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# Anxiety

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*The most important information you need to  
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# Introduction

For more than 10 years, millions of readers have trusted the bestselling Everything series for expert advice and important information on health topics ranging from pregnancy and postpartum care to heart health, anxiety, and diabetes. Packed with the most recent, up-to-date data, Everything health guides help you get the right diagnosis, choose the best doctor, and find the treatment options that work for you.

The Everything® Healthy Living Series books are concise guides, focusing on only the essential information you need. Whether you're looking for an overview of traditional and alternative migraine treatments, advice on starting a heart-healthy lifestyle, or suggestions for finding the right medical team, there's an Everything Healthy Living Book for you.

## Anxiety

Everyone experiences anxiety. Stressful situations make up a good portion of the day for most people. If you have to get your kids off to school every morning or have a daily commute on traffic-choked highways, you probably feel anxious during these times. Maybe you became anxious when you had to take a test in school and still do when you give a weekly report to your boss. Major life transitions, such as graduating from high school or college, or getting married or divorced, or experiencing the death of a loved one will cause extreme anxiety that can last for long periods of time.

Anxiety is part of living, of being human, and is an important component of your ability to set goals, perform at your best, and achieve what you put your mind to. Anxiety is also a warning mechanism telling you that things are not right or dangerous, propelling you to take action to protect yourself. In fact, without anxiety humankind would never have

survived. It is a normal reaction to life situations that are unpleasant, sad, or scary.

General, manageable anxiety happens to everyone, but anxiety becomes a problem when it turns into a disruptive chronic condition that hinders how you function in daily life. Anxiety disorders are the most common mental health problem in the United States, and approximately 20 million adults, adolescents, and children have been diagnosed with an anxiety disorder. Disorders include panic disorders, social phobia, and stress disorders. Whether you or a family member develops an anxiety disorder depends on any number of related factors, such as heredity, life experiences, and coping skills.

If you or a loved one has been diagnosed with an anxiety disorder there are many conventional and alternative treatments that can help ease acute symptoms and set you on the path to healing and recovery. The most important elements in controlling anxiety include awareness, education, getting professional help, treatment, and reaching out for support. It can be intimidating and difficult to admit that you are having significant problems functioning in your daily life, but not getting help can lead to a chronic condition and years of suffering.

Anxiety disorders are often misunderstood and many people think you should be able to overcome symptoms of anxiety by sheer willpower. If you have an anxiety disorder you know this is untrue. This book includes information about anxiety and its disorders, conventional treatments as well as alternative therapies, and how changing your lifestyle can go a long way to vastly improving the way you feel. You'll also find resources and information on the latest research and self-help exercises and techniques to set you on your way to recovery.

Often the hardest part of getting control of your anxiety is recognizing that you have a problem and that you need help. In picking up this book, you've already done that, so you're well on your way. Just stick with it, be optimistic, and read on — help is only a few pages away.

If you'd like to learn more about anxiety, check out *The Everything® Health Guide to Controlling Anxiety*, available in print (978-1-59337-429-7) and eBook (978-1-60550-916-7) formats.

# **Anxiety: The Basics**

Anxiety is both a positive and negative force in humans. On the one hand, it protects and adds vitality to one's life, but when it goes out of control it can negatively disrupt daily function. Anxiety is a complex issue, so the best way to start learning about it is to obtain some basic information, discover the history of anxiety, and find out how the mental health community classifies anxiety disorders.

## **A Human Quality**

Anxiety is an innate quality of being a human being. From humans' early stone-age ancestors to modern humankind, anxiety is one of your most important defense mechanisms. Without it you would not be able to sense danger and protect yourself. Anxiety is a normal response to certain life situations; it's totally natural to feel anxious about losing your job or to worry when you learn a hurricane is headed your way.

Though anxiety has a negative connotation, it does have a positive side. It's important to understand that if anxiety was absent from the human condition, then absent too would be the passion, vitality, and zest that make life worth living. The key is to think of anxiety as your own energy and express it in meaningful, productive ways. How you view anxiety and learn from it makes all the difference. As the saying goes, "attitude is everything."

