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## ORIGINAL ARTICLE

### ANXIETY DISORDERS: EXPERIENCES OF USERS OF A SPECIALIZED MENTAL HEALTH OUTPATIENT SERVICE

#### TRANSTORNOS DE ANSIEDADE: VIVÊNCIAS DE USUÁRIOS DE UM AMBULATÓRIO ESPECIALIZADO EM SAÚDE MENTAL

#### TRANSTORNOS DE ANSIEDAD: VIVENCIAS DE USUARIOS DE UN AMBULATORIO ESPECIALIZADO EN SALUD MENTAL

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#### ABSTRACT

**Objective:** to analyze the conviviality of individuals with anxiety disorders; discuss the implications of anxiety disorders in the social, family, affective and occupational life of individuals; and analyze their degree of psychic suffering. **Method:** qualitative, descriptive, exploratory study, carried out in the mental health clinic of a psychiatric hospital, with 20 participants. Semi-structured interviews were carried out; data were reviewed and later divided into categories. **Results:** anxiety disorders are usually associated with diseases such as depression and stress, affecting the psychosocial functioning and also affecting the adaptation of patients in affective-relational, productive, sociocultural and adaptive capacity. **Conclusion:** a specific nursing care plan is needed to meet the psycho-emotional needs of these clients; more studies about the subject are also necessary. **Descriptors:** Disorder; Anxiety; Stress Psychological.

#### RESUMO

**Objetivo:** analisar a convivência dos indivíduos com transtornos de ansiedade; discutir as implicações destes na vida social, familiar, afetiva e ocupacional do indivíduo; e analisar seu grau de sofrimento psíquico. **Método:** estudo qualitativo, descritivo, exploratório, realizado no ambulatório de saúde mental de um hospital psiquiátrico, com 20 participantes. Foram realizadas entrevistas semiestruturadas, os dados foram revisados e posteriormente divididos em categorias. **Resultados:** os transtornos de ansiedade estão geralmente associados a doenças como depressão e estresse, afetando o funcionamento psicossocial, a adaptação dos pacientes nos aspectos afetivo-relacional, produtivo, sociocultural e na capacidade adaptativa. **Conclusão:** é necessário um plano assistencial de enfermagem específico para atender as necessidades psicoemocionais destes clientes, além de mais estudos. **Descritores:** Transtorno; Ansiedade; Estresse Psicológico.

#### RESUMEN

**Objetivo:** analizar la convivencia de los individuos con trastornos de ansiedad; discutir las implicaciones de estos en la vida social, familiar, afectiva y ocupacional del individuo; y analizar su grado de sufrimiento psíquico. **Método:** estudio cualitativo, descriptivo, exploratorio, realizado en el ambulatorio de salud mental de un hospital psiquiátrico, con 20 participantes. Fueron realizadas entrevistas semi-estructuradas, los datos fueron revisados y posteriormente divididos en categorías. **Resultados:** los trastornos de ansiedad están generalmente asociados a enfermedades como depresión y estrés, afectando el funcionamiento psicosocial, la adaptación de los pacientes en los aspectos afectivo-relacional, productivo, sociocultural y en la capacidad adaptativa. **Conclusión:** es necesario un plano asistencial de enfermería específico para atender las necesidades psico-emocionales de estos clientes, además de más estudios. **Descriptores:** Trastorno; Ansiedad; Estrés Psicológico.

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## INTRODUCTION

Anxiety is a normal reaction to stress and can be described by different characteristics such as restlessness, difficulty concentrating, sleep disturbances, fatigue, tremors, among other symptoms. These symptoms can have negative consequences on the personal life of individuals; in the case of young people, these aspects may affect their professional training. Studies have shown that anxiety affects the motor and intellectual perception of young people, and besides that, Anxiety Disorders produce disorderly morbidity, search for health services and unusual poor performance.<sup>1</sup>

Anxiety, as well as depression, in the elderly represents a public health problem. This indicates that age may be associated with anxiety, along with other factors, such as sedentary lifestyle. A study published in 2013 on anxiety and depression in the elderly stated that the practice of physical activity can support the prevention and treatment of anxiety and depression in the elderly.<sup>2</sup>

