

# **ANXIETY DISORDERS**

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**Psychological and Biological Perspectives**

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To Margaret, Stephen, and Marnie, the  
fun we have balances life's anxieties

BRIAN F. SHAW

To Icek, Mania, and Anne, for  
providing all the right ingredients

ZINDEL V. SEGAL

In memory of my father

T. MICHAEL VALLIS

To Marlene, Blanche, Rafael, David,  
and Daniel, with love

FRANK E. CASHMAN

## FOREWORD

Anxiety is one of those entities which everyone "knows", but which ultimately resists simple objective description. The essence of the phenomenon is its subjectivity. True it has its well documented associated physiological events: the increased pulse rate and blood pressure, sweating, and so on, but each of these phenomena may also be part of physical exertion, fear, or even pleasurable excitement. They cannot fully define the sense of threat, danger, collapse, malignancy in greater or smaller amount, in greater or lesser localisation, with more or less objective evidence for its validity that characterises the particular psychological pain we all recognize as anxiety.

It is precisely the essential subjectivity of anxiety and its association with an enormous range of experience that makes it difficult to assign to it well-defined diagnostic labels of the kinds so carefully described by Dr. Spitzer in his chapter on classification. His chapter ranges from the extreme dread of "Panic Disorders", to the diffuse terror of the environment which used to be labelled "Agoraphobia" (and is still so called in the day to day pragmatic usage of many clinics) and is not assimilated to the class of phobias with the label "Social Phobias". He also addresses the "Simple Phobias" which are perhaps the most readily labelled of the many varieties of anxiety. They are associated with very particular events or things. They demonstrate the shading from realistic fear, to the pathological and irrational dread of clinically significant anxiety. While they may have a connection with objectively frightening stimuli - airplanes do after all crash from time to time, one should be careful at great heights, dogs have been known to bite people - it is clear that the objective validity of the fear cannot account for the degree of painful terror experienced by the phobic person. And the DSM-III committees must have had a relatively easy time with the category "Simple Phobias".

But even if the labelling of these disorders was simple the great mystery of nonrational, at times paralyzing, terror remains. It contains a conscious or unconscious notion of an arbitrary and potentially damaging universe, close to that negative perception of things which characterizes the hopelessness of depressive disorders. In their chapter Drs. Swinson and Kirby have attempted to separate the anxiety syndromes from the depressive syndromes. They are subtle and ingenious in their argument, yet in the end they recognize that while anxiety and depression may be discrete states, they are braided together in many conditions of psychic dysphoria.

Drs. Lang and Insel in their chapters describe the objective phenomenology accompanying anxiety. Dr. Insel finds his point of entry in the anxiolytic drugs. He proposes that the information gained through pharmacologic and receptor physiology studies "has provided a bridge between the molecular and behavioural realm". While he recognizes that the territory on either end of the bridge remains essentially unmapped, he expands his argument to take in the potentially exciting work on Na Lactate and adrenergic dysregulation which as he admits, still leaves unanswered the mystery of how these biochemical and pharmacological events are transduced into fear laden thoughts and feelings of dread. Similarly Dr. Lang in his chapter on "anxiety and memory" attempts to map the transformation of physical events to subjective experience. He draws on many models including the recent cybernetic metaphor of information processing and memory.

It is obvious that anxiety is part of the repertoire of normal defence. Not only in the psychoanalytic sense of an unconscious mechanism, but in the more usual sense of a measure of wariness essential for survival. Dr. Beck explores the distortions of the normative functions of anxiety. He relates a Darwinian substrate of necessary fears (necessary in the sense of protective) to their maladaptive generalization and misapplication in patients. Characteristically, he uses metaphor to understand by analogy things which cannot be operationally described and in his hands the metaphor is a useful and sensible guide to understanding the protean manifestations of anxiety. He elaborates his awareness of how anxiety colours affective, perceptual, behavioural, and cognitive functions.

A variety of therapeutic strategies are approached in other chapters. Each approach (self-control skills, the behavioural techniques of exposure in its various forms, and pharmacological agents) represents attempts to grapple with the subtleties of anxiety in its clinical presentation.

If the problem were more clearly defined and the pathophysiology more neatly understood, the wide variety of treatments would probably not be necessary. But in the meantime as the field awaits clarification and specific therapies for specific pains, this book reflects what is known and gives a sense of the heuristic strategies used by leaders in the field to gain a theoretical and curative grip on the pains of pathological anxiety.

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## PREFACE

Anxiety disorders continue to dominate much of the attention of mental health researchers in the 80's. Epidemiologic shocks have been felt across North America to the extent that the media, government and general public, want more information. In the United States, the reorganization of the National Institute of Mental Health reflected these concerns with the creation of the Anxiety and Affective Disorders Branch.

What new knowledge has been discovered that gives rise to this attention? Scientific work like other types of epistemology follows trends. Scientists are on the firmest footing when their theories and/or interventions receive empirical confirmation. As you will see in this volume our new knowledge about anxiety disorders has grown dramatically in the past five years. Theoretical developments and empirical research continue to challenge and alter our conceptualization and treatment of anxiety. We have tried to capture some of the excitement generated by this new work as well as to inform the reader of these developments.

This volume evolved out of a scientific meeting held at the Clarke Institute of Psychiatry, University of Toronto, Toronto, Canada. The meeting was designed to provide an overview of the major advances in this rapidly developing field and to debate several controversial issues. The chapters that emerged from this process reflect these goals. Many of the ideas and findings presented are new but in themselves lead to controversies that should stimulate future research. We paid attention to the traditional areas of concern to clinicians (assessment, therapeutic management) but in particular looked to challenge the reader's conceptualization of these pervasive disorders.

We want to express our appreciation to the many individuals who contributed to this volume. The technical assistance of Jane Burnie, Doreen Vella, Debi Wilson and Barbara Duda was invaluable. The work was made possible through a grant from the Upjohn Company of Canada through their representative, Eugene Yakovitch. The administrative support of Professor Vivian Rakoff was essential to this work. Mary Stevenson at Plenum supported our effort and provided encouragement throughout the process. The editors want to thank all who have been involved.

BRIAN F. SHAW

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