

# Treatment-Resistant Anxiety

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**Abstract**—Anxiety is a common adaptive experience, but if it is too intense and prolonged in the form of an anxiety disorder, it can become highly debilitating. Quite often, a combination of psychotherapy and medication can lead to a significant reduction in the anxiety over a couple of weeks. However, when this approach does not yield the desired effect, it is important to reassess the symptoms and underlying dynamic, and to acquire a more fundamental understanding of the condition.

**Index Terms**—anxiety, treatment resistant, treatment, psychotherapy, psychiatry

## I. INTRODUCTION

ANXIETY can be something very debilitating. Often, it is possible to treat it quickly and effectively with a combination of psychotherapy and a selective serotonin reuptake inhibitors (SSRI) over the long-term plus a benzodiazepine in the short-term.

According to treatment guidelines (Bandelow et al., 2008; Baldwin et al., 2014), psychological therapies and psychopharmacological drugs have shown efficacy for the treatment of the three major anxiety disorders – panic disorder with or without agoraphobia (PDA), generalized anxiety disorder (GAD) and social anxiety disorder (SAD). There are several psychotherapeutic approaches, and many have shown varying degrees of effectiveness. While change is a central piece of psychotherapy, there are different views on how this change can be brought about and what it should contain.

The common element of all psychotherapeutic approaches is that they use communication to bring about change, and any helpful change is how meaningful information is communicated internally and externally. Communication-focused therapy (CFT) is a therapy developed by the author which focuses more directly on communication and which will also be briefly outlined in this article.

### A. Comorbidity of Anxiety Disorders

Anxiety disorders have a high comorbidity among each other (Wittchen et al., 2011). This does not mean that there is

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only one ‘anxiety disorder’, but it does point to processes which are underlying most anxiety disorders. Patients with anxiety often have a feeling that something is ‘out of sync’, which is a result of unhelpful internal or external communication patterns. (Haverkampf, 2013)

Quite often, a patient may suffer from one form of anxiety, but not another. But many of the pharmacological and psychotherapeutic approaches work with adaptations for a wide spectrum of anxiety disorders. Communication-focused therapy (CFT) may be the most general form of psychotherapy, which has been described for most anxiety conditions (Haverkampf, 2017d).

### B. Medication and Communication

Medication can help the psychotherapeutic process if it makes a meaningful exchange with others and oneself easier (Haverkampf, 2017a; Haverkampf, 2017b). Often, patients with anxiety have either socially withdrawn or their relationships have already suffered. Since better communication is a good way to break through the anxiety, added support which facilitates easier and less anxiety-prone medication, can also help reduce the anxiety if the patient applies the insights gained from the therapy.

### C. Therapeutic Communication

The meaningful communication between therapist and patient is an important part of the therapeutic process, because the patient not only develops insight and experiments, but the skills learned from it can be applied in real world situations. One requirement is that the communication is meaningful to the patient (Haverkampf, 2017d), which requires adjustments to the individual situation.

## II. MEDICATION

Medications used for anxiety disorders include selective serotonin reuptake inhibitors (SSRIs), serotonin–noradrenaline reuptake inhibitors (SNRIs), pregabalin, tricyclic antidepressants and opipramol (TCAs), benzodiazepines, moclobemide, phenelzine, buspirone and hydroxyzine (Bandelow et al., 2008). The antipsychotic quetiapine is licensed in a few countries for the treatment of GAD. Most would see the SSRIs as a first choice, which is supported by a

large volume of empirical studies. The benzodiazepines are frequently used as an add on until the antidepressant works, and in the longer term as a once off standby medication.

Among the drugs that are currently most commonly used, licensed and recommended by guidelines, that is the SSRIs, the SNRIs and pregabalin, had the highest effect sizes numerically. High effect sizes were also found for delorazepam, hydroxyzine and quetiapine; however, the results with these two drugs were only based on a few studies. Quetiapine is only licensed in a few countries for the treatment of GAD.

The choice of a drug should not only be made solely based on efficacy but also on possible side effects, contraindications and interactions. Benzodiazepines may cause dependency and are therefore not recommended for routine use. Tricyclic antidepressants have more adverse events than SSRIs according to direct comparisons (Bandelow et al., 2008). Pregabalin has been associated with withdrawal symptoms and abuse in individuals with multisubstance abuse; however, the relative abuse potential, compared with other medications, has not been established (Baldwin et al., 2013). Quetiapine, like other antipsychotics, has been associated with a risk of metabolic abnormalities (Jin et al., 2004).

