2023

Anxious attachment style and its link to anxiety in young adults

Dua Ahmed
Long Island University

ANXIOUS ATTACHMENT STYLE AND ITS LINK TO ANXIETY IN YOUNG ADULTS

BY

DUA AHMED

A MASTER'S THESIS SUBMITTED TO THE GRADUATE FACULTY OF

THE SCHOOL OF HEALTH PROFESSIONS

LONG ISLAND UNIVERSITY, BROOKLYN CAMPUS

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR

THE DEGREE OF MASTER OF ARTS

MAJOR DEPARTMENT:

PSYCHOLOGY

SPONSORING COMMITTEE:

_____

Committee Chair

Hamid Rahim, Ph.D.

CERTIFIED BY:

_____

Dean

Joanne Rees, Ph.D.

_____

Reader

Gary Kose, Ph.D.

Date: May 2023

Abstract

Numerous studies have shown that attachment styles develop from primary caregivers and influence our self esteem and ability to trust and maintain healthy relationships. Correlations with different attachment styles and negative outcomes, such as anxiety have been made. This study investigated the relationship between Anxious attachment style and Anxiety in 37 college students 18-30 at an undergraduate college in New York. The Collins Adult Attachment Scale Attachment was used to assess attachment styles and the Hamilton Anxiety Scale for anxiety. In this study, anxious attachment style positively correlated with Anxiety. A secondary finding revealed that religious affiliation negatively correlated with anxiety.

Keywords: Anxious attachment, Anxiety, Parenting style, Emotion conflict, Religious affiliation, Coping skills.

Introduction

Individuals form attachment styles based on the care received from caregivers. The attachment style sets the foundation of future relationships formed throughout an individual's life. Bowlby (1958) explained that humans from infancy have an innate system to seek closeness to caregivers in times of need formed through years of evolution. The reason for this attachment system is to ensure the chances of survival, reproduction and receiving a sense of comfort/relief which further enhances a sense of basic trust/security (Bowlby 1958).

Bowlby (1958) asserted that there were secure attachment and insecure attachment styles, with insecure attachment style consisting of anxious attachment and ambivalent attachment. According to Bowlby, secure attachment involved children feeling safe, acknowledged, and comfortable in their relationships. Children with insecure anxious attachment tend to display signs of hostility and act clingy, whereas children with avoidant attachment style display indifference towards the caregiver (Bowlby 1958). According to Bowlby, securely attached children have learned to trust others to look after them and are comfortable around others.

Rees (2007) explained that stress management, resilience, safety, and adaptation are dependent on attachment. The child and parent attachment has an impact on the behavioral, cognitive, physical, and developmental wellness of the child. Attachment provides the opportunity for children to explore and learn by having a secure base. According to Rees (2007), 40% of the population is classified as having an avoidant, anxious, or ambivalent insecure attachment style. Those who were insecure attachment craved attention and approval, with some appearing fearful of maintaining the relationships they seek. The 60% who are considered to be

"securely attached" could more easily choose a course through life that is more comfortable and less stressful for them, valuing connections while remaining self-sufficient and confident.

In Ainsworth's (1978/2015) "Strange Situation," the mother's behavior had a strong influence on the child's attachment and contributed to the child's attachment style. The formed attachment later impacted how comfortable the child will be with future emotional bonds. According to Mikulincer & Shaver (2012), individuals who have a secure attachment style are more likely to seek out help in threatening situations to seek reassurance and comfort. For example, Panfile and Laible's (2012) demonstrated that children with secure attachment were more adept at controlling their emotions along with having an internal working model that other people were reliable and trustworthy, connections are beneficial and desirable, and that they were deserving of care from others.

The authors (Panfile 2012) found that three-year-olds with secure attachment styles were able to apply valuable life skills and demonstrate empathy to others who appeared upset. It appeared that secure children learned how to recognize and reflect emotions as a result of numerous positive interactions with attentive and responsive caregivers. Rees (2007) also reported that insecure attachment was a contributing factor for anger/stress management issues, mental and physical health decline, mortality, and was a predisposition for substance abuse. In addition, Zdebik (2022) discovered that insecure ambivalent and disorganized-controlling attachment patterns increased symptoms of anxiety during young adulthood.

