

A Case of Severe Anxiety

Ch. Jonathan Haverkamp

Abstract—Anxiety can interfere with life to such an extent that normal everyday activities are no longer possible, and a patient has essentially become house or even bed bound. Often, patients are just provided with medication, while there has been ample empirical support for the superior effectiveness of a combination of psychotherapy and medication.

Index Terms—anxiety, anxiety disorder, psychotherapy, medication, psychiatry

I. INTRODUCTION

ANXIETY can be a very limiting symptom. In the form of anxiety disorder, anxiety can constrain life to a degree that normal everyday life is no longer possible.

The treatment of anxiety usually consists of psychotherapy and in many cases some medication support. It may not have to be a long-run medication in the form of an antidepressant but can be an anxiolytic on an as needed basis if the anxiety fluctuates. However, for continued severe anxiety psychotherapy will usually be combined with medication.

II. THE CASE REPORT

A woman in her early thirties who could not leave her apartment anymore due to anxiety. She was afraid that she would collapse on the street and that people would wonder what is wrong with her. She was spending the day mostly in her shared apartment, quite often in her room on her bed. She had worked as a journalist before. Her last job was very stressful, and she felt bullied by her boss and a co-worker.

. She managed to come to her first appointment with the help of her apartment mate. She was well groomed and dressed. Her eye contact and voice seemed normal. She mentioned early on that she did not feel depressed, but that the anxiety was pulling her down and she did not know what to do anymore about it. She also felt stressed in her first appointment because she did not know what to expect from the therapist.

She had lost her job due to the anxiety and could also not imagine going on dates again. She had had relationships in the

past. The last one lasted for three years, but her partner was quite abusive. He identified flaws in her all the time, was unpredictable and emotionally manipulative. She had become more and more passive in her interactions with him and found it easier to take the blame than protect herself from it.

She had worked as a journalist since college for a large newspaper. She enjoys writing and doing research. In spite of her anxiety, she is interested in people. However, she feels overwhelmed by groups of people or in crowds on the street.

As a child her mother had suffered from depression and her father from anxiety and was an alcoholic. She has three siblings, one older one is suffering from anxiety as well. Her first relationship was with an abusive partner. At home, emotions were usually not talked about. It was better to maintain stability as much as this was possible. Her father had studied engineering, her mother was a stay at home mom. She never felt very supported in her academic pursuits.

A. Psychiatric History

Anxiety has been an issue since puberty and all the way through adolescence and young adulthood. Early on it showed mostly in the form of social anxiety, then later in a more generalized form. However, never before had it got to the point where she could not leave her apartment anymore.

She had never done psychotherapy before, nor was she ever prescribed any medication for her anxiety, with the exception of small quantities of a benzodiazepine occasionally by different doctors over the years.

B. Somatic History

Her medical history was otherwise bland.

C. Treatment

The patient started treatment with psychotherapy and medication concurrently.

1) Psychotherapy

The first steps included conveying a setting which in itself was anxiety reducing. The approach of the therapist was to be empathic and practically helpful from the beginning. A

Jonathan Haverkamp, M.D. works in private practice for psychotherapy and psychiatry in Dublin, Ireland. The author can be reached by email at jonathanhaverkamp@gmail.com. Copyright © 2012 Christian Jonathan Haverkamp. Anything in a case which could help identify an individual has been changed.

general overview was provided by the therapist on how psychotherapy and medication could help in her case, what the process may look like and what some of the pitfalls of the psychotherapy and side effects of the medication may look like. She was also told that there should already be an effect after a few sessions, and she should talk about anything that made her feel uncomfortable and if something did not seem to work for her. It was the impression of the therapist that she already benefitted from a space in which she was actively encouraged to talk about things she did not like and to say 'No'.

At the outset of therapy, she was given the space to talk about anything she wanted, anything that came to her mind. She talked about the stress she was having, that everything was overwhelming, but since she was not working she could not pinpoint the stress exactly. Gentle questions to help her identify the emotions she may experience as overwhelming, unearthed some sadness and frustration, but mostly helplessness. Having identified and talked about these emotions, she was herself surprised. She acknowledged that she was too busy thinking about her anxiety to "really think about how she felt".

Asking questions and reflecting on her answers with her over the following sessions helped her engage in more helpful communication patterns. She was actively encouraged to reflect on her internal and external communication whenever the situation arose. However, this never was pushed onto the interaction but usually developed from the discussion and the questions the therapist asked. She was given enough space so that she could take ownership in the process rather than having to see it as an agenda coming from the therapist.

Her communication patterns at first were very devoid of emotion. Her presence felt frightened and intimidated. Reflecting on the little information she provided about her inner world and the emotional transference was helpful in starting the therapy and in increasing her interest in her own inner life. But at this point the fears were still too great. However, stimulating interest in communication helped to shift the focus to her communication patterns. This could be accomplished by reflecting on the communication in the session and the interactions she had over the last week with other people.

