

Psychosocial Functioning of Females with Chronic Anxiety Disorder

Dolly Kumari¹ & Pradeep Kumar²

Abstract

Anxiety disorder is a common type of mental health disorder which characterized by the excessive and persistent experience of excessive fear, worry, or apprehension. It differs from normal feelings of worry, nervousness or anxiousness and involves excessive fear to unknown or anxiety. It precipitates symptoms like dryness of mouth, choking sensation, racing heart, chest pain, sweating, irritability, and behavioral or emotional difficulties. Females who experience persistent and increased level of anxiety for long time, is harmful and impact on their daily living, life style and quality of life. They may struggle to complete overall functioning of the patient.

Keywords : Women, Mental health, Anxiety, Psychosocial.

Physical symptoms: Anxiety can manifest in physical symptoms such as a dryness of mouth, choking sensation, racing heart, chest pain, sweating, shortness of breath, muscle tension, shaking, tingling or numbness in limbs,

¹ Clinical Psychologist, ² Consultant, Psychiatric Social Work, SIMH, Pt. B. D. Sharma University of Health Sciences, Rohtak, Haryana.

Corresponding Address:

Dr. Dolly Kumari
Clinical Psychologist of SIMH,
Pt. B. D. Sharma University of Health Sciences,
Rohtak, Haryana.

Received: 19.04.2023 Revised: 22.05.2023

Accepted: 20.05.2023 Published: 24.06.2023

INTRODUCTION

Anxiety disorder is a common type of mental health disorder which characterized by the excessive and persistent experience of excessive fear, worry, or apprehension. It differs from normal feelings of worry, nervousness or anxiousness and involves excessive fear to unknown or anxiety. Anxiety refers to a normal stress reaction. When it is minimal, can be considered beneficial as alerts to danger and prepare for fight or flight response in the concerned situation with increased attention. Persistent and increased level of anxiety is always harmful. Anxiety disorders are the most common disorders among mental disorders. Anxiety disorders can be treated with various psychotherapeutic interventions. Most people lead to normal productive lives after treatment. Symptoms of anxiety disorder have vicious cycle.

SYMPTOMS OF ANXIETY DISORDER

Excessive worry: Individuals with anxiety disorders often experience persistent and uncontrollable worrying about various aspects of their lives, leading to difficulty concentrating on tasks and making decisions.

Access this Article online

Website :

www.jpsw.co.in

<https://dx.doi.org/10.55242/JPSW.2023.4107>

Quick Response Code



How to cite: Kumari D, Kumar P (2023): Psycho-social Functioning of Females with Chronic Anxiety Disorder. Journal of Psychosocial Wellbeing 4(1):45-48

headaches, gastrointestinal issues. In long run it disturbed sleep as well as appetite of the patients which further causing to restlessness, fatigue and irritability

Behavioral Symptoms: Apprehension easily identifies by individuals' behavior like not staying at one place and showing restlessness, inability to be calm, agitation, irritability, poor social interaction or avoidance behavior to certain situations or places that is perceived as triggering to anxiety, limiting participation in various social activities and opportunities for personal growth.

Cognitive Symptoms: Many individuals with anxiety disorder complain about forgetfulness, poor attention and concentration, distorted thinking patterns as negative and catastrophizing thinking most of the time. Patients these thinking may precipitate panic attacks, behavioral or emotional difficulties in them.

PROBLEMS FACED BY WOMEN

Anxiety disorder reported higher in all psychiatric disorders in India. Females of urban community have significantly higher prevalence rates (32.2%) of neurotic disorders (Chandrashekhar & Reddy, 1998). According to NMHS females were more prevalent to anxiety disorder as comparison to males with anxiety disorder (Manjunathan et al, 2022). Prevalence is high in population of married, not working, lower economic status who residing in rural area (Manjunathan et al, 2022). Disability is also associated with patients with anxiety disorder. Mostly patients were having mild level of disability in area of work, social life and family life According to NMHS (Manjunathan et al, 2022).

