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Helping Others to Keep Hope, Take Action, and Gain Control of Generalized Anxiety Disorder

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I. Introduction to Anxiety Disorders

Anxiety disorders are extremely prevalent in our society today. Yet, unfortunately, they seem to be somewhat overlooked and misunderstood by the general public. Research that has been conducted by the National Institute of Mental Health has shown that among American women, anxiety disorders are the number one mental health problem. For men, it is second only behind alcohol and drug abuse (Bourne, 2015). In the past year alone, approximately 18% of the population of the United States (over fifty million people) have suffered from panic attacks, phobias, or other anxiety disorders (Bourne, 2015). Did you know that one in three Americans between 18-59 years of age will be diagnosed with an anxiety disorder and yet only a small number of these people actually seek and receive treatment (Pine Rest Christian Mental Health Services, 2014)? Also that "in any given year, an estimated 18% of adults, 20% of teens and 13% of children ages 8 to 15 have anxiety disorders causing such distress that it interferes with day-to-day living" (Pine Rest Christian Mental Health Services, 2014).

With research proving how prevalent these disorders are in our society, I believe it is time we address these issues directly. There should be no more shame or stigmatizations placed on these disorders. We, as a society, should encourage those with mental health issues to get help and not hide in shame from the problems they are facing. These problems are real and they are preventing many people from living their lives out normally. In order for us to help those we know and love more effectively and efficiently, a better understanding of anxiety disorders is sorely needed.

To fully understand anxiety disorders, one must first recognize the difference between feeling stressed or anxious and actually having an anxiety disorder. Feeling stressed or

having anxious feelings are completely normal for any person. Going to take an exam or arriving for a job interview will make anyone feel anxious. Losing a loved one or having financial troubles will definitely cause major stress in any person's life. The difference between these feelings and having an anxiety disorder is "people with anxiety disorders frequently have intense, excessive and persistent worry and fear about everyday situations" (Mayo Clinic, 2015). "When anxiety is more intense than necessary, it attaches itself to objects or situations that are not truly dangerous, or is ever-present, it becomes problematic" (Ghinassi, 2010). Anxiety disorders are considered problematic because they "have a tremendous impact on quality of life, health, substance abuse, relationships, parenting, and academic and career performance. In addition, there are huge societal costs in terms of lost productivity and health care expenses" (Ghinassi, 2010).

Anxiety disorders can be all consuming. An anxiety disorder is a reaction that is physiological, behavioral, and psychological all at once (Bourne, 2015). A real life example of this comes from "Dakota's"[1] story in the appendix. When describing a panic attack "Dakota" said "I began to feel extremely dizzy, I couldn't sit still or eat anything, couldn't stop crying, my chest hurt extremely bad, and I felt like I was suffocating. It was one of the scariest experiences of my life because I felt like I was going to stop breathing." This example is just one of many examples of what anxiety can feel like and do to a person.

To begin this project report, I would like to provide a brief overview of a few of the anxiety disorders from which a person may suffer. There are many types of anxiety

[1] Please note all names used for personal accounts are pseudonyms in order to protect anonymity of volunteers.

disorders that people live with every day and I think it is important to have a general understanding of these disorders. It is especially important because anxiety disorders tend to be highly comorbid with other types of anxiety disorders, with 55% of people diagnosed with an anxiety disorder experiencing two or more disorders (with one causing the other), and 26% of people with two or more independent anxiety disorders (Bower Russa, 2016).

Although I have briefly covered some of the types of anxiety disorders, this report focuses more exclusively on Generalized Anxiety Disorder (GAD). GAD is one of the three major anxiety disorders "associated with substantial impairment in quality of life and high health care utilization" (Bandelow, Domschke, Baldwin, & B, 2013). My goal is to inform people on GAD and help create a better understanding of this mental illness. Through the literature search I have conducted, and by sharing the knowledge I have acquired, I hope to help others understand and seek help for the anxiety disorder they are living with, or to help someone they know. Living with GAD can make a person feel helpless and like there is no hope, but there are many options for treatment and every day coping methods. Many people, including myself, have found ways to treat, handle, and manage living with anxiety. I want to encourage those who are suffering from anxiety to learn from the research I am sharing and to also seek professional help.

II. Types of Anxiety Disorders

Panic Disorder

Those diagnosed with panic disorder suffer from panic attacks. Panic attacks are defined in the *Diagnostic and Statistical Manual for Mental Disorders*- Fourth Edition as "a period of intense fear and discomfort, with specific symptomatology, that develops and reaches a peak in 10 minutes or less." A person experiencing a panic attack will experience both physical and psychological symptoms (Bandelow, Domschke, Baldwin, & B, 2013). According to the Anxiety and Depression Association of America, ADAA, a panic attack includes at least four of the following symptoms:

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feelings of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, light-headed, or faint
- Chills or heat sensations
- Paresthesia (numbness or tingling sensations)
- Derealization (feelings of unreality) or depersonalization (being detached from oneself)
- Fear of losing control or "going crazy"
- Fear of dying

These panic attacks may be spontaneous or unexpected, sometimes even occurring while someone is asleep. Panic disorder usually develops in young adulthood and in a given year approximately six million adults will experience this disorder (Anxiety and Depression Association of America, ADAA, 2015). Panic attacks can be very frightening for the person experiencing it. "Erin" who has GAD but has experienced panic

attacks shared in their story “I’ve had three panic attacks and two of those times I got rushed to the hospital because I wasn’t able to breathe. They feel like you are dying!”

