The Age of Increasing Anxiety

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Abstract

This paper reviews some of the current concerns in terms of the global construct referred to as "anxiety". This paper reviews the traditional types of anxiety, and delves into some of the new variations on the theme of anxiety and cursorily reviews some of the more recent measurements of the construct of anxiety.

1. Introduction

The construct of anxiety has been with us for many years. Apprehension, worry, concern, and other terms have been used but anxiety and its variations have become more clarified over the years- and global terms and specific forms and terms will be discussed in this paper.

Researchers have long reviewed various treatments for anxiety, considerations, co-morbidity, as well as types of anxiety that we should be aware of. This literature review will investigate various forms of anxiety, perceptions of students with test anxiety while ending with the diagnosis and treatment of anxiety disorders. We believe these articles give insight into working with individuals with anxious feelings that tend to persist over a period.

Researchers from these articles have pointed out that their aims include: describing what math anxiety is and how it differs from other forms of anxiety, what influences the occurrence of math anxiety, along with the importance of Test Anxiety (TA), and the importance of institutional commitment to managing TA. In addition, some researchers have wanted to review how educators felt about helping students with TA. Subsequently, Connon, et al. [1] found that 40% of educators believed that they were limited in their abilities to assist students with TA.

Lastly, researchers reviewed the diagnosis and treatment of anxiety disorders where they look into several forms of anxiety that may have an onset in adolescence or early adulthood. Strohle, Gensichen, & Domschke [2] reviewed pertinent publications retrieved by a selective search in PubMed and found different types of medications that are commonly the first

choice when treating anxiety along with talking about Cognitive behavioral therapy (CBT) and differential diagnostic evaluations that can help when diagnosing people with the correct form of anxiety.

Robinson [3] provided a mnemonic for clinicians to be sensitive to the major facets of Generalized Anxiety Disorder. It is: "I'M A FICKLE CASE" and each of the letters corresponds to an aspect of the disorder:

- Impaired functioning (social, occupational , marital)

- Muscle Tension

- Axis I condition, if coexisting is not the focus of the anxiety

- Fatigued

- Irritable

- Control of Worry is difficulty

- Keyed up (edgy)

- Lasts for at least six months, occurs more days than not

- Events and activities are focus of the worry (not just a single focus)

- Concentration is impaired

- Anxiety is excessive

- Sleep Disturbance

- Excluded- Substance disorders and general medical conditions (p. 83)

Robinson further indicates that Buspirone, MAOI, TCA's and beta blockers are used in treatment (p. 82). While Generalized Anxiety Disorder is somewhat of an umbrella term, there are a number of anxieties that are discussed in the general public. Some of these will be examined briefly:

1. Performance Anxiety- Athletes, musicians, theatre actors, and many others face a good degree of anxiety just prior to performances and for some the anxiety is debilitating. Often these individuals self-medicate so as to be able to perform.

    The construct of "performance anxiety" has been readily accepted and many individuals have discussed their fears of being on stage and hitting a wrong note or forgetting the words to a song. Barbra Streisand has spoken of her specific fears on occasion.

2. Test Anxiety- There are tests, quizzes, exams, and regardless of what you call it, these evaluative experiences are quite anxiety provoking for some students. Certainly, elementary students are confronted and have a different type of assessment than a junior high or senior high or even a college student. However, there are many types of tests- formative evaluations as well as summative evaluations, and obviously standardized tests such as the ACT, SAT, GRE and LSAT (Law School Admissions Tests) And further there are aptitude tests such as the ASVAB (Armed Service Aptitude Battery) and Musical and Artistic Aptitude Tests. Given that there are so many tests administered in the public schools nowadays, it is little wonder that there is first animosity among children (and parents) regarding tests and overall distaste and text anxiety about the process.

Post-Secondary Perceptions of Students with Test Anxiety- Some researchers have wanted to find the perceptions of Test Anxiety (TA) among teachers and students on a small Canadian university campus. The goal of this research was to put a spotlight on the significance of TA in the eyes of educators, their perceptions of institutional commitment to addressing TA, and their perceptions of the treatability of TA [1]. Data was collected by using a 22-item questionnaire package that was distributed to 11,000 people on the campus; although, 50 educators and undergraduate students completed the survey. The authors created The Perceptions of Test Anxiety Survey (PTAS) to accurately measure the outcomes for this study.

