

# Generalized Anxiety Disorder- A Voice from Lived Reality: Viewpoint

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## ABSTRACT

This viewpoint article is a personal narrative of a generalized anxiety disorder (GAD) experience, reflecting the lived reality of denial, awareness, and acceptance of mental illness. It emphasizes early intervention, breaking down stigma, and that recovery is not a linear process. The story brings to life how invisible mental illness can feel, how hard it is to put a name to the struggle, and how therapy and support can slowly bring a sense of hope and healing. It also encourages free dialogue on mental health to foster compassion and reduce stigma. With the use of personal experience and global definitions of mental health, the article focuses on the fact that anxiety struggles are real, valid, and require attention. These reflections are meant to remind anyone walking a similar path to trust their healing, however slow or uneven it may feel. They are also an invitation to open up conversations about mental health, so that it becomes something we discuss with honesty and compassion, rather than silence and stigma.

**Keywords:** Generalized Anxiety Disorder, Mental Well-being, Healing, Stigma

## INTRODUCTION

Mental health is increasingly recognized as a cornerstone of overall well-being. The World Health Organization defines mental health as “a state of well-being in which an individual realizes his or her abilities, can cope with the normal stressors of life, can work productively and fruitfully, and is able to contribute to his or her community” [1]. Despite this, mental illness remains stigmatized, particularly in low- and middle-income countries, where conversations about emotional struggles are often avoided. This gap between medical definitions and lived realities forms the basis of this narrative viewpoint.

Generalized anxiety disorder (GAD) is among the most prevalent anxiety disorders, affecting daily functioning through persistent worry, somatic symptoms, and sleep disturbances [2]. According to the Nepal Demographic and Health Survey (NDHS) 2022, the prevalence of GAD among the Nepalese population aged 15–49 years is 17.7% (95% CI: 16.5–18.9) [3]. However, evidence shows that cognitive behavioral therapy (CBT) and pharmacological interventions are effective treatments. At the same time, psychosocial support and lifestyle modifications further aid long-term recovery [4,5], but people are still hesitant to seek care for anxiety. Only 40% of adults with mental disorders had talked to someone about their symptoms, among whom only 3.5% of individuals with symptoms had discussed it with healthcare professionals [6].

## Narrative

Imagine you are behind a glass window, where you can see the whole world moving. You can hear the hum of conversation, people's laughter, and joy. You are there, yet you are unable to touch or reach the world you

once belonged to. You are there, but somehow not a part of it. Maybe that's what inner battles and mental hurdles feel like.

The WHO definition of mental health sounds so simple and obvious. But in reality, it feels distant and almost foreign when you're the one living through it. Mental health struggles are often an invisible and silent part of that silence that grows within us, and a lot of it is shaped by how the world around us treats mental suffering.

Mental illness doesn't present itself with wounds, fevers, lumps, or bruises. It doesn't come with any alarm bells. Instead, it hides beneath overthinking, isolation, and quiet withdrawal, buried so deep that it becomes easy to dismiss, not just by others, but by yourself, too.

That was the phase I was in four years ago, the phase of denial. I was preparing for my entrance exams, and every day felt like a race against time. I was constantly drained and exhausted, but I brushed it off every time, thinking it was just part of the process. But slowly, the cracks began to show, not in loud outbursts, but in the quiet moments I tried to ignore. During sleep, I would see myself drowning deep beneath the water, screaming for help that never came. Other nights, I was trapped in a room with no doors, no way out, just walls closing in. I would wake up breathless, heart pounding, drenched in fear and sweat. With each passing night, I grew afraid of sleep, yet was too exhausted to stay awake. My body began to reveal what my mind was trying so hard to hide: muscle cramps, headaches, fatigue, fever, and whatnot. I kept going to hospitals, hoping for answers, for something, anything. But every report came back “normal”. But deep down, I knew I was far from it.

Until one day, everything came crashing down. I was out shopping with my mother, caught in a crowd, when it hit me. Sudden tightness in my chest, the air grew heavier with every breath. Scents I once barely noticed now pressed in on me, and the lights felt sharper, harsher. The noises around me floated past me like echoes underwater. I felt the ground beneath me slipping away, my knees giving in. In that moment, I knew I could no longer hide it. Whatever this was, I couldn't outrun it anymore.

I didn't seek help because I realized I had to; I sought help because I couldn't handle it anymore. And maybe that's what happens to many people living with mental illness. We push through until we can no longer do so. I remember I barely made it into the doctor's room. Then came the diagnosis: generalized anxiety disorder with agoraphobia. It sounded like a big clinical phrase taken from some random textbook. But in that moment, I had to accept that it was my truth, my reality.

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Date of Submission: Aug 23, 2025  
Date of Acceptance: Sep 2, 2025  
Date of Publication: Sep 10

DOI: <https://doi.org/10.61814/jkaks.v8i2.1036>

Soon after, I was placed on medication, antidepressants and sedatives, and began sessions of psychosocial counselling. And it was not a quick fix. I would feel better for a while, only to break down again. Panic attacks kept returning, sometimes out of nowhere, and each time they did, I felt like I was starting from scratch. But even in the unraveling, something quietly shifted. It was a gradual evolution, a journey made of small wins and quiet breakthroughs. It wasn't one turning point that changed things; rather, it was a collection of all the small things that I once overlooked.

A simple walk I didn't skip.

A message I chose to reply to.

A five-minute break where I let myself breathe.

A conversation with someone who reminded me I mattered.

Even now, I still have panic attacks. I still have hard days. I'm not writing this because I've figured it all out. But through this journey, I've learned something far more important: "Struggling with mental health didn't make me weak. Hiding it did".

### Personal Perspective

My experience exemplifies the common struggles faced by many individuals suffering from anxiety. Initially, denial and silence exacerbated the pain, transforming seeking help from a choice into a necessity. Through therapy and reflection, I came to understand that concealing mental illness only intensifies its effects, whereas openness promotes healing. Mental illness should not be regarded as a taboo or a deficiency in character. These challenges are genuine and more prevalent than commonly acknowledged. One need not be wholly cured to begin the journey; often, the small act of sharing vulnerabilities allows the light of recovery to emerge.

### CONCLUSION

Mental illness should not be regarded as a flaw or a taboo; it is a genuine and prevalent issue. The process of healing is non-linear and highly individualized. Through the sharing of personal narratives, we can normalize mental health challenges and motivate others to seek assistance. Even small acts of openness can foster pathways toward resilience, compassion, and recovery.

### LIMITATION

This article represents a single personal perspective and does not provide generalizable evidence. It intends to contribute to the conversation on lived experiences of anxiety rather than offer empirical findings.

### DECLARATION

#### Author Contributions

Both SP and AP came up with the concept of research. SP reviewed the literature, conceptualized the research, and designed the study. AP was responsible for final approval of the version ready for submission. All authors agreed to be accountable for all aspects of the research work.

### Ethical Approval

Not applicable

### Consent/Assent

Not applicable

### Data Availability Statement

Not applicable

### Conflicts of Interest

Authors declare no conflict of interest

### Source of Funding

The authors received no external funding

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