



## Re-evaluating Anxiety Disorder from a family perspective

Viewed from the standpoint of human emotion, anxiety is strongly connected with fear. However, anxiety has to be distinguished from fear itself. This distinction must be made if one must engage in objective scholarship. The same distinction must be made if therapists desire successful assessment and treatment. The former is a generalized feeling of Unheimlichkeit (Heidegger, 1927), of not being at ease with oneself or when one allows himself to be overwhelmed with both worry and anxiousness at the same time. Anxiety or Angst is a core ingredient of human life. When anxiety and emotional life is in chaotic balance and when both are managed sufficiently and well, everything else works. Always, the status of an anxious patient is associated with increased attention to threat and a greater likelihood of reaching a pessimistic interpretation of ambiguous events that take place in the family. Pessimistic interpretation leads one to no other tunnel than to make wrong judgment about every human action or about every family situation. The reason is because guilt, death, pain, illness (mental or spiritual, psychiatric or psychopathological), suffering and failure are what defines humanity. These descriptions are at the core and circumference of human knowability, human anthropology, human sociology and human spirituality. Hence, no one can have life without anticipation of death, love without anticipation of hate, depression without anticipation of Angst, frustration without anticipation of worry, success without anticipation of failure and wisdom with doubt from friend's foes and family members. As Paul Tillich once said: "the courage of confidence takes the anxiety of fate as well as the anxiety of guilt into self (Tillich, 1952). This courage swallows everything about guilt and anxiousness.

In the field of psychiatry, anxiety-disordered patients show greater color-naming interference, such as threatening words like collapse, death, failure, and stupid (Williams, Mathew & MacLeod, 1996). Hence accident in human and family life is interpreted as death where simple fire-works is interpreted as gun shot. The minor is made magnificent and the magnificent lets hell get loosed in the family. Certain fears and anxieties are common to children and adolescents and these fears impact behavior and other members of the family. And when they fail to go away with time, they may become a sign of anxiety disorder. An anxious patient expresses angry faces in a set of happy faces (Byrne & Eysenck, 1995). Studies have shown that the state of human anxiety is associated with increased attention to threat cues, and a greater likelihood of perceiving the threatening meaning of ambiguous events (Mathews & Macleod, 1994). Factors associated with anxious feelings are constant terror, dread, or worry beyond one's normal reaction to danger and beyond ones family belief and assumptions

When an anxious patient is confronted by an unequivocal danger such as skidding automobile,



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a mugger, or an intense chest pain, he certainly will direct his or her attention appropriately towards the threat. On the contrary, some people have learnt to direct the threat to other members of the family even when they are not the cause of their anxious moments. Instead of confronting their falling down from crazy bike riding, they say another member of the family was looking at them and they lost control and fall. Instead of confronting an intense chest pain, they say their parents compelled them to do heavy task in the morning resulting to the debt of chest pain they now have.

Andrew Mathews and Bundy Mackintosh (2004) once admitted with equivocation that the life of an anxious person is always complex to describe especially when he wants to concentrate on a task but put thoughts and worries offshore of his or her mind. Both authors continued that despite the person's best efforts, these thoughts will continue to intrude and interfere with concentration on the task at hand. There are exclusive suppositions relevant to this discourse. These suppositions in my articulation are outside any philosophical, psychiatric or family theoretical paradigm. Suppose a patient is told by his doctor that he is living with HIV/AIDS and that nothing could be done about his health issues or an anxious father is told that his symptoms have reached elasticity limit. These individuals will become more anxious and over worried to a breaking point. They will continue to worry until Zion is destroyed. This supposition in my mind illustrates that an anxious patient will not stop being anxious to potential problems or dangers but will jump exclusively to the worst interpretations of ambiguous events.

Dealing with ambiguous events therefore will lead them to develop fear. In this sense, fear is considered to be a basic emotion arising from the operation of an evolutionally old brain system for detecting and avoiding danger. In higher primates, particularly humans, the development of complex cognitive processing capacity allows the evocation of the fear system by symbolic representations of potential dangers, not necessarily present but currently avoidable. Recent research findings demonstrate that later corresponding combination to what is described as anxiety which lay credence to the same basic processing operations and neural substrate are otherwise common to both fear and anxiety (Bradley et al, 1983). Therefore, fear and anxiety are inseparable emotional realities. Both are insuperable mood/ feelings in psychiatric assessment and treatment. The best way to control your anxiety is to manage your personal life. Management of Anxiety is what every anxious person has to take seriously. Proper management helps individuals to properly manage their personal world without interference, or without the fall out of emotional experience. William James emotional and religious experience is cogent here. Another way to manage anxiety is to be goal oriented, and be focused in tasks that will



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take your mind off human and family worries. Without daily family goals, an anxious person will move like a ship without rudder. Without balance or achievable goals, an anxious person would find it hard to keep in mind that he is, and he will blind of what makes him unhappy in life.