Agoraphobia

Agoraphobia means fear of open spaces “however, the essence of agoraphobia is a fear of panic attacks” (Bourne, 2015). People who suffer from agoraphobia are afraid of being in situations where they feel escape could be difficult. They are also afraid of being in situations where receiving help may be unavailable if they were to suddenly have a panic attack (Bourne, 2015). Two thirds of people diagnosed with panic disorder, will also develop agoraphobia (Bandelow, Domschke, Baldwin, & B, 2013). Since attacks typically occur unexpectedly in early stages of panic disorder, they fear when they will have another attack and where they will be when they have it. “The anticipation of panic attacks and the misconception that panic attacks are potentially dangerous medical conditions can often lead to agoraphobic avoidance of feared situations” (Bandelow, Domschke, Baldwin, & B, 2013). Some of the common places that agoraphobics avoid are crowded public places such as grocery stores, department stores, or restaurants. They may avoid enclosed or confined places such as tunnels, bridges, theaters, or the hairdresser’s chair. Others include a variety of types of public transportation, standing in line or being in a crowd, as well as being home alone. To be diagnosed with agoraphobia a person, at the very least, will avoid two of these situations listed. (Bourne, 2015).

Social Anxiety Disorder (Social Phobia)

Social anxiety disorder, also known as social phobia, is “a persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be embarrassing and humiliating” (Social Anxiety Institute, 2013). Approximately 15 million adults in America are living their lives with social anxiety disorder (Anxiety and Depression Association of America, ADAA, 2015). The typical age of onset is 13 years old and unfortunately, 36% of people with this disorder wait 10 plus years before they actually seek help (Anxiety and Depression Association of America, ADAA, 2015). According to the National Institute of Mental Health (n.d.), people with social anxiety disorder may experience these symptoms:

- Be very anxious about being with other people and have a hard time talking to them, even though they wish they could
- Be very self-conscious in front of other people and feel embarrassed
- Be very afraid that other people will judge them
- Worry for days or weeks before an event where other people will be
- Stay away from places where there are other people
- Have a hard time making friends and keeping friends
- Blush, sweat, or tremble around other people
- Feel nauseous or sick to their stomach when with other people.

Specific Phobia

Specific phobia is “characterized by an excessive, irrational fear of a specific object or situation, which is avoided at all costs or endured with great distress” (Choy, 2007). These phobias are common, affecting approximately 10 percent of the population, and are generally childhood fears a person never grew out of (Bourne, 2015). Some of the most common specific phobias according to the Anxiety & Phobia Workbook by Bourne (2015), are:

- Animal phobias
- Acrophobia (fear of heights)
- Elevator phobia
- Airplane phobia
- Doctor or dentist phobias
- Phobias of thunder and/or lightning
- Blood-injury phobia
- Disease phobia (hypochondria)

Obsessive Compulsive Disorder

Obsessive Compulsive Disorder is “characterized by unreasonable thoughts and fears (obsessions) that lead you to do repetitive behaviors (compulsions). It's also possible to have only obsessions or only compulsions and still have OCD” (Mayo Clinic, 2013).

To be diagnosed with OCD the following three criteria must be met according to the Diagnostic and Statistical Manual of Mental Disorders (Mayo Clinic, 2013). First, the person must have either obsessions or compulsions, or both. An obsession is defined as

"a continual thought, concept, picture, or urge which is experienced as invasive and not proper, and results in significant fear, distress, or discomfort" (Psychology Dictionary, n.d.). These obsessions form against the person's own will and they will generally try to resist or get rid of them (Rachman & Padmal, 2009). Compulsions are "repetitive, purposeful forms of behavior that are carried out because of a strong feeling of compulsion to do so" with a goal of preventing or reducing anxiety and distress, or preventing an event or situation from happening that is dreaded (Rachman & Padmal, 2009). The second criteria is the person "may or may not realize the obsessions and compulsions are excessive or unreasonable" (Mayo Clinic, 2013). The third criteria for diagnosis is the obsessions and compulsions are considerably time-consuming and interfere with a person's daily routine, as well as social or work functioning (Mayo Clinic, 2013). The obsessions and compulsions must meet the following criteria (Mayo Clinic, 2013):

Obsessions

- Recurrent, persistent and unwelcome thoughts, impulses or images are intrusive and cause distress.
- You try to ignore these thoughts, images or impulses or to suppress them with compulsive behaviors.

Compulsions

- Repetitive behavior that you feel driven to perform, such as hand-washing, or repetitive mental acts, such as counting silently.
- You try to neutralize obsessions with another thought or action.
- These behaviors or mental acts are meant to prevent or reduce distress, but they are excessive or not realistically related to the problem they're intended to fix.

As you may gather from this description, OCD can really interfere with living a normal life. To read a brief story from someone who has volunteered their story of what life was like with Trichotillomania (a form of OCD), refer to “Caitlyn’s” story in the Appendix. Trichotillomania is a form of OCD where the person displays compulsive hair pulling. “Caitlyn” says “I notice that if I am alone and get stressed out about something (which is pretty often), I start pulling my eyebrows and to a lesser extent, my eyelashes.” “Caitlyn” also tells us that they have pretty low self-esteem when they pull and think that other people notice and think that they are ugly.

III. Generalized Anxiety Disorder (GAD)

Definition and DSM-5 Diagnostic Criteria

Generalized Anxiety Disorder is “excessive anxiety and worry (apprehensive expectation) about a number of events or activities. The intensity, duration, or frequency of the anxiety and worry is out of proportion to the actual likelihood or impact of the anticipated event” (American Psychiatric Association, 2013). This worry that one may feel is driven by first, an intolerance of uncertainty. It is also due to a belief that their worry motivates or prepares them for certain events, so that if they were to occur they could prevent a negative outcome (Heimberg, Turk, & Mennin, 2004). Those with GAD may feel locked in a conflict between the fear that worry is uncontrollable and the belief that worry protects them (Heimberg, Turk, & Mennin, 2004).

Below are the diagnostic criteria for Generalized Anxiety Disorder that are found in the fifth and most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

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 or 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 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 [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic 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).

Examples of how GAD can affect a person's life can be found in the appendix and under the names of Anna, Blake, and Erin, as well as my own story at the end. "Anna" said "A lot of the time stress snowballs and my brain goes off in its own tangent to the worst possible scenarios." "Blake", who was previously in a bad car accident, said "Unfortunately, my anxiety from the accident manifested into even greater anxiety over just about everything." "Blake's" anxiety was so bad that they didn't even want to get their license once they turned 16 because they were too scared to drive.