Anxiety, like physical pain, tells you that something is wrong. It can spark the awareness and understanding that leads to solutions to make necessary life changes. Anxiety can encourage you to achieve your personal best, to attain goals, and to reach for your dreams, if you learn how to use it constructively. But if anxiety becomes painful, acute, and persistent and turns into a chronic condition that wrecks psychological,

physiological, and behavioral havoc, it becomes impossible to function normally and enjoy life. When that happens, anxiety becomes a disorder.

## **Defining Anxiety**

Anxiety is defined as a state of intense apprehension, agitation, tension, and dread arising from a real or perceived threat of imminent danger. It affects both mind and body with a host of symptoms that can negatively impact mental and physical health. Though it is an experience unique to each person, anxiety has general characteristics that include increased heart rate, muscle tension, shallow breathing, trembling, sweating, and worry or feelings of unease.

Anxiety symptoms can be mild to severe and can become so disturbing that people often seek immediate relief by either departing the scene or avoiding stressful situations. Other conditions, such as depression and substance abuse, are often associated with anxiety. While some milder forms of anxiety can be managed through simple relaxation techniques and lifestyle changes, managing the more severe forms of anxiety often requires medical treatment.

## **Am I Going Crazy?**

Many people fear they are going insane while experiencing some form of anxiety, as the symptoms are often acute and intense. Senses and perceptions may become distorted; for example, you may experience tunnel vision or the sensation of being outside your own body. These sensations are frightening. Some fear they will “freak out” and hurt loved ones. Feeling totally out of control is certainly uncomfortable, but it does not mean you’re crazy. Consider the following case example:

*Cheryl suffered from daily panic attacks for years. When an attack came on she feared she was going crazy. Her senses were off, she felt out of her body, normal house noises like the dishwasher became earsplitting, or she heard buzzing in her head. She felt that she had*

*no control over her reactions and behaviors and feared that she was going insane. Her greatest fears were the thoughts that played over and over again that she would kill her husband.*

Is Cheryl insane? No. Does she really want to kill her husband? Absolutely not. Cheryl manages to take care of her children and work part-time, but she suffers from panic disorder. Her symptoms are severe and her thoughts are so bizarre and frightening that she firmly believes she is losing her mind. She isn't — she just needs help.

### **Alert**

The symptoms of anxiety are common to many life-threatening illnesses, such as heart disease and stroke. If you or anyone you know is experiencing even one of them, do not hesitate to seek medical attention immediately. Anxiety is not something to put off until the symptoms grab your attention by getting worse.

## **Is It All in My Head or Do I Have a Disease?**

Many of the symptoms of anxiety disorders are in your head, including obsessive thoughts, chronic worry, and irrational fears that can make daily life miserable. But are the symptoms emotionally based, or is there an organic explanation? According to the majority of psychiatrists and mental health professionals today, anxiety disorders fit the definition of disease. This is because theories about the causes of anxiety have changed in recent years and now include possibilities such as chemical imbalances and even speculation that there is an anxiety gene.

But some mental health experts, such as Thomas Szasz, author of *The Myth of Mental Illness*, reject the disease theory for anxiety and other disorders that are without scientific evidence of physical impairment, claiming that behavior alone does not constitute a disease. Still others state that anxiety has internal characteristics, such as moods and feelings, that cannot be examined by hard science. Many theories exist, and experts in

the field are unable to agree on the origins of anxiety disorders or how to treat them.

Some professionals believe that anxiety attacks, chronic worry, and other symptoms, indicate a biological disease. This could be caused by a biochemical imbalance, possibly in the brain's neurotransmitters. Some theorize that unconscious conflicts from childhood are the source of the anxiety, or that internal and external struggles are creating the anxiety. Various learning theories posit that anxiety is a learned behavior from childhood. Many experts agree that stress and trauma set the stage for anxiety disorders, and still others believe that anxiety is caused by a combination of biological, psychological, and social factors.