The work on internal communication patterns is then furthered through the focus on the external communication patterns. Interacting with the patient in a curious and reflected way helps the patient to do the same, which he or she can then integrate into the internal communication. After a few sessions she was thinking about decisions and questions in life differently, in a more reflected way.

The emotional confusion, and thus the anxiety about becoming anxious, decreased as her ability to think about her emotions and communicate them increased. Identifying emotions in words was an important step in this process. It not only helped her to work with and communicate about them

better, but it also helped to identify the signal of the emotion, which could lead to a better plan of action.

The patient began leaving the house again as she saw more sense in doing so. The internal dialogue and the anxiety were difficult, and she had setbacks. However, in small steps she learned to increase her radius. It helped that she had a vacation she was looking forward to in a couple of months to a place that was meaningful to her.

She also contemplated whether to hold on to her job or whether to quit it. Through communicating also internally more about her feelings she was able to identify her needs, values and aspirations. This caused more anxiety as she tried to image her life in ten years, but in the following session she also reflected that it gave her a greater sense of stability.

The more she could identify and judge for herself which internal and external communication patterns were helpful or unhelpful in everyday life, the more distance she attained from the anxiety and the less the symptoms became.

2) Medication

A long-term medication with escitalopram 15 mg and alprazolam on an as needed basis provided her with the additional support that led to marked results from the first day. She noted that the sense of control from the medication made her feel less helpless in the face of her anxiety and the fears of that anxiety. After three weeks she already seemed more relaxed and after five weeks her anxiety was largely gone. He could reduce the medication after a year, but kept 10 mg for a while after that.

III. DISCUSSION

The combination of medication and psychotherapy to treat anxiety has allowed them to work synergistically with each other.

A. Psychotherapy

A communication focused therapy can help patients reconnect with themselves more emotionally and cognitively. (Haverkamp, 2010b) This helps the patient in identifying the needs, values and aspirations of the patient.

The first steps are on preparing the setting for the place where the therapy can take place. This is important because it requires freedom and an atmosphere of empathy, which may be in contrast to what patients with anxiety have experienced in the past.

Using questions is usually quite powerful when it comes to anxiety. Not only asking what the worst imagined outcomes could be, but also directing the focus of her thinking to other less anxiety invoking topics was helpful in the beginning. Over time, questions also have the objective to make her

develop and use better questions in her own internal and external communication. (Haverkamp, 2010a, 2010c)

Communication with the outside world is an important part in the treatment of anxiety. At first it was difficult for her to find words for how she felt, which, however, became easier over time. What helped was a setting in which she could feel safe and comfortable, and one in which the therapist had an empathic attitude which was aimed at understanding.

The therapeutic change happens when the communication patterns change. Since the external communication patterns and the internal communication patterns are interconnected and to some extent reflections of each other, working on the external communication also brings about changes in the internal communication patterns.

A lowering of anxiety usually requires looking at the basic parameters, the needs, values and aspiration, which become visible through the work with communication. In this case, the patient was in a situation where she felt that her life in many areas, but particularly in her work, was out of sync. Since work has a high degree of relevance to her, which can partly be explained with her experiences as a child and as an adolescent, finding a new direction in her workplace was an important step in her treatment.

Identifying and reflecting on the emotions one experiences can help to identify a course of action. Where an emotion of sadness may signal to seek greater closeness to other people, an emotion of anger, for example, may indicate that distance seems better. However, this does not mean that these types of action are needed. It is only important to be able to identify and read the signal, and then to work out ways, given the own preferences, needs, values and aspirations, that are of the greatest benefit. This step is often the most difficult ones for patients suffering from anxiety. A focus on communication can help to practice this and make it easier for the patient.

B. Medication

For anxiety selective serotonin reuptake inhibitors (SSRIs) are usually the long-term medication of choice, if the patient tolerates them well. In this case, escitalopram was sufficient. However, in some cases a combination with pregabalin or a neuroleptic may become necessary, although the latter adds to potential side effects and patients should be actively involved in the decision and informed about the pros and cons.

For the short term a benzodiazepine can be a valuable addition because it gives the patient back some control, which helps to break the vicious cycle of increasing anxiety. Often, just having the benzodiazepine as a stand-by medication is helpful.

medication has shown to be of superior effectiveness in the treatment of anxiety. Using medication and a communication-oriented approach brought a significant success in this case. Anxiety is largely about uncertainty, and communication helps against the uncertainty. Often it is information about internal states, such as the own emotions which makes a difference.

Over time, improvements in the internal and external communication can lower the anxiety the patient experiences.

CONFLICTS OF INTEREST

The author reports having no conflicts of interest.

REFERENCES

- Haverkamp, C. J. (2010a). *A Primer on Interpersonal Communication* (3rd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkamp, C. J. (2010b). *Communication and Therapy* (3rd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.
- Haverkamp, C. J. (2010c). *Inner Communication* (3rd ed.). Dublin: Psychiatry Psychotherapy Communication Publishing Ltd.

IV. CONCLUSION

An integrated treatment plan with psychotherapy and