One study used multiple SSRIs (van Apeldoorn et al., 2008) to show that psychopharmacological drugs used for anxiety disorders have markedly higher effect sizes than psychological therapies, although the patients enrolled in the psychotherapy were less severely ill. However, it is still important to remember that psychotherapy often takes much longer to work, which is often outside the time frame used by most studies. Also, the effect size depends on the quality of the therapeutic relationship, which is difficult to measure, while the medication used should always be of the same quality. To address the quality of the therapeutic relationship communication-focused therapy (CFT), for example, focus on the communication processes, which are not directly addressed in many psychotherapeutic approaches, but which can largely determine the quality of the psychotherapy and its effectiveness for the patient.

### III. PSYCHOTHERAPY

Some approaches used are cognitive behavioral therapy (CBT), eye movement desensitization reprocessing (EMDR), interpersonal therapy (IPT), and several others, including psychodynamic psychotherapy and communication-focused therapy, which was developed by the author. Often, various potentially helpful components are added on, such as mindfulness training, relaxation exercises, and many more.

#### A. Empirical Problems

There is a problem with empirical testing in psychotherapy. Unfortunately, this means that often the psychotherapeutic approaches are used in studies, which are easier to manualize. However, as already mentioned above, much of the effect of therapy depends on communication, which is more difficult to operationalize. Not that communication in itself is an ill-defined concept, but it involves so many factors that we need more elaborate instruments to test it.

The role communication plays is also evident in the question about what happens to controls in studies. How much communication there is, and the quality of it, seems to make a difference. In psychotherapy trials, the control condition is mostly a waiting list, which usually has a low pre-post effect size, whereas drugs are usually compared with a pill placebo, which has a larger effect (Rief et al., 2009).

Studies exploring treatment effectiveness for anxiety and panic disorders found equal efficacy of CBT and medications (Bandelow et al., 2007; Cuijpers et al., 2013), superiority of the combination over monotherapies (Bandelow et al., 2007), superiority of CBT over medications (Roshanaei-Moghaddam et al., 2011), superiority of the combination to both monotherapies in the treatment phase and superiority to pharmacotherapy at follow-up (Furukawa et al., 2009). One meta-analysis for panic disorder found equal efficacy of CBT and drugs or superiority of CBT, respectively, depending on the calculation method used (Mitte, 2005). In an analysis of pre-post effect sizes for social anxiety disorder, the largest effect sizes were found for medications, whereas treatment gains of CBT had longer durability after the termination of treatment (Fedoroff and Taylor, 2001).

There has been some debate on whether it is possible at all to create a psychological control procedure that does not have any specific effects (Borkovec and Sibrava, 2005). However, as psychological placebo effects tend to be less than medication placebo effects, this may not make a difference as far as the overall conclusions from a study are concerned.

One problem with 'waiting list' comparisons from a communication perspective is that some of the approaches used for this group could contain considerable communication with the individual. A low threshold repeated contact with a healthcare provider may contain more meaningful communication than a series of highly structured and manualized CBT sessions.

Some studies have shown that gains from CBT are maintained after termination of treatment, whereas patients receiving drugs experience a recurrence of anxiety symptoms after stopping medication. (Bandelow et al., 2007).

It has also been pointed out that psychotherapy and medication have a synergistic effect. (Haverkamp, 2018) Both therapies may be helped by the other. In clinical practice, medication seems to facilitate psychotherapy, and psychotherapy can raise the compliance and possibly the

tolerance for medication. They thus work well together, and both can lead to enduring effects after treatment has ended. It is, however, the better communication with oneself and the world to be gained on the psychotherapeutic side which can lead to life-long effects. Improvements and more flexibility in internal and external communication patterns is a major part of it. But even here medication can, if used correctly, be a helpful support in facilitating this.

### *B. Psychoeducation*

Often, just learning about what anxiety is can go a long way in resolving it. Most patients become anxious about becoming anxious, which usually tends to make it worse. The overall level of anxiety increases, which can also lead to an increase in the various kinds of anxiety.

### *C. Cognitive Behavioral Therapy (CBT)*

The focus of CBT is very much on the present and on the learning and practicing of certain skills, cognitively and behaviorally. This is different from the focus on understanding underlying maladaptive internal or external dynamics as in other therapeutic approaches, such as psychodynamic, interpersonal or systemic therapy.

However, it is likely that what helps in the interaction with a CBT therapist are some of the communication mechanisms which are more closely worked with in psychodynamic psychotherapy and communication-focused therapy (CFT).

### *D. Psychodynamic Psychotherapy*

The focus of psychodynamic psychotherapy is focused on the underlying processes which maintain the anxiety. Often, it is helpful to patients to have a greater understanding how unresolved emotions or conflicts from the past, or the present, can have an influence on how they feel about activities today and how they shaped the strategies they are using today.

Psychodynamic psychotherapy also has a greater emphasis on communication patterns, such as transference and counter-transference, than CBT.

