



RedWhitepress

Contents lists available at [Journal Redwhitepress](http://journal.redwhitepress.com)

Journal of Counseling and Educational Technology

ISSN: 2654-8194 (Print) ISSN: 2654-9786 (Electronic)

Journal homepage: <http://journal.redwhitepress.com/index.php/jcet>



Psychological dynamics of generalized anxiety disorder in early adult

Yumi Syahratriery¹, Nur Ulfi Luthfiyah²

¹Universitas Surabaya, Indonesia

Article Info

Article history:

Received Feb 19th, 2022

Revised Mar 23th, 2022

Accepted Apr 22th, 2022

Keyword:

GAD

Personality dynamic

Adulthood

ABSTRACT

Generalized anxiety disorder (GAD) is an anxiety disorder that interferes with social, work, and other bodily functions. This disorder usually appears in mid-teens to mid-twenties, with a higher percentage of women. There are several causes for the emergence of GAD, such as biological, psychological, and social factors. The purpose of this study was to determine the psychological dynamics of patients with GAD. The participant is a 24-year-old woman who is indicated to have GAD. The method used in this research is qualitative with a case study approach. Research participants were selected using the purposive sampling technique. Data were collected using interviews, observations, and psychological test tools, including Graphic tests (WZT, HTP, BAUM, and DAP), DASS tests, and MCMI-IV. The results showed that the appearance of GAD symptoms experienced by participants could not be separated from the dependent personality type, who tended to be perfectionists, and difficulties in emotional regulation, sibling rivalry, as well as authoritarian and permissive-demanding parenting patterns. The stresses of life also contribute to the symptoms of GAD.



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Corresponding Author:

Syahratriery, Y.,

Universitas Surabaya, Indonesia

Email: yumi.triery@gmail.com

Introduction

Generalized anxiety disorder (GAD) characterize by excessive, uncontrolled, and chronic worry accompanied by somatic symptoms that disrupt social life and work or cause stress for individuals (Devi, 2021). Individuals with anxiety disorders may exhibit unusual behaviors such as panicking for no reason, unreasonable fear of objects or living conditions, performing repetitive actions that cannot be controlled, re-experiencing the traumatic event, and unexplained or excessive worrying. A person with an anxiety disorder will experience false worries that cause a harmless stimulus or situation to be perceived as dangerous (Kessler et al, 2001).

According to the American Psychiatric Association (in Prajogo & Yudianto, 2021), GAD is disorder that can be observed with excessive feelings of anxiety that arise when carrying out certain activities or work. Patients with GAD often feel anxious, afraid, become irritable, have difficulty sleeping, have difficulty concentrating, and also experience muscle tension (Prajogo & Yudianto, 2021).

Anxiety has both cognitive and affective components. When stress arises, there will be a feeling that something terrible will happen, and it cannot turn fear into a source of clinical problems if it has reached such a level of tension that it affects a person's ability to function in daily life (Kessler et al, 2001).

There are several manifestations of clinical symptoms in patients with GAD that can be physically observed. First, motor tension such as body shaking, feeling tired, headache, muscle pain, and twitching. Then, the symptoms of autonomic hyperactivity such as shortness of breath, heart palpitations, digestive tract disorders such as GERD, diarrhea, and constipation. After which, somatic symptoms such as sweating, nausea, diarrhea, and an exaggerated response to something. Furthermore, cognitive alertness (American Psychiatric Association, 2013).

Based on data presented by the ADAA (Anxiety & Depression Association of America), as many as 6.8 million adults, or about 3.1% of the adult population in the United States, suffer from GAD. In Indonesia alone, anxiety disorders were ranked as the second most experienced mental illness in 2017 (PUSDATIN, 2019). GAD is generally experienced when individuals begin to enter their mid-teens. However, many sufferers say that they experience this disorder throughout their lives. Moreover, GAD is twice as common in women as men (Davidson, Neale, & Kring, 2006).