When anxiety disorder persists for long time it often leads to consistently elevated stress levels. It may present due to poor family environment, conflicts with someone, critical comments in the family, poor interpersonal relationship, avoidance behavior, poor physical health, over burden from work, poor time management, lack of socialization, lack of support, bound to cultural norms and following it strictly, inability to seek help from professional, personality type, poor coping abilities, poor problem solving ability, lack of knowledge to illness and intervention, misconceptions of illness, superstitious

belief and societal pressure, poor education and belief in old method of treatment, visiting to faith healers and so on. This can make it difficult for females to cope with everyday tasks and responsibilities. Untreated or poor compliance to treatment does not help to overcome from the illness.

Psychosocial functioning of females with chronic anxiety disorder

Anxiety disorder persists with distressing thoughts and insufficient coping technique. Negative thinking is triggered after an activating event, which gradually reflects in patients' behaviors as well as in their cognitions. Negative thinking pattern always lead to negative evaluation of situation, which is potentially harmful and threatening. Subsequently anxiety plays decisive role in changes in behavior as poor interpersonal relationship due to irritability, aggressiveness, poor communication and avoidance in social gathering, resulting social isolation. As disorder gradually progresses it starts effecting daily functioning of the patients. Shading responsibilities due to excessive worries and panic attacks make it worse. It has deteriorating effect on patients' physical health. Excessive worries, negative thinking, social isolation, poor support by the family, getting free from responsibilities, spending whole day as lying in the bed or sitting, sleep and appetite disturbance further erupts to new associated symptoms and reason of maintaining factor of the illness. As the illness progresses to chronicity, symptoms get worse and impaired the individuals overall functioning. Women are mainstay in the family. When women suffer from anxiety disorder then whole family gets disturbed by consequence of the illness. Chronic illness has detrimental effects on psychosocial functioning of women. Females with chronic anxiety may face a range of challenges in various aspects of their lives. Here are some problems they may experience: Excessive worrying and racing thoughts can interfere with daily functioning of females. They may struggle to concentrate, sleep, or complete tasks efficiently due to anxiety. It may disrupt daily activities and badly impacted on their academic performance or work. Females may find it challenging to meet deadlines, perform well in exams, or engage in networking opportunities due to

anxiety-related symptoms. It subsequently can hinder personal growth and the pursuit of goals. Females who are living alone, poor job satisfaction and conflict in managing family and work simultaneously are closely related to the largest risk of psychological distress (Viertio, et al., 2021). Females may feel trapped in their anxiety, unable to take risks or step outside from their comfort zones. These difficulties further can lead to financial strain. Females may struggle to maintain stable employment, leading to financial instability and added stress. Ultimately, anxiety disorders can significantly impact an individual's ability to function effectively in various areas of life, such as work performance, fulfilling personal responsibilities, and maintaining a healthy emotional well-being. Patients suffering from with anxiety disorders experience significant physical, social and occupational impairment (McKnight, et al., 2016; Mendlowicz, et al., 2000; Olatunji, et al., 2007). Disruption in daily functioning, emotional turmoil, poor coping and support may reason of suicidal thoughts, attempts and sometimes suicide.

Quality of relationships is compromised due to chronic anxiety disorder in females. Excessive worries, excessive reassurance-seeking behaviors, negative expectation and interpretation to life circumstances and so on lead to poor interpersonal relationship. They may experience difficulties in forming and maintaining close connections with others. Communication may become strained, and conflicts may arise more frequently. Society also stigmatized the patient, make distance from them and sometimes exclude to social gatherings. Sometimes family members avoid patients to take in social functions or sometimes patient avoid to involve there due to intolerance of anxiety symptoms in crowd. Females may feel uncomfortable being around others or attending events, which can result in feelings of isolation and loneliness. Overall it effects on relationship with family and society. Studies suggested that anxiety impacted on relationship of patients, social adjustment and poor marital adjustment (Weissman and Bothwell, 1976) and poor coping (Rohde et al., 1990) and stressful life events (Holmes and Rahe, 1967). Anxiety can contribute to low or negative self-