## **What Is a Disorder?**

A psychological disorder is a mental disturbance of thought or emotion that impairs "normal" functioning and creates psychic distress. Though the terms mental disorder and mental illness are used interchangeably, disorder is a much less alarming term than illness. The term mental illness can convey images of being "sick" or "crazy." Also, some experts believe that using the word disorder evades the questions over the biological basis for conditions like anxiety.

Classified mental disorders range from mild distress, to the more severe anxiety disorders, to conditions that cause the individual to diverge from reality. Anxiety disorders can be grievous and disabling, and though the individuals who suffer from them may feel like they are going crazy, they are not. The anxiety sufferer is grounded in reality and does not split off into an unreal world. Read the following cases to find the distinctions:

Mark, who is in his thirties, has had a phobia toward snakes since he was five years old. When he was a child, his parents took him camping, and while walking in the woods with his mother, he startled a snake, which slithered away. His mother was afraid of snakes so she began to scream, which frightened Mark. Since that time, whenever Mark sees a snake, he

becomes paralyzed with fear, feels like throwing up, and is unable to move until the snake leaves and the anxiety lessens. When he was younger even pictures of snakes would create panic, but that eased as he matured. However, his love of hiking and camping is severely curtailed because he fears he'll come across a snake again.

Rachel is a brilliant student. After high school she was accepted at an Ivy League college. From college she went right into law school. In the beginning of her last year, she began to exhibit strange behaviors, such as, withdrawing socially from friends, losing all interest in school, and had angry outbursts for no apparent reason. Her friends began to shy away from her, and her family believed it was the schoolwork overload that was making her anxious. But in the last semester, Rachel had a psychotic break and began having hallucinations. She heard voices coming from her wrist bone telling her what a bad girl she was, and that she should kill herself.

Mark has an anxiety disorder, a simple phobia. He is high-functioning in his day to day life, is fully in touch with reality, and though his phobia keeps him from enjoying activities he loves, it only affects a small part of his life. Rachel on the other hand, could no longer operate normally in the world. She became out of touch and lost her ability to think rationally. To her, the voices in her wrist bone were real, and she believed that what they said was true. Fearing that Rachel might hurt herself, her family had her institutionalized until she was stabilized.

### ***Essential***

Research indicates that there is a high incidence of suicide attempts in people with anxiety, due to the panic and distress common with these disorders. The suicide numbers for panic disorders are the highest among psychological disorders, and women are more likely to make an attempt than men, especially women who live alone.

Though anxiety disorders can totally disrupt and disable one's life, anxiety sufferers do not experience a break with the real world. And though symptoms like Cheryl's thoughts about killing her husband are strange and scary, she is aware how strange those thoughts are. This ability to recognize a problem is what distinguishes anxiety victims from those with severe mental conditions — and what makes their condition manageable.

## **Fear Versus Anxiety**

In reference books fear is given as a synonym for anxiety. The words are commonly used interchangeably, but actually they have decidedly different meanings. Both are responses to a threat, but the difference is that fear is a reaction to something that is definable. It is being afraid of an external object or circumstance that can really harm you, that makes hearts pound and knees shake. But anxiety is not clearly defined. It is a perceived threat, a nameless internal worry, an accumulation of “what ifs” that haunt your imagination.

Consider this example. Joe is driving on a two-lane road. Suddenly, a car going in the opposite direction veers toward him. Joe reacts quickly, swerves, and avoids being hit. Heart pounding, Joe pulls over knowing he had a close call. Everything that happened to Joe can be expressed specifically and concretely. His body reacted to his fear, adrenaline and other stress hormones flooded his body, and he acted to avoid being hit. This experience won't stop Joe from driving again, but he will be more cautious, especially on that same stretch of road. Joe had a normal, fear-based reaction.