Genetic Components, Prevention, & Effects

Research has shown that there is a 30% heritability rate for GAD (Bower Russa, 2016), and hence GAD is considered to be moderately heritable (Sanderson & Rygh, 2004). If GAD tends to run in an individual's family, predisposing factors could contribute to developing an anxiety disorder. During an interview I conducted with a faculty member

from the GVSU Psychology department, they shared that many family members of theirs have anxiety disorders, including their spouse, daughter, and nephew. They believe this is largely due to a genetic predisposition for anxiety in their family. Certain traits may make people more likely to develop this problem (Heimberg, Turk, & Mennin, 2004). Some of these traits include general nervousness, depression, inability to tolerate frustration, and feeling inhibited.

GAD can have serious effects in people's everyday lives. Some of the obvious effects come from the diagnostic criteria themselves, such as difficulty sleeping, concentrating, fatigue, muscle tension, and irritability. Younger adults experience more severe symptoms than adults, and it is important to note that the earlier a person shows symptoms, the greater likelihood for comorbidity for another anxiety disorder to occur (Bower Russa, 2016). These symptoms of GAD can be very intrusive in day to day life and can make it difficult for people to not only function properly while at places like school or work, in some cases it can be difficult for the person to even make themselves go at all. For example, GAD is one of the leading causes of workplace disability in the United States (Sanderson & Rygh, 2004). Having this anxiety disorder can also be expensive, because approximately one third of those with GAD seek medical attention for somatic symptoms, with a gastroenterologist being the medical specialist who is most often consulted (Sanderson & Rygh, 2004). GAD is a high cost to the health care system and a burden on health resources (García-Campayo et al., 2015).

It is important that we begin focusing not just on treatment but also on prevention of anxiety disorders (Owen-De Schryver, 2016). While prevention is important, research on prevention of anxiety disorders is lacking and "there is a great need for the development

of high-quality clinical trials on the prevention of anxiety disorders in primary care" (García-Campayo et al., 2015). Some of the research I have found showed that a lot of the programs that are considered prevention are truly early intervention programs and techniques. Early intervention programs exist in hopes of "preventing its progression to a more advanced and severe stage" (Vázquez-Bourgon, Herrán, & Vázquez-Barquero, 2013).

IV. GAD Treatment Options and Coping Methods

Overview

During my research on anxiety disorders and specifically GAD, I kept finding very disheartening information. For example, I found that there have been few people that have tried to construct models of the etiology and maintenance of GAD (Heimberg, Turk, & Mennin, 2004). “This state of affairs is reflected in studies that show relatively disappointing outcomes for psychological treatments of GAD, as compared to effectiveness of psychological interventions for other anxiety disorders (such as panic disorder or social phobia)” (Heimberg, Turk, & Mennin, 2004). It is tremendously discouraging for me, along with many others who are suffering, to hear that GAD holds a lower success rate than the other anxiety disorders. It is one of the most difficult to treat because the fears and situations causing the anxiety are so generalized (Galen, 2016). During two of my interviews with Grand Valley State University’s Psychology faculty I asked if the end goal of treatment for GAD is to have the patient be free from the anxiety or to simply cope with it. Both expressed that it is simply to cope and lessen the person’s symptoms.

While I respect the information shared with me and know these are the facts as of this writing, I believe there is hope for the future and someday we will find more successful ways of treating this disorder. GAD has only appeared as a diagnosis in the DSM since 1980, when the third edition was published (Bower Russa, 2016). Our world still has a lot to learn about mental disorders. We cannot let go of the hope for a future free of GAD. On the basis of what is currently known, both in theory and in practice, presented here

are several treatment options and coping methods that have shown success in individuals with Generalized Anxiety Disorder.

Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy has shown to be the most effective form of therapy for individuals with GAD (Wildey, 2016), but effectiveness studies are “sorely lacking” and more research on CBT for GAD is “acutely needed”, according to Leahy (2006). Cognitive Behavioral Therapy (CBT) is “a psychotherapeutic approach to solving problems concerning dysfunctional emotions, behaviors and cognitions through a goal-oriented, systematic procedure. It derives from theories of learning and memory” (Lee, 2012). This type of therapy uses exposure and response prevention as a way of treatment. It is a learning model, where it does not matter whether the anxiety is due to genetics or if it was learned (Galen, 2016). “Patients with GAD are stuck in a variety of non-adaptive, habitual, and nonflexible ways of thinking, behaving, and experiencing emotion” (Otto, Hofmann, & Behar, 2010). One of the goals of therapy is therefore to “replace automatic, anxiety-maintaining spirals with more adaptive, flexible, and anxiety-incompatible responses” (Otto, Hofmann, & Behar, 2010).

During my interview with Dr. Luke Galen, a Psychology professor at Grand Valley State University, he explained that a person who has anxiety will try to avoid or escape the situations that will make them feel anxious. The cognitive process during such periods of anxiety is that the person believes that the world is a scary place and that they need to be alert. Avoiding these situations is then learned by the individual. The exposure part of CBT is making them exposed to the situation as long as possible. The goal of CBT is to

change the way the individual thinks about the anxiety situation, in order to lessen the anxiety response.

Finding the right psychologist for treatment is important, but sometimes it can be overwhelming to know even where to look. On the Anxiety and Depression Association of America's website, http://www.adaa.org/, they have a tab that helps people find a therapist. People can type in their zip code and select how far they would be willing to travel. The search can be refined even further by selecting GAD among the other types of mental disorders. A list of recommended therapists near the identified zip code will come up with their contact information, location, types of disorders treated, and population treated. Using this organization's website is an easy method for starting a search in finding a therapist that can help with treatment. However, using google and searching for counseling services is also an option for finding a Cognitive Behavioral Therapist in the area.