There are several factors that cause GAD, specifically biological factors, psychological factors, and social factors (Devi, 2021). Based on biological factors, GAD can occur when there is an imbalance of chemicals in the brain that are responsible for regulating emotions and the production of the hormones serotonin, norepinephrine, and dopamine. This imbalance can change the way the brain reacts to cause anxiety (Devi, 2021). Genetic factors also increase the risk of GAD in a person. GAD is often found in individuals who have relatives or family relationships with the same disorder. However, the level of this genetic component tends to be low (Davidson, Neale, & Kring, 2006).

The psychological factors of GAD disorder cover several theoretical perspectives. The first is based on psychoanalytic theory, which states an unconscious conflict between the ego and impulses. The impulse tries to express itself, but the ego does not allow it because, unconsciously, it feels afraid of the punishment that it will receive. The natural source of anxiety is the desires associated with suppressed id impulses, and the struggle for self-expression is always present. In other words, there is no way to avoid pressure (Davidson, Neale, & Kring, 2006).

According to cognitive-behavioral theory, GAD is a disorder caused by distorted thought processes. People who suffer from GAD often misperceive ordinary events such as crossing the road as something that is threatening. In their cognition, they focus on anticipating various disasters in the future (Beck in Davison, Naele, & Kring, 2014). GAD patients' attention is quickly focused on threatening stimuli (Mogg, Millar & Bradley in Davison, Naele, & Kring, 2014). Furthermore, GAD patients are more triggered to interpret unclear stimuli as something threatening is more likely to happen to them (Butler & Mathews in Davison, et al, 2004). The sensitivity of GAD patients is very high to threatening stimuli can also appear that the stimulus can not be accepted consciously.

Although the etiology of the cause of GAD can be clearly defined, in some instances, there are several causes that can increase the risk of developing GAD. Therefore, researchers want to know the factors that influence the emergence of GAD in participants. In addition, researchers want to see the personality dynamics of participants who suffer from GAD as well.

Method

This study uses a qualitative method with a case study approach. The case study approach was chosen so that researchers can collect data holistically and in-depth so that complete and complex results are obtained. A purposive sampling technique was used to find participants who matched the researcher's criteria. According to Sugiono (2009), purposive sampling is a sampling technique or data source by determining specific considerations based on the view that the data source is considered the most knowledgeable or representative of what we want to study.

The participants in this study were 24-year-old women who indicated that they had GAD. The following is the identity of the participant on table 1: There are several methods used by researchers to find the psychological dynamics of participant, namely based on tests and non-tests. For the non-test, the researcher used interviews, observations, and a checklist of GAD symptoms with guidelines that had been prepared in accordance with DSM-V (2013). The test method uses several psychological instruments consisting of inventory tests and personality tests. The inventory test was carried out using the DASS-42 test (Depression, anxiety, stress, scale-42) and the MCMI-IV (Million Clinical Multiaxial Inventory-IV) test. The personality test uses a graphical test consisting of BAUM, DAP, HTP, and WZT.

Interviews and observations were conducted face-to-face (offline) and by telephone (online), while all psychological tests were conducted face-to-face. The data mining process is carried out in a place that is conducive, safe, and can make researcher and participant feel comfortable.

Table 1 <Identity of the Participant>

Name	Caca (pseudonym)
Gender	Female
Place and Date of Birth	Padang, 19 February 1996
Address	Jakarta
Ethnic	Minang
Cultural Background	Minang – Melayu
Education	S-1 (Accountancy)
Profession	Auditor
Income	15 millions/month
Length of Work	Two years
Birth Order	The 2 nd of three children

The results of the data that have been collected are processed and recapitulated. Through the recapitulation of these results, researcher can determine the dynamics of the participant's personality and make a prognosis.