Now consider this second example. Jane is driving on a two-lane road. Suddenly, for no apparent reason, Jane begins to feel nervous. She feels a rush of heat course through her body, her heart begins to race and her head feels tight and begins to pound. Then her vision blurs. Jane is terrified of these sensations, turns her car around, and goes home. Over the

next weeks, Jane has three other anxiety attacks on the same stretch of road and starts to avoid that road. But then she has attacks on other roads. Soon Jane begins to be afraid of driving altogether. She can't turn off the worry that the frightening feelings will appear, and that her vision will blur, making her crash her car. She's tried to stop thinking these thoughts, but that does not help. The only thing that makes her feel better is when she is in the safety of her home. Eventually, Jane limits her driving to no more than a mile from home. It is the unknown, the unexpected, and the possibility of disaster that makes the disturbing feelings of anxiety so difficult to cope with. Jane experiences anxiety associated with driving; this is not just fear.

### **Question**

**If you get nervous in traffic, does that mean you have an anxiety disorder?**

Being "nervous" while driving in traffic does not mean you have an anxiety disorder. But, if your nervousness persists or worsens, you should be checked out by your family doctor or be seen by a mental health professional.

## **A Timeline**

In addition to knowing which civilizations contributed to the history of anxiety study and treatment, it's also important to discover how the passage of time affected the phenomenon. From the middle ages to present day, study, treatment, and understanding of anxiety have evolved by leaps and bounds; however, many of the theories and techniques of the past are still used today.

### **The Middle Ages (A.D. 500–A.D.1300)**

The toppling of the Roman Empire saw the collapse of the Roman and Greek belief in natural causes for disease and mental afflictions. The belief in magic, mysticism, and demonology returned, and Catholicism

became the official religion. Theories of the causes of disease included: the four humors, magic and superstition, astrology, and punishment by God. Cures included: purging, bleeding, herbal remedies, prayer, and exorcism.

### **The Renaissance (1300s–1600s)**

Beginning in the fourteenth century, there was renewed interest in Greek and Roman ideas. This signaled the end of the rigid beliefs of the Middle Ages with its emphasis on the supernatural. This was the beginning of the Renaissance, a time of intellectual freedom and great contributions to art, literature, science, and medicine. It was also a time of development of scientific methods, for example, the microscope was invented, as well as the study of the body by dissection. For the most part, anxiety was still treated with magic, including potions, astrology, palmistry, and suggestion.

#### ***Fact***

The four humors were: blood, phlegm, yellow bile, and black bile. Blood was associated with a sanguine personality, a passionate person. A phlegmatic personality was said to be dull and sluggish. Yellow bile, was connected to a quickness to anger and a depressed personality was represented by black bile.

The humanist movement that arose at this time made a significant contribution to modern psychology. Theirs was a realistic view of the world and human nature, and unlike the theories of the Middle Ages, they believed that human emotions were dominant over intellect, and that man had free will, thus taking us into modern thought.

### **The Nineteenth and Twentieth Centuries**

Sigmund Freud (1856–1939), along with such stalwarts as William James, trained with the most eminent neurologist of his time, Jean-Martin Charcot (1825–1893). Charcot's research in the area of hysteria drew

Freud's interest. He studied both hypnotism and hysteria and with a colleague, Josef Breuer (1842–1925), offered the concept that hysteria was a condition caused by psychological trauma. In 1893 Freud and Breuer published their first paper on hysteria treated by psychoanalysis. Freud described “anxiety neurosis,” which expanded his previous study by covering mild anxiety and panic attacks. Two years later they published *Studies in Hysteria*. The book comprised Breuer's history of a young woman he called “Anna O.” Freud speculated that often anxiety and hysteria could be interpreted on the grounds of patients' repressed trauma and unconscious memories from childhood.

By the latter half of the 1890s, Freud and Breuer discovered that hysterical symptoms could be diminished and relieved when traumatic memories, and the feelings they had engendered, were put into words. This method of treatment became the basis of modern psychotherapy. Within the waning years of the century, Freud was in the process of revamping a number of his theories. As Freud's theories were undergoing revision, so too were the medical profession's views of Charcot. Eventually, hypnosis fell into the category of the occult and would not again be seriously considered as a major diagnostic tool.