Another important point concern crack users, in whom the levels of anxiety and anger are high and cause them trouble. Drug users suffer more from anxiety and mood disorders, attention deficit, and schizophrenia than non-users.<sup>3</sup>

Another important fact is that anxiety is intimately related to suicide. Anxiety disorders, however, are not perceived as risk factors for suicidal behavior. Because of this, it is important to pay more attention to individuals who experience this problem because if they both anxious and drug users, anxiety becomes a risk factor. It is up to the health service to identify that situation and act in a preventive way, in order to reduce the probability, or possibility, of suicide attempts.<sup>4</sup>

There are several types of anxiety disorders; among them we can highlight Panic Disorder, characterized by the occurrence of unexpected panic attacks, that is, different periods of intense fear that may happen several times a day or only a few times a year. This disorder is usually related to agoraphobia or fear of being alone in public places when it would be difficult to escape quickly during a panic attack.<sup>5</sup>

Specific Phobia is characterized by a fear of objects or certain situations, causing persistent anxiety. An example of this disorder is the fear of speaking in public, as speaking publicly can generate a great psychosocial stress and cause anxiety. Those

who present Social Anxiety Disorder have difficulty speaking, presenting speeches with longer and more frequent pauses. Besides the fear of speaking in public, there is the fear of sleeping in dark rooms, fear of flying, fear of height, among others.<sup>6</sup>

Social Anxiety Disorder (SAD) is one of the disorders that affect individuals who have anxious symptoms where individuals are overly afraid of being criticized, and they present the tendency to have a negative opinion of their social behavior. They fear experiencing humiliation, so they avoid talking in public, urinating in public restrooms, talking to someone who they have interest as a date. This tend to be an incapacitating condition; the majority of affected patients have poor level of education, are young people, unemployed or do not have fixed income, and live alone.<sup>7</sup>

Generalized Anxiety Disorder (GAD) is a disorder in which the individual is anxious for everything, with excessive concerns about various events or activities on most of the days during the past six months. GAD is associated with somatic symptoms such as muscle tension, irritability, difficulty sleeping and restlessness. A study developed in 2016 on anxiety and depression disorders revealed that elderly patients with chronic vestibular dizziness had a high prevalence of GAD, specific phobias and major depression in life.<sup>8</sup>

The aim of the present study is to analyze the experiences of people suffering from various anxiety disorders.

## OBJETIVES

- To analyze the experiences of people diagnosed with anxiety disorder.
- To describe how individuals live with anxiety disorders in their daily routine.
- To discuss the implications of anxiety disorders in the social, family, affective and occupational life of the individuals; and analyze the degree of psychological suffering of these people.

## METHOD

Qualitative, descriptive, exploratory study carried out in a Psychiatric Reference Hospital in in Teresina, Piauí. The participants of the research were twenty patients diagnosed with anxiety disorder. Inclusion criteria were: patients with a confirmed diagnosis of anxiety disorder who were able to respond to the prepared script and accepted to participate in the study; those who were unable to discuss their experiences with the anxiety disorder were excluded.

Semi-structured interviews were conducted during the nursing consultations in a randomized manner and with an average duration of 20 minutes for each interview. The data were reviewed and later divided into categories with the purpose of facilitating the analysis and discussion of the data.

The research was approved by the General Directorate of the Hospital researched and by the Ethics Committee of the University Center for Health, Human and Technological Sciences of Piauí - UNINOVAFAPI, through CAAE nº 10909512.0.0000.5210. All individuals signed the Informed Consent Term - ICT, respecting Resolution 466/2012 of the National Health Council.

## RESULTS

Twenty patients, including 11 women and nine men, were evaluated through the application of the research instrument, so as to make a qualitative analysis of how Anxiety Disorder has interfered with their daily lives. There was a predominance of women, with age ranging from 24 to 71 years. As for schooling, the majority had incomplete elementary school. Concerning marital status and occupation, ten participants declared themselves married and eight said to "housewives". Treatment time ranged from one to 20 years.

As for the types of anxiety disorder, eight interviewees had generalized anxiety disorder, nine had anxiety and depression mixed disorder, one had unspecified dissociative (conversion) disorder, one had obsessive compulsive disorder with predominance of compulsive behaviors (obsessive rituals), and one had neurasthenia.