Therapy is not just for the patient to practice during just the sessions with a therapist. It must be continued even outside of the therapist's office. "Therapists generally encourage patients to repeatedly rehearse coping skills both in session and in their daily lives so that these alternative responses become habitual" (Otto, Hofmann, & Behar, 2010).

Mindfulness

Mindfulness is currently one of the hottest topics in both clinical and psychological science (Brown, Creswell, & Ryan, 2014). While there are many definitions of mindfulness (Brown, Creswell, & Ryan, 2014), it can be described as "paying attention in the present

moment to thoughts, feelings, and body sensations with full acceptance" (Grand Rapids Center for Mindfulness, 2014). Much like yoga and meditation, mindfulness is something that a person must practice (Wildey, 2016). Mindfulness is used as a form of treatment to help a person be present in the moment, manage difficult experiences, and "create space for wise choices" in all areas of a person's life (Grand Rapids Center for Mindfulness, 2014). It is believed that mindfulness will help people with anxiety to move on from worrying about future events and can "help you pay attention to your physical health so that you can tap into your body's natural resources for healing while minimizing the negative impact of stress physically, emotionally, and mentally" (Grand Rapids Center for Mindfulness, 2014). Mindfulness has also been known and used in treatment for people suffering from chronic pain (Bower Russa, 2016).

Two specific places I found in Grand Rapids that offer mindfulness as a way to help with anxiety disorders include Grand Rapids Center for Mindfulness and Mindful Counseling GR. Both places offer either group sessions or individual sessions with a counselor or psychologist. In addition to group and individual sessions, Grand Rapids Center for Mindfulness offers workshops and even an all-day retreat.

Diet & Exercise

It is already very well known by the general public that a balanced diet and regular exercise is important to leading a healthy life. Many people may only think of the physical effects that a healthy diet and regular exercise can have on a person. However, these two things can have a huge impact on mental health, as well.

Incorporating exercise on a regular basis is associated with lower neuroticism, anxiety, and depression (De Moor, Beem, Stubbe, Boomsma, & De Geus, 2006). Studies have shown that both aerobic and anaerobic exercise can reduce anxiety symptoms (Jayakody, Gunadasa, & Hosker, 2013), but that aerobic exercise is proven to be most effective in reducing anxiety symptoms in people with GAD (Bourne, 2015). A few examples of aerobic exercise include walking, swimming, biking, and running. Anaerobic exercise is of higher intensity but of shorter duration than aerobic exercises. A few examples of anaerobic exercise include strength training, running 100, 200, and 400 meters sprints, and gymnastics routines. Some of the direct impacts that exercise has on physiological factors that underlie anxiety, as well as general physiological and psychological benefits include (Bourne, 2015):

- Reduced skeletal muscle tension, which can help alleviate feelings of being uptight or tense.
- More rapid metabolism of excess adrenaline and thyroxine in the bloodstream, which will help decrease the state of arousal and vigilance.
- A discharge of pent-up frustration, helping to prevent phobic or panic reactions.
- Enhanced oxygenation of the blood and brain, increasing concentration, memory, and alertness.
- Stimulation of the production of endorphins.
- Lowered pH (increased acidity) of the blood, which increases energy level.
- Increased “subjective feelings of well-being,” and self-esteem.
- Less dependence on alcohol and/or drugs.
- Reduces insomnia and depression.

- Greater sense of control over anxiety.

Nutrition and its relationship to anxiety are areas that have not been thoroughly researched (Melanson, 2007). Nutrition is worth mentioning as a way of treatment because what we consume has a direct and significant impact on our physiology and biochemistry (Bourne, 2015). It is important to note the different kinds of substances we consume that can create additional stress and anxiety on our body, so we can either avoid altogether or limit our intake of these things. Some of these things include caffeine, nicotine, salt, preservatives, red meats and meats containing hormones, food allergens, refined sugars, refined and processed foods, and foods high in trans-fat (Bourne, 2015).

Having a balanced diet and exercising on a regular basis are challenges for many. Thankfully, there are plenty of resources available to help in this area. For example, registered dieticians can help with eating plans and personal trainers can help with exercise routines. Unfortunately, seeing a dietician or participating in personal training sessions can end up being quite expensive and not everyone can afford them, especially since insurance companies usually will not cover these types of services. For those on a budget, valid and reliable resources can be found easily on the internet or in a bookstore. It does require more time and effort, but the outcome far outweighs that.

In the appendix you will find that “Anna” has been able to help with the symptoms of GAD by getting at least 45 minutes of exercise six days a week and by limiting alcohol intake to only one time per month. In addition to this, “Anna” strives to maintain a regular sleep schedule. “Anna” says “I know when I do not continuously work through these things it can be difficult to maintain a healthy mindset.”

Medications

While I could recommend different medications that I have researched, I chose to simply share a few facts about medications during treatment of GAD in general, seeing as I am not a professional in this field. I would like to leave the specific types of medications that someone may take during treatment of GAD exclusively between their doctor and themselves, to determine the best type of medication for their treatment.

Generally, the most successful treatments include a combination of therapy and medication (Pine Rest Christian Mental Health Services, 2014). One study done by Yonkers, Dyck, Warshaw & Keller in 2000, looked at medications used for GAD. They found in a five year follow-up study was a 38% remission rate for those who took medications, with comorbidity reducing by 50% (Portman, 2009). In another study done by Pollack in 2002, a 70% remission rate was observed within a 6 month period of taking medication. Unfortunately, a 25% relapse occurred within one month after discontinued use of medications and a 60-80% relapse within one year (Portman, 2009).

While many people may be hesitant to trying medications as a way of treatment for their anxiety, doing so can provide many benefits. However, it is important to remember that the anti-anxiety medications or anti-depressants are a way of easing the symptoms and not fixing the root of the problem, as can be seen through the studies mentioned above. Using the right medication for the right period of time, as determined by the patient and their therapist and/or doctor, can help the patient start to improve their condition (Bourne, 2015).

