

Paradigms of Anxiety: A Theoretical Perspective

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Abstract

Anxiety is a healthy reaction that is essential to our survival. Our bodies are geared up to either confront or flee danger as a result of anxiety. In addition to motivating us to act, anxiety may also provide a mild thrill, such as when we ride a roller coaster or participate in a fast-paced competitive game. Anxiety can do both of these things. If we were incapable of feeling fear, our world would be more perilous. However, anxiety becomes a problem when it becomes the usual rather than the exception and/or when our attempts to control it (for example, by avoiding situations, abusing drugs or alcohol, or relying on strict routines) begin to affect our ability to carry out our commitments to our families, coworkers, and social groups. The present research has focused on presenting different aspects of anxiety to facilitate a better understanding of the concept and serve as a means to devise effective intervention strategies.

Keywords: Anxiety, Behavior, Cognitive, Perspective, Theories.

The Paradigms of Anxiety

“Our anxiety does not come from thinking about the future, but from wanting to control it.” - Khalil Gibran

Often conveyed by nervous behavior, anxiety is an emotional state marked by an unpleasant state of inner upheaval. The American Psychological Association (APA) defines anxiety as “an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure.”

Anxiety is a feeling of edginess and vexation, usually generalized and distributed as an exaggerated reaction to a situation that is subjectively seen as alarming. It is oftentimes accompanied by muscular tension, uneasiness, weariness and difficulty in concentration. Anxiety is often closely

associated with fear but the two are not synonymous. Fear is a response to a actual or sensed proximate danger; while anxiety involves the anticipation of a future threat. People experiencing anxiety may retreat from settings or conditions which have given rise to anxiety in the past. Anxiety can be experienced with prolonged and persistent symptoms that deteriorate the quality of life, also referred to as chronic (or generalized) anxiety. On the other hand, it can also be experienced in short surges with unpredictable, exhausting and draining panic attacks, called acute anxiety.

Symptoms of anxiety may vary in their nature and impact from one person to another. Anxiety can cause physiological, psychological, behavioral, emotional and cognitive effects on an individual which may include neurological, digestive and respiratory problems; the tendency to harm oneself; avoiding the situations that have proven to be unpleasant in the past; feelings of dread or apprehension and; thoughts about the suspended dangers in one's environment.

Theories of Anxiety

Psychoanalytical Theories

Psychoanalytical theories of anxiety have been chiefly propounded by Sigmund Freud. In his early works, Freud referred to anxiety as a consequence of libido transformation through repression. In later formulations, Freud deduced that anxiety arises as a result of the conflict between ego and id. However, later psychoanalysts such as Sullivan (1953) laid more emphasis on the role of social environment in generating anxiety in an individual.

Behaviorial Theories

According to the views Pavlov and Watson, anxiety is essentially a result of classical conditioning. They regarded anxiety as a mediating mechanism which makes individuals avoid noxious stimuli. Later behaviourists such as Dollard, Miller (1950) & Mowrer (1953) postulated that anxiety can be the result of certain unfulfilled primary drives and can thus act as a secondary drive eventually that may lead to drive reduction. This drive reduction may reinforce the anxious responses and increase its future probability of occurrence.

The multi-level behavioral theory of anxiety (Staats & Eifert, 1990), lays two basic assumptions: (i) that there is an emotional foundation for all anxious behaviors and, (ii) anxiety can be acquired through aversive conditioning, thus stating that anxiety is not necessarily the result of a traumatic experience.

Neurophysiological Theories

The physiological/neurophysiological theories largely focus on the parts of central nervous system that are involved in the generation and maintenance of emotions particularly fear and anxiety. One of the substantial physiological theory of anxiety is that of Gray (1982). According to Gray, a complex septal-hippocampal system acts as the basis of emotions including anxiety and the mechanism that acts as an interface between emotions and cognition.

Phenomenological/ Existential Theories

The existential theories of anxiety can be traced back to the works of Kirkegaard about 150 years ago. Anxiety in existential terms is regarded as a naturally occurring state of an individual.

The existentialists believe that human life is unpredictable and every choice an individual makes will have a consequence to which the individual needs to hold responsibility. Thus, there is always some degree of uncertainty which may cause anxiety. Anxiety is hence something that cannot be avoided, instead it needs to be dealt with. The contemporary attempts to explain phenomenological grounds of anxiety can be found chiefly in the works of Fischer (1970).

Cognitive Theories

In the recent times, most theories of emotions have recognized a place for cognitions and theories of anxiety are no exception.

Mathews et al., (1990) believes that individual differences do exist in terms of anxiety as people differ in the structure (content) as well as the processes of their cognition. The level of anxiety people possess also has a significant impact on the contents stored in their long term memory and their mood states.

Another important contribution to the cognitive theories is Ohman's Transformation Processing Theory of Anxiety (1993). Ohman's theory comprises of 5 major aspects: (i) Stimuli (information) goes to feature detectors which then pass this information to the significance evaluators.

(ii) The significance evaluators assess the relevance of the stimulus (information) received. With the help of prior experiences and cognition, a meaning is given to the information received.

(iii) Based on the contingent reactions of the autonomic nervous system, the arousal system, the arousal system updates the significance evaluators and also sends input to the conscious perception system.

(iv) The received information then goes through the expectancy system which is a cognitive system of networks with nodes. This system directs the significance evaluators to find threats, if any, in the environment and also makes a discourse for the explanation of the information received.

(v) The conscious perception system consolidates information from the arousal system, the significance evaluators and the expectancy systems and decides a plan of action to deal with the perceived threat.

Conclusion

The present research focused on the perspectives aiming to explain the factors responsible for the induction and maintenance of anxiety. Psycho-analytical, behavioural, existential, cognitive and neurophysiological perspectives of anxiety were analysed and the major assumptions of the same were summarized which indicated an equivalent contribution of physical, psychological, environmental and socio-cultural factors towards the inoculation and sustenance of anxiety.

References

- Dollard, J., & Miller, N. Personality and psychotherapy. New York: McGraw-Hill, 1950.
- Fischer W. F. (1970). *Theories of anxiety*. Center for Advanced Research in Phenomenology University Press of America.
- Mathews, A., May, J., Mogg, K., & Eysenck, M. (1990). Attentional bias in anxiety: Selective search or defective filtering?. *Journal of abnormal psychology, 99*(2), 166.
- Mowrer, O. H. (1953). *Learning Theory and Personality Dynamics*. New York: Ronald Press Co.
- Öhman, A., Esteves, F., Flykt, A., & Soares, J. J. (1993). Gateways to consciousness: Emotion, attention, and electrodermal activity. *Progress in electrodermal research, 137-157*.
- Staats, A. W., & Eifert, G. H. (1990). The paradigmatic behaviorism theory of emotions: Basis for unification. *Clinical Psychology Review, 10*(5), 539-566.
- Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. New York: Norton.