## DISCUSSION

Three categories were organized in the data analysis: Experiencing the daily life permeated by pathological anxiety; Social, family, affective and work relations in face of anxiety disorders; Anxiety disorders as a source of psychic suffering.

### ♦ Experiencing daily life permeated by pathological anxiety

The experience of anxiety is universal and an integral part of human existence. All people have experienced some degree of anxiety someday. It is imperative for human development. It is a basic aspect of the human condition and offers an invaluable warning; the ability to feel anxiety is necessary to survival and linked to self-preservation. In this sense, from the moment that anxiety ceased to be only one of the

propulsive springs of human development, it became subject to disturbances in the face of the growing and stressful demands of today's society.<sup>9</sup>

In this first category, we observed the experience of these patients with Anxiety Disorder, as the testimonies show:

*It is an anxiety that goes to the point of sweating through the body; it makes me offend the people I like the most, and who like me, and this causes a terrible mess (Deponent 05).*

*When I cannot do what I want, I do not know what to do, I get very angry, agitated, furious, and then I try not to want it any more. I get nervous, shaking, sweating, cold (Deponent 09).*

*I had a few crises, death anxiety, fear, numb legs, hands, looking for wrist and did not have, I kept my hands purple (Deponent 12).*

*When I want something, if I do not do it, I go crazy, if it's for me to go on a trip and I cannot make it, I get crazy, I get sick, I cry ... that's the way it is, I'm very worried. I think I may sleep and at the morning I won't be alive" (Deponent 08).*

The predominant symptoms of Anxiety Disorders were: anxiety, sweating without a previous cause, aggressiveness, excessive preoccupation, anticipatory fear, and fear of dying. They demonstrated from light levels of anxiety, with characteristics that are associated with the tension of daily life in which the patient is in a state of alert, up to the most intense, in which the patient focuses on an action and cannot think of anything else. They complained of insomnia, sadness, depressive feelings, and in most women, a preoccupation with household chores.

The intensity, duration or frequency of anxiety and/or concern are disproportionate to the actual probability and/or impact of the feared event. The focus of the anxiety or worry is not necessarily related to aspects of other Anxiety Disorders. In the course of the disorder, it is common the worry to switch from one focus to another.<sup>10</sup>

In other reports, some patients reported living well despite the disorder, and others reported living in a controlled way:

*Now I am well, really well, there no other way [...] (Deponent 04).*

*It is a controlled anxiety, it's not like before; I think I found more incentive after an accident that I saw (Deponent 11).*

*That's the way it is, there are times I'm well, there are times I'm not well, I do not know, we try to live the best way. Anxiety has moments when its disturbs me too much, but I live with it very well (Deponent 17).*

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According to some patients, the Anxiety Disorder does not interfere with their daily life. The boundaries between normality and illness are not always evident as in times of altered behavior, causing injury in people's lives; thus, many are able to deal with this disorder in a controlled manner, in most cases with the help of medications. In the researched literature, no specific causes were found for these disorders, which are combinations of several psychological, chemical, biochemical, genetic and neuroanatomical factors that trigger anxiety.

Common mental disorders also encompass depressive and anxious pictures. This means that much of the population diagnosed with common mental disorder may need drug treatment and specific care for the signs and symptoms they present as anxiety. However, the concept of common mental disorders encompasses a large part of the population that needs care, but who does not necessarily present a defined clinical diagnosis, but with reflections in their social life.<sup>11</sup>

It was possible to realize that experiencing anxiety is a very particular, singular and individual experience for each person, despite the almost always similar symptomatology.

#### ♦ Social, family, affective and work relations in face of anxiety disorders

In this category, we subdivide the speeches into four different contexts, regarding the influence of Anxiety Disorder on social, family, affective and work relationships, according to the question asked. It is important to emphasize that in the process of interview, the anamnesis involves the interpersonal relationship and the communication between nurse and patient, where reception and humanization are essential.

