OVERCOMING ANXIETY – 1

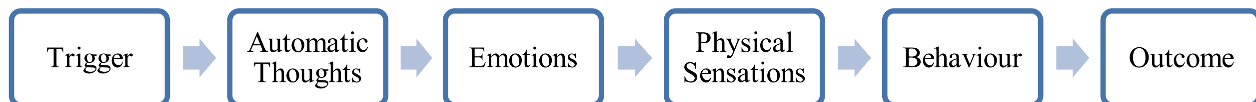
UNDERSTANDING ANXIETY – PART 1

DIFFERENT EXPERIENCES, SAME MAINTENANCE PROCESSES

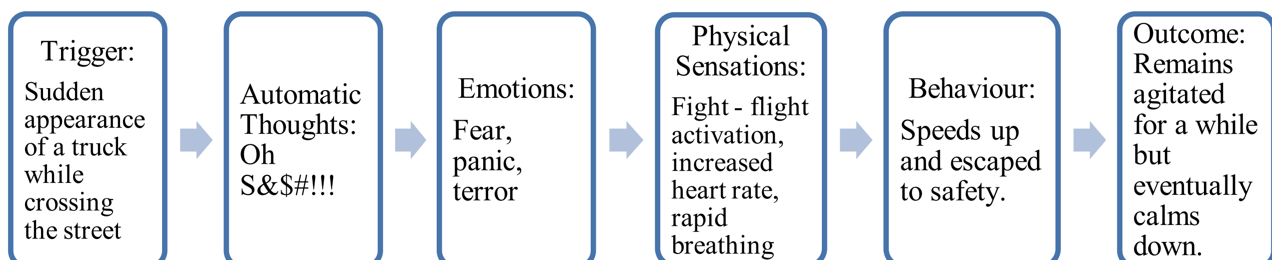
Anxiety comes in many guises. Some people experience sudden panic and might need to leave the situation in which they start feeling uncomfortable. Others experience panic, get preoccupied with body symptoms and feel as if they are about to die no matter where they are. They stay put but remain vigilant about workings of their own bodies. Yet others are subjected to constant worry about what the future might bring and spend hours questioning all possible scenarios and their ability to handle situations that might never happen.

Fear is a life-saving emotion. Imagine that while crossing a busy intersection, you notice that there is a fast-approaching vehicle. This makes you quite jumpy and energized as you speed across. You know that you need to move fast to keep safe. There is no pressure to try to understand what has caused your reaction in the first place. There was some real danger that you managed to escape.

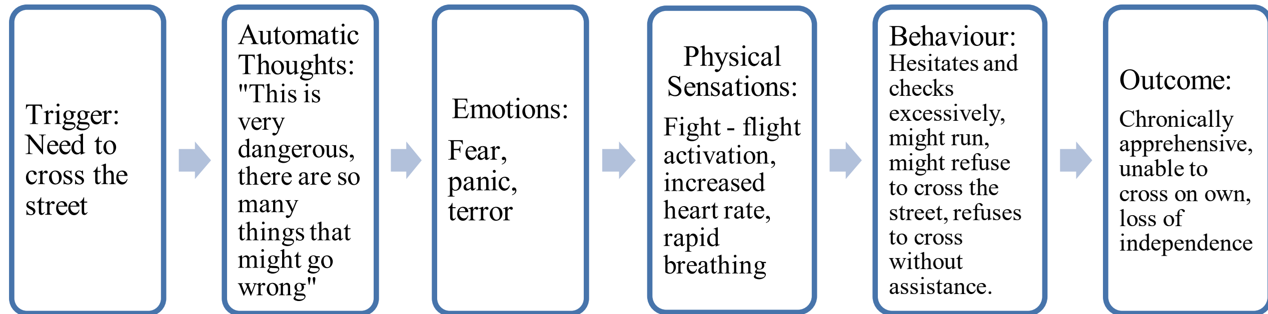
Anxiety disorders develop when we experience intense fear or excessive worry in benign circumstances. Some people have biological predisposition to anxiety which means that they experience strong physical reactions faster and stronger than others. Some become anxious because of trauma or other life difficulties. Such persons remain vigilant just in case. Whatever the original cause, anxiety disorders can be understood in terms of interaction between triggers, thoughts, emotions, physical sensations, and behaviours.



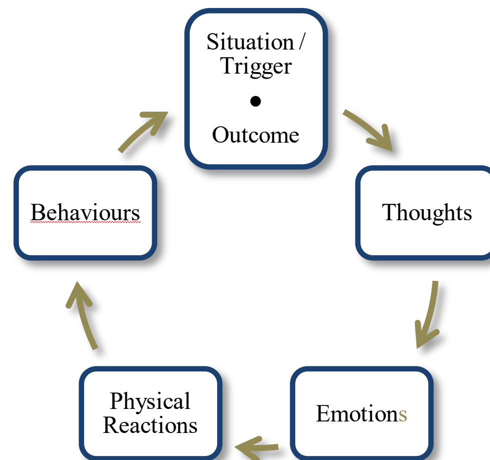
The normal fear reaction to a speeding vehicle would look like:



Anxiety about crossing the street would look a bit different.



