



Investigating the Linkage of Anxiety and Depression to the Feeling of Anguish

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ABSTRACT

Background: Conceptual confusions have been made on anguish, fear, panic and anxiety. Anguish focuses on present events and is accompanied by a feeling of tightness or pain in the thoracic region. We aimed to investigate the linkage of anxiety and depression to the feeling of anguish.

Method: Based on an exploratory method, we identified 100 patients aged between 17 and 77 years old, attended at the anxiety and affective disorders clinics, 50 with anguish and 50 without anguish.

Results: The investigation concluded that symptoms more associated with anguish are somatization, fear, depressive mood, gastrointestinal, neurovegetative and cardiovascular symptoms, that anguish is more associated with depression than anxiety and that between anguish and anxiety fear is the symptom more frequent, and between anguish and depression, the symptoms with more frequency are the neurovegetatives.

Conclusion: This study provides more comprehensive incidence rates for anguish among depressive patients. However, according to patient reports, we can conclude that patients with anxiety disorders can also experience anguish.

Keyword: Anguish; Anxiety; Depression; Thoracic region; Pain

INTRODUCTION

Sometimes humans are plagued by an intense malaise that leads to oppression in the thoracic region, which translates into bodily sensations such as tightness, pain, sword, hole, or suffocation in the chest. Anguish has a strong connotation and its synonyms are agony, affliction, torment, martyrdom, torture. The origin of the word comes from the Greek Angor which means narrowing [1]. Other languages allude to the term anguish, as is the case with the Japanese word 'Pain,

worry, stress' (mune no kurushimi) which means thoracic disturbance or suffering; the Hebrew word 'tzar' which refers to a strong feeling of tightness and suffering; the German word 'enge/druck auf der brust'; 'oppressionsgefühl' which has the sense of oppression; and the Hungarian word 'aggodalom' whose meaning is that of exacerbated concern or fear [2]. The word 'enge', which means narrowness, has its origin in the Angles (in German: angeln, which means "fish"; in English: englas; in Latin: angulus (singular) or anglii (plural) was first recorded in Latin (anglii) in the book Germanica by

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Publius Cornelius Tacitus, in the 1st century. The name is derived from a toponym of the old German word 'anguz', ("eng" in current German) which means "narrow" or "angular" (due to the diminutive shape of the Anglia peninsula, within the Jutland peninsula. When translating Freudian works into English, James Beaumont Strachey translated the word angst to anxiety, in order to obtain better acceptance in the psychiatric environment. The justification for such a translation was that "angst" consisted of a term commonly used in the German language and that it could be translated by some equally common English words, such as "fear" (fear), "fright" (terror or fright), "alarm" (startle). Thus, he concluded that the adopted word "'anxiety' would also have a current sense of everyday use, with only a remote connection with any of the uses of the German 'angst" and that it would be "impractical" to settle on a single English term as a translation exclusive, but that there would be a use already established by psychiatry that would justify the choice of the term "anxiety" [3]. Over the last few decades, conceptual confusions have been observed when approaching concepts such as fear, panic, anxiety and anguish. The feeling of anguish, which is centered on events occurring in the present moment, is accompanied by sensations in the thoracic region that may be in the form of pain or tightness and, due to the fact that many patients with affective and anxiety disorders report this experience, anguish thus became the target of a major clinical concern [4].

Table 1: Symptoms linked to anguish.

Variables	Anguish
Somatization	0,02
Fears	0,003
Depressive mood	0,049
Gastrointestinal symptoms	0,008
Neurovegetatives symptoms	0,03
Cardiovascular symptoms	0,015

Anguish is more associated with depression than with anxiety and between anguish and anxiety fear is the symptom more frequent, and between anguish and depression, the symptoms with more frequency are the neurovegetatives (Figure 1).