Workbooks, Online Programs, & Apps

One workbook that is highly recommended by thousands of mental health and medical professionals to their clients and patients every year, is The Anxiety & Phobia Workbook by Edmund J. Bourne, PHD, because it has been able to help millions of readers make real progress in overcoming either anxiety or phobic disorders (Google Books, n.d.). The Anxiety and Phobia Workbook has sold more than 600,000 copies since the release of its first edition in 1990 (Google Books, n.d.).This book contains several engaging exercises and worksheets, and can be purchased in many places such as Amazon or Barnes and Noble. Psychology faculty member of GVSU, Dr. Bower Russa, as well as cognitive behavioral therapist, Lisa Rashewsky, have also both recommended this book to me personally.

Two websites that could be valuable resources for providing treatment for GAD online are Online-Therapy.com and OnlineTherapyUser.ca. Both of these websites offer Cognitive Behavioral Therapy programs online. Online-Therapy offers “daily contact with your therapist (Monday-Friday), tests to see your progress” access to their forum and much more (Online-Therapy, 2015). As of this writing, this program costs $29.95 per week. Online Therapy USER program consists of “12 modules” where the individual will spend one week on each module, with the provided online activities and CBT materials (Online Therapy USER, n.d.). With this program, the person will also receive an online therapist. This therapist reviews the modules and the client’s progress. The client can reach out to the therapist via email if they need assistance with anything. The pricing for this program is not listed on the website, but a number is provided at the end of the description that must be called if interested in their program.

Many applications have been created to be used on mobile devices, which could aid in treatment of GAD. With the convenience of smartphones and other mobile devices "these apps can be used anywhere you go and any time you need them" (Anxiety, 2014). A few highly recommended apps by anxiety.org include *buddhify- mindfulness to go*, *7 Cups of Tea: Care and Therapy*, and *T2 Mood Tracker*. Two other recommended apps found on healthline.com are called *Self-Help for Anxiety Management (SAM)* and *Headspace* (Holland & Fields, 2005).

Buddhify-mindfulness to go, as of this writing, costs $2.99-$4.99 and is a meditation and mindfulness app that "aims to help improve your mindfulness, mental balance, and concentration" (Anxiety, 2014). It contains 80 different audio tracks that the person chooses from to guide meditation.

7 Cups of Tea: Care & Therapy is a free online counseling and therapy app that allows a person to anonymously connect with trained listeners or licensed therapists/counselors (Anxiety, 2014). A unique feature to this app is the ability to choose your ideal listener by choosing age range, country, language, and subject specialty. Then according to what you choose for those, you will be paired with one of their 70,000 listeners. The app also gives the option to continue speaking to the same listener time and again in order to build a relationship.

T2 Mood Tracker is another free app that was developed by The National Center for Telehealth & Technology, and was also backed by the Department of Defense (Anxiety, 2014). This app was designed to be an emotional health tracker and is highly customizable. "This app works to keep track of the changes in your mood and behavior and can help with monitoring stress and anxiety, finding triggers, and figuring out which

treatments work best for you" (Anxiety, 2014). A beneficial feature of this app is the report generator. The user can take notes on thoughts or experiences that could have contributed to different emotions during your day and then convert those to a PDF. The user can then print out or email reports to a therapist or health care provider, and also have measurable data to find patterns, leading to more successful treatment.

The Self-Help for Anxiety Management (SAM) app was created to help users regain control of their anxiety and emotions. The user tells the app how they are feeling, how anxious they are, or how worried they are and then the app will walk the user through calming or relaxation practices (Holland & Fields, 2005). This app also allows for connection with other users of the app.

Headspace is another app that is free initially, but the user has to pay, as of this writing, $12.99 up to $94.99 for additional sessions. This app was created for people who have busy schedules and find it hard to make time for relaxation (Holland & Fields, 2005). This app consists of 10-minute sessions and teaches the user the basics of meditation. It lets you track your progress and to also see your friends' practices. "If the initial session provides results, you can sign up for the subscription service and access hundreds of hours of additional guided and unguided meditations" (Hollands & Fields, 2005).

V. Treatment at Grand Valley State University

It is important for college campuses to provide health and wellness resources to students. A recent study found 75% of American adults with an anxiety disorder experienced their first episode of anxiety before they turned 22 (Pine Rest Christian Mental Health Services, 2015). Also, anxiety disorders are “one of the most common mental health problems on college campuses” (Pine Rest Christian Mental Health Services, 2015).

Grand Valley State University offers a variety of health and wellness resources to the students who attend the university. The information on the resources and services offered are found on their website. Any student can go to the GVSU website and view the options of counseling services and/or contact the University Counseling Center about making an appointment. In addition to counseling, there are also psychiatrists on campus to help prescribe medications (Bower Russa, 2016). All of counselors are licensed professionals and any doctoral and social work interns practice under supervision of a licensed counselor (GVSU University Counseling Center, 2014). Below are some of the treatment and coping options available at Grand Valley’s University Counseling Center.

One service offered at GVSU’s University Counseling Center is for emergencies and crises (for situations such as sexual assault, suicide, car accidents, hate crimes, death of a fellow student or faculty member, national or local tragedies, overdose, etc.). The second service they offer is group counseling. These groups consist of five to ten students and are led by a counselor. One group counseling session that could be helpful to those with GAD is the “How to Worry Well (Mindfulness)” group. Other options for those with anxiety are “Managing Your Depression” and “Self-Compassion.” Group counseling can

help a person realize that they are not alone in their struggle. Thinking you are alone or weird because of what you are struggling with can be debilitating (Galen, 2016). It is encouraging to know that what you are sharing could possibly help someone else in the group. Another service that could be utilized is individual counseling. With individual counseling, all of the attention and focus is specifically on you and your own issues and what your plan of action should be for your particular case.

Grand Valley also offers online toolkits in the self-help directory on the University Counseling Center website. These toolkits include an online screening (to help you decide if you should seek further professional assistance), a community provider guide for finding mental health providers in the area, personal issue resource sheets, school-related resource sheets, relaxation techniques, and tools to assist in celebrating your unique identity. The online toolkits can certainly be utilized to help with GAD but the resources on the website do not specifically state which ones to use for each specific anxiety disorder.