The results were paramount in that 90% of the educators said they would be willing to accommodate students with TA, 69% were aware of TA support services on campus, 40% were familiar with the symptoms of TA, 42% of educators felt limited in their ability to assist students with managing TA, 40% educators believed that their classes were structured to address the incidence of TA [1].

The researchers came to the conclusion that increasing perceptions of the significance of TA, the potential for successful treatment may be increased, leading to a more positive outlook for students suffering from TA [1]. Further research is warranted to replicate this study and observe the perceptions in a larger, nationally representative sample of educators across diverse faculties [1]. Having TA can be frustrating and even lonely when others do not understand the symptoms. This study does a great job of posing the questions needed to be asked when discussing anxiety. With all the many forms of anxiety, this may be one of the most important because in life there are tested and it's necessary to overcome those obstacles when presented by them.

3. Anticipatory Anxiety- For some individuals, the experiencing of anxiety is a devastating event. Even thinking about a possible event that may come to pass in a week or a month brings on debilitating anxiety for some individuals. For these individuals, anxiety is an intolerable emotion and feeling that must be avoided at all costs. The very thought of experiencing a high level of anxiety is problematic and often results in the person perhaps seeking counseling or even medication. However, it is not part of the DSM-V assortment of diagnostic categories.

4. Cell Phone Related Anxiety- While DSM-V has no specific sub-area related to cell phones and their use, the cell phone is a pervasive device which has caused much anxiety among the youth of our nation. Even losing or misplacing one's cell phone can result in an anxiety attack as some adolescents may feel that they may miss a very important event, or communication. Some adolescents will monitor their cell phones on an ongoing basis so as to not miss an important communication or to ascertain if someone has been "unliked" or "unfriended". Some individuals go into a panic- if they discern some dots appearing on the phone in an attempt to communicate- but if the three dots disappear, they go into a fit of anxiety because they are unsure as to what the other person desired to communicate.

5. Social Anxiety- Increasingly, coping, communicating and interacting with other individuals is becoming problematic. Not all individuals are going to agree on all issues or even where to go to eat. For some individuals the anxiety of meeting others, communicating with others in person and "dealing" with another individual (either male

or female) is problematic and anxiety provoking. This difficulty is seen in the workplace where often a male has to report to a female superior or vice versa. Further, disagreeing with a co-worker can result in ongoing anxiety as an individual may be quite apprehensive about their next encounter. In today's society, some individuals resort to communicating via e-mail so that there is a record of one's requests (and denials).

The Diagnostic and Statistical Manual- Fifth Edition has extensive information about Social Anxiety Disorder (Social Phobia). The Diagnostic Criteria for this (300.23) is as follows:

a) Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g. having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g. giving a speech).
   Note: In children the anxiety must occur in peer settings and not just during interactions with adults.

b) The individual fears that he or she will act in a way of show anxiety symptoms that will be negatively evaluated (i.e. will be humiliating or embarrassing; will lead to rejection or offend others).

c) The social situations almost always provoke fear or anxiety.
   Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, clinging shrinking or failing to speak in social situations.

d) The social situations are avoided or endured with intense fear or anxiety.

e) The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the socio cultural context.

f) The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

g) The fear, anxiety or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

h) The fear, anxiety or avoidance, is not attributable to the physiological effects of a substance e.g. a drug or abuse, a medication) or another medical condition

i) The fear, anxiety or avoidance is not better explained by the symptoms of another mental disorder, such as panic disorder, body dysmorphic disorder or autism spectrum disorder

j) If another medical conditions (E.g. Parkinson's disease, obesity, disfigurement from burns or injury) is present, the fear, anxiety or avoidance is clearly unrelated or is excessive.
   Specify if: Performance Only: If the fear is restricting to speaking or performing in public. (p. 203)

6. G.A.S. Generalized Anxiety- DSM V does include Generalized Anxiety Disorder and offers the following specific diagnostic criteria:

a) Excessive anxiety and worry (apprehensive expectation) occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

b) The individual finds it difficult to control the worry.

c) The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):
   Note: Only one item is required in children.