Attachment styles may also play a role in one's happiness and the quality of relationships. According to Picardi (2013), individuals with high levels of attachment-related concerns often worried about being abandoned or not loved enough, felt unloved, and preoccupied with their

romantic relationships. Mikulincer and Shaver (2012) stated that those with anxious attachment tended to have a negative view of self and constantly worry about rejection. Anxiously attached individuals tended to be more cautious and have unfavorable opinions of themselves. .

General anxiety disorder in adults has also been connected to anxious attachment (Cassidy 2009). According to Beesdo (2009), anxiety is a prevalent psychological health issue, and has one of the highest comorbidity rates with other disorders. According to Barlow (2002), fear is an evolutionary alarm response to present or impending danger (actual or perceived), while anxiety is a future-focused mood state related with planning for potential, approaching unpleasant occurrences.

Chand & Marwaha, (2022) describe trauma, drug use and childhood experiences as correlated with anxiety. According to Strachey (2013) Freud suggested that anxiety was the result of inner emotional conflict from suppressed feelings, impulses and life experiences that were perceived as threatening or disturbing. Adler (1927) suggested that anxiety was similar to a false picture as a person believed that they were not capable of facing a threat and worry along with a fear of not belonging.

Horney suggested that basic anxiety occurred when an infant feels “helpless in a hostile world” (Coolidge 2017). What she called “basic evil” referred to parents who displayed indifference and a lack of warmth in childhood. For Horney, this indifference was worse than occasional beatings (Coolidge 2017). The coping mechanisms that followed may later develop into unreasonable, persistent demands that eventually lead to personality disorders (Crosby, 1976). The manner in which someone copes with anxiety originated from these early life conflicts may result in defense mechanisms that are not healthy for relationships. These may

include avoidance, conversion, denial, identification, projection, regression, repression, schizoid fantasy, and splitting (Bailey & Pico, 2020).

When a child viewed the caregiver as inconsistent and unpredictable, attachment anxiety may set in because the child was presented with a need that went unfulfilled and, in order to obtain that attention, love and warmth, the child may display negative exaggerated emotions (Nielsen 2017). Negative emotions are then reinforced when the attention and interaction they crave are provided by their caregivers (Mikulincer 2012). Additionally, according to Mikulincer and Shaver (2012) anxious attachment appeared to be linked to feeling helpless and incapable of controlling one's emotions and relying on others. While previous studies looked extensively at the importance of attachment styles and its role in emotional regulation and social anxiety, not much have focused on anxious insecure attachment style and its link to anxiety in young adults. This study aims to examine the relationship between anxious insecure attachment and anxiety in young adults. There is one hypothesis in this study: individuals with anxious insecure attachment style will demonstrate high levels of anxiety.

Methods

Participants

13 male and 24 female students, ages 18-30, representing different ethnicities and religions, in an undergraduate psychology class at a college in NYC participated in this study. See Table 3.

Measures

The Hamilton Anxiety Scale consists of a 14-item questionnaire where each question is defined by a series of symptoms. Participants respond on a Likert scale with 0 (not present) to 4 (severe). With a score range of 0-56, less than 17 indicates mild severity, 18-24 indicates mild to moderate severity, and 25-20 moderate to severe anxiety. According to Maier (1988), the Hamilton Anxiety Scale (HAM-A) was put to the test for validity and reliability in two separate groups: one group (n = 101) was made up of people with depressive disorders, and another group (n = 97) of people with anxiety disorders. The reliability was .77 and validity number for the Hamilton Anxiety scale was 0.93.

The Adult Attachment Scale is a self-report instrument composed of 18 questions, some which are reverse keyed, and is scored by summing the scores of all the questions. The Adult Attachment Scale provides scores on three dimensions, close, dependent, and anxious attachment. Scores on each questionnaire range from 18-90. The higher scores indicate greater insecurity with respect to the attachment style. According to Wu (2004), the close-dependence and anxiety dimensions have strong predictive validity. Construct-related validity has a good rating. It has a reliability of .69 for close, .75 for depend, and .72 for anxiety. The validity of the scale is .68 for close, .71 for depend , and .52 for Anxiety.