Anxious persons do not go through such a process just once. Outcomes become triggers. Essentially, an anxious person is locked in a self-perpetuating cycle of anxiety. Some anxious persons might have "numbed out" – they don't feel powerful body sensations but instead get locked in their own thinking processes and carefully avoid anything that would produce unwelcome sensations. Persons like that have very hard time making decisions and often become spectators at their own lives.



Cognitive behaviour therapy (CBT) is effective in treating anxiety disorders. It is rooted in the fact that our thoughts, emotions, physical reactions, and behaviours interact. Changing our thoughts (cognitions or "C" in CBT) or behaviours (the "B"), will have an impact on the rest of the cycle. CBT teaches us to:

- Understand our reactions in terms of triggers, thoughts, emotions, physical reactions and behaviours;
- Understand how our thoughts, emotions, physical reactions and behaviours might interact to keep us stuck and in pain;
- Adjust our thoughts so that our thoughts reflect our actual reality (gaining perspective)
- Testing new behaviours so that we can learn what is effective and act according to our values and goals (behavioural experiments)
- Face our triggers so that we can get desensitized (i.e., no longer experience powerful physical sensations when faced with situations that are reasonably safe but provoke anxiety) or at least be able to do what is needed despite interfering physical reactions and learn that triggers that produce powerful body responses are not necessarily dangerous.

When working on our anxiety, we need to understand the difference between dangers and triggers.

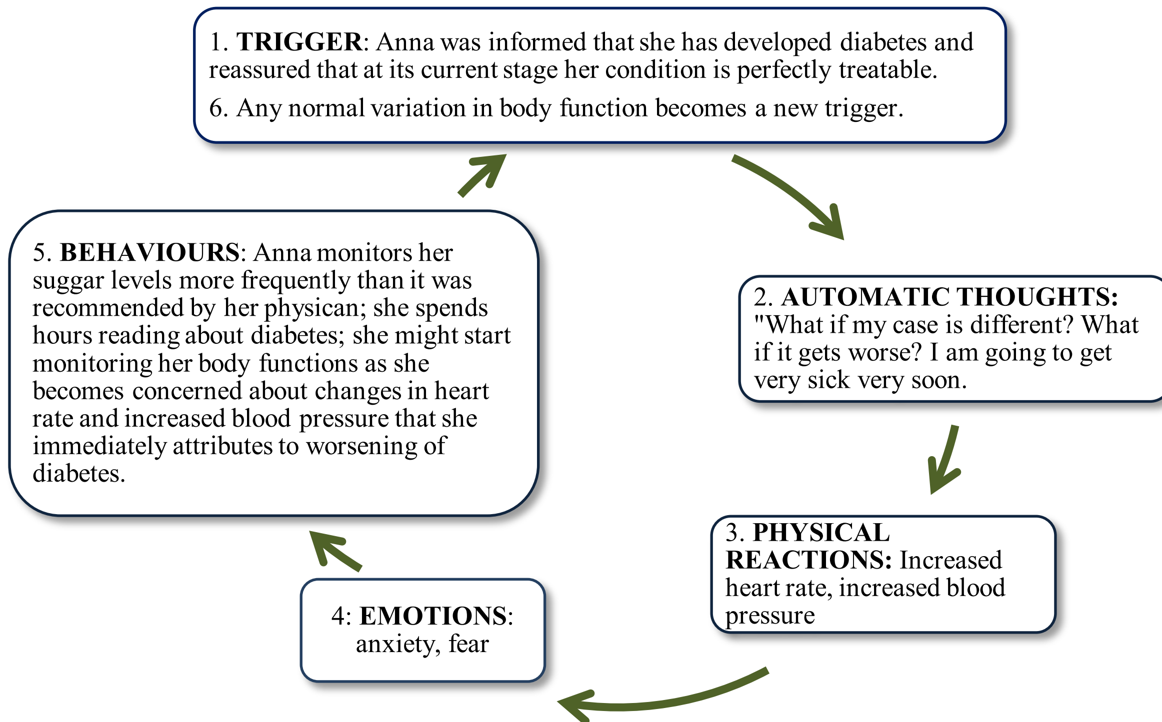
TRIGGERS	DANGERS
• Create uncomfortable emotional response but are not of themselves dangerous • Can be anything: thought, memory, body reaction, situation that brings discomfort • Are not avoidable – how can you avoid your own thoughts or body reactions? • Avoiding triggers reduces our discomfort temporarily but then makes less able to tolerate everyday stresses. • Consequences of being triggered are mainly emotional albeit sometimes we are left with having to clean up messes caused by our over-reaction	• Cause actual harm but might not necessarily trigger emotional response simply because the affected person might not be aware of the danger that they are in • Our thoughts and memories and are not dangerous. Some body reactions and situations might be. • Are avoidable with reasonable precautions. • Real dangers can cause real life consequences such as injury, illness or undeserved humiliation and loss of resources

There are different types of anxiety disorders. Most common are generalized anxiety disorder, panic disorder and social anxiety.