1. Restlessness of feeling keyed up or on edge

2. Being easily fatigued

3. Difficulty concentrating or mind going blank.

4. Irritability.

5. Muscle tension.

6. Sleep disturbance (difficulty falling asleep or staying asleep, or restless unsatisfying sleep).

d) The anxiety worry, or physical symptoms cause clinically significant distress or impairment in social, occupational,, or other important areas of functioning.

e) The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g. hyperthyroidism)

f) The disturbance is not better explained by another mental disorder (e.g. anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder {social phobia} contamination or other obsessions in obsessive compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in post-traumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder (p. 222).

7. Math anxiety- For many years, the construct of "math anxiety" has been discussed. It has been related to "test anxiety" in that students enrolled in math courses, ultimately have to take some type of test in order to receive a grade. Some individuals report anxiety when having to balance a check book although there are now computer programs which can keep track of income and outgo expenses.

There has been some research that have conducted studies on math anxiety and they wanted to review which variables influence the occurrence of math anxiety, which variables interact with it, and what are the educational outcomes of math anxiety [4]. Additionally, the researchers wanted to introduce some instrument that can ascertain, in any age group, if they have math anxiety Luttenberger, Wimmer, & Paechter [4] end this study with various possible means to prevent or reduce math anxiety.

The researchers began to answer their first question of the antecedents, educational outcomes, and the variables that interact with math anxiety by first structuring a framework that uses the different type of variables. The researchers found that the antecedents that could influence the occurrence of math anxiety could be associated with environment, culture, characteristics in the educational systems, parents and teacher's attitudes toward math and their students and children [4]. Additionally, traits such as gender or trait anxiety could factor in the onset of math anxiety.

Educationally, performance, learning behaviors or choices are influenced by math anxiety [4]. If a child or adult have trouble with math anxiety it may influence them to not engage in discussions dealing with numbers or may have difficulty in jobs such as retail or restaurants.

There are many more variables that interact with math anxiety. However, the ones that are reciprocal, in this context, are self-efficacy, self-concept, and motivation [4]. When learning a new subject or concept in math, these researchers have structured a framework that shows that the variables described above interact on the immediate learning process as well as influence each other on a long range [1]. Although, these variables influence outcomes variables [1].

Instruments to measure math anxiety vary from age group. The Mathematics Anxiety Rating Scale (MARS) and the short version Revised Mathematical Anxiety Rating Scale (R-MARS) are better used for adults [4]. These questionaries' describe situations like studying for a math test, taking an exam, processing math in daily life situations [4]. Whereas for children in grades 4 onwards, Mathematical Anxiety Rating Scale Elementary form (MARS-E) describes the situations in school and children's daily life. Each measurement tool should correspond to the respective developmental level for reading skills [4].

There are also questionnaires that have become innovative like the Mathematical Anxiety Interview where the children look at different pictures and they assess their cognitive, emotional, physiological reactions to them and put their answers on a Likert scale measuring their excited about the event [4].

When concluding this study, the researchers named ways to prevent or reduce the prevalence of math anxiety. Institutionally, curricular strategies against math anxiety may be implemented [4]. Being able to have a safe space to talk about different experiences with math anxiety as well as collaborating with others on interventions that may work is beneficial. Colleges have already started to implement these types of programs on their campus; however, growth is still required.

Teachers can use instructional strategies that elevate the student's motivation and interest in a subject [4]. This could be done by relating math with life experiences such as finances. Additionally, the exams that the teachers give may introduce anxiety reducing measures such as using humorous examination tasks [4].

Parents can support their children in developing a positive self-concept and preventing the development of math anxiety [4]. This is shown by praising the child or giving positive feedback so that they can learn from their mistakes. However, this research review on interventions to math anxiety showed a limited range of studies. There needs to be more research on how to treat math anxiety because it can show up at any time and the onset can be a variety of facets.

Some individuals have a slight degree of anxiety about some new computer program. It may be that these individuals have low frustration tolerance and have a good deal of difficulty with a great many new novel situations. Further, they may not have grown up in an age when computers and platforms and the Internet permeated the local schools.

Children in particular are known to have various forms of "separation anxiety" Kindergarten, head start, pre-school and nursery school teachers have addressed this in the course of their careers.