The scales have been attached in the appendix for reference.

Procedure

Participants completed questionnaires in a classroom where they usually have classes. It was explained that there was anonymity and their participation was voluntary and unpaid. Consent was given. The Adult Attachment Scale and the Hamilton Anxiety scale were both stapled together with a demographics page [identifiers removed] and given to participants to complete separately. SPSS was used to analyze the collected data.

Results

Table 1 shows the relationship between Anxious attachment style and Anxiety in young adults. The hypothesis was supported. There was correlation between the Anxious and Dependent Attachment style sub-scores ($r < .516$) ($p < .01$). As hypothesized, the Dependent and Anxiety subscales significantly, positively correlated with the Anxiety scores. This suggests that the higher the dependent and anxious the participants reported their attachment relationships, the more anxiety they reported. The inter-correlations between the three subscales of Attachment Styles can be found in Table 1.

Table 2 shows the descriptive statistics for the Attachment styles. The correlations between the Attachment Styles, degree of religiosity, and the anxiety scores are presented in Table 2. The degree of religiosity significantly, negatively correlated with all three subscales of the Attachment Style responses. Thus, the more strongly religious they reported they were, the less strongly reported their anxious attachment styles were.

Tables

Table 1.

Correlation matrix for Attachment Style, Anxiety score, demographics.

	Religiosity	Close	Anxiety	Dependent	Anxiety Score
Religiosity	1	-.508**	-.346*	-.492**	-.129
Close		1	.286	.510**	.042
Anxiety			1	.427**	.516**
Dependent				1	.372*

*P < .05 **p<.01

Table 2.

Descriptive Statistics for Attachment Style, Anxiety, Age, & religiosity.

Attachment Style	Min – Max	M	Sd	Skewness	Kurtosis
Close	12 24.	17.33	3.18	.366	-.806
Dependent	9 26.	18.27	2.94	-.360	.254
Anxiety Style.	1 35.	13.77	9.07	.335	-.542
Anxiety	1 35.	14.66	9.07	.558	.463
Age	18 33	21.72	4.08	1.11	4.85
Religiosity	1 5	2.47	1.158.	.363	-.505

Table 3

Demographics

	Islam	Christian	Jewish	NA	Total
Male	3	5	0	5	13
Female	3	14	1	6	24

Discussion

Ainsworth (1978/2015) described anxious attachment style as clingy, in constant fear of abandonment and having trouble trusting others. The results of this study found that individuals with an anxious attachment style score high on anxiety on the Hamilton Anxiety Scale. One possible explanation for this is part of what the Hamilton Scale measures is mental agitation and psychological distress. Since insecure attachment patterns in general are characterized by high levels of attachment-related anxiety in children (Bowlby 1958), and anxious attachment demonstrates then it would explain why insecure anxious attachment registered high on anxiety. Support from the literature on anxiety points to features of anxiety that include lack of warmth from parents, indifference, erratic behavior, and absence of admiration from parents (Coolidge 2017) that later develop into problematic relationships.

Adler (1927) had long suggested that a child's early life experiences with the mother shaped feelings about oneself that manifested itself in feelings and behaviors about one's lifestyle choices and positions of power, for the better or worse. Another possible explanation is that young adults who grew up with an anxious parenting style develop anxious attachment which can then be a mediating factor of developing anxiety (Picardi 2013). For example, parents' own insecure attachment style may result in their inability to adequately respond to their child's emotional needs. This failure deprives the child of opportunities to learn self worth, or develop the necessary skills to successfully manage relational and emotional conflict (Ainsworth 1978/2015).

Mikulincer (2012) described an upregulation of emotions as hyperactivation which was a characteristic of anxious attachment. According to the author, display of overreaction towards any negative emotions, increased alertness to threats and distress was found to be associated with anxious attachment style. This would suggest that someone with an anxious attachment style would be more likely to be on guard and therefore register high levels of anxiety. Finally, the questions in the Adult Attachment Scale may be tapping into anxiety. For example, question numbers 3, 9 and 15 asked if the individual was worried that others do not love them, worried if other people wanted to stay with them, and if they were worried about getting emotionally hurt by people. Some of the same constructs are assessed by the Hamilton Anxiety Scale .

