

Mr. and Mrs. Galusha

AP Seminar

22 January 2021

Sociocultural take on GAD

1. Introduction

Generalized anxiety disorder (GAD) is a concerning problem for people in their everyday life. Jacob Priest, a professor of family couples therapy claims that GAD affects “approximately 3.1% of the US population each year”(Priest 1) and is increasing exponentially. Harvard medical school, an institution for medical teachings, explains that GAD is defined as an anxiety that is “chiefly debilitating by worry and agitation about nothing in particular” (Harvard Medical Journal 2). Making GAD draining and exhausting. J Prenoveau professor in psychometrics has driven further development of the claim that GAD can lead to other disorders like “major depressive disorder and panic disorder” (Prenoveau 1). GAD is an epidemic that affects millions of people today. This literature review analyzes GAD. It questions this concerning problem by considering the sociocultural causes and potential solutions. A careful evaluation of the research on the sociocultural aspect of this issue highlights the importance of discrimination causing GAD, trauma presenting GAD symptoms, and mindfulness based therapies.

2. Discrimination causing GAD

The first section provides a general discussion of discrimination leading to GAD. Myra Parker, a professor of psychiatric sciences, presents the claim that biased related victimization causes GAD. Biased related victimization is discrimination based on “inherent traits”(Parker 1). The literature presents the statistic that cultures with the “highest” (Parker 1) amount of

victimization have “2.79 times the risk of reporting symptoms of GAD ” (Parker 1). Similar to biased related victimization causing GAD, this review will next consider how discrimination of immigrants has caused GAD. Budhwani, PhD in sociology, presents that the rate of prevalence for GAD is more prominent in “foreign-born people ” (Budhwani 1) than in “natives to a certain country” (Budhwani 1). The way immigrants and foreign born people are treated has the “immigrant paradox”(1). This paradox explains the rate of prevalence of mental health problems in foreign born people. Previous studies have emphasized that GAD symptoms were shown by “6,250” immigrants on a “national database”(Budhwani 1). Building on the idea that discrimination causes GAD this section illustrates that discrimination in colleges against Muslim Americans causes GAD. Sarah Lowe Professor at Yale in clinical psychology, suggested that “discrimination is associated with an increased risk of mental health problems”(Lowe 1), this should be taken into more consideration due to their expertise. A previous study has shown the “70.4% who identified as muslim” (Lowe 1) in college, a “quarter have shown moderate or severe anxiety” (Lowe 2). In addition to discrimination in college causing GAD an important key issue that also needs to be established is how targeted discrimination has caused GAD. Hashim Taha, a PhD psychiatry at Duhok University, gave context that in 2014 the Islamic states took a “deliberate campaign against Yazidi women ”(Taha 1). The literature has proven that the women they kept captive showed “significantly higher prevalence of mental distress”(Taha 1). The literature suggests that the discrimination is what caused GAD. In short, the literature pertaining to discrimination causing GAD strongly suggests that discrimination is a key issue for GAD causes.

3. Trauma leading to GAD symptoms

This section provides a general discussion of trauma leading to GAD. G Bandoli, PhD in pediatric medicine, has research that develops the claim that individuals who are exposed to which should be considered more “childhood trauma are more prone”(Bandoli 1) to mental disorders. Childhood trauma is an event children go through that affects their psychological health. Through research Bandoli presents the study that a group of people who suffered from childhood trauma have had GAD. People with childhood trauma reached a “3+ stress level”(Bandoli 1), this is “significantly greater than people with no maltreatment”(Bandoli 1). In addition to Bandoli’s perspective Jacob Priest shares a similar perspective. Priest discusses that it is proven that “family abuse/violence”(Priest 1) is “directly linked” (Priest 1) to GAD. In short Priests claim explains that if a child is brought up in a broken household they hold a higher chance of developing GAD. Priest builds on his research with another perspective that GAD is also expressed with “presence of a poor functioning relationship ”(Priest 1). Due to toxic relationships there have been more people meeting the “criteria for GAD ”(Priest 1). Due toxic relationships has been shown by a “2.54% ”(Priest 2) increase of GAD, than people in healthy relationships. However another angle on this debate is that women who suffered through the Israeli campaign have had GAD. Taha has provided context that “many women were formerly enslaved”(Taha 1). In the data it shows that only “60%”(Taha 5) suffered from severe GAD from the whole group, “52%”(Taha 5) suffered from severe GAD. Another similar perspective was from research performed by Avi Besser PhD in social psychology showed the mental health impacts of Israeli’s exposed to war. The literature concluded that the “negative impact of exposure to mass trauma”(Besser 2) has caused GAD. From the study it showed “81%”(Besser 2) of the women who were captive are suffering from some sort of anxiety. Besser describes that

“the trauma has undermined their sense of control”(3). From the literature it is clear that trauma can lead to GAD.

4. Cognitive and mindfulness based therapies

The literature review shows that GAD should be thought about but through much research solutions have been found. Ann Nguyen, PhD in social work, claims that “church relationships are stress coping resources”(Nguyen 1). This is supported by Nguyen's claim that people with psychiatric problems look to “social relationships”(Nguyen 3) to protect them from “numerous disorders”(Nguyen 3). Nguyen explains that “church support offsets the negative impacts of disorders”(Nguyen 3). The literature suggests that “church may be an effective stress-coping resource”(3). However other literature shows that church is not the best solution, it suggests that maybe a form of therapy might be better. Doris Chang, Professor of psychotherapy presents a form of cognitive based therapy called “Chinese Taoist Cognitive Therapy (CTBCP)”(Chang 1). Chang describes CTBCP as an “intervention”(Chang 2). Like cognitive therapy it tricks the mind into thinking “rationally”(Chang 3). Unlike cognitive therapy it focuses more on “Chinese culture and views”(Chang 3). CTBCP will help “control our thoughts”(Chang 3). The result is a sense of “functional harmony”(Chang 4). Similarly to Chang’s perspective, Fereshte Momeni, a PhD in psychiatric medicine, believes that cognitive behavior therapy (CBT) may be a more considerable option. Momeni’s study has addressed the “effectiveness of CBT” and the betterment of “child-parent relationship”(Momeni 2). The test shows the “quality of life”(Momeni 3) statistics increased. The study also proved that “parent-child relations increased”(Momeni 3). Momeni then describes a different perspective that “Mindfulness based cognitive therapy (MBCT)”(Momeni 2) might provide a simpler and less demanding solution. MBCT is similar to CBT where it is a form of healthy coping, but MBCT focuses more on mind

