



Other Anxiety Therapies ^[1]

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Cognitive and behavioral therapies are highly effective for treating a wide variety of anxiety disorders. Because anxiety affects everyone in a unique way, however, there are many other therapeutic options to consider when seeking professional help.

In the contemporary psychological world, the go-to therapies for anxiety treatment are cognitive, behavioral, or cognitive-behavioral in nature ^[3], and for good reason. Multiple ^[4] studies ^[5] have confirmed both of these approaches' short- and long-term effectiveness.

For any number of reasons (personal, financial, ideological), there may be times when traditional CBT methodology is not the right fit for treating someone's specific anxiety. The mechanisms and symptoms of fear and anxiety are universal, but the specific ways and severities in which they manifest affect everyone to different degrees.

For those people seeking other psychological treatment methods, many ^[6] more ^[7] are at your review and disposal. In this section, we'll list and describe other forms of psychotherapy which differ from standard CBT methods and still work well for people committed to their teachings.

Acceptance & Commitment Therapy (ACT)

ACT Therapy is a mindfulness-based therapy ^[8] which helps clients stay present-minded, accept the necessity of negative or uncomfortable feelings ^[9] as part of life, and choose to behave in ways which validate their values and beliefs. Clients come to use **cognitive defusion techniques**—letting thoughts and feelings happen without trying to erase or change them—to give them distance and perspective on how they speak and evaluate themselves. Learn more about the kinds of anxiety disorders ACT can help with here ^[10] and follow through in this course by learning some basic mindfulness techniques ^[11].

Dialectical Behavioral Therapy (DBT)

An offshoot of CBT, Dialectical Behavioral Therapy helps patients learn to accept the uncomfortable thoughts and feelings they experience as their basis for recovery. The emphasis is on validating and positively reinforcing attempts to strike a balance between changing behavior and accepting feelings as they come. Through accepting the value of your feelings, you become well equipped to make better emotional regulation decisions ^[12].

Like CBT, patients generally have "homework" assignments wherein they put their new thinking and acceptance strategies into daily practice. This type of therapy was originally developed to specifically address suicidal Borderline Personality Disorder ^[13] patients, but has since shown wonderful results for helping all manner of mental disorders, including anxiety

disorders.

Eye Movement Desensitization & Reprocessing (EMDR)

EMDR is most specifically used to treat Post-Traumatic Stress Disorder (PTSD) [14], but has been shown to help panic sufferers [15], as well. This therapy is built on the foundation of **dual stimulation**. The therapist guides patients to make repetitive eye movement patterns for 20-30 seconds—this can be following a finger, a screen, or through audio cues—while simultaneously triggering traumatic feelings and memories.

While the exact mechanisms are unknown (it's debated whether the mere exposure/elicitation of PTSD memories is responsible for emotional recovery, the brain/eye stimulation, or both), EMDR continues to help people suffering from traumatic episodes and anxiety link less damaging emotional reactions to memories from their past.

Interpersonal Therapy

As the name implies, Interpersonal Therapy's focus is on improving how patients interact with other people. Relationships and routine positive social interactions [16] are the driving ideas behind this therapy. The therapist works with patients to have them assess their patterns of social behavior and thinking. Once identified, patients are taught how to rewrite many of their negative social patterns—intimidation, trepidation, social isolation—to better prepare them to create and sustain meaningful relationships. People with Social Anxiety Disorder [17] and Panic Disorder [15] can benefit tremendously from this narrowly-focused school of therapy.

Psychodynamic Therapy

When people think of therapy, this is likely the immediate school that fills their minds. Psychodynamic Therapy, made famous by Sigmund Freud [18], is a talk-centered therapy which focuses on a person's past experiences as catalysts for their current mental health problems. Through free association exercises ("Say the next word that comes to your mind") and open-ended strings of questions, the therapist and patient work to untangle the negative life experiences and thought patterns that may still have a hold on the patient's adult life.

As discussed, many anxiety disorders can be treated without ever finding the "root" cause of why they exist. In Panic Disorder, for instance, the origins of a person's panic, while interesting to learn, are not necessarily integral to teaching new exposure and behavioral techniques to treat it. That being said, and despite the school's shaky [19] credibility [20], Psychodynamic Therapy can provide valuable insight into entrenched patterns of thought which may interfere with a person's ability to cope with trauma and anxiety. People with clinical depression [21] and many anxiety disorders can benefit from the insights gained during psychodynamic sessions and can use such information as adjuncts to ongoing CBT or medicated [22] treatment.

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Links

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[2] <https://explorable.com/users/grharriman>

[3] <http://www.nytimes.com/health/guides/disease/generalized-anxiety-disorder/psychotherapy-and-other-treatments.html>

[4] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3584580/>

[5] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3263389/>

[6] <https://www.nami.org/Learn-More/Treatment/Psychotherapy>

- [7] <http://psychcentral.com/lib/psychotherapy-for-anxiety-disorders/4/>
- [8] <https://www.psychologytoday.com/blog/two-takes-depression/201102/acceptance-and-commitment-therapy>
- [9] http://www.actmindfully.com.au/upimages/Dr_Russ_Harris_-_A_Non-technical_Overview_of_ACT.pdf
- [10] <http://www.socialworktoday.com/archive/090208p36.shtml>
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