Results and Discussions

Based on the results of the research that has been done, the participant indicated that she had GAD. There are several problems that arise due to GAD suffered by participant, including; 1) feeling worried about something that has not happened yet, 2) being a perfectionist and repeating details for fear of being wrong, 3) having the confidence to pray *dhuha* so as not to experience bad things, 4) being pessimistic about things to be faced but having high standards, 5) poor sleep quality, 6) avoid people who have better achievements than him. The results of the DSM-V checklist also showed that the participant met all of the existing criteria.

Table 2 <GAD criteria based on DSM-V>

No	DSM V Criteria	Check list
A	Excessive anxiety or worry (expected worries), occurring for at least six months or longer, about several activities or events (such as work or school activities)	√
B	Individuals find it difficult to control anxiety and worries.	√
C	Anxiety and worry are associated with the following six symptoms (with at least some of the symptoms occurring more frequently than during the past six months): 1) Anxiety or feeling depressed. 2) Easy to get tired. 3) Difficulty concentrating or blank mind. 4) Irritability. 5) Muscle tension, uncomfortable, stiff neck. 6) Sleep disturbances (difficulty sleeping, restless or unsatisfactory sleep).	√
D	Anxiety worries or physical symptoms cause distress or interfere with social, work, and other essential functions.	√
E	The disturbance does not arise from a substance that affects physiology (taking drugs) or another medical condition (such as hyperthyroidism).	√
F	The disturbance is not better explained by another mental disorder (such as anxiety in panic disorder or negative evaluation of social anxiety disorder or social phobia, contamination or other obsessions in obsessive-compulsive disorder, recall of traumatic events in post-traumatic stress disorder, weight gain in anorexia nervosa, physical complaints in somatic symptom disorder or delusions in schizophrenia or illnesses).	√

When being viewed from a typical personality, the participant is dependent and afraid of being wrong. Authoritarian parenting makes participant not accustomed to making decisions or solving her problems. High demands from parents compared to other siblings also make participant has high self-standards. Another impact is that participant feels insecure, anxious, restless, and find it difficult to relax. This shapes the participant to be perfectionists and always pay attention to details because she does not want to be blamed.

Parents who always compare participant with older siblings who are more successful in their careers and education also make participant jealous. She wants and strives to exceed her siblings. Participant was also driven by ambition, desire to be first, feelings of insecurity due to competition, and fear of failure.

In addition, being compared by parents made participant sensitive to figures that were felt to be better than them. Participant will tend to avoid and become less adaptive when solving problems. Feelings seconded by their parents also made participant want to appear superior to others to get attention and appreciation. However, this makes participant tend to force themselves to look perfect. When the challenge is not met, participant will feel sad, worried, anxious, and disappointed in themselves, mainly when authority figures express disappointment directly to them. Participant also believe that when someone criticizes or shows dissatisfaction with her, it means that her performance is not good and she fails.

The inability to adapt to these demands will frustrate oneself (Selye, in Sriati, 2008). This is reinforced by feelings of jealousy that are felt and suppressed for a long time, causing primary anxiety that leads to stress (Lazarus, in Santrock, 2012).

Feelings of stress and pressure also emerged in the workplace of the participant. Unhealthy team conditions and nepotism made participant treated unfairly by fellow employees. Arbitrary treatment of seniors and giving a lot of demands made participant feel frustrated. However she could not avoid or refuse since she should give the best performance and do the job perfectly.

Personality characteristics, family background, and work pressure experienced in the long term gave rise to GAD symptoms in participant. High job demands, pressure from superiors, and not being paid the appropriate wages make the anxiety experienced by participant increase. Participant also believes that when the pay is not reasonable, it means that she is underperforming, making the participant even more disappointed and anxious. When feeling anxious, participant will divert their feelings by sleeping up to 13 hours/day.

In addition, several things can worsen the condition of participant, including: 1) The existence of negative thoughts in the form of participant is no better than her siblings or other friends. 2) Avoidance because they are afraid of being rejected by the environment. 3) Avoidance of people who are considered better and do not dare to face reality. 4) Not achieving the desired target makes them feel like a failure. 5) Feeling constantly compared to older siblings, they are not satisfied with themselves.