The finding in this study that stronger religious affiliation negatively correlated with levels of anxiety might be explained by studies that demonstrated the association of religion, spirituality, prayer, and faith seemed to reduce anxiety (William et al 2019). According to the authors, socializing with people of the same faith, whether inside or outside of a place of worship, may serve as a diversion from anxiety and a sense of belonging to a specific group.

For example, going to church every Sunday with family or neighbors satisfied a basic human need for acceptance. Additionally, believing that an all-powerful righteous God is personally concerned with a person's psychological suffering through religious practices like prayer and worship may provide comfort and a sense of hope for a possible resolution to anxiety (William 2019). According to Rippentrop (2005), prayer and meditation were correlated with physical health outcomes. Individuals with worse physical health were more likely to engage in religious activity, possibly as a coping mechanism. In addition to religious/spiritual intensity,

everyday spiritual experiences, religious support, and forgiveness all strongly predicted a healthy mental status (Rippentrop 2005) .

This study had several limitations. The sample size of 37 participants was small and was limited to students in an undergraduate psychology class in one geographic area. This brings generalizability of the study into question. Future studies should explore the relationship between different attachment styles and anxiety disorders. Different religions may show different results regarding specific anxiety concerns, such as anxiety about death.

References

Adler, A. (1927). Understanding Human Nature. In *Google Books*. Greenberg. https://books.google.com/books?hl=en&lr=&id=sTl-AAAAMAAJ&oi=fnd&pg=PA3&dq=adler+alfred+anxiety&ots=QOTVbcdRgE&sig=pknglC30MzqAVYwKuca4GCZh-_0#v=onepage&q=adler%20alfred%20anxiety&f=false

Ainsworth, M., Blehar, M., Waters, E., & Wall, S. N. (2015). Patterns of attachment : a psychological study of the strange situation. Routlage. (Original work published 1978)

Bailey, R., & Pico, J. (2020). Defense Mechanisms. PubMed; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK559106/

Barlow, D. H. (2002). Anxiety and its disorders : the nature and treatment of anxiety and panic. Guilford Press.

Beeney, J. E., Stepp, S. D., Hallquist, M. N., Ringwald, W. R., Wright, A. G. C., Lazarus, S. A., Beesdo, K., Knappe, S., & Pine, D. S. (2009). Anxiety and Anxiety Disorders in Children and Adolescents: Developmental Issues and Implications for DSM-V. Psychiatric Clinics of North America, 32(3), 483–524. https://doi.org/10.1016/j.psc.2009.06.002

Bowlby, J. (1958). The nature of the child's tie to his mother. The International Journal of Psycho-Analysis, 39(5), 350–373. https://pubmed.ncbi.nlm.nih.gov/13610508/

Cassidy, J., Lichtenstein-Phelps, J., Sibrava, N. J., Thomas, C. L., & Borkovec, T. D. (2009). Generalized Anxiety Disorder: Connections With Self-Reported Attachment. Behavior Therapy, 40(1), 23–38. https://doi.org/10.1016/j.beth.2007.12.004

Chand, S. P., & Marwaha, R. (2022, May 8). Anxiety. PubMed; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK470361/

Coolidge, F. L., & Matlock, S. E. (2017). Basic Anxiety (Horney). *Encyclopedia of Personality and Individual Differences*, 1–2. https://doi.org/10.1007/978-3-319-28099-8_1363-1

Crosby , J. (1976). PEP | Browse | Read - Theories of Anxiety: A Theoretical Perspective. Pep-Web.org. https://pep-web.org/browse/document/AJP.036.0237A

Freud, S., & Strachey, A. (2013). Inhibitions, symptoms and anxiety. Martino Publishing.

Maier, W., Buller, R., Philipp, M., & Heuser, I. (1988). The Hamilton Anxiety Scale: reliability, validity and sensitivity to change in anxiety and depressive disorders. *Journal of Affective Disorders*, *14*(1), 61–68.

