**Anxiety Disorders by the Numbers**

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An anxiety disorder differs from normal worry in *two* different ways: First, people’s responses in everyday life are intensified. Second, their anxiety starts interfering with the normal everyday functioning in their lives. In sum, anxiety disorders are distinguished from everyday worries in that they are more intense, last longer, and interfere with daily functioning (Bourne, 2010).

There are *seven* major types of anxiety disorders: (1) panic attacks—sudden episodes of disabling apprehensiveness or intense fear that occur without any apparent threat, (2) agoraphobia—fear of being in situations from which escape would be difficult if a panic attack were to take place, (3) social anxiety—fear of embarrassment or humiliation in social and/or performance settings, (4) generalized anxiety—chronic anxiety that persists for at least six months but is unaccompanied by panic attacks, phobia, or obsessions, (5) obsessive-compulsivity—being concerned with cleaning, tidying, checking, and ordering that infers with daily functioning, (6) acute stress—the development of disabling psychological symptoms that subside within one month of experiencing a traumatic event, and (7) post-traumatic stress—the development of disabling psychological symptoms that persist beyond one month of experiencing a traumatic event (Bourne, 2010).

Recovery from any of these anxiety disorders involves the satisfaction of at least the following *three* conditions: the reduction of physiological reactivity, the eliminaton of avoidance behavior, and the alteration of self-perpetuating self-talk. When facilitating actualization of these conditions, there are *seven* interventions that mental health professionals typically employ in treating anxiety disorders (Bourne, 2010):

1. Physical—promoting relaxation, deep breathing, and aerobic exercise.
2. Emotional—learning to recognize and express negative feelings.
3. Behavioral—desensitization and curbing avoidance behavior.
4. Mental—recognizing and countering destructive thinking patterns.
5. Interpersonal—establishing boundary setting and assertive communication with others.
6. Whole Self—building self-esteem and attenuating critical self-talk.
7. Existential & Spiritual—identifying a broader purpose that provides greater meaning to life.

As might be expected, different combinations of these interventions often work best for treating various types of anxiety disorders. It’s more often than not a question of fit and fitting; that is, finding the right therapist who can collaborate with the client to develop the right treatment strategies that make the most sense to both parties.

**Reference**

Bourne, E., J. (2010). *The anxiety & phobia workbook* (5th ed.). Oakland, CA: New Harbor Publications.