Fricchione (2004) explains that several risk factors can lead to GAD symptoms, including a family history of GAD, a history of physical or emotional trauma, and increased sources of stress. In the case of participants, several factors influence and relate to the occurrence of GAD in participants, including:

Parenting

The symptoms of GAD found in the participants were closely related to the high demands of parents and authoritarian parenting patterns. Authoritative parenting is parents act that something that is the rule must be obeyed and lived by the child. Rules are applied rigidly and often not explained adequately, do not understand, and do not listen to their children's wishes. Authoritarian parents show high control and low warmth.

Children of authoritarian parents tend to develop into shy adults and are reluctant to take the initiative (Carr, 1999). Children with authoritative parenting parents are often unhappy, afraid to compare themselves with others, fail to start activities, and have poor communication skills (Hart et al, in Santrock, 2011).

This is in accordance with research conducted by Erozkhan (2012), which states that authoritarian and protective-demanding parenting has a positive relationship with anxiety sensitivity. Excessive parental control, such as harsh discipline, excessive behavior regulation, excessive protection, and psychological control, is also associated with anxiety disorders (Yaffe, 2021).

Sibling Rivalry

Jealousy or competition that occurs between siblings is called sibling rivalry. Sibling rivalry occurs when the child feels that he has lost love and thinks that his siblings are rivals for him in getting the love and attention of his parents. This competition is in the form of an attempt to outperform each other or the competition between siblings of the same sex to fight for the attention or love of their parents (Maslim, 2001; Millman and Schaefer, in Setiawati, 2017).

The results of a research survey conducted by Vockell, Felker, and Miley (Hall and Gardner, 1993), of a second child who wanted to compete with his older sister in all fields, found that the child was always motivated to try to exceed the older brother who was in front of him. on it. Alwisol (2010) also said that the

second and youngest children will always try to exceed their older siblings and are often motivated to surpass their older siblings. His lifestyle is driven by ambition, desire to be first, feelings of insecurity and deep disappointment, and strong signs of failure that a child will do his best to get his parents' attention, but failing to do so will make him very angry with his siblings.

Lazarus (in Santrock, 2007) states that children who continue to experience primary anxiety will eventually lead to frustration within them. Anxiety in children who feel distinguished from their siblings will cause pressure on them. A situation in which children suppress feelings of jealousy towards siblings for a long time, causing primary anxiety and leading to stress.

Emotional Regulation

The results showed that participants had poor emotional regulation. The participants' attitudes can be seen, which they tend to avoid when they meet a figure who is considered better than him. When feeling anxious, participants also diverted their feelings by sleeping.

Marganska, Gallagher, and Miranda (2013) state that there is a relationship between difficulties in emotion regulation and GAD. Other studies suggest that problems in emotion regulation predict GAD. Individuals with GAD are less able to calm themselves when experiencing negative emotions. They tend to have difficulty accepting, influencing, or recognizing their emotional reactions (Mennin, Heimberg, Turk, & Fresco, 2005).

Environmental Factors and Stressful Life Events

Environmental factors such as daily pressure and the emergence of disasters can give rise to GAD (Gottschalk & Domschke, 2017). Rejection by the environment, differences in socioeconomic status, and differences in education levels lower than their environment also allow a person to experience GAD (McBride, 2015). This is following what was shared by the participants. The work environment is full of pressure and demands, and comparisons between yourself and a better career, relatives, or friends make participants feel more anxious to the point that it interferes with daily activities

Conclusions

Based on the research and discussion results, it can be concluded that several interrelated factors caused the GAD experienced by the participant. The symptoms of GAD arise because they are triggered by events that suppress participant's lives, including problems at work. However, predisposing factors make participants at risk of developing GAD, including a typical dependent personality and fear of making mistakes, perfectionism, having a generalized mindset, parenting patterns that compare with other siblings, avoiding stress coping, and having high self standards. These risk factors are exacerbated by the assumption that participant is no better than her siblings and those around her; she feels that she will be rejected by the environment and not achieve the desired target. These factors can be further narrowed down into elements that cause GAD in participant, which are the presence of authoritarian parenting, sibling rivalry, difficulties in regulating emotions, and constant pressure in their environment