Sequel to the above, avoidance in low trait-anxious patients may occur only under relatively mild threat conditions given severe enough threats that switch over to a pattern of attention vigilance (Andrew & Bundy, 2004). The foregoing analysis illustrates that differences exist in an effort to underscore the fact that threat is associated with worry and anxiety. The difference between high and low trait-anxious patients however resides in the threshold at which it switches to a vigilant mode, or the responsiveness of this switching mechanism to some attributes of threatening stimuli (Andrew et al, 2004). Therefore, stress can cause anxiety and anxiety on one hand can lead one to depression. Most people who are anxious are stressed up on a daily basis whether it is problem from the family, society, job related issues or all of the above. Conceptually, stress can be defined as the body's reaction to any stimulus that requires a person to adjust to a changing environment (Anspaugh, et al, 2001). Sometimes, change of habit, food, housing, culture, business, job or lifestyle causes individual family member to experience stress or anxiety or both at the same time. The stimulus to change and the alteration of behavior, or adaptation to unusual situations are called stressors. This is a terminology psychologists and psychiatrists use during family and individual assessment and treatment. As a matter of fact, stressors can be situational. It can be events or concepts as the case maybe. It can be external or internal forces that compel individuals to be anxious. Heart attack in humans can be considered an internal stressor while a new job and the euphoria associated with the first day at job could be considered an external stressor (McArdle et al, 2001). Comparatively speaking, the internal stressor affects Africans mostly while the external stressors affect individuals in Western cultures. Research is yet to reveal this fact but observable phenomenon has demonstrated the validity of this truth. Sometimes, individuals from both cultures feel anxious when they get a new job, or when they go for job interview, or when they have a looming final examination to tackle or when an expecting mother is in the labor room.

No matter the cause of human and family anxiety, the stressor will cause the body to go into an alarm or warning mode. This mode is frequently called the "fright or fight" reaction because of the physical changes that occur in the body. When the warning is received from a stressor, the sympathetic nervous system prepares the body for action. Adrenaline, a hormone from the adrenal glands is released into the blood-stream. Adrenaline dilates blood vessels to the heart



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and brain to increase blood circulation to these areas (Mitchell, et al, 2002). At the same time, it constricts blood vessels to the skin and other internal organs resulting in cool skin, decreased production of vision. When this happens, saliva production decreases and the mouth become dry. After the mouth becomes dry, the heart will beat more rapidly, and blood pressure will rise, and the respiratory rate will increase dramatically. These actions by sympathetic nervous system help provide the body with a burst of energy and the robust stamina at this time will respond to the stressor.

After, an individual responds to the stressor and adapt to changes as needed, the parasympathetic system slowly causes opposite reactions in the body. This results in fatigue, depression, anxiety and exhaustion. In their recent scholarly newsletter on the outcomes of anxiety and diseases, WHO (2008) note that if human body is subject to continual anxiety and stress with “up and down” nervous system reactions, the normal functions of the body will be disrupted. In trying to make this noble assumption WHO failed to realize that human body as well can move in the opposite direction-down and up. The cause and effect of opposite movement of human body is what calls for further research and reflection. Negligence of such reflection can result a serious illness or disease that continues to obliterate family peace and happiness. Many family illnesses have anxiety-related outcomes (Center for disease control and prevention, 2006). Examples include: Migraine headache, anxiety reactions, depression, allergies, asthma, digestive disorders, hypertension (high blood pressure), insomnia (inability to sleep), and heart disease. These health-related illnesses results because of inappropriate control of our anxious moments. Given that family incidences are chaotically handled, anxiety and depression is what gives life a character. It is the élan vital and vital force of human emotional psychology. They are what bring blessings when well controlled. Smokey Robinson in great emotionality puts it this way: I have no complaints about my life. It’s a blessing. I have been through real crises, but so what? I’ve had many peaks and valleys in my life, and the valleys have always made me appreciate the peaks. In his speech upon being nominated as a candidate for office, Ben Chifley delivered this epoch oration “the light on the hill” to an ALP conference in 1949. Ben echoed that “we have a great objective-the light on the hill-which we aim to reach by working the betterment of mankind not only here but anywhere. We may give a helping hand, if it were not for that, the labor movement would not be worth fighting for...” This speech came at a time when the British labor party was anxious about the economy and felt depressed that starvation will cripple citizens if nothing is done fast. It was Delano Roosevelt a onetime US president who said that “the only thing we have to fear is fear itself.” Therefore,



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fear and anxiety is not only a family issue but also a political, social, economic and societal issue.