GENERALIZED ANXIETY DISORDER

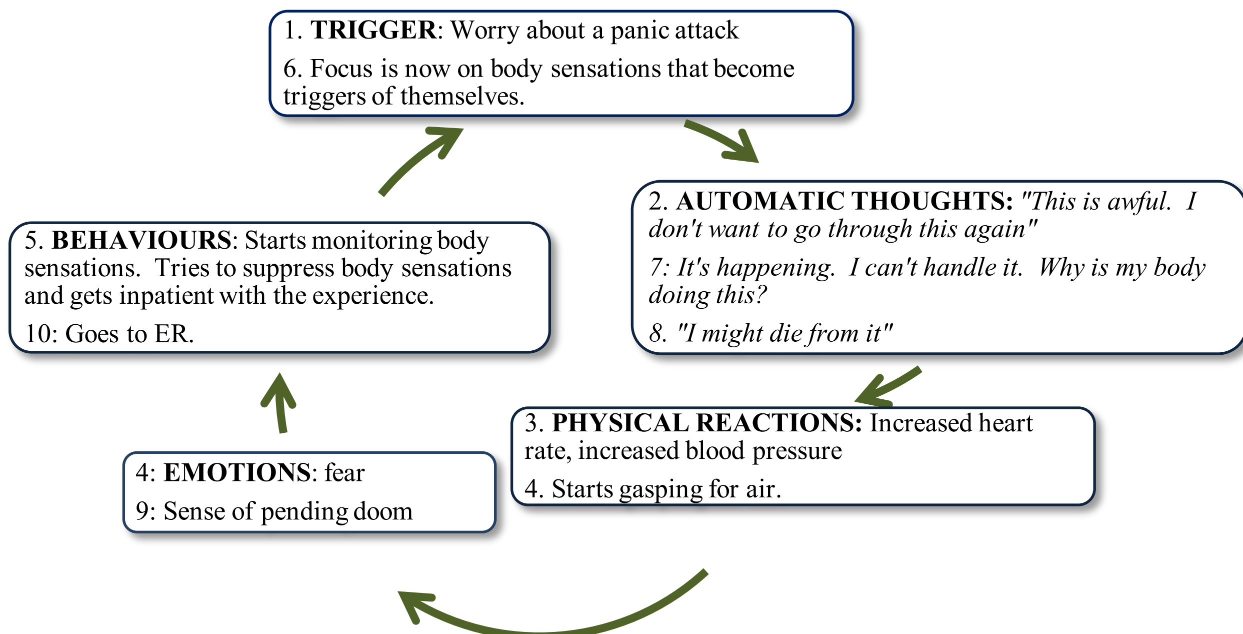
Generalized anxiety disorder (GAD) is characterized by excessive worry and a chronic state of anxiety. Our worries might be triggered by: (1) actual life problems (work layoffs, physical illness), (2) imaginary problems that might or might not take place ("What if my child hangs out with a wrong crowd when they get older?", "What if I become ill?"), and (3) intrusive thought, image or unrelated memory (a person who just watched a report on a home invasion starts worrying that they might be the next victim even if they reside far away from where the break in took place).

Generalized anxiety disorder makes us worry about our worries ("What if I never get better?"). An example of the cycle of generalized anxiety is shown below. *The main goal of CBT for worry is to learn to tolerate uncertainty.*



