AI Acknowledgement Statement

Generative AI was used to support the preparation of this assessment.

AI tools were used to assist with organising the structure of the presentation, clarifying historical concepts related to the development of anxiety treatment, and improving clarity and coherence of language during preparation.

Generative AI was not used to write a final script for submission or to generate original academic content.

All academic sources included in the presentation and reference list were independently selected, reviewed, and verified by the student.

The final presentation slides, notes, and oral content reflect the student's own understanding of the topic.

TREATMENT OF ANXIETY: A HISTORICAL OVERVIEW





EARLY TREATMENTS OF ANXIETY



- Anxiety not recognised as a mental health condition
- Moral and religious explanations
- Sin, weak faith, spiritual distress
- Prayer, confession, rituals

Scull, 2016



MEDICAL APPROACHES (18TH_19TH CENTURY)



- SHIFT FROM RELIGION TO MEDICINE
- ANXIETY LINKED TO THE NERVOUS SYSTEM
- "NERVOUS DISORDERS" AND NEURASTHENIA
- REST CURES, HYDROTHERAPY, SEDATIVES

Goetz, 2001; Wessely, 1995



INSTITUTIONAL CARE

- Asylums and long-term institutions
- Limited patient autonomy
- Focus on behaviour control
- High stigma







Scull, 2016

MID-20TH CENTURY CHANGES

- IMPACT OF WORLD WARS
- ANXIETY LINKED TO TRAUMA AND STRESS
- REDUCED MORAL JUDGEMENT