We should therefore see anxiety as a positive breakthrough towards the goal of authentic living. The goal of authentic living requires one to learn how to set aside family assumptions, family financial worries, and mental health conditions in order to look at life without bias. Learning to be anxious without being biased is the key to living a sound positive existence. The philosopher Kierkegaard (1844) succinctly puts it this way: "whoever has learnt to be anxious in the right way has learnt the ultimate. It is ultimate to transform your emotional and psychological experiences as part of an overall human situation. Therefore, the experience of family mental illness or individual meaninglessness sometimes become a major problem in many people's lives which often lead individuals and their families to a number of concrete mental disturbances. Such experiences, such disturbances, such blood, toil, tears and sweat can be controlled and managed. And when we fail to manage anxiety, fear and depression well, we will allow light to go out of our lives (Jawaharlal, Nehru). A life without light is meaningless. Such a life considers itself a sinner in the hand of an angry God even when God has not even thought about him. And a meaningless life impacts family negatively. Meaninglessness and the creation of meaning are closely tied to family experience of Angst or what existential therapists call existential anxiety. In the annual conference of the Society of Existential Analysis, Emmy and Digby (2005) note that individual meaninglessness can come in different forms but thinking about them repeatedly plunges one into Angst which was likened by Kierkegaard to a dizziness of human freedom. But an unstable and dizzy mind is a big problem in individual therapy and family psychopathology. Instability of the mind and extreme consequences of anxiety lead to unhappiness, depression and anger.

### **The concept of anger and aggression: a family overview**

A street understanding of anger is different from what anger is in family psychopathology. In family settings, anger is understood differently. In wrestling championship, (permissible brutality), anger and aggression are wired differently as a result of human brutal emotion that can be understood based on cause and effect (punch and punch back). Family scholars on one hand will define anger differently from the wide opinion of a member of a household. A family member may describe anger to mean when a person is in rage with his hair sticking out ready to hit or fight another or pull down an aircraft like King Kame or pull down the cathedral like Sampson on the head of family members who possess family attributes of the Philistines. Anger in family



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cycle has other images like slamming the doors, shouting, screaming, yelling uncontrollably and intimidating communication. Certainly, this is part of anger response whether in family circle or in any psychiatric setting. However, anger is not one-dimensional. It is not double-dimensional, rather anger is multifaceted. If this is the case, studies note that it should not be stereotyped (Whitaker, 2009). Whitaker believes that anger can be found in any temperament. Whether a person is shy or extroverted, perfectionist or laid-back, he or she can show anger in many ways.

Anger or aggression is feelings common to men and women, children and infant adults and adolescence in the family. Physician in psychiatric settings use the term anger to describe a number of expressions: frustration, irritability, annoyance, blowing off steam and fretting, etc. Most often we describe anger as a feeling like joy or sadness. When something bothers any member of the family, he can ignore it or he can get angry about it. And when any member of a family gets angry, he loses patience which affects other family inmates. And when this happens, his blood pressure goes up. He or she may feel hyper and may not control what he/she may say or do. For some individuals, they may throw stuff around, hit people, or curse them. This kind of attitude or behavior is called aggression. Anger and aggression can be dangerous to health and relationship in the family.

Another principle of anger control is working on our behaviors, beliefs and principles. Some patients hold irrational beliefs and act out in a manner inappropriate to their human worth. Whitaker (2009) is convinced that holding irrational beliefs can lead to irrational behavior. Believing that disappoints is not part of human and family challenges can cause one to do crazy stuff to himself (cutting himself) or another member of the family. It can cause a family member to sabotage another family member. It can cause friends to reach a digger point. When family members or friends reach at digger ends, it becomes inappropriate or what psychologists call "transfer of aggression." Transfer of aggression is not a healthy family value. It is not a societal regulation. Transfer of aggression within family setting is an emotional infraction that makes the feelings of other family member jumpy. A jumpy man is an uneasy fellow.