Social pressure, stress and anxiety in society seem to be common every day. However, they become problematic when they influence and hinder the development of daily activities of individuals. In general, women have higher levels of anxiety, depression, and stress than men, and this may be explained by several factors, such as having to work one shift and caring for household and family activities at the other, although this view that only the women are responsible for the house work is changing in the Brazilian society.<sup>12</sup> Initially, we analyzed the relationship of the patients in the social sphere, in which some testimonials stood out:

*It does not disturb me, it is ok, really ok (Deponent 04).*

*Normal, because I do not let it show much, I get more aggressive with the people around me (Deponent 10).*

These accounts show that patients live well in society, or at least the disorder does not disturb much their social life. Behavioral changes vary from person to person and according to the level of anxiety, also there is also the aid of medications, which help keeping the pathology under control. Some patients reported little or no manifestation of uncontrollability before society; they live with the disease in a way that this does not harm them, maintaining good social relationships.

Social Anxiety Disorder can also be called Social Phobia and is characterized by excessive anxiety and/or marked and persistent fear of social situations or performance in tasks in which the individual feels shame and fear of exposure, invariably experiencing an immediate response of anxiety.<sup>13</sup>

In other testimonies, the interviewed patients reported their social life as difficult way, which in some way affects their psychological suffering:

*Those who live with me realize that I am not very balanced, the people consider me unbalanced (Deponent 06).*

*I have a bad temper, but I do not treat people badly, I've never been aggressive, I'm calm, I walk away, I isolate myself, stop talking (Deponent 15).*

There is also a tendency to avoid events seen as threatening, which in everyday life can be characterized by refusal to present works or seminars, write, eat and talk on the telephone in front of colleagues, conduct interviews or conversations at school, with teachers, or at work, with bosses, start affective relationships, travel with friends, participate in games and sport activities, among others. The damages related to anxiety disorders are considered to directly affect the daily life of the people, possibly impairing their quality of life.<sup>13</sup>

Patients were shy at the moment of the interview; they had difficulty to answer the questions. Some, even, reported having few friends for not liking to talk and to expose their feelings; in certain situations this made the interview difficult.

Regarding the changes that occurred in the patients' lives, it was investigated how the family environment influences and is influenced by the disease.

The Brazilian contemporary family organization has undergone a process of transformation, forming different family arrangements. In many cases, these changes

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provoke conflicts, not on the part of those who live, but on the part of society that do not recognize certain arrangements. There are also family conflicts related to the spouses and the development of the children, experiencing the transition from the child to adolescent phase, sometimes generating aggression, isolation, generalized anxiety and depression.<sup>14</sup>

Through some testimonies it was possible to perceive that the family relation of these patients that present such disorder in somehow a little troubled:

*My son lives in Rondônia, he does not look for me; I think it's because of this, my illness, some kind of prejudice. After this disorder came my divorce; I live with my stepfather and my niece, my disorder does not interfere with my relationship with them (Deponent 03).*

*I feel I'm aggressive with my family because I'm afraid of losing them, because they're everything to me, so I went to the doctor. I'm fine; I'm taking the medicine again. I think I hurt them, my daughters complain that I do not smile much (Deponent 10).*

*Sometimes I do not have much patience and I try to be away, I avoid conflict, discussion, because I have no patience. I think my eldest daughter has some trauma because of that; I was very aggressive (Deponent 12).*

*I speak very little with my children, they complain that I do not talk to them, and then I feel guilty, mainly because they do not have their father present (Deponent 15).*

In the reports, the patients showed feelings of sadness because they felt prejudice coming from the family. They reported expressing an aggressive behavior with the family, even without justifiable cause. Some patients faced problems with their children because of their own emotional outbursts, they felt a sense of contempt coming from their children, and they use to hear complaints about their bad mood. Others patients have suffered marital disruption even triggering a divorce.

However, some patients reported maintaining a good family relationship, without any type of harm:

*I get along with my children they care more about me than I do with them (Deponent 20).*

*I have four children, only one lives with me. I think my problem does not affect my life with my family (Deponent 01).*

*My family lives very well. Sometimes I get very desperate with my family, and it gets in the way a bit. I live with one of my daughters; she is very good for me (Deponent 02).*

The patients reported that the Anxiety does not cause harm, or that it does not disturb much, and does not interfere in the conviviality with their family. They said that the children care for them and that children try to be present when they are most anxious.