Mikulincer, M., & Shaver, P. R. (2012). An attachment perspective on psychopathology. World Psychiatry, 11(1), 11–15. https://doi.org/10.1016/j.wpsyc.2012.01.003

Nielsen, S. K. K., Lønfeldt, N., Wolitzky-Taylor, K. B., Hageman, I., Vangkilde, S., & Daniel, S. I. F. (2017). Adult attachment style and anxiety – The mediating role of emotion regulation. Journal of Affective Disorders, 218, 253–259. https://doi.org/10.1016/j.jad.2017.04.047

Panfile, T. M., & Laible, D. J. (2012). Attachment Security and Child's Empathy: The Mediating Role of Emotion Regulation. *Merrill-Palmer Quarterly*, *58*(1), 1–21. https://doi.org/10.1353/mpq.2012.0003

Picardi, A., Caroppo, E., Fabi, E., Proietti, S., Gennaro, G. D., Meldolesi, G. N., & Martinotti, G. (2013). Attachment and Parenting in Adult Patients with Anxiety Disorders. Clinical Practice and Epidemiology in Mental Health : CP & EMH, 9, 157–163. https://doi.org/10.2174/1745017901309010157

Rees, C. (2007). Childhood Attachment. British Journal of General Practice, 57(544), 920–922.

Rippentrop, E. A., Altmaier, E. M., Chen, J. J., Found, E. M., & Keffala, V. J. (2005). The relationship between religion/spirituality and physical health, mental health, and pain in a chronic pain population. *Pain*, *116*(3), 311–321. https://doi.org/10.1016/j.pain.2005.05.008

William C, S., Megan J, W., Lindsay A, N., & Jeanette A, S. (2019). Review of the Effect of Religion on Anxiety. International Journal of Depression and Anxiety, 2(2). https://doi.org/10.23937/2643-4059/1710016

Wu, W., Zhang, W., & Liu, X. (2004). [The reliability and validity of adult attachment scale (AAS-1996 revised edition): a report on its application in China]. *Sichuan Da Xue Xue Bao. Yi Xue Ban = Journal of Sichuan University. Medical Science Edition*, *35*(4), 536–538. https://pubmed.ncbi.nlm.nih.gov/15291121/

Zdebik, M. A., Pascuzzo, K., Bureau, J.-F., & Moss, E. (2022). Childhood behavioral inhibition and attachment: Links to generalized anxiety disorder in young adulthood. Frontiers in Psychology, 13(1664-1078). https://doi.org/10.3389/fpsyg.2022.933213

Demographics
Please fill out all questions

Age	_____
Sex assigned at birth	Female Male
Are you religious?	Yes No
If yes, what is your religion?	_____-
Year in college	Freshmen Sophomore Junior Senior
Ethnicity	White Asian Black Hispanic/Latino
Did you grow up in a single parent home?	Yes No
How religious are you? Scale of 1-5	1. 2. 3. 4. 5.

Revised Adult Attachment Scale (Collins, 1996)- Close Relationships Version

The following version of the scale has revised instructions and slightly reworded items to refer to "close" relationships rather than "romantic" relationships.

The following questions concern how you generally feel in important close relationships in your life. Think about your past and present relationships with people who have been especially important to you, such as family members, romantic partners, and close friends. Respond to each statement in terms of how you generally feel in these relationships.

Please use the scale below by placing a number between 1 and 5 in the space provided to the right of each statement.

1----------2----------3----------4----------5

Not at all characteristic of me — Very characteristic of me

1) I find it relatively easy to get close to people._ _____

2) I find it difficult to allow myself to depend on others. _____

3) I often worry that other people don't really love me. _____

4) I find that others are reluctant to get as close as I would like. _____

5) I am comfortable depending on others. _____

6) I don't worry about people getting too close to me. _____

7) I find that people are never there when you need them. _____

8) I am somewhat uncomfortable being close to others. _____

9) I often worry that other people won't want to stay with me. _____

10) When I show my feelings for others, I'm afraid they will not feel the same about me. _____

11) I often wonder whether other people really care about me. _____

12) I am comfortable developing close relationships with others. _____

13) I am uncomfortable when anyone gets too emotionally close to me. _____

14) I know that people will be there when I need them. _____

15) I want to get close to people, but I worry about being hurt. _____

16) I find it difficult to trust others completely. _____

17) People often want me to be emotionally closer than I feel comfortable being. _____

18) I am not sure that I can always depend on people to be there when I need them. _____

Scoring Instructions for the Revised Adult Attachment Scale

This scale contains three subscales, each composed of six items. The three subscales are CLOSE, DEPEND, and ANXIETY. The CLOSE scale measures the extent to which a person is comfortable with closeness and intimacy. The DEPEND scale measures the extent to which a person feels he/she can depend on others to be available when needed. The ANXIETY subscale measures the extent to which a person is worried about being rejected or unloved.