tricking to cope with the stress. In Momeni's study he provides that in pre-test the life quality with GAD is at "75.86 standard deviation"(Momeni 4). After using MBCT the quality of life statistic increased to "101.26"(Momeni 4). The research highlights that there are other options rather than seeking medicine or procedures

5. Conclusion

A review of the literature has made it very clear that GAD is an epidemic that is slowly taking over the lives of the people. There is a clear division in the research regarding what is the main cause whether it be trauma or discrimination but it is clear that solutions must be enacted. Church and religion offers a solution for coping. CTCBT is also a considerable solution that promises a feeling of zen and control. Although more studies must be done to grasp the lasting effects of CTBT, it may be a solution that does not come in the form of medicine.

Word Count : 1315

Works Cited

- Besser, Avi, et al. "Pathological Narcissism and Acute Anxiety Symptoms After Trauma: A Study of Israeli Civilians Exposed to War." *Psychiatry: Interpersonal & Biological Processes*, vol. 76, no. 4, Winter 2013, pp. 381–397. EBSCOhost, doi:10.1521/psyc.2013.76.4.381
- Bandoli, G., et al. "Childhood Adversity, Adult Stress, and the Risk of Major Depression or Generalized Anxiety Disorder in US Soldiers: A Test of the Stress Sensitization Hypothesis." *Psychological Medicine*, vol. 47, no. 13, Oct. 2017, pp. 2379–2392. EBSCOhost, doi:10.1017/S0033291717001064.
- Budhwani, Henna, et al. "Generalized Anxiety Disorder in Racial and Ethnic Minorities: A Case of Nativity and Contextual Factors." *Journal of Affective Disorders*, vol. 175, Apr. 2015, pp. 275–280. EBSCOhost, doi:10.1016/j.jad.2015.01.035.
- Chang, Doris F., et al. "Let Nature Take Its Course: Cultural Adaptation and Pilot Test of Taoist Cognitive Therapy for Chinese American Immigrants With Generalized Anxiety Disorder." *Frontiers in Psychology*, 2020, p. NA. Gale Academic OneFile, link.gale.com/apps/doc/A635740406/AONE?u=mclin_s_weyhs&sid=AONE&xid=4dc10c93. Accessed 6 Jan. 2021.
- "Generalized Anxiety Disorder: Toxic Worry." *Harvard Mental Health Letter*, vol. 19, no. 7, Jan. 2003, p. 1. EBSCOhost, search.ebscohost.com/login.aspx?direct=true&db=asn&AN=8649353&site=ehost-live
- Lowe, Sarah R., et al. "Perceived Discrimination and Major Depression and Generalized Anxiety Symptoms: In Muslim American College Students." *Journal of Religion & Health*, vol. 58, no. 4, Aug. 2019, pp. 1136–1145. EBSCOhost, doi:10.1007/s10943-018-0684-1.

- Momeni, Fereshte, et al. "Comparison of the Effectiveness of Cognitive Behavior Therapy and Mindfulness-Based Cognitive Therapy on Quality of Life and Parent-Child Relationship in Women with Generalized Anxiety Disorder." *Iranian Journal of Psychiatry & Behavioral Sciences*, vol. 12, no. 1, Mar. 2018, pp. 1–7. EBSCOhost, doi:10.5812/ijpbs.9653
- Nguyen, Ann W. "African American Elders, Mental Health, and the Role of the Church." *Generations: Journal of the American Society on Aging*, vol. 42, no. 2, 2018, pp. 61–67. JSTOR, www.jstor.org/stable/26556362. Accessed 6 Jan. 2021.
- Parker, Myra, et al. "The Relationship Between Bias-Related Victimization and Generalized Anxiety Disorder Among American Indian and Alaska Native Lesbian, Gay, Bisexual, Transgender, Two-Spirit Community Members." *International Journal of Indigenous Health*, vol. 12, no. 2, Sept. 2017, pp. 64–83. EBSCOhost, doi:10.18357/ijih122201717785
- Prenoveau, J. et al. (2013) 'Postpartum Gad Is a Risk Factor for Postpartum Mdd: The Course and Longitudinal Relationships of Postpartum Gad and Mdd', *Depression & Anxiety* (1091-4269), 30(6), pp. 506–514. doi: 10.1002/da.22040.
- Priest, Jacob B. "A Bowen Family Systems Model of Generalized Anxiety Disorder and Romantic Relationship Distress." *Journal of Marital & Family Therapy*, vol. 41, no. 3, July 2015, pp. 340–353. EBSCOhost, doi:10.1111/jmft.12063.
- Taha, Perjan Hashim, and Shameran Slewa-Younan. "Measures of Depression, Generalized Anxiety, and Posttraumatic Stress Disorders amongst Yazidi Female Survivors of ISIS Slavery and Violence." *International Journal of Mental Health Systems*, vol. 14, no. 1, Nov. 2020, p. N.PAG. EBSCOhost, doi:10.1186/s13033-020-00412-4.