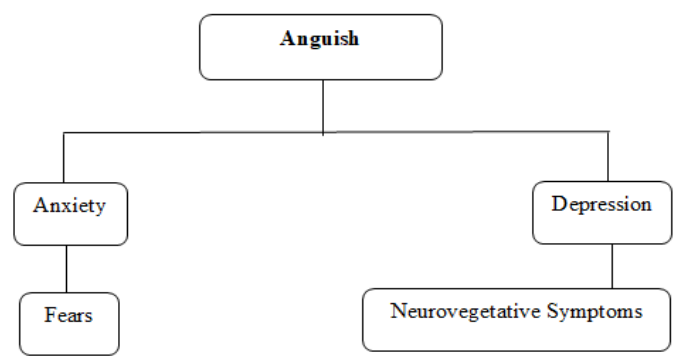


Figure 1: Symptoms linked 55 to anguish.

Gentil and Gentil postulated that anguish could have clinical and neurobiological relevance, arguing that the feeling of tightness or oppression in the thoracic region could have an emotional connection.

MATERIALS AND METHODS

Study Population

We carried out an exploratory study involving 100 patients from the general, affective and anxiety clinics of the psychiatric institute of the faculty of medicine of University of Sao Paulo, Brazil.

Statistical Analyses

Statistical analysis comprised two stages. In the first stage, were investigated the symptoms more associated with anguish. In the second stage, were identified variables with greater linkage of anxiety and depression with anguish.

RESULTS

Symptoms more related to the feeling of anguish were somatization, fear, depressive mood, gastrointestinal, neurovegetative and cardiovascular symptoms (Table 1).

DISCUSSION

The study investigated the interaction of anguish among depression and patients with anxiety. It concluded that there is a significant connection between anguish and somatization, fears, depressed mood, gastrointestinal, cardiovascular and neurovegetative symptoms. In terms of somatization, a research conducted by Penninx, Pine, Holmes and Reif demonstrated that anxiety disorders are often comorbid with each other and with other mental disorders, especially depression, as well as with somatic disorders and such comorbidity usually means more severe symptoms, greater clinical burden and greater difficulty in treatment [5].

In this investigation, somatization concerns, the sensation of oppression, pain, tightness, constriction, strangulation, sword or hole that is characteristic of the feeling of anguish and not the bodily sensations that are common in cases of anxiety. The explanation for the significant difference in somatic symptoms between patients with anguish and patients without anguish is due to the thymus gland that was once discovered, and which causes less than 50% of people to experience anguish [6]. It was concluded that there is proximity between anguish and depressive mood. Nishiyama and Saito analyzed the impact of aversive memories on psychological well-being and concluded that there is an association between aversive memories that cause anguish and depression [7]. In this investigation, participants engaged in stop recall of memories of aversive scenes without any diversionary thoughts (direct suppression, experiment 1) or with positive diversionary thoughts (thought substitution, experiment 2). Direct suppression reduced arousal elicited by retrieving aversive memories, while thought substitution not only reduced arousal but also increased positive valence. It was concluded that depressive symptoms negatively modulate the effects of direct suppression. This result may indicate that, within the scope of the study on anguish, the memory of aversive memories can work as a 'trigger' of anguish and depression, that is, when the person recalls aversive memories, he is, at the same time, experiencing an aversive event arising in their life and which was stored in their memory. Anguish is also related to fear, although they are not synonymous, since both anxiety and fear have different areas of brain activation. Research carried out by Smith, Jurek, Grinevich and Bowen on the oxytocin system and concluded that oxytocin plays an important role in fear, stress, anguish and pain [8]. Since oxytocin is a predominantly female hormone and the results showed that the female sex was the one that most experienced the feeling of anguish, it can thus be concluded that there is an association between oxytocin and anguish. Oxytocin is also a hormone that strengthens negative social memories and future anxiety by triggering an important signaling molecule known as ERK, a molecule that becomes active for six hours after a negative social experience has occurred. In the sensation of fear, ERK stimulates a brain region involved in emotional and stress responses. This fact is in line with the fact that patients who experience anguish also develop symptoms linked to fear. Neurovegetative symptoms showed significant differences between patients with and without anguish. A study by Derakhshanian, Zhou, Rath, Barlow, Bertrand, DeGraw, Lee, Hasson and Kaye on the role of ketamine in the treatment of psychiatric disorders found that depressed mood or anhedonia combines with neurovegetative symptoms such as sleep impairment, changes in appetite, feelings of worthlessness and guilt, and psychomotor retardation [9]. According to a research carried out by Paul, Abbas, Nassar, Tasha, Desai, Bajgain, Ali, Dutta, Pasha and Khan about the correlation of anxiety and depression in the development of gastroesophageal diseases in the young population, subjects with gastroesophageal reflux disease had a high level of anxiety and depression and that both anxiety and depression are linked to the development of gastroesophageal reflux disease [10].