Original Scoring Instructions:
Average the ratings for the six items that compose each subscale as indicated below.

Scale	Items
CLOSE	1 6 8* 12 13* 17*
DEPEND	2* 5 7* 14 16* 18*
ANXIETY	3 4 9 10 11 15

* Items with an asterisk should be reverse scored before computing the subscale mean.

Alternative Scoring:
If you would like to compute only two attachment dimensions – attachment anxiety (model of self) and attachment avoidance (model of other) – you can use the following scoring procedure:

Scale	Items
ANXIETY	3 4 9 10 11 15
AVOID	1* 2 5* 6* 7 8 12* 13 14* 16 17 18

* Items with an asterisk should be reverse scored before computing the subscale mean.

Cronbach's alpha coefficient in 3 samples of undergraduates:

n	Close	Depend	Anxiety
173	.81	.78	.85
130	.80	.78	.85
100	.82	.80	.83

Hamilton Anxiety Rating Scale (HAM-A)

Reference: Hamilton M.The assessment of anxiety states by rating. Br J Med Psychol 1959; 32:50–55.
Rating Clinician-rated Administration time 10–15 minutes
Main purpose To assess the severity of symptoms of anxiety
Population Adults, adolescents and children Commentary

The HAM-A was one of the first rating scales developed to measure the severity of anxiety symptoms, and is still widely used today in both clinical and research settings. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety). Although the HAM-A remains widely used as an outcome measure in clinical trials, it has been criticized for its sometimes poor ability to discriminate between anxiolytic and antidepres- sant effects, and somatic anxiety versus somatic side effects. The HAM-A does not provide any standardized probe questions. Despite this, the reported levels of inter- rater reliability for the scale appear to be acceptable.

Scoring
Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score range of 0–56, where <17 indi- cates mild severity, 18–24 mild to moderate severity and 25–30 moderate to severe.

Versions
The scale has been translated into: Cantonese for China, French and Spanish. An IVR version of the scale is avail- able from Healthcare Technology Systems.

Additional references
Maier W, Buller R, Philipp M, Heuser I. The Hamilton Anxiety Scale: reliability, validity and sensitivity to change in anxiety and depressive disorders. J Affect Disord 1988;14(1):61–8.
Borkovec T and Costello E. Efficacy of applied relaxation and cognitive behavioral therapy in the treatment of generalized anxiety disorder. J Clin Consult Psychol 1993; 61(4):611–19

Address for correspondence

Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe.

1 Anxious mood [0] [1] [2] [3] [4]

Worries, anticipation of the worst, fearful anticipation, irritability.

2 Tension [0] [1] [2] [3] [4]

Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.

3 Fears [0] [1] [2] [3] [4]

Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.

4 Insomnia [0] [1] [2] [3] [4]

Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.

5 Intellectual [0] [1] [2] [3] [4]

Difficulty in concentration, poor memory.

6 Depressed mood [0] [1] [2] [3] [4]

Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.

7 Somatic (muscular) [0] [1] [2] [3] [4]

Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.

8 Somatic (sensory) [0] [1] [2] [3] [4]

Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.

9 Cardiovascular symptoms [0] [1] [2] [3] [4]

Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.

10 Respiratory symptoms [0] [1] [2] [3] [4]

Pressure or constriction in chest, choking feelings, sighing, dyspnea.

11 Gastrointestinal symptoms [0] [1] [2] [3] [4]

Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.

12 Genitourinary symptoms [0] [1] [2] [3] [4]

Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.

13 Autonomic symptoms [0] [1] [2] [3] [4]

Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.

14 Behavior at interview [0] [1] [2] [3] [4]

Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.