### *E. Communication-Focused Therapy (CFT)*

Communication-Focused Therapy (CFT) was developed by the author to focus more specifically on the communication process between patient and therapist. The central piece is that the sending and receiving of meaningful messages is at the heart of any change process. CBT, psychodynamic psychotherapy and IPT help because they define a format in which communication processes take place that can bring about change. However, they do not work directly with the communication processes. CFT attempts to do so.

Communication is an autoregulatory mechanism. It ensures that living organisms, including people, can adapt to their environment and live a life according to their interests, desires, values, and aspirations. This does not only require communicating with a salesperson, writing an exam paper or watching a movie, but also finding out more about oneself, psychologically and physically. Whether measuring one's strength at the gym or engaging in self-talk, this self-exploration requires flows of relevant and meaningful information. Communication allows us to have a sense of self and a grasp of who we are and what we need and want in the world, but it has to be learned similar to our communication with other people.

Communication bridges the present and the future, as well as the past and the present. It helps store information or transmit it to people somewhere else we have never met. The principle behind it is that information will be transmitted on as long as the sender feels the message is relevant to another and/or oneself. Information endures as long as it is relevant to the people who communicate it. In an emergency information can get through because it is relevant, and the sender can expect help as long as he or she believes that the own emergency situation is relevant to others. The ability to communicate by various means, spoken, gestures, email, smoke and so forth, can thus make people feel safe, if they trust in their own skills and that their message will be relevant and meaningful to another. Patients with anxiety often have lower faith in either or both.

Trust in oneself is built through communication with oneself and others, together with a sense that one can get one's needs, wants and aspirations satisfied. A sense of competency is acquired through being able to send messages that seem meaningful to others. One only sees if another person finds the message relevant, but if it changes something and they act on it, one knows the message was also meaningful. Practice with communicating with oneself and others builds trust.

Building trust in oneself is an important component in the treatment of anxiety. A first step usually is that the patient can identify own needs and wishes, which is an important step in reconnecting with oneself. Feeling this reconnection is ultimately what builds more trust. If one is more connected with something, it becomes more predictable and closer to oneself.

Anxiety and Panic Attacks are related to how people communicate with themselves and with others. They often occur when a relationship breaks apart or some other interpersonal change or issue causes. The result is often communicative patterns that are maladaptive to the individual. These changes in communication patterns are what causes then the problems to the individuals.

Often, there are already maladaptive communication patterns before, that cause the problems in the relationship or interpersonal interactions. These patterns can be analyzed and

changed. Another important element is that communication can also take place on the inside of the individual.

Areas which people often feel anxious about are where there has been an issue with their interpersonal interactions in the past. Early traumata, like a disappearing or abusive parent, stay unresolved. For example, if a parent feels fearful and angry with himself and this is picked up by a child, the latter may decode these messages correctly in that the parent is angry, but since the parent may not be conscious about it, the child does not pick up on the second important half of the message, that the parent has a problem with himself and his issue is unrelated to the child. Of course, one can learn to pick up on the self-blame and frustration of the parent, and therapists should become experts at reading between the lines in this fashion, but it requires experience, reflection and insight into transference and counter-transference phenomena, for example, to use the psychoanalytic terms.

Anxiety can lead to avoidance, which in turn can attach even more anxiety to the situations or behaviors which are being avoided. In social situations, not interacting with others deprives the person of continuously updating and honing the skills and confidence of interacting with others. Avoidance can thus lead to an increase rather than a decrease in anxiety in the long-run.

The disconnect with oneself and others can be reversed quite easily. The fears that are connected with it are often the hardest obstacles to overcome.

Connecting with oneself means using all the information that is available to find out more about oneself. Previous life experiences and how one felt and feels about them can be helpful. It does not mean going back into traumata or reliving something but finding what has been relevant and meaningful to oneself. From this one can gain insight into what is truly important to oneself. From there, it is usually quite easy to have some ideas about what to engage in more or less now and in the future.

### 1) *Meaning*

Individuals suffering from anxiety and panic attacks often see less meaning in the things they do. In therapy an important part is to rediscover meaning and find it in the things that are relevant to the patient. Relevant is anything that is close to his or her values, basic interests, aspirations, wants, wishes and desires.

### 2) *Awareness of the Inner Workings of Anxiety*

An important step in therapy thus to make the person aware of how anxiety affects one's thinking. Individuals from anxiety often focus differently from other individuals. There is often a focus on worst outcomes and strong fears which are caused by it. Underlying this are often strong emotions or conflicts which need to be defended against. The danger and uncertainty is quite frequently inside oneself, rather than on the outside. An individual with a fear of flying may be more afraid of not containing oneself and not being able to leave the

plain than anything else. Anxiety is the fear of crashing oneself and the feelings of a dreaded uncertainty about oneself and one's emotional states.

This insight into the inner workings of anxiety is useful because it helps to formulate new strategies in interacting with oneself and with others.