- PSYCHOLOGICAL EXPLANATIONS



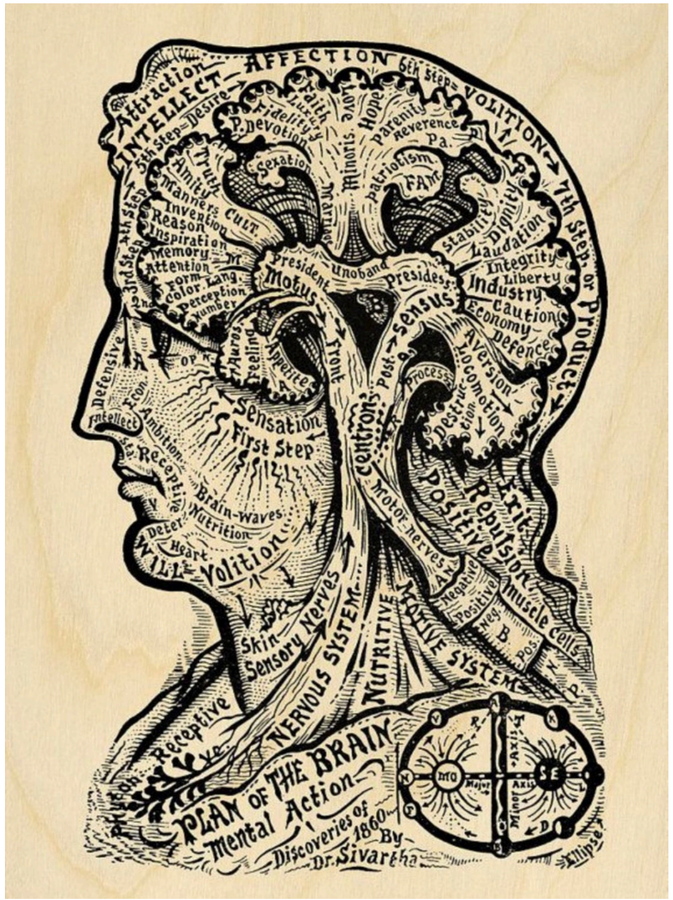
Scull, 2016



MEDICATION AND PSYCHOTHERAPY

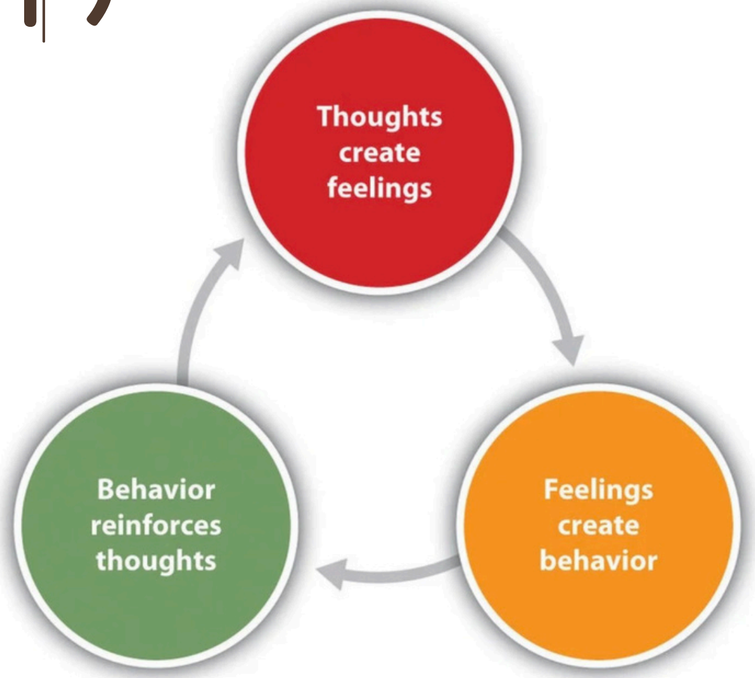
- Anxiety neurosis (Freud)
- Development of talking therapies
- Behavioural approaches
- Limits of medication alone

Crocq, 2017



MODERN TREATMENTS (UK CONTEXT)

- EVIDENCE-BASED PRACTICE
- COGNITIVE BEHAVIOURAL THERAPY (CBT)
- STEPPED-CARE MODEL
- MEDICATION WHEN NEEDED



NICE, 2011

INTERDISCIPLINARY CARE TODAY

- TEAM-BASED APPROACH
- GP AND MENTAL HEALTH SERVICES
- COUNSELLORS AND PSYCHOLOGISTS
- HOLISTIC, PERSON-CENTRED CARE



NICE, 2011

SUMMARY

- From moral blame to mental health care
- From control to support
- Evidence-based and interdisciplinary treatment



Scull, 2016; NICE, 2011

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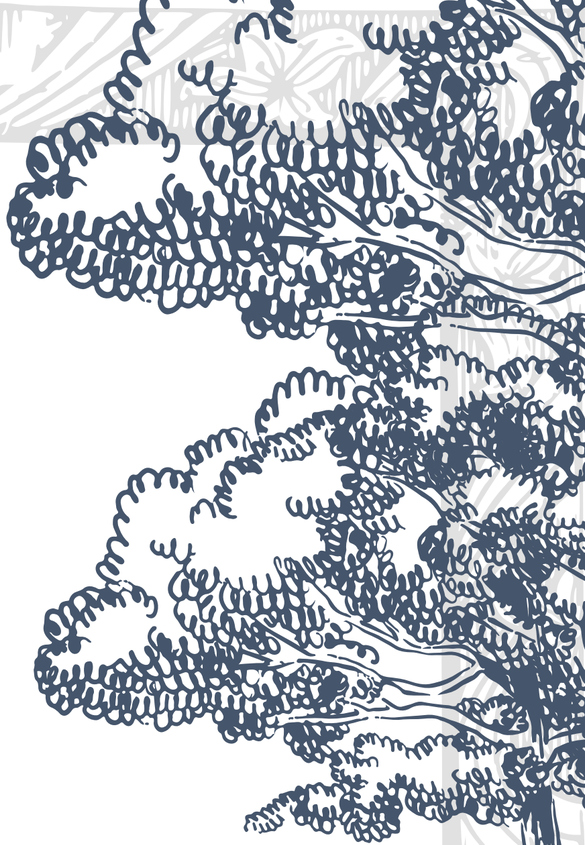
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THANK YOU



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Slide Notes – Treatment of Anxiety: A Historical Overview

Introduction

I will now focus on the treatment of anxiety and how approaches to care have developed over time.

Anxiety itself is not a modern condition. What has changed is how it has been understood, and this has strongly influenced how people have been treated.

In this section, I will briefly outline how treatment developed from early religious and medical approaches to modern evidence-based care.