The Diagnostic Criteria for this (309.21) follows:

Developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached as evidenced by at least 3 of the following:

1. Recurrent excessive distress when anticipating or experiencing separation from home or from major attachment figures.
2. Persistent and excessive worry about losing major attachment figures or about possible harm to them, such as illness, injury, disasters, or death.
3. Persistent and excessive worry about experiencing an untoward event (e.g. getting lost, being kidnapped, having an accident, becoming ill) that causes separation from a major attachment figure.
4. Persistent reluctance or refusal to go out, away from home, to school, to work, or elsewhere because of fear of separation
5. Persistent and excessive fear of or reluctance about being alone or without major attachment figures at home or in other settings.
6. Persistent reluctance or refusal to sleep away from home or to go to sleep without being near a major attachment figure
7. Repeated nightmares involving the theme of separation
8. Repeated complaints of physical symptoms, (e.g. headaches, stomachaches, nausea, vomiting,) when separation from major attachment figures occurs or is anticipated.

The fear, anxiety, or avoidance is present, lasting at least 4 weeks in children and adolescents and typically 6 months or more in adults.

The Disturbance causes clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning.

The disturbance is not better explained by another mental disorder, such as refusing to leave home because of excessive resistance to change in autism spectrum disorder; delusions or hallucinations concerning separation on psychotic disorders; refusal to go outside without a trusted companion in agoraphobia, worries about ill health or other harm befalling significant others in generalized anxiety disorder or concerns about having an illness in illness anxiety disorder.

There are also newer realms of "anxiety". Currently, many, many college students have a good deal of anxiety or worry or preoccupation about their student debt and procuring a job in order to pay off their college debt. Some students do have a good deal to be anxious about when they are confronted with having to pay to eat and rent as well as gas, car insurance and other necessities as well as their student loans. There are some real, rational, reasonable reasons for people to be experiencing more and more anxiety in the current zeitgeist.

Since Columbine, there has been a significant increase in school shootings. The impact and ramifications and repercussions that have emanated from the Marjory Stoneman school shootings continue to this day. There have been several "survivor suicides" and the fears felt by students in schools are very real. Add to this a rash of ' church shootings" and library shootings, and the average individual no longer feels safe and while there may be a general feeling that "it can't or won't happen here", there is also a pervasive emanation that some evil or some individuals with mental health needs and access to a gun or AK-47 could in fact enter a school, church, library or even a shopping mall and begin shooting is very real.

Children in the country whose parents may have entered the country illegally may also feel anxiety about some police or other official coming to deport them or to separate them from their family or send them back to another country. Teachers indicate that students have difficulty sleeping at night for fear that ICE or the police will come and take them back to their home country or separate them from their parents.

2. Illness and Sickness and its Relationship to Anxiety

Often individuals who have been diagnosed with a major illness such as cancer or AIDS or some serious life-threatening illness become quite anxious and develop what is termed an anxiety disorder which is due to another devastating medical condition.

The diagnostic criteria follow:
   a. Panic attacks or anxiety is predominant in the clinical picture
   b. There is evidence from the history, physical examination or laboratory findings that the disturbance is the direct pathophysiological consequence of another medical concern.
   c. The disturbance is not better explained by another mental disorder.
   d. The disturbance does not occur exclusively during the course of a delirium.
   e. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning (p.230).

There is also an "Unspecified Anxiety Disorder (300.00) and the DSM-V indicates that:
"This category applies to presentations in which symptoms characteristic of an anxiety disorder that cause clinically significant distress or impairment in social occupations or other important areas of functioning predominate, but do not meet the full criteria for any of the disorders in the anxiety disorders diagnostic class.

The unspecified anxiety disorder category is used in situations in which the clinician chooses NOT to specify the reason that the criteria are not met for a specific anxiety disorder, and includes presentations in which there is insufficient information to make a more specific diagnosis (e.g. in emergency room settings) (p. 233).

Certainly, there is apprehension about surgery, medical tests, CAT scans and MRI and other related blood and urine tests. The entire hospital and even local doctor's office brings about some fear and dread related to various ailments heard about on television such as cancer, tumors, lesions, cysts, emboli and a host of other ailments.

