processing Therapy is an evidence-based, cognitive behavioral therapy designed specifically to treat PTSD and comorbid symptoms. It focuses on changing painful negative emotions (such as shame, guilt, etc.) and beliefs (such as "I have failed;" "the world is dangerous") due to the trauma. Therapists help the person confront such distressing memories and emotions.

Prolonged Exposure Therapy uses repeated, detailed imagining of the trauma or progressive exposures to symptom "triggers" in a safe, controlled way to help a person face and gain control of fear and distress and learn to cope. For example, virtual reality programs have been used to help war veterans with PTSD re-experience the battlefield in a controlled, therapeutic way.

Trauma Focused Cognitive Behavioral Therapy is an evidence-based treatment model for children and adolescents that incorporates trauma-sensitive interventions with cognitive behavioral, family, and humanistic principles and techniques.

Eye Movement Desensitization and Reprocessing for PTSD is a trauma-focused psychotherapy which is administered over approximately 3 months. This therapy helps a person to reprocess the memory of the trauma so that it is experienced in a different way. After a thorough history is taken and a treatment plan developed the therapist guides the patient through questions about the traumatic memory. Eye

movements similar to those in REM sleep is recreated during a session by having the patient watch the therapist's fingers go back and forth or by watching a light bar. The eye movements last for a brief time period and then stop. Experiences during a session may include changes in thoughts, images, and feelings. After repeated sessions the memory tends to change and is experienced in a less negative manner.

Group therapy encourages survivors of similar traumatic events to share their experiences and reactions in a comfortable and non-judgmental setting. Group members help one another realize that many people would have responded the same way and felt the same emotions. Family therapy may also help because the behavior and distress of the person with PTSD can affect the entire family.

Other psychotherapies such as interpersonal, supportive and psychodynamic therapies focus on the emotional and interpersonal aspects of PTSD. These may be helpful for people who do not want to expose themselves to reminders of their traumas.

Medication

Medication can help to control the symptoms of PTSD. In addition, the symptom relief that medication provides allows many people to participate more effectively in psychotherapy.

Some antidepressants such as SSRIs and SNRIs (selective serotonin re-uptake inhibitors and serotonin-norepinephrine re-uptake inhibitors), are commonly used to treat the core symptoms of PTSD. They are used either alone or in combination with psychotherapy or other treatments.

Other medications may be used to lower anxiety and physical agitation, or treat the nightmares and sleep problems that trouble many people with PTSD.

Other Treatments

Other treatments including complementary and alternative therapies are also increasingly being used to help people with PTSD. These approaches provide treatment outside the conventional mental health clinic and may require less talking and disclosure than psychotherapy. Examples include acupuncture, yoga and animal-assisted therapy.

In addition to treatment, many people with PTSD find it very helpful to share their experiences and feelings with others who have similar experiences, such as in a peer support group.

Stress Management Strategies for Anxiety Disorder:

1. Cognitive restructuring or reframing

This involves taking a hard look at negative thought patterns.

Perhaps you tend to over-generalize, assume the worst will happen, or place far too much importance on minor details. Thinking this way can affect what you do and it can even become a self-fulfilling prophecy.

Your therapist will ask about your thought process in certain situations so you can identify negative patterns. Once you're aware of them, you can learn how to reframe those thoughts so they're more positive and productive.

For example: "I blew the report because I'm totally useless" can become "That report wasn't my best work, but I'm a valuable employee and I contribute in many ways."

2. Guided discovery

In guided discovery, the therapist will acquaint themselves with your viewpoint. Then they'll ask questions designed to challenge your beliefs and broaden your thinking.

You might be asked to give evidence that supports your assumptions, as well as evidence that does not.

In the process, you'll learn to see things from other perspectives, especially ones that you may not have considered before. This can help you choose a more helpful path.

3. Exposure therapy

Exposure therapy can be used to confront fears and phobias. The therapist will slowly expose you to the things that provoke fear or anxiety, while providing guidance on how to cope with them in the moment. This can be done in small increments. Eventually, exposure can make you feel less vulnerable and more confident in your coping abilities.

4. Journaling and thought records

Writing is a time-honored way of getting in touch with your own thoughts.

Your therapist may ask you to list negative thoughts that occurred to you between sessions, as well as positive thoughts you can choose instead.

Another writing exercise is to keep track of the new thoughts and new behaviors you put into practice since the last session. Putting it in writing can help you see how far you've come.

5. Activity scheduling and behavior activation

If there's an activity you tend to put off or avoid due to fear or anxiety, getting it on your calendar can help. Once the burden of decision is gone, you may be more likely to follow through.

Activity scheduling can help establish good habits and provide ample opportunity to put what you've learned into practice.

6. Behavioral experiments

Behavioral experiments are typically used for anxiety disorders that involve catastrophic thinking.

Before embarking on a task that normally makes you anxious, you'll be asked to predict what will happen. Later, you'll talk about whether the prediction came true.

Over time, you may start to see that the predicted catastrophe is actually not very likely to happen. You'll likely start with lower-anxiety tasks and build up from there.

7. Relaxation and stress reduction techniques

In CBT, you may be taught some progressive relaxation techniques, such as:

deep breathing exercises

muscle relaxation

imagery

You'll learn practical skills to help lower stress and increase your sense of control. This can be helpful in dealing with phobias, social anxieties, and other stressors.