References

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorder (DSM-5)* (5TH ED.). Washington DC: American Psychiatric Association.
- Carr, Alan. (1999). *The Handbook of Child and Adolescent Clinical Psychology*. London: Routledge.
- Davidson, G. C., Neale, J. M., Kring, A. M. (2014). *Psikologi Abnormal: Edisi ke-9*. Jakarta: PT Raja Grafindo.
- Devi, Dini, Fidyanti. (Ed.). (2021). *Penatalaksanaan Gangguan Psikologis*: Edisi 1. Surakarta: Pustaka Pelajar.
- Erozkan, Atilgan. (2012). *Examination of Relationship between Anxiety Sensitivity and Parenting Styles in Adolescents. Educational Sciences: Theory & Practice*, 12(1), 52-57. Retrieved from <https://files.eric.ed.gov/fulltext/EJ978432.pdf>.
- Fricchione. Gregory. Generalized Anxiety Disorder. *The New England Journal of Medicine*, 351(7), 675-668.
- Gottscalk, M. G., & Domschke, K. (2017). Genetics of Generalized Anxiety Disorder and Related Traits. *Dialogues Clinical Neuroscience*, 19(2), 159-168. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5573560/>.
- Kessler, R. C., Soukup, J., Davis, R. B., Foster, D. F., Wilkey, S. A., Van Rompay, M. I., & Eisenberg, D. M. (2001). The use of complementary and alternative therapies to treat anxiety and depression in the United States. *American Journal of Psychiatry*, 158(2), 289-294.

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- Marganska, A., Gallagher, M., Miranda, R. (2013). Adult Attachment, Emotional Dysregulation, and Symptoms of Depression and Generalized Anxiety Disorder. *American Journal Orthopsychiatry*, 83(1), 131-141. Retrieved from <http://urban.hunter.cuny.edu/~miranda/pdf/Marganska.Gallagher.Miranda.2013.pdf>.
- McBride, M. E. (2015). Beyond Butterflies: Generalized Anxiety Disorder in Adolescents. *The Nurse Practitioner*, 40(3), 29-36. Retrieved from <https://nursing.ceconnection.com/ovidfiles/00006205-201503000-00006.pdf>.
- Mennin, D. S., Heimberg, R. G., Turk, C. L., Fresco, D. M. (2005) Preliminary Evidence for an Emotional Dysregulation Model of Generalized Anxiety Disorder. *Behaviour Research and Therapy*, 43(2005), 1281-1310.
- Prajogo, S. L., & Yudianto, Ananta. (2021). Metanalaisis Efektivitas *Acceptance and Commitment Therapy* untuk Menangani Gangguan Kecemasan Umum. *Psikologika*, 26(1), 85-100.
- Pusat Data dan Informasi Kementerian Kesehatan RI. (2019). Situasi Kesehatan Jiwa di Indonesia. Retrieved from <https://pusdatin.kemkes.go.id/resources/pusdatin>. Pdf.
- Santrock, John. W. (2012). *Life-span Development: Perkembangan Masa Hidup Edisi-13 Jilid 2*. Jakarta: Erlangga.
- Sriati, Aat. (2008). Tinjauan tentang Stress. *Skripsi*. Fakultas Ilmu Keperawatan. UNPAD. Jatinangor.
- Sugiono. (2009). *Metode Penelitian Kuantitatif dan Kualitatif dan R&D*. Bandung: Alfabeta.
- Yaffe, Yosi. (2021). A Narrative Review of the Relationship between Parenting and Anxiety Disorder in Children and Adolescents. *International Journal of Adolescence and Youth*, 26(1), 449-459.