3. Coping Strategies

For many years, a wide variety of modalities have been utilized to help individuals cope with their anxieties.

1. Anger –expression is one technique that is often beneficial. Often anxious individuals are exasperated and frustrated about expectations put on them and they are quite angry, and have no outlet for their anger. Hitting one's pillow or mattress could be beneficial in some cases and the causal factors of the anger should be examined or probed.

2. Lazarus [5] has described "anti- future shock imagery which could be modified for those with pending anxiety or anxiety conditions. Assisting a client to be prepared, almost as if in a fire drill for pending situations that seem to bring about anxiety is one option or alternative

3. Anxiety management training may assist clients in coping with difficulties with which there are no other alternatives or options. However, if therapists can get clients to imagine themselves coping with a difficult or stressful situation or if therapist's can break some situation down into its smallest component parts, and have them imagine themselves coping with each and every part, this may be beneficial

4. Associated imagery is yet another use of imagination and there are variations to this. Some individuals may have an image of success- or even how they celebrated past successes- with a good meal, or a fine glass of wine or a purchase of a good book or C.D. If the client can imagine themselves doping, and "closing a proverbial business deal", and then look forward to rewarding themselves- either with the image or internal picture, or the real milk shake from McDonald's or elsewhere, then there may be some satisfaction forthcoming and a difficult cycle may have been broken.

5. Behavioral rehearsal- some individuals need to focus on their behaviors rather than their emotions and this may help them break down situations into clear, exact, specific precise behaviors that they can accomplish rather than an entire number of large overwhelming difficulties.

6. Bibliotherapy- There are of course many books on how to cope with anxiety conditions and many books on how to be assertive or successful. The Power of Positive Thinking by Normal Vincent Peale has been helping people for years as has Dale Carnegie and his book on "How to Make Friends and Influence People" as well as numerous works by Denis Waitley.

7. Biofeedback has been around for decades and many individuals have profited from it. Some clients respond better to audio feedback and others to visual feedback.

8. Communication Training. Often anxiety results from poor communication- either from the sender or the receiver, or both. All too often, the sender does not communicate fully in a clear, exact, specific precise manner, or speaks in a vague nebulous, fashion that leaves much to be desired. All too often, the receiver cannot respond directly to the sender or is fearful of responding to the sender for whatever reason. Often clients who are anxious have to prepare a speech, an e-mail, or some communication that is clear and exact and specific and precise and be prepared for whatever ramifications and repercussions may result from their probing or questioning. Often it is necessary to ask for clarifications, deadlines and other details, because as we all know- "the devil is in the details" and the details are often neglected.

9. Coping Skills- Over the years, many, many theories have been offered to assist individuals to cope with their anxieties and fears. There are many new innovations to assist, particularly adolescents with their anxieties with the hope that these issues will be rectified before they enter college and university and the real world.

10. Correcting Misconceptions. Part of the therapeutic process is examining the "what ifs" that the client believes MIGHT occur should they commit an error or mistake-some of these misconceptions are irrational, illogical, unreasonable, unrealistic ideas and in some cases, inaccurate. Once these misconceptions are clarified, some of the anxiety is abated.

11. Computer Assisted Programs. There are many computer or internet assisted programs that may prove helpful in assisting individuals to cope with a wide variety of anxiety provoking events.

12. There is the Internet based cognitive Behavioral Therapy program (ICBT) which employs computer software without the interaction with a real live human being. Stjerneklar, Hougaard, & Thastum [6] employed a cognitive based therapy for adolescent anxiety. However, the study was conducted with a small sample size in Denmark, thus the results are not necessarily generalizable. Some anxieties are simply reasonable, rational logical fears and may not ever be treated or reach the level of needed psychiatric or psychological intervention yet cause the person to live a life of fear and apprehension.

13. Feeling Identification. In some instances, clients may experience certain feelings but mis-label them incorrectly. In other instances, physiological emanations (headache, stomach upset- possibly due to an ulcer or bacteria) are labeled as "anxiety".

14. Focus Training- Developed by William Knaus and Eugene Gendlin, focusing is an attempt to help clients correctly identify key elements or to prioritize certain things. Certainly, if a person is overwhelmed with many details and minute of intricate complexity, they are going to feel a certain amount of stress. Helping clients to actually list things to do in terms of importance and to budget and manage their time in this age of stress (and anxiety) is a good coping mechanism.