esteem and feelings of worthlessness, as individuals often criticize themselves harshly for perceived failures or shortcomings. Views and attitude of family members and society also contribute to construction of self image. Negative and critical comments by loved ones devastate the self image. It can diminish one's self-esteem and confidence. Females may doubt their abilities and constantly worry about judgment or criticism from others. Critical comments may cause of low confidence. It can cloud rational thinking and hinder decision-making abilities. Self-image of patients with anxiety disorder is disturbed due to low self-esteem and high self-criticism (Lancua, et al., 2015). Females may find it challenging to make choices, leading to indecisiveness and avoidance. Severity of anxiety disorder is closely associated to low self efficacy as well as dysfunctional coping techniques. Poor coping to deal with social anxiety disorder may exacerbate low self efficacy and again low self efficacy may cause of poor coping (Thomasson and Psouni, 2010). Chronic anxiety often co-occurs with other mental health conditions such as depression or further severe mental illness. This can intensify symptoms and complicate treatment. Prolonged anxiety may contribute to the development or exacerbation of other health conditions. Anxiety can manifest in physical symptoms such as headaches, muscle tension, and digestive issues. Chronic anxiety can significantly impact overall quality of life. Females may feel overwhelmed, emotionally drained, and unable to experience joy or relaxation.

Conclusion: Anxiety has devastating effect on overall functioning of females. Chronic anxiety and worries deteriorate physical as well as associated mental health with compromised quality of life of the patients. Early prevention and treatment of disorder could help patients to live quality of life.

References

- Chandrashekhar, C. R, Reddy, M. V. (1998). Prevalence of mental and behavioural disorders in India: A meta-analysis, *Indian J Psychiatry*.40:149–57. [PMC free article] [PubMed] [Google Scholar]
- Lancua, L., Bodner E. b. ., Ben-Zionc, I. Z. (2015). Self

esteem, dependency, self-efficacy and self-criticism in social anxiety disorder. *Comprehensive Psychiatry*. 58;165–171.

Manjunatha, N., Jayasankar, P., Suhas, S., Rao, G. N., Gopalkrishna, G., Varghese, M., & Benegal, V. (2022). Prevalence and its correlates of anxiety disorders from India's 6. National Mental Health Survey 2016. *Indian Journal of Psychiatry*, 64(2), 138–142.

McKnight, P. E, Monfort, S. S, Kashdan, T. B, Blalock, D. v, Calton, J. M. (2016). Anxiety symptoms and functional impairment: a systematic review of the correlation between the two measures. *Clin Psychol Rev*;45:115–30. 10.1016/j.cpr.2015.10.005. [PubMed]

Mendlowicz, M. v, Stein, M. B. (2000). Quality of life in individuals with anxiety disorders. *Am J Psychiatry*;157:669–82. 10.1176/appi.ajp.157.5.669. [PubMed]

Olatunji, B. O, Cisler, J. M, Tolin, D. F. (2007). Quality of life in the anxiety disorders: a meta-analytic review. *Clin Psychol Rev*. ;27:572–581.

Rohde, P, Lewinsohn, P. M, Tilson, M, Seeley, J. R. (1990). Dimensionality of coping and its relation to depression. *J. Pers. Soc. Psychol.*;58:499–511.

The National Mental Health Survey (NHMS). Cited on 19/3/24. <https://mindvoyage.in/latest-statistics-of-anxiety-disorders-in-india/>.

Thomasson P, Psouni E. (2010). Social anxiety and related social impairment are linked to self-efficacy and dysfunctional coping. *Scand J Psychol*;51(2):171-8.

Viertio, S., Kiviruusu, O., Piirtola, M., Kaprio, J., Korhonen, T., Marttunen, M., and Suvisari, J. (2012). Factors contributing to psychological distress in the working population, with a special reference to gender difference. *BMC Public Health* 21, 611.

<https://doi.org/10.1186/s12889-021-10560-y>

Weissman, M. M, Bothwell, S. (1976). Assessment of social adjustment by patient selfreport. *Arch. Gen. Psychiatry*;33:1111–1115.