8. Role playing

Role playing can help you work through different behaviors in potentially difficult situations. Playing out possible scenarios can lessen fear and can be used for:

Improving problem solving skills

Gaining familiarity and confidence in certain situations

Practicing social skills

Assertiveness training

Improving communication skills

9. Successive approximation

This involves taking tasks that seem overwhelming and breaking them into smaller, more achievable steps. Each successive step builds upon the previous steps so you gain confidence as you go, bit by bit.

What happens during a CBT session?

In your first session, you'll help the therapist understand the problem you're dealing with and what you hope to achieve with CBT. The therapist will then formulate a plan to achieve a specific goal.

Goals should be:

Specific

Measurable

Achievable

Realistic

Time-limited

Depending on your situation and your SMART goals, the therapist might recommend individual, family, or group therapy.

Sessions generally last about an hour and take place once a week, though this can vary according to individual needs and availability.

Homework is also part of the process, so you'll be asked to fill out worksheets, a journal, or perform certain tasks between sessions.

Open communication and feeling comfortable with your therapist are key. If you don't feel completely comfortable with your therapist, try to find a therapist you can connect with and open up to more easily.

Look for a therapist who's trained in CBT and who has experience treating your specific problem. Check to make sure they're properly certified and licensed.

You may want to talk to your doctor or other healthcare providers for recommendations. Practitioners may include:

Psychiatrists

Psychologists

Psychiatric nurse practitioners

Social workers

Marriage and family therapists

Other professionals with mental health training

Most of the time, CBT takes a few weeks to a few months to start seeing results.

What can CBT help with?

CBT can help with a variety of everyday problems, such as learning to cope with stressful situations or dealing with anxiety over a certain issue.

You don't need a medical diagnosis to benefit from CBT.

It can also help with:

Learning to manage powerful emotions like anger, fear, or sadness

Dealing with grief

Managing symptoms or preventing mental illness relapses

Coping with physical health problems

Conflict resolution

Improving communication skills

Assertiveness training

CBT can be effective for a variety of conditions, either alone or in combination with other therapies or medications. This includes:

Addictions

Anxiety disorders

Bipolar disorders

Chronic pain

Depression

Eating disorders

Obsessive-compulsive disorder (OCD)

Phobias

Post-traumatic stress disorder (PTSD)

Schizophrenia

Sexual disorders

Sleep disorders

Tinnitus

Social Support and Therapy:

Social support is an important factor that can affect mental health. In recent decades, many studies have been done on the impact of social support on mental health. The purpose of the present study is to investigate the effect size of the relationship between social support and mental health in studies in Iran.

Methods:

This meta-analysis was carried out in studies that were performed from 1996 through 2015. Databases included SID and Magiran, the comprehensive portal of human sciences, Noor specialized magazine databases, IRANDOC, Proquest, PubMed, Scopus, ERIC, Iranmedex and Google Scholar. The keywords used to search these websites included "mental health or general health," and "Iran" and "social support." In total, 64 studies had inclusion criteria meta-analysis. In order to collect data used from a meta-analysis worksheet that was made by the researcher and for data analysis software, CMA-2 was used.

Results:

The mean of effect size of the 64 studies in the fixed-effect model and random-effect model was obtained respectively as 0.356 and 0.330, which indicated the moderate effect size of social support on mental health. The studies did not have publication bias, and enjoyed a heterogeneous effect size. The target population and social support questionnaire were moderator variables, but sex, sampling method, and mental health questionnaire were not moderator variables.

Conclusion:

In conclusion, anxiety disorder represents a complex and pervasive mental health condition that significantly impacts individuals' lives, often leading to emotional distress and impairment in daily functioning. Throughout this exploration, we have delved into the multifaceted nature of anxiety disorders, their manifestations, and the interplay between stress and the exacerbation of these conditions.

Understanding anxiety disorders involves recognizing the intricate relationship between biological, psychological, and environmental factors that contribute to their onset and persistence. From genetic predispositions to environmental stressors, these disorders manifest in various forms, affecting individuals differently and necessitating a nuanced approach to treatment.

One of the key takeaways from this research is the profound influence of stress on the development and exacerbation of anxiety disorders. Chronic stress not only

triggers anxiety symptoms but also perpetuates a cycle wherein anxiety itself becomes a source of stress. However, amidst this intricate connection, there is hope in the form of effective stress management strategies.

The exploration of stress management techniques has revealed a diverse array of approaches that can significantly alleviate symptoms and enhance individuals' coping mechanisms. Cognitive-behavioral techniques, mindfulness and relaxation practices, lifestyle modifications, and the importance of social support networks all play pivotal roles in managing anxiety disorders. These strategies, whether employed individually or in conjunction with therapy, offer pathways to improved mental health and enhanced overall well-being.

Implementing stress management strategies requires dedication, consistency, and sometimes professional guidance. It demands a shift in lifestyle, incorporating mindful practices, healthy habits, and seeking support when needed. While challenges may arise in adopting these strategies, their potential benefits in mitigating anxiety symptoms and improving the quality of life cannot be overstated.

Looking ahead, further research is essential to refine existing strategies, explore innovative interventions, and tailor treatments to individual needs. Understanding the unique aspects of each anxiety disorder subtype and assessing the long-term efficacy of stress management techniques will be critical in advancing the field of mental health care.

Ultimately, the integration of stress management strategies into daily life holds promise in empowering individuals with anxiety disorders to regain control, cultivate resilience, and lead fulfilling lives despite the challenges posed by their condition. By fostering a comprehensive approach that combines therapeutic interventions with proactive stress management, we can pave the way toward a more supportive and compassionate society for those affected by anxiety disorders.

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