### 3) *Interacting with Oneself*

Communicating with oneself should become meaningful in itself. After all, this is the most relevant exchange of information can have. But it cannot be separated entirely from one's interactions with one's environment. One cannot determine how one may feel in the presence of a bear, if one has not had encounters with large or potentially hostile animals. One cannot know what a good strategy for a relationship is, if one has never been in love with anyone. To explore the inner worlds, one needs to have interacted with the outside worlds.

### 4) *Interacting with Others*

Better interactions with others, which reduces anxiety, follows from better interactions with oneself. The reason is that since one cannot know the thoughts or feelings of another person fully, one will always project an element of oneself into the other person. We assume that another person will behave either as they did in the past or in a way that seems to us reasonable, if we judge the other person as reasonable. Thus, to a degree one interacts with oneself when one interacts with another person, while being corrected by the other person about one's assumptions as the exchange progresses. It is thus important to have a good sense of oneself to know what is a projection and what is not.

Interacting with oneself is also practicing communication, which helps in communicating with others. It is not a substitute for communicating with others but helps in experimenting with different communication patterns. Also, since there are significant similarities among people on a more basic level, one's own reaction to a thought or feeling can be a good first indication of what another person might feel. This is how art, literature and films can excite multitudes because they touch what is shared by most people.

### 5) *Experiencing the World*

To break through the vicious cycle of anxiety, in which emotions like fear and anxiety cause safety thoughts and behaviors, which in turn reinforce feelings of fear, loneliness, sadness, and so forth, it is helpful to focus on identifying what is meaningful and having more of it in life. Communication helps in identifying and finding meaning, either communication with oneself or with others. The exchange of messages is like a learning process in which meaning can be identified, found and accumulated. Through meaningful interactions one accumulates more meaning, more connectedness with oneself and the world and reduces the need for thoughts and behaviors which are triggered by fears, guilt, self-blame and other negative emotions. This also helps against depression and anxiety.

Perceiving more meaning also makes interacting with others and oneself more meaningful. This has a positive effect on one's interaction patterns, how and in which one ways one relates to one's environment and exchanges messages with it.

#### 6) *Values, Needs and Aspirations*

Often, individuals suffering from anxiety or burnout have become uncertain about what is really important to them and the fit between these values and interests and their current life situation. Whether in the professional or romantic realms, getting what one needs and values makes happy in the long run, everything else does not. If I value helping people, it is important that I do that to make me happy. At the same time, I might value time spent with friend and spending time by myself.

Since values and basic needs remain relatively stable over time, knowing about them can give a patient a greater sense of safety about oneself. Having knowledge of them also helps in interacting with others, partly because one feels more secure about oneself and partly because having a clearer idea about one's needs also helps one to have a clear of others' needs.

#### 7) *Self-Exploration*

The process by which one identifies one own needs and values is self-exploration. It means engaging in communication with oneself, being open and receptive to the information one is receiving from one's body and mind, while also being perceptive to one's emotions. The emotions can play an important role in gauging what is 'good' and what is not, because they are the end product of a large amount of information which has been integrated into them over time. Essentially all the information which is processed can end up in an information, which is not necessarily true for many thoughts.

#### 8) *Meaningful Messages as the Instrument of Change*

Communication is the vehicle of change. The instruments are meaningful messages which are generated and received by the people who take part in these interactions. In a therapeutic setting, keeping the mutual flow of information relevant and meaningful brings change in both people who take part in this process.

The therapeutic setting is a microcosm in which the internal world can be played out and the external world be experimented on. An important quality in the therapist is not to take anything that happens in this setting as personal. What happens in the therapeutic setting should be seen as relevant to that specific setting only, which can give the patient a greater sense of safety to bring the internal world out into the setting. By then experimenting and daring new patterns in the setting, the patient develops insight and builds confidence in the communication process with oneself and others. It is the task of the therapist to support the dynamics of this process through observations, reflection, feedback, and by maintaining healthy boundaries between the therapeutic setting and the outside world. At the same time, the patient will carry more of

the insight and skills gained into the therapeutic process into the outside world if it appears helpful and relevant.

#### IV. CONCLUSION

Improvements in communication, internally and externally, are important therapy goals in the treatment of anxiety. The easier it is for the patient to access information about the own needs, values and aspirations the greater will be the experienced stability and the easier it is to escape from indecision and anxiety. It makes it easier to accept uncertainty as an integral part of life. Better communication with the environment also helps to increase the sense of external stability. Since internal and external communication patterns are tightly linked, working on communication patterns in psychotherapy usually helps in all areas of life in a patient suffering from anxiety. Medication can be a helpful support in facilitating this work and the changes in internal and external communication patterns which can lead to a temporary increase in anxiety.

#### CONFLICTS OF INTEREST

The author reports having no conflicts of interest.

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