

Topic Page: [Anxiety](#)

Definition: **anxiety** from *Dictionary of Psychological Testing, Assessment and Treatment*

The term is usually used in the lay sense of the word. Namely, a feeling of profound agitation and of an imminent unpleasant experience, often with accompanying physical symptoms of racing pulse, sweating, breathlessness, etc. Normally, the sensation is experienced as a reaction to anxiety-provoking events (e.g. a trip to the dentist, 'exam nerves', etc.), and is relatively quickly dissipated. If the feeling of anxiety is unusually severe or protracted, or arises without apparent reason, then it is usually classified as one of the anxiety disorders.



Image from: [Anxiety comes in many forms and from many... in Encyclopedia of Obesity](#)

Summary Article: **Anxiety**

From *Encyclopedia of Health Communication*

Anxiety is a powerful emotional state that has potentially profound effects on health and well-being. Some of the more interesting effects of anxiety on health might be mediated by communication with other people and how anxiety affects this communication. Anxiety can also affect the presentation and course of many physical and psychological health ailments.

There are few emotional states that influence physiological systems as directly and immediately as anxiety. People who are anxious often experience an accelerated heart rate, increased blood pressure, nausea and gastrointestinal distress, shortness of breath, a dry mouth, sweating, and tension headaches. These symptoms understandably disrupt sleep, appetite, and concentration. In addition to somatic symptoms, anxiety is expressed in apprehensive thoughts or cognitions (e.g., "I bet I look stupid," or "Is my hair messed up?"), unpleasant subjective feelings (e.g., nervous, tense, hopeless), and avoidant coping behaviors (e.g., the urge to flee, avoiding certain people or situations).

Allostasis is the human body's process of returning itself to a state of normalcy or homeostasis after periods of stress. High levels of anxiety can create a serious allostatic load that places wear and tear on the human nervous system. This is sometimes manifested in physiological symptoms that may closely resemble ailments that have a physical or biological origin.

Perhaps nowhere is the false dichotomy between mind and body more evident than in the association between anxiety and physical ailments. High levels of anxiety can lead to extreme physiological distress such as cardiac distress, respiratory distress, and vomiting. At the same time, significant physical ailments are often accompanied by high levels of anxiety. Consequently, mind and body are interconnected in a symbiotic relationship, making it often difficult to separate the psychological from the physiological origins of many physical ailments associated with or exacerbated by anxiety.

Illness Disorders

One particular type of anxiety-related disorder, known as hypochondriasis, has significant implications for patient-provider communication. Hypochondriasis is a preoccupation with and fear of having a serious illness. People with hypochondriasis will often misinterpret minor physical ailments as a sign of serious physical health problems, which perpetuates anxiety. Modern-day diagnostic criteria developed by the American Psychiatric Association now classify most cases of hypochondriasis as somatic

symptom disorder (somatic symptoms that are distressing and associated with a high degree of anxiety) or illness anxiety disorder (preoccupation with having a serious illness, in the absence of any significant somatic symptoms).

Although these two disorders are not classified as anxiety disorders per se, anxiety plays a prominent role in each. People with somatic symptom disorder will often seek a very high level of medical care, sometimes “doctor shopping” in which they seek care for the same ailment from multiple providers. People with illness anxiety disorder will either seek a high level of medical care (care-seeking type) or avoid it altogether in an effort to avoid confirming and confronting their fears (care-avoidant type). These different versions of hypochondriasis can present major challenges for health care providers. Sometimes disentangling the physical ailment or somatic symptom from the psychological distress and anxiety is impossible. This can lead to prescriptions and treatments for the symptoms that are ultimately unsuccessful, culminating in chronic patient dissatisfaction and seeking of additional medical care.

Social Anxiety

Another type of anxiety disorder with profound implications for communication, in this case interpersonal communication, is social anxiety disorder, also known as social phobia. The primary feature of this disorder is a marked fear of being in social situations in which one is subject to the scrutiny of other people. Communication scholars often study a subclinical variant of this condition under the heading “communication apprehension” or “shyness.” Like some forms of hypochondriasis, social anxiety has a self-perpetuating element in that people will often fear that their anxiety will be evident to others and that this will lead to negative evaluation, embarrassment, and rejection.