Family members eventually adapt to the patient's symptoms and demands and even support the rituals and compulsive behaviors involved in a progressive family accommodation process. By understanding the phenomenon of family accommodation, we can grasp the degree of attrition and stress present in the family.<sup>15</sup>

Another important aspect investigated was the issue of the influence of the social context. Thus, considering that pathological anxiety disorders are characterized by an acute and persistent fear of social or situations, or of performance, and that they may influence the daily life of the patients, especially the affective life, it was considered appropriate in the course of the present study, to inquire the interviewees about interference in the affective and marital life; thus, we asked if anxiety somehow disturbs the life with their partners.<sup>16</sup> It was found that in most of the reports, the patients, in some way, admitted that this disorder interferes with their affective relationship, as can be seen in the following statements:

*He does not disturb me, but sometimes, when he says I'm crazy, then I say I'm not crazy (Deponent 14).*

*Ah, it is very difficult for me to have a relationship with my husband, because he is already old, and in the moment of intimacy he has to be in that hour that I want it, if not, I do not want it, but he usually understands me, sometimes I am very agitated and I want to do things at home right away and he keeps telling me to calm down (Deponent 01).*

Some interviewees were a bit shaken to talk about the affective life; they mentioned that the anxiety disorder in some way caused problems, misunderstandings and even the separation:

*At the beginning of our marriage my husband was very affectionate, but now he is very hard, he says that I am this way because I want to (Deponent 09).*

*After this disorder came my divorce; I no longer wanted my husband and he did not want me anymore (Deponent 03).*

The conjugal dynamics can be marked by conflicts as jealousy by one or both spouses, marital violence, which is more common among young couples, or by disillusionment, increasing the tension in the relationship, and probably resulting in



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aggravation of individual conflicts, end of the relationship, or reflection of the conflict on other family members.<sup>17</sup>

In some other speeches, during the interviews, we noted that the anxiety disorder did not harm the love life of some patients; in some cases the partners understands the pathology and tries to somehow help their partner cope with such disorder, as we can see in the following accounts:

*Now I'm fine, because I used to fight and he does not like fighting, he likes to talk and he smiles. He helps me a lot, he talks to me (Deponent 07).*

*No, it does not disturb; at first he complained because I took the medicines, but today he helps me and understands me (Deponent 19).*

When a person has relationship problems, mental health professionals should assess whether the suffering originates in the relationship or in a mental disorder. Clinicians should evaluate evolutionary, sexual, occupational and relationship histories for diagnostic purposes.<sup>18</sup>

It is always important to evaluate all the dimensions of the causes and consequences of these diseases in order to provide a service focused on the real needs of the clients. In this sense, it is also important to investigate the relationship of the disease with the individual's work context, since the human activity of 'working' occupies a central place in people's lives.

Job is an activity that can correspond to a large portion of the life time of the individuals in society. Job does not always allow professional achievement, and can cause problems, including dissatisfaction and exhaustion. In addition, the imbalance in the health of the professionals can lead them to miss work, which is a factor known as absenteeism, generating the need for the employer organization to provide sick leaves, and the need for replacing, transferring and further training employees among other negative effects, such as those on the quality of life of professionals.<sup>19</sup>

Pathological anxiety triggers a series of clinical manifestations that can interfere with the professional life of people, leading to stress, excessive worry, unease, restlessness in the case of generalized anxiety, obsessive rituals as in the case of obsessive compulsive disorder, among others.<sup>19</sup>

In this category, we also cite the relationship of patients with the anxiety acquired through work, and how this disorder directly or indirectly affects the professional life of each patient. During the interviews, it was obvious how anxiety disturbs the life of

the patients compromised by this disorder in the following reports:

*I was a taxi driver, I was robbed by a couple, I got traumatized, afraid to take couples, and my anxiety increased. I'm not even working, and being unemployed bothers me a lot. My job now is to help my wife in her sewing workshop (Deponent 05).*

*My last job helped to trigger anxiety, because it was very stressful, I worked in a credit and collection sector, they demanded results from me, a lot, for me to produce more and more results, and this put a lot of pressure on me (Deponent 19).*

Stress is one of the most frequent problems in humankind, with daily tensions in the professional, academic or family life interfering in the organism. Stress is produced in situations where demands exceed the individual ability to respond to these stimuli. The way a person deals with stressful circumstances has a major influence on his health, modulating the severity of the resulting stress.<sup>20</sup> Notably, stress is one of the sources of anxiety disorders or of their aggravation.