Slide 1 — Early Treatments of Anxiety

(Footer: Scull, 2016)

In early history, anxiety was not recognised as a mental health condition.

People did not have psychological or medical explanations for emotional distress.

Anxiety-like experiences were often explained through religion or morality.

For example, fear and persistent worry could be seen as a result of sin, weak faith, or spiritual problems.

Because of this understanding, “treatment” mainly involved religious practices such as prayer, confession, fasting, or rituals.

These approaches focused more on correcting behaviour or belief rather than supporting emotional wellbeing.

This shows that early forms of care were shaped by cultural and religious beliefs, not by psychological understanding.

Slide 2 — Medical Approaches (18th–19th Century)

(Footer: Goetz, 2001; Wessely, 1995)

During the 18th and 19th centuries, anxiety started to be understood in medical terms rather than purely religious ones.

It became linked to the nervous system and was often described as a “nervous disorder”.

A well-known example from this period is neurasthenia, which included symptoms such as anxiety, exhaustion, irritability, and sleep problems.

Industrialisation and rapid social change were believed to overload the nervous system, especially in urban life.

Treatments focused on calming the body and nerves, including rest cures, isolation, hydrotherapy, and early sedative medications.

Although this represented progress, there was still little understanding of psychological causes.

Slide 3 — Institutional Care

(Footer: Scull, 2016)

As medical explanations developed, many people with anxiety were treated in institutions such as asylums.

Care in these settings was often long-term and highly controlled.

Patients usually had little choice over their treatment or daily routines.

The main aim was to manage behaviour and maintain order rather than support recovery or emotional understanding.

This period highlights how treatment and care were often shaped by social control and stigma, rather than by individual needs.

Slide 4 — Mid-20th Century Changes

(Footer: Scull, 2016)

A major shift in understanding anxiety occurred during the mid-20th century, particularly after the World Wars.

Many soldiers experienced severe anxiety as a result of trauma and prolonged stress.

This made it clear that anxiety could develop in response to extreme experiences, not personal weakness.

As a result, attitudes became more compassionate and less judgemental.

Psychological explanations started to replace moral ones, and anxiety was increasingly seen as a human response to stress.

This period helped change both treatment approaches and societal attitudes.

Slide 5 — Medication and Psychotherapy

(Footer: Crocq, 2017)

In the late 19th and 20th centuries, anxiety began to be studied as a specific psychological condition.

Freud introduced the term “anxiety neurosis”, which helped separate anxiety from broader diagnoses like neurasthenia.

Over time, talking therapies developed, including psychodynamic and later behavioural approaches.

These therapies focused on understanding thoughts, emotions, and learned responses.

Medication was also introduced and helped reduce anxiety symptoms.

However, long-term use revealed problems such as side effects and dependency, showing that medication alone was not a complete solution.

Slide 6 — Modern Treatments (UK Context)

(Footer: NICE, 2011)

Today, treatment of anxiety is based on evidence-based practice.

In the UK, NICE guidelines recommend Cognitive Behavioural Therapy as a key psychological treatment for anxiety disorders.

CBT helps individuals understand the connection between thoughts, feelings, and behaviours.

Treatment often follows a stepped-care model, starting with lower-intensity support and increasing if needed.

Medication, such as antidepressants, may be used when anxiety is more severe or persistent, usually alongside therapy rather than on its own.

Slide 7 — Interdisciplinary Care Today

(Footer: NICE, 2011)

Modern anxiety treatment involves interdisciplinary care, meaning that support comes from a team rather than one professional.

This team may include a GP, counsellor, psychologist, psychiatrist, mental health nurse, and sometimes social or community services.

Each professional has a different role, which allows care to address both psychological and social factors.

This approach reflects a more holistic and person-centred understanding of anxiety and recovery.

Slide 8 — Summary

(Footer: Scull, 2016; NICE, 2011)

Overall, the treatment of anxiety has changed significantly over time.

Early approaches focused on moral judgement and control, while later medical models focused on the body and nervous system.

Today, anxiety is understood as a mental health condition that can be treated through evidence-based therapies, medication, and interdisciplinary care.

The focus has shifted towards support, understanding, and improving long-term wellbeing rather than blaming the individual.

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