Social anxiety can be brought on or exacerbated by social situations that: (1) are unscripted; (2) have heavy sanctions for rule violations; (3) demand complex skill repertoires; (4) are unfamiliar; (5) involve appearing in public or before an audience; and (6) promote self-consciousness. One of the leading theories of social anxiety, known as the self-presentational theory, is based on the idea that people experience social anxiety when they are motivated to make a desired impression on others but are not certain they will do so. The two key components of social anxiety are thus the motivation to make a desired impression on other people and a low subjective probability of doing so. This latter point is particularly consequential in that self-doubt and other dysfunctional thoughts and cognitions are common among people with anxiety and not easily discarded even in the face of contradictory evidence.

Social anxiety can significantly disrupt the microscopic interpersonal communication behaviors that function in conversational turn taking in addition to more macroscopic interpersonal processes such as relationship initiation and maintenance. Scientists believe that conversational turn taking is impaired by social anxiety because people with social anxiety are under greater cognitive load than those with low to moderate anxiety. When people have too much on their minds, effective interpersonal communication is hindered, and this appears to be a significant problem for people with social anxiety. At a more general level, people with social anxiety often have social skills deficits that put them at a disadvantage when it comes to forming and managing their interpersonal relationships. People with social skills deficits have difficulty communicating with others in a way that is appropriate and effective. The social skills deficit theory of social anxiety is the basis of social skills training as a potential treatment for the disorder.

Nonverbal Communication Behavior

When people experience significant anxiety, their nonverbal communication behaviors reliably change, often outside of their own awareness. Paralinguistically, anxiety is associated with increases in speech disturbances (e.g., hesitations, unfilled pauses, repetitions, false starts), increased response latency, and increased speech rate. Anxiety also influences a variety of other nonverbal behaviors. For example, people experiencing high levels of anxiety often make less eye contact, exhibit more body-focused gestures (e.g., self-touching, running fingers through hair, wringing hands), will generally maintain greater space, are less facially animated, and are more touch avoidant with other people. All of these nonverbal cues work together to clearly send the message to decoders that the actor is anxious.

These nonverbal behaviors play a primary role in a process known as emotional contagion. Emotional contagion occurs when the emotional state of one person is experienced by others who observe and interact with him or her. Like many other emotional states, anxiety can be contagious. One person's anxiety makes other people anxious. One of the primary theories of the emotional contagion effect is that people observe and eventually enact the nonverbal behaviors of the people with whom they are interacting. Performing the nonverbal behaviors that are indicative of anxiety may actually generate an anxious emotional state in the actor.

Interpersonal Behavior

Recent research has demonstrated the importance of anxious emotional contagion in people facing a life-threatening illness and their supportive partners. Women with breast cancer have levels of anxiety that appear to be influenced by those of their partner. In other words, if the partner is anxious, the woman with breast cancer develops high anxiety. This is a potentially serious interpersonal process in that anxiety is predictive of treatment response, adjusting to treatment side effects, and even mortality in women with breast cancer. Consequently, an important implication for health communication is that patients will benefit from having partners who can maintain a fairly calm demeanor during the illness and recovery.

Even though anxiety can interfere with effective interpersonal communication, sometimes exaggerate communication efforts with health care providers, and infect others with a similar unpleasant emotional state, there is at least one potential positive element of anxiety. In the 1950s, psychologist Stanley Schacter discovered that when people were made to feel anxious, their desire for affiliation with other people increased dramatically. In essence, when people experience anxiety, they seek out others. There are many obvious reasons for this anxiety-affiliation effect. For example, when anxious, people want to discuss the threat with others in an effort to better and more accurately appraise their own reaction (e.g., Is my anxiety a reasonable response to this threat?). Also, interacting with other people when anxious helps people to develop effective coping strategies (e.g., What should I do about this threat?). What is particularly unfortunate is that the person with social anxiety generally cannot enjoy these benefits of increased affiliation being motivated by anxiety, precisely because other people are the source of the socially anxious person's perceived threat.

See Also:

Cancer Survivorship

Emotion Appraisals Regarding Risk

Emotions and the Medical Care Process

Further Readings

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