15. Friendship training- In many instances of individuals dealing with difficulties in their lives, they have no friends, relatives, acquaintances, or family to provide moral support or to provide a listening ear. Some individuals simply need to establish a network of friends at work or at their local church to provide some assistance or support or encouragement during difficult times.

16. Medication- For adults and for some adolescents, the treatment is psychopharmacological. Valium, Librium and other anti-anxiety agents are routinely prescribed. Some of these drugs have long-term side effects and others are more psychologically addictive, and many individuals become somewhat dependent on them. Robinson [3] has indicated that Buspirone, MAOIs, TCA, and beta blockers are used with some degree of success. He further indicates that often the initial focus is on relaxation, perhaps biofeedback, with later cognitive behavioral methodologies.

17. Negative Coping Strategies- As any clinician knows, some individuals resort to quite negative things to cope with their anxieties. Alcoholism is one major route, drugs another, and marijuana a third. These are typically "escape mechanisms "which may alleviate some of the anxiety in some instances, but cause long term problems and symptom substitution.

18. Problem Solving. In many instances clients are simply confronted with some type of problem which may seem insurmountable at the time. In other instances individuals are confronted with a quite different problem that they have never encountered before (not everyone has been audited by the Internal Revenue Service nor been faced with a kidney transplant). In these instances the more information that a person can procure the better. In today's world,

when one is constantly confronted with some new platform or some new way of ordering a product on line, there is an understandable amount of stress, which if continued, can result in anxiety like conditions.

19. Relaxation- there has been a number of different types of relaxation. Biofeedback was quite often utilized for years, yoga, massage therapy and even prayer has been used to help people relax as well as reading the Bible. Muscle relaxation has been shown to be effective in some instances.

20. Religion. The Bible and prayer have been found helpful for many individuals. Indeed , there are specific readings in the Bible for various problems that individuals encounter through life (death, divorce, financial problems, loss, grief and other difficulties.

21. Self-instruction training. Lazarus [5] has provided a verbal sequence of self-instruction for individuals. It is reproduced here verbatim "I will develop a plan for what I have to do instead of worrying". I will handle the situation one step at a time. If I become anxious I will pause and take in a few deep breaths, I do not have to eliminate all fear; I can keep it manageable. I will focus on what I need to do. When I control my ideas, I control my fear. It will get easier each time I do it. (p. 238)

22. Social Outlets are important for us as civilized beings. These provide a way in which to see the big picture of the world and to ascertain the fact that other individuals also have difficulties in life. Some individuals attend church and religious and spiritual events, and others volunteer at the local hospital or the animal shelter or nursing home. Certainly some of these things are a distraction, but also provide individuals with a way to establish their worth and to provide for others.

23. Yoga has been around for centuries and has been seen to be a most efficacious method for coping with stress and dealing with the world.

4. The Diagnosis and Treatment of Anxiety Disorders

Throughout this paper, anxiety has been mentioned on many levels ranging from math anxiety to test anxiety to performance anxiety. However, this review of publications speaks about wide range of anxious disorders that affect the lives of a great many people impacted by it and affected by it.

Strohle, Gensichen, & Domschke [2] have talked about how anxiety disorders are common mental illnesses or early onset that elevate the risk of developing further mental illnesses; additionally, the researchers wanted to understand the clinical manifestations of anxiety disorder along with becoming more aware of current treatments of first choice.

The researchers first discuss the ways anxiety can become somatic and why a thorough evaluation is needed to move on to the diagnosis of anxiety [2]. The evaluation should review pulmonary, cardiovascular, neurological or endocrine diseases that affect growth and development, metabolism, sexual function and mood [2]. The researchers have defined anxiety as a reaction to possible threat of homeostasis; which some people believe is a disease that requires treatment when it arises without any indication of threat [2].