PANIC DISORDER

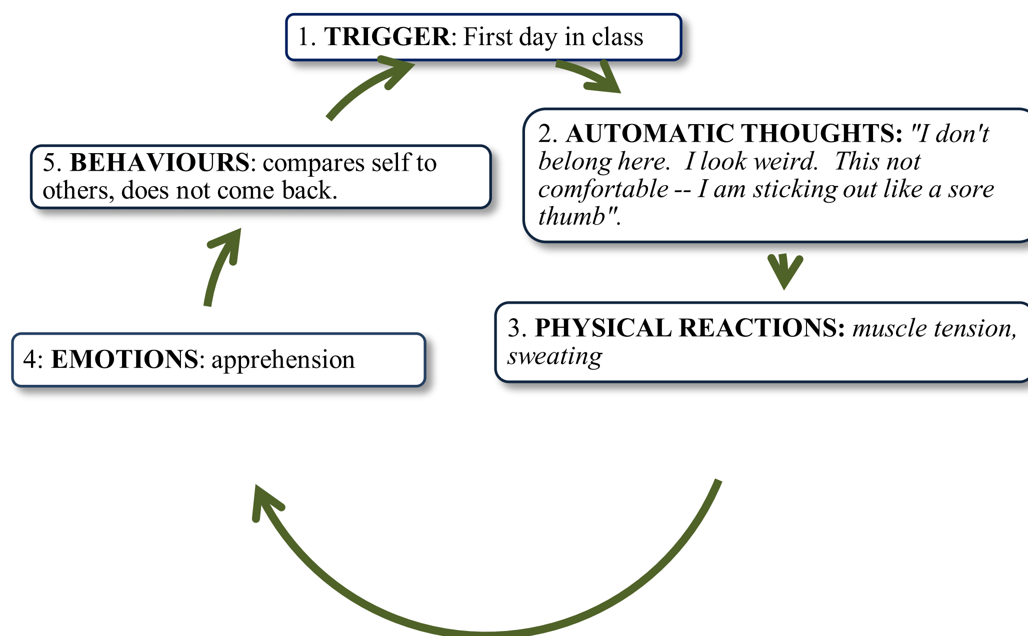
Persons with panic disorder experience panic attacks. These are very powerful physical reactions that might include palpitations, shortness of breath and dizziness. The affected person feels as if they are having a heart attack or a stroke. These experiences are often perceived as life threatening or as signals for a potential loss of control over their own behavior. Persons with panic disorder tend to avoid anything that they have associated with panic such as robust exercises that increase respiration rate or a mall if the first panic experience occurred in a crowded place. They live in a state of lookout trying to prevent the next panic attack from occurring. Unfortunately, this state of vigilance is the very thing that brings about the next panic attack.



The main treatment component for panic is to learn to tolerate it and to view it as highly uncomfortable but not dangerous.

SOCIAL ANXIETY

Social anxiety is also referred to as social phobia. Persons with social phobia have very hard time interacting with others (e.g., engaging in small talk at a party) or being in a position when others might evaluate them (e.g., eating in public and having a feeling that one's eating habits do not meet the etiquette of the place). Socially anxious individuals have hard time being a center of attention. They are often preoccupied with intentions or judgments by others and might believe themselves to be stupid, inadequate and generally inferior or weaker while others are often perceived as harsh, punishing and eager to press their advantage. Treatment of social anxiety requires us to challenge our painful views of ourselves and others even if there are some compelling past experiences that lead to development of such views in the first place. We need to be able to distinguish between the times when such perceptions were justified (e.g., living in a highly erratic household or being subject to bullying in school) and our present circumstances (e.g., trying to have a conversation with someone who had nothing to do with our prior life experiences)



OCD and PTSD

Obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD) are no longer classified as anxiety disorders but bear lot of similarities with anxiety disorder: excessive emotional reactions to benign triggers that are maintained through a combination of unhelpful beliefs, avoidance, excessive monitoring for danger and actions that are taken to ensure safety or soothe one's emotions but ultimately backfire and make the whole situation much worse.

In the case of OCD, these actions take form of rituals that become very time consuming and cripple the person's ability to live the life that they desire. Persons with OCD often experience intrusive thoughts – thoughts that do not feel like their own and might even feel morally repulsive. The key characteristics of

OCD are doubt (about one's moral core, possibility of infection or possibility of having caused an accident without noticing it) and the pervasive and often ritualized or bizarre nature of the precautions that they try to take.

PTSD is characterized by an activation of fight-flight-freeze response in presence of memories of the traumatic event. These memories might come in the form of intrusive memories or be triggered by something in the person's present circumstances that reminds them of the event. Unfortunately the typical coping mechanism consists of trying to avoid all triggers and efforts to suppress the memories. This in turn starts restricting the person's life and actually makes the memories even more vivid.

WHAT IS NEXT?

We will start by having you notice and describe your experiences – use the table below to start your observations. It also makes sense to have some clarity about your personal goals. Use the table on page 7 to help you along.

LEARNING OUR PATTERNS

Situation /Trigger	Automatic Thoughts	Emotions	Physical Sensations	Behaviours	Outcome

WHAT ARE YOUR PERSONAL GOALS?

What would you like to see happen in your life?	On a scale from 0 to 100, how important is this goal to you?	How does anxiety affect your ability to meet your goals?	What can you practice to help you overcome your barriers?	How difficult will it be to practice these skills (0 to 100)?	How committed are you to practice these skills (0-100)?