The information I was not able to receive through the website included some important details such as the number of services that each person is allowed, how much it may cost, and information about choosing a counselor. I called the University Counseling Center at GVSU and was able to easily receive this information. I was informed that all their counseling services are free to students, but that for individual sessions you are limited to 6-10 sessions. However, I was not given a determining factor for how that number may be decided. During these individual sessions, the student will ideally stay with the counselor they are assigned throughout all the sessions. In some circumstances if the student really wants to switch to someone else, they can request this. Students can

also request a specific counselor prior to starting their sessions. Unfortunately, they are not guaranteed to get the counselor or type of counseling they wish to receive. So in the case of someone with GAD, ideally they would want to receive cognitive behavioral therapy, but may not get that through GVSU, even if requested. Also, after they have used up all of the allowed sessions, the student does not have the choice to pay for further sessions at GVSU. They will be referred to the self-help section of the counseling center website. Students may also attend as many group counseling sessions as they would like, but there are a limited number of sessions that are actually held (so that is why they do not limit the students attendance to these).

Although GVSU does offer a variety of health and wellness resources to students, it was shared with me by a GVSU Psychology faculty member that the services offered are more of a crisis-based management service, rather than a service that can dig deep to the root of the problems being experienced. So while the services listed above are one way to get help for the time being, and it may help some people entirely, it is also important to consider many of the other treatment options and coping methods if the person feels they need further assistance.

The bigger problem is that college students generally do not reach out for mental health help. According to National Alliance on Mental Health (NAMI), 50% of college students did not seek treatment for a mental health condition, despite the fact that 40% felt more than an average amount of stress, 80% felt overwhelmed by all they had to do. An alarming 73% experienced a mental health crisis on campus and 7% seriously considered suicide (Pine Rest Christian Mental Health Services, 2015). While the services offered at Grand Valley may not dig deep to the root of the problems being

experienced, as was shared with me by a GVSU Psychology faculty member, it seems Grand Valley should not only work on expanding services, but getting students to reach out for help in the first place.

Unfortunately, on Monday, April 4, 2016 Grand Valley's paper the *Lanthorn* confirmed that Grand Valley State University "does not have any immediate plans to increase the percentage of funding the Counseling Center receives" (Gamble, 2016). The article also confirmed that the mental health resources at Grand Valley are being stretched thin and the counselor's cannot meet the demand of students seeking mental health resources. Grand Valley does not have any plans to increase mental health resources at this time despite the evidence that there has been an "increase in mental health crisis incidents, involving thoughts or actions of self-harm or suicide" (Gamble, 2016). Bart Merkle, the Dean of Students at Grand Valley, responded to the issue of mental health resources saying "I think we've devoted a lot of resources, we provide a lot of support for students to be successful, but, there are some limits. At some point, we have to grapple with how much of our university resources to devote to mental health" (Gamble, 2016).

VI. Conclusion

Throughout my paper I have shown, through definitions and examples, the stark difference between the life changing effects of anxiety disorders and just normal feelings of anxiety. GAD is especially difficult to treat as compared to the other anxiety disorders due to how generalized the fears are. At this time, clinical and research communities are not willing to say we are looking for a cure for GAD, but only to help patients cope with their disorder. Resources to help treat GAD and cope with this mental disorder include cognitive behavioral therapy, mindfulness, a healthy diet and regular exercise, and a variety of workbooks, online programs, and apps. Grand Valley State University provides valuable mental health resources to their students, but these resource are more crises based and are lacking due to being flooded by the demand of students seeking help. There are also no plans at this time to increase funding to their mental health resources available.

Thankfully, anxiety disorders can be very manageable and most people can be helped by seeking out professional care. Treatment of an anxiety disorder is different for every single person, so working with a professional to determine what course of treatment will work best for the individual is important (Pine Rest Christian Mental Health Services, 2014). A video I found, from the website for Mindful Counseling GR, had a wonderful way of instilling hope for people who are struggling. They said in this video “We all bear the marks of brokenness from past wounds, or from current relationships that aren’t working. Life just has a way of dealing us blows that mark us and scar us in many ways that make us feel undesirable. But, this is where your new story can begin. Not by getting rid of the scars or the marks from the past, but just allowing the beauty to emerge from the

brokenness. Counseling creates a work of space where you can begin to look deeper into that brokenness in a new way, to have new eyes, and to begin to have curiosity. Because where there is curiosity, there is wonder and there is possibility. And where there is possibility, there is hope, and that hope can draw forth a new story of what the brokenness can mean." Each individual must keep hope for a better future for themselves. A future where they are not struggling on a day to day basis with GAD. We all must keep hope for a time where the majority of people who have experienced GAD can say they are living their life with GAD, but they have control of it. We must also keep hope for a point in time in this world where people can say they do not struggle with GAD anymore, whatsoever.

Another thing I hope for is to see the stigmatizations and stereotypes of anxiety disorders disappear. There is no shame in having an anxiety disorder. The more open, accepting, and educated we are of anxiety disorders in our society, the more people will first, be able to identify if they are experiencing an anxiety disorder, and second that they will feel comfortable in reaching out for the help they need. Nothing should stand in the way of someone receiving the help they need, especially when those who are struggling have the potential to increase the quality of their life. It is time we keep hope, take action, and gain control of Generalized Anxiety Disorder.

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Appendix

Throughout my project, I had the pleasure and opportunity to hear stories from people I know who have been clinically diagnosed with Generalized Anxiety Disorder (GAD), as well as other types of anxiety disorders. I am very thankful for how open they were in sharing their stories. Sometimes it can be easy to separate the facts you read about anxiety and forget how it actually affects real people in their everyday lives. Without revealing any identifying information about these people, I would like to share some of their stories, as well as my own. Please note that the names have been changed to protect those who have shared.