The study also concluded that the quality of life of individuals with gastroesophageal reflux disease is reduced by depression and anxiety. In terms of gastrointestinal symptoms, anguish differs from gastroesophageal reflux, despite the fact that one of the main symptoms of this problem is intense chest pain, which can be confused with the pain of angina and myocardial infarction. Based on the reassignment of the group doubt as having anguish, it was found that the variable cardiovascular symptoms became a significant variable. Elhiny, Al-Jumaili and Yawuz performed a systematic review on complications resulting from COVID-19 and concluded that nine studies included cardiac symptoms such as palpitations, chest pain and diastolic dysfunction, as well as neurological complications such as post-traumatic stress disorder [11]. Trauma, anxiety, depression, memory loss, insomnia and sleep disturbances, and cognitive impairment. After relocating the doubt group to the group of patients with anguish, the cardiovascular symptoms were significant, however it should be noted that the pain or tightness in the chest that is characteristic of anguish can be similar to heart pain, however a person with anguish, he feels the pain in the center of the chest, contrary to what happens in cardiac patients [12]. Anguish is a disturbing and uncomfortable emotional manifestation, characterized by fear of the end, loss and emptiness, in addition to the feeling of profound helplessness. Its main symptoms are: Restricted breathing, throat and chest suffocation, feeling of emptiness, restlessness, pain in the heart region and an unconscious eagerness that something bad is going to happen. Anguish has its fundamental importance in terms of self-knowledge and the development of emotional intelligence, vulnerability, and lack of control and the art of relating to life, people and everyday situations. The human being is born with the anguish of separation from the mother, the loss of security and the "eternal lap" and we die with the anguish of separation from people, life and the unknown, that is, anguish is part of life and is natural and healthy to live it, despite the discomfort. Anguish becomes pathological when the sensation of fear of loss, lack and the end becomes super dimensioned. This fear generates deep disbelief in relation to affection, new experiences, humanity and the act of existing and living life in a healthy and fluid movement. And we are afraid to act, afraid to follow and walk towards the "new". Anguish triggers the mechanism: Fear (paralysis/discomfort) X desire (aggressiveness/pleasure). The feeling of anguish brings clarity to unconscious truths and reveals conditioned patterns, postures and thoughts. It awakens emotions rooted in our life history that are often repeated. It is a fundamental instrument for self-knowledge and human development. And, more often than not, it's the starting point of recurrent emotional states and automated behaviors. Anguish signals the "tightness" of repressed emotions that need to be made aware of and released.

CONCLUSION

Future research can also stimulate conceptual analysis in the areas of psychiatry, psychology and other areas that are related to psychopathology, namely those related to the neurosciences, since the use of complex concepts in basic research, without prior analysis of these, becomes to sterile,

which may be one of the causes for the poor results in translational studies in psychopathology/neurosciences. It is also recommended that research be carried out with a larger database, as well as using more accurate strategies for diagnosing anguish that provide greater precision in the analyzes and greater discrimination of groups with and without anguish and their respective predictors.

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