The control of human anger is difficult but possible in some ways. Because it is possible, motivation and commitment to change one's attitude and feelings is essential to successful anger control. To change ones attitude is a difficult task. But I believe that change is possible. Heraclitus, along with Parmenides, is probably the most significant philosophers of ancient Greece who postulated a model of nature and the universe which created the foundation for all other speculation on physics and metaphysics. If this is the case, then we can then admit that



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both thinkers created the foundation for psychiatry and psychopathology. The idea that the universe is in constant change and that there is an underlying order or reason to that change is an indubitable fact. Every time a patient walks into the family living room, hospital or psychiatric setting, to some extent or degree, everything he does in that setting originates from Heraclitus's speculations on change and the logos. Because we learn how to behave in private and in public, our behavior can be changed and we can learn to adapt to new alternatives, -the alternative that is non-aggressive to behavior or acting out at home.

We can learn to control our anger by the process of education and enlightenment. We can do that even though Enlightenment era is overshadowed by modern era. When an individual comes to know that he is an angry person by "natura"-nature, he needs to respect himself at all times and control his attitude and behavior before others. The control of self is very essential here. This understanding can help one recognize situations that stimulate anger and limits conflict situations that might cause him to be aggressive. Understanding and being aware of these situations make it possible for one to fall into conflict situations. Family members are to learn how to control their feelings and emotions. The ability to control wide emotions and feelings (frustration, irritability, annoyance) is the surest way of anger management. Some of us can experience feelings in a different chaotic ways. Some individuals express feelings in a mild rational ways, others in a crazy and flammable manner. Some member of the family experience negative feelings such as jealousy or hatred more intensely than others, and this can become overwhelming to family growth and attachment. The degree to which we experience these emotions affect our perceptions of situations and hence the way that we react in moments of tragedy (Whitaker, 2009). I believe strongly that learning to recognize the self-defeating nature of these powerful emotions and other ways of reducing their impact can help us coordinate and control our behavior in the family.

Summarily, anger can be positive too if understood from vantage emotional viewpoint. It is okay to be angry when someone slapped you or offends you for no just cause. The reason is because it is a normal psychological expression of human emotion and nature. Because it is natural, because it is emotional, individuals are advised to turn into a positive and productive emotion of the self. A positive self enjoys balance of chores, pleasures and a healthy lifestyle. A positive self built self-control and deal decisively irritant emotions that stand between him and happiness. A positive self identifies situations that can make him angry and avoids it. Through this effort the individual creates a healthy, balanced lifestyle that leads to pleasurable outcomes. The champions' counseling center listed joyful inventory that could pose as a



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reference point for individuals learning of their anger level, namely:

- Impatience comes over me more frequently than I would like.
- I nurture critical thoughts quite easily.
- When I am displeased with someone, I may shut down any communication or withdrawn.
- I feel inwardly annoyed when family and friends do not comprehend my needs.
- Tension mounts within me as I tackle a demanding task.
- I feel frustrated when I see someone else having fewer struggles than I do.
- When facing an important event, I may obsessively ponder how I must manage it.
- Sometimes, I walk in another direction to avoid seeing someone I do not like.
- When discussing a controversial topic, my tone of voice is likely to become persuasive.
- When I walk about my irritations I don't really want to hear an opposite point of view.
- I do not easily forget when someone does wrong.
- When someone confronts me from a misinformed position, I am thinking of my rebuttal as he or she speaks.
- Sometimes my discouragement makes me want to quit.
- I can be quit aggressive in my business pursuit or even when playing with a game just for fun.
- I struggle emotionally with the things in life that are not fair.
- Although I know it may not be right. I sometimes blame others for my problems.
- When someone openly speak slanderously about a person, not really caring how it may harm his or reputation.
- I may act kindly on the outside while feeling frustrated on the inside.
- When someone is clearly annoyed with me, I too easily jump into conflict.
- I have been known to take an "I-don't-care" attitude toward the needs of others.





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- When I am in an authority role, I may speak sternly or insensitively.

Whitaker (2009) concludes that if an individual checked more than 10 of these items, it is probably that he

is vulnerable to the extreme ill effect of anger, rage, and explosions or to guilt, bitterness and resentment.

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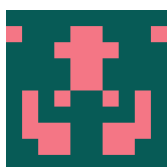
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