Anna

"I have Generalized Anxiety Disorder. A few symptoms I face when my anxiety is high include difficulty falling asleep, waking up during the night, panicking/difficultly staying asleep, difficulty concentrating (on things other than the anxiety), high irritability, and stomach aches. A lot of the time the stress snowballs and my brain goes off in its own tangent to the worst possible scenarios. Before I found what worked for me, my grades suffered and I had a hard time getting through classes.

I went to a therapist during my sophomore year of college. She and I worked to find a range of things that would help with the things I was struggling with, including anxiety and depression and combatting an unhealthy relationship with food/eating. She mentioned that anti-anxiety medications were an option, but to try more natural remedies. I tried a wide range of physical activities (from swimming to yoga) in order to find my fit. I use a mix of cardio and weight lifting to keep my anxiety down.

What works best for me is getting at least 45 minutes of exercise six days a week, limiting my alcohol intake to once a month, as well as working to maintain and maintaining a regular sleep schedule. I know when I do not continuously work through these things it can be difficult maintain a healthy mindset.

Another idea she mentioned that works for me is finding a few friends who also have anxiety and can be a support system. I have a lot of friends who do not suffer from anxiety and it can be isolating feeling like the freak who cannot get it together. Having someone to check in on (as well as them checking in on me) helps me keep on track with doing what I need to do to treat anxiety."

Blake

“In 2004, my mom and I were in a car accident. The accident involved our car rolling over onto its roof. While I was able to crawl out with a scratch, my mom had passed out and needed much more assistance. It was that night that the doctors realized her heart condition. From that night on, my life changed. I was only ten when we got into the accident, but it feels as if it only happened recently. While my mom is in much better health today, the trauma from the accident left me in a state of constant worry. Whenever my mom got sick, I would assume the worst. To this day I get nervous driving in the car with her! I didn't even want to get my license when I turned sixteen because I was so scared to drive.

However, I've learned how to cope and deal with driving and realized worrying about my mom on a daily basis is not healthy. Unfortunately, my anxiety from the accident manifested into even greater anxiety over just about everything. I used to have "episodes", a complete mental breakdown over something minuscule. I would cry, scream, or freak out whenever something spontaneous or out of my normal routine would occur. Even my mom saying she needed to run to the store after skating practice would set me off because in my mind I did not plan on going to the store.

This was something I suffered with for about eight years before finally realizing I needed to start taking control over my life. I went to a psychologist when I was younger and she said I probably have OCD. When I was a senior in HS I finally wanted to take control, but I didn't want to admit my anxiety because I was afraid I would be viewed as "crazy”. I still gave it a try and decided to get on medication. I started with Buspirone and my doctor diagnosed me with GAD. Due the fact I didn't feel like giving my

all, the medication I was on didn't work for me. I either wasn't taking it every day or in the couple months that I was able to control myself, I felt strong enough to go without it.

As soon as I entered college, I spiraled into a depression that lasted until the end of my sophomore year. My anxiety was at an all-time high. I was miserable and constantly worried about my future and daily life. Once I entered my program junior year I had a good handle on anxiety. It was not until last Christmas that it came creeping back and was even more debilitating. I went back to the doctor, swallowed my pride, and got prescribed Zoloft. It has been a lifesaver. Going to counseling has also helped me a lot, too.

I realized that living with anxiety and being prone to depression will be a lifelong journey. However, my role as a social worker is almost therapy in itself! My own life experiences have shaped my passion for helping others and helped me realize it is ok to get help when you are struggling. The older I get, the more I realize anxiety is a blessing and a curse. My personality is very sensitive and I wear my heart on my sleeve, but if I didn't have anxiety/depression I would never be who I am today!”

Caitlyn

This person suffers from Trichotillomania, which is a form of OCD where the person displays compulsive hair pulling.

"I notice that if I'm alone and I get stressed out about something (which is pretty often), I start pulling my eyebrows and to a lesser extent, my eyelashes. I've heard that people can start pulling wherever there is hair on their body, so people can pull hair from their head, legs, etc. It's awful because it affects my appearance and makes me feel abnormal. I have pretty low self-esteem when I pull. I often think that people notice and think that I'm ugly. I often have to check myself when I think these things. I can't go outside of my room without filling in my eyebrows. It's pretty annoying but it's just something that I live with. I have been pulling since I was about 13 years old. I'm going to counseling now, so I'm hoping that I will learn how to control it to some extent. I'm seeing a counseling psychology graduate student and we've been doing quite a bit of contingency planning. We have a place on campus where counseling grad students can provide therapy with supervision at a lower price."

Dakota

“At first I was diagnosed with social anxiety in sixth grade because I was very shy and had trouble with things like talking in class or meeting new friends. I saw a psychiatrist and was put on the antidepressant Zoloft, which I took until my freshman year of college. I stopped taking it just because I did not like the idea of being on medication and didn't think it helped me. I had experienced small panic attacks throughout my life but they usually only consisted of heavy breathing, crying, and only lasted a few minutes. During my first year of college I experienced these panic attacks a little more frequently, usually about once every few months. I usually experienced these panic attacks only for things that did not happen every day, such as flying on a plane, getting a speeding ticket, or doing poorly on a test. I decided to go see a different psychiatrist and was diagnosed with Panic Disorder. I was prescribed immediate release Xanax to take only when experiencing a panic attack. It worked out well and I didn't experience too many problems with panic attacks until this year, which is my senior year in college.