On the other hand, the work sometimes improves the psychological condition of the patients with anxiety disorder, serving as a therapy and distraction, causing physical and emotional well-being and improving the health of the patient. In the present study, we had the opportunity to witness some reports that prove this affirmation:

*I do not work anymore; I only make cakes occasionally, at home. And that helps me (Deponent 02).*

*I have no fixed income, but I do crochet; making my crochet works my self-esteem, I do everything at home, I iron, I wash, I feel good (Deponent 03).*

Some interviewed patients reported that anxiety does not trigger any injury or discomfort at work, while others reported that they try not to expose their problem in the professional environment, but rather exert self-control:

*People treat me very well and have no problem with me (Deponent 13).*

*I try not to show too much, I treat my clients well, I am not aggressive towards them (Deponent 10).*

It is always important to evaluate all the dimensions of the causes and consequences of these diseases in order to provide a service focused on the real needs of the clients.

Job satisfaction and ability to practice work are essential factors for workers. Job satisfaction, without anxiety and fear, causes the worker to find meaning in his work activity and present positive attitudes towards quality of life.<sup>21</sup>

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• **Anxiety disorders as a source of psychic distress**

In this third category, we mention the issue of psychic suffering caused by anxiety. When questioned about the suffering caused by such a disorder, we observed in the discourses that most of the reports stated some suffering caused by this disorder:

*I suffer a lot, I wanted to enjoy life in the small things, at the very least, I wanted to live. When I am very anxious I forget even the things that have already happened. I have been so sick for six years, it seems like I haven't even lived this years because of poor quality of life (Deponent 15).*

*I suffer because I'm afraid of going crazy and I think the medication holds me a bit and that makes me suffer (Deponent 19).*

*It makes me suffer very much, I feel abandoned, I feel alone, I am afraid of dying (Deponent 18).*

In the course of the study, we noticed that anxiety comes most often accompanied by fear, as can be observed in the reports abovementioned. For anxiety to occur, the individual must be stimulated by danger, generating a conflict between approach and hesitation. There is fear when the tendency to approach is absent, and there is only the motivation to avoid or escape.

In some other reports, psychic suffering related to other clinical manifestations of anxiety such as excessive worry, restlessness and isolation could be clearly perceived:

*Sometimes I isolate myself a lot, I get distressed, it causes me a lot of trouble, I try to convey something and I fail, then I isolate myself (Deponent 16).*

*Yes, it interferes a lot, I suffer a lot because I'm very anxious, I have to do everything as soon as possible and that messes a lot my head (Deponent 01).*

*I suffer with this anxiety, I am very desperate. I try to lie down and cry; I feel good after I cry (Deponent 10).*

The currently used expression psychic suffering occupies a differentiated social place, at the same time that the normal and pathological relationships have been transformed. The pathological phenomenon reveals a modified individual composition, that is, what was natural for the normal organism is no longer for the modified organism.<sup>23-24</sup>

It is important to emphasize that although most interviewees affirm and demonstrate suffering with this disorder, some of them, a minority, reported not having any suffering or injury resulting from the anxiety; in order to maintain this control, though, they needed the help of pharmacotherapy:

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*I have no suffering, only when I decrease the dosage of the medicine (Deponent 3).*

*It does not disturb me at all. Times ago I would get lost downtown, now I go everywhere after the treatment. This improvement, I feel 100%, I feel much better, all my memories returned (Deponent 4).*

With the interviews we realized that clinical pathological anxiety is manifested in individuals who experience a variety of threatening situations in the daily life and that this is related to their negative aspects, thereby arousing the psychic suffering. However, adequate pharmacotherapeutic treatment prompts the improvements, by the effective control of symptomatology.

CONCLUSION

This research revealed that anxiety disorder affects the daily life of patients in the social, family, affective and work context, as well as causes some degree of psychic suffering, damaging the life of those who suffer from the symptoms and even affecting people around them. Furthermore, it was shown that Anxiety Disorders can begin during childhood, adolescence and can be manifested in adulthood due to some trauma or compulsion. Anxiety is an unpleasant feeling of fear, tension, that when becomes pathological, it generates intense emotional discomfort and directly harms the quality of life of the patients, and indirectly of those who live with them.

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