The researchers reviewed the epidemiology of anxiety and found that women are affected two to three times as commonly as men [2]. The reasons aren't known, however, it may have something to do with women's endocrine systems developing faster than men [2]. Anxiety disorders usually begin in childhood, especially for disorders like social phobia, selective

mutism, separation anxiety, etc. In regard to separation anxiety, 2%-3% of children said separation anxiety persists into preschool or school age year [2]. Treatment is required if the child is having trouble engaging in important social experiences. The authors looked at the World Health Organization where it reported threat specific phobias are the most common type of anxiety disorders [2].

The taxonomy and manifestations of anxiety disorders present themselves as phobic disorders, panic disorders, social phobia, specific phobias, generalized anxiety disorder and mixed anxiety and depression disorder [2]. As mentioned above, anxiety disorders often begin in childhood, adolescence or early childhood. This is important because with anxiety, brings an elevated risk to develop other mental illnesses or substance abuse [2]. The researchers in this study focused on selective mutism and the prevalence there may be in adult populations. The upcoming ICD-11 will present separation anxiety and selective mutism among adult anxiety disorders [2]. Within selective mutism is rare being that the prevalence is between 0.03%-1% [2]. Interestingly, if the person emits no phonetic expressions like coughing, crying, laughing, or speaking then the diagnosis of total mutism is used [2]. There aren't many studies on the prevalence because there have been different settings in which the data was collected. However, one third of sufferers have persistent symptoms into adulthood [2]. No data has been shown on the frequency of this disorder as a function of age [2].

Anxiety disorders have been associated with comorbid with other anxiety disorders later in life. Additionally, children with separation anxiety run the risk of developing panic disorder later on [2]. This phenomenon is called sequential comorbidity. Anxiety disorders also play a major role in somatic diseases. A key radiological finding that is typical of anxiety disorders was found to be associated with an elevated risk of developing cardiovascular disease in a subsequent observation period of several years. However, amygdala activation is a general measure of emotional processes and is not specific for anxiety or for anxiety disorders [2].

Furthermore, in a meta-analysis of 16 cohort studies involving men and women who stated they did not have cancer at the time of the study, researchers found that people with a high anxiety/depression score at the time of the study were more likely to die of cancer in an observational period of nine years [2]. With that said, early detection of anxiety as well as treatment may serve as a secondary effect to stop the onset of other somatic symptoms or mental illnesses.

The causes of anxiety can vary among individuals. The authors have stated that anxiety is a complex genetic disease that is comprised of complex interactions with family, environments, etc. [2]. This meta-analysis discusses how in a familial context, individuals who have family members with panic disorders the first cousins have a heightened risk of that disorder. [2] One important aspect of this study is that it focuses on the heritability of anxiety. With that, 67% of people said that there is a degree of participation of genetic factors that come into play when an episode occurs [2]. The remainder of participants lobbied for individual negative environmental factors like life events (i.e. sexual violence, chronic illness, traumatic injuries, Deaths of significant others, separation and divorce, or financial difficulties [2].

However, one should be aware of positive factors that may contribute to anxiety such as effective coping strategies, secure bonding styles, supportive learning experiences, and a good social support network may elicit resilience.

Treatment can be used as an effective way to mitigate or negate the anxious symptoms an individual may be feeling. Treatment may include medications but talk therapy has been shown to alleviate anxious symptoms itself. For example, specific phobias won't go away with the use of medications [2]. However, psychotherapy and pharmacotherapy should both be offered to the client; both are considered effective treatment direction. "Although the practitioner should be aware of severity of disorder, preference of the informed patient, the expected latency and durability of the treatment effect, expected side effects, and availability of the treatment in question." (Pg.614, 2018) Nonetheless, for all anxious disorders Cognitive Behavioral Therapy (CBT) has been shown to work the best with clients with this disorder. Psychodynamic therapy is being considered however, because of the incomplete state of data from clinical trials, psychodynamic therapy should be considered if CBT doesn't work, unavailable or the client prefers to use CBT other than Psychodynamic [2]. When using medications to treat anxiety, Selective Serotonin Reuptake inhibitors (SSRI), Selective Serotonin and Norepinephrine Reuptake Inhibitors (SSNRI) are the choice types of drugs to use [2]. The authors have stated that the use of SSRI's and SSNRI's along with CBT can have a moderately strong beneficial effect against all types of anxiety disorders [2].