This past semester I started to have a lot more stressful things happen in my life. One day in mid-October I began to feel extremely dizzy, I couldn't sit still or eat anything, couldn't stop crying, my chest hurt extremely bad, and I felt like I was suffocating. It was one of the scariest experiences of my life because I felt like I was going to stop breathing. I got picked up to go home from school and was taken to the emergency room where they did chest x-rays and determined it was a panic attack. After that, I continued to get extreme panic attacks almost every day and kept having to take Xanax every day in order to calm down. I would randomly get them for no apparent reason other than ongoing stress in my life. It was very different from the panic attacks I had earlier in my life because

there was a lot more physical pain involved. I went to my doctor and was prescribed Lexapro to take every day and then I continued to take Xanax with panic attacks. The panic attacks got so bad that I had to stay at my parents' house (which luckily is only 30 minutes away from GVSU) for the entire month of November. I was actually afraid to stay at my own apartment because I was so scared of having a severe panic attack. I was also unable to really eat anything because I would get nauseous from the panic attacks. I lost 15 pounds in two and a half weeks, which put me back in the hospital because my gall bladder became inflamed from rapid weight loss. This also made it painful to eat. I had to talk with my professors about doing incompletes in my classes because I was falling behind. Luckily the panic attacks were slowly getting better, and when I talked to my professors about classes they were super helpful which helped me to relieve some stress.

The panic attacks became less frequent and I think that was due to a reduction in stress and medicine. Another thing I found helpful was to distract myself from thinking about the panic attack or pain by calling someone or talking to someone. This is why I felt better living at home because I was around my family constantly. When I do have chest pain or stomach pain I try to tell myself that it's just anxiety and then I try to distract myself from thinking about it. If it gets too bad I take a Xanax, but I try not to take it because you can become physically addicted to Xanax if you take it too often. I also continued to take Lexapro which is an everyday antidepressant to help with anxiety. Over break I've felt a lot better but I'm always fearful of having a severe panic attack. I also still have increased anxiety doing everyday things like going to a movie theater or driving long distances (my boyfriend lives 2 hours away and we see each other on the weekends so I drive long distances frequently).

Panic attacks have definitely made it harder to feel and act like my normal self but I am trying my best to control it instead of letting it control me. One thing I would like to do more of is taking a yoga class every week because in the past I have found that yoga helps me to relax and eases my mind."

Erin

“My anxiety triggered when I was in middle school, after my dad had his first heart attack. I started going to a counselor and my counselor told me it was anxiety. I was scared to not be perfect in every aspect of life. This affected my everyday life. I became anxious about everything, even little things would stress me out from school, to superstitious things, and the way I looked. Talking to the counselor always helped me to relieve stress. My mom would sometimes come in the room so she could understand how I felt and why I felt the way I did.

Sometimes I would not go to friends and I would just say I'm going to sleep for the night. Sleep was what helped me the most because I wasn't awake to think about stressful things. I've had three panic attacks and two of those times I got rushed to the hospital because I wasn't able to breathe. They feel like you are dying! One of the times I was just with friends and I started panicking for no apparent reason. I was also put on anxiety medication (Zoloft), and that helped except the side effects were awful. I have been off my medication for about year now and my new medication is an answered prayer! I have been able to control my anxiety, and now just get stressed from normal things, but I know how to control it now!”

My Story

My struggle with Generalized Anxiety Disorder has been a lifelong journey. I have shown signs of anxiety from a very early age but they were almost entirely unnoticed by myself and my parents for years. My brother struggled with panic disorder when we were younger and my symptoms of anxiety may have been overlooked because my anxiety disorder did not and does not manifest itself in the way his anxiety disorder did. I believe my anxiety disorder has a lot to do with my genetic predisposition. There are several family members on both my mom's side and dad's side who struggle with some type of anxiety disorder.

My mental health issues did not become too intrusive in my life until my grandma passed away in 2007. I became very depressed after her passing and also developed an eating disorder (most likely as an unconscious way of gaining a sense of control in my life). I began seeing a counselor for the depression I was suffering from after my grandma's death but eventually and fortunately overcame the depression and discontinued counseling sessions. A couple of years after my grandma's death my eating disorder was finally recognized. I spent several years on and off receiving counseling to help gain control of my life again. I had terrible anxiety during my eating disorder but it was hard to distinguish between symptoms of GAD and the eating disorder during that time. For example, there was one night I had a panic attack while I was sleeping. I woke up in the middle of the night feeling like my head and my body were in two different places. It was as if I was watching myself walk from my bedroom to the kitchen. I remember grabbing a glass of water, chugging it down, then sitting on the kitchen floor. The next thing I remember is my mom standing in front of me worried and asking me if I was okay.

She had told me that she had been standing there for close to ten minutes and I was unresponsive to her. Since I was struggling so much with my eating disorder during this time, I contributed these signs of anxiety to that. It wasn't until more recently that I began to recognize the need for help with my GAD. Now that I have reached a point in my life and journey of recovery from EDNOS (Eating Disorder Not Otherwise Specified), I have been able to see I have anxiety issues which need to be addressed and worked on.

Once I realized how prominent GAD was in my life, I truly was reluctant about receiving any sort of help because I felt I could handle it on my own. It also felt like a setback after all I had overcome with the eating disorder. However, during the summer of 2014, my anxiety became so bad I started having hallucinations. On one incident I was fearful I would hit a deer while driving home alone from a short vacation with my family up north. While I was driving I saw a deer on the side of the road that was starting to sprint across the pavement in front of me. I hit the brakes in anticipation of hitting the deer, when in fact, there was no deer in sight. In that moment I realized my anxiety had become more than I could handle on my own. I went to my doctor and had explained what had happened and was prescribed Xanax. I was and still am not entirely happy to be prescribed medication in order to help treat my anxiety disorder, but also find this to be of tremendous help during times when my anxiety becomes too much to handle.

I began seeing a cognitive behavioral therapist this past October through December to start working on overcoming GAD. My insurance reset after the New Year and I am not able to continue treatment at this time. However, I feel therapy will be a vital part in helping me to better handle my anxiety and to find long term solutions once I am able to go back to therapy. For now, I plan to take advantage of The Anxiety & Phobia

Workbook, take my prescribed medication as needed, exercise on a regular basis, and eat healthy, nutritious foods. This project has also made me want to explore some of the other treatment and coping options which I have shared in this paper.

I am very thankful I was able to do my Honors College Senior Project on Generalized Anxiety Disorder. Doing this research has taught me more about the disorder I personally struggle with on a day to day basis. I know this information has been of great help to me and I truly hope all I have shared is able to help someone else in return!