It seems as though with talk therapy the client can keep his premonitions at bay. However, with the addition to pharmacology, the treatment becomes stronger and more engrained. Interestingly, Calcium channel modulator pregabalin for generalized anxiety disorder works better than any SSRI or SSNRI when combined with psychotherapy [2]. During the time of treatment, the client should be informed about the side effects of the drug classes, the effect of antidepressant drugs, as well as the usage so that abuse is mitigated.

Other treatments that may be beneficial are the use of benzodiazepines with treat "states of tension, excitation, and anxiety" (pg. 616, 2018) However, this medication is to be used with caution because of the side effects. Other treatments include: Metacognition therapy, acceptance and commitment therapy, mindfulness-based techniques; as well as, non-invasive stimulation techniques, such as repetitive transcranial magnetic stimulation or transcranial direct-current stimulation and physical activity or exercise. (pg. 616, 2018) Counseling is also an effective direction of treatment.

Psychoeducation is important, so people know the feelings of anxiety and can recognize their own symptoms when they feel anxious. Instructions for anxiety-confronting exercise in real life situations; additionally, self-help books work as well. However, with self-help books, it is necessary to keep up the practice and not set the book down when finished reading [2] during the end of the treatment, "weening" off the medication is important and should be done in an inpatient setting for discontinuation. The treatment plan should involve both the counselor and client, in a collaboration so that the two can create a productive customized treatment for that individual. Anxiety shows up in different forms, so it is necessary to know the client and what they are experiencing. There are studies that suggest anxiety confronting ways are helpful. For example, the patient undergoes exercises like 60 second hyperventilation. However, these forms of treatment should be administered in a controlled fashion.

The practitioner or care provider should be aware of a plethora of facets when thinking of prevention. For example, the prevalence of each anxiety disorder id important to know; The severity of the suffering that they cause, their socioeconomic costs, their role as precursors to depression or substance abuse, and somatic symptoms that may arise because of the disorder [2].

Additionally, programs set in place to talk about anxiety and what to expect is important. Programs like Women's Anxiety Treatment in California, USA or any psychoeducational program on anxiety, the development of symptoms, and ways to treat or prevent it [2]. The authors suggest that the window to effectively prevent anxious symptoms is between childhood and adolescence [2]. However, more research is needed when selecting a program and that it meets the needs of the client. After reviewing these articles on test anxiety, math anxiety, and the diagnosis and treatment of anxiety advocating is necessary if anxious symptoms are to be controlled. There are 6 types of anxiety of which caretakers should be aware. However, the ways the symptoms manifest in each individual are different [7].

When diagnosing someone with anxiety, it is important to know the full back history of the client; family history, any medication they are taking, duration, feelings, etc. Although, when treating a screening of substance use could be used to decrease the chances of abuse. Additionally, medications are often used simultaneously with psychotherapy to keep the anxious symptoms at a homeostasis level. Exposure therapy and prevention manuals are tools that are used to help treat and prevent anxiety disorders.

5.   Some Direct Counseling Interventions

Lazarus [5] has developed the "single word" technique, in order to gain insight into a client's world and discern what is transpiring in a rapid, effective efficient methodology. The client is then asked to use the word in a sentence in order to provide some additional clarification, and more "grist for the mill" in terms of discussing their issues and confronting problems.

Listing the pros, cons and concerns about any anxiety provoking scenario and also possible outcomes. Putting things down on paper helps some individuals to concretize if you will their problems and also externalize them, and perhaps offer some suggestions or solutions. Having a client use a calendar to indicate good positive days and good positive events, and perhaps even good positive meals and good positive interactions and good positive sexual experiences and good positive books and good positive television shows that they may have watched. In a sense, this writer has utilized somewhat of a direct counseling intervention but utilizing the same phrase over and over to perhaps "let it sink in" that there were some positive movies that may have been seen lately, some positive weather and some positive cups of coffee along the way.

6.   Summary and Conclusions

This paper has attempted to provide a global overview of the global construct of anxiety and some specific realms that continue to confront therapists, parents and teachers. Some recent evaluation instruments were reviewed and some computerized programs for the amelioration of anxiety conditions. Anxiety will continue to be an issue and more effective identification methods are needed as well as medication venues which will respond to titration as verbal counseling also supports and enhances coping skills.

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