Freud's continuing experimentation resulted in new methods of treatment, including free association, dream interpretation, and psychoanalysis. His work and that of other researchers led to the escalation of talk therapies, shock therapy, and psychosurgery. Before the mid-nineteenth century, researchers studied the more severe forms of mental illness, but Freud was interested in people who functioned though neurotic, thus separating the milder forms of mental illness like the anxiety disorders.

## **The Rise of Medication**

Medicine unveiled important discoveries that changed the way people with mental disorders were viewed and treated. The mid-nineteenth century saw

the discovery of sedatives such as chloral hydrate, bromine, and Seconal, and in the early 1900s amphetamines and barbiturates, which have been used to relieve anxiety, were introduced. The introduction of Librium and the benzodiazepine tranquilizers also occurred at this time. The research to find new medications and to reduce the negative side effects of those presently available is ongoing.

The stress of World War I produced an enormous number of psychiatric cases, men suffering from “shell shock,” (now called posttraumatic stress disorder) and various other responses to fear and anxiety. During this period, a physiologist, Walter Cannon (1871–1945), coined the terms “fight or flight” and “stress.” The beginning of World War II saw renewed research and medical practice in combat neuroses.

### **Post-WWII**

In 1949, the National Institute of Mental Health (NIMH) was established. Behavioral therapy, which began in the 1950s, used imagery to gradually desensitize the patient to his fears; the Soviets experimented with Cranial Electrotherapy Stimulation (CES) to treat anxiety; research on the neural basis of emotion had all but ceased during the war but was in full swing again within five years of the war’s end. In 1952, the American Psychiatric Association published the Diagnostic and Statistical Manual of Mental Disorders, popularly known as DSM-1, the standard guide for mental health professionals for diagnosing, setting up treatment plans, and aiding researchers.

In the 1960s, the positive response of mental disorders to medications sparked the growth of neuroscience, largely with NIMH’s support. From then on psychopharmacology became big business, along with attempts made to hide the negligible or side effects of some trial medications. In 1963, Valium (diazepam) was approved for use. From 1969 on, it was the most prescribed drug in the United States for the next fourteen years.

The 1960s and 1970s were a mixed bag of chemical innovation. DSM-II was published, replacing the term “hysteria” with “conversion reaction.” Continued research on stress led to the following conclusions:

- A lifetime of intense stress may accelerate old age.
- Social stress may cause high blood pressure.
- An adrenaline rush could cause panic attacks.
- Short-term stress can enhance the immune system.

Research showed that protracted stress resulted in the suppression of the immune system, and the end of the 1970s saw the inclusion of “posttraumatic stress disorder” (PTSD), included in DSM-III.

## **Anxiety Statistics**

According to the NIMH, 13.3 percent or 19.1 million people in the United States suffer from anxiety disorders. It is the number one mental disorder in children, adolescents, and adults, and a study published in the *Journal of Clinical Psychiatry* stated that treating anxiety disorders costs a staggering \$42 billion plus a year. Other negative effects are lost workplace productivity, and emotional pain and disruption in one’s personal and professional life.

It is clear that different forms of anxiety affect men and women differently. The breakdown given by the NIMH for anxiety disorders affecting adult men and women are:

- *Generalized anxiety disorder*: 4 million; Twice as many women diagnosed than men.
- *Obsessive-compulsive disorder*: 3.3 million; Equal in men and women.
- *Panic disorder*: 2.4 million; Twice as many women diagnosed than men.

- *Posttraumatic stress disorder*: 5.2 million; More women diagnosed than men.
- *Social anxiety disorder*: 5.3 million; Equal in men and women.
- *Specific phobia*: 6.3 million; Twice as many women diagnosed than men.

It is estimated that approximately 10 percent of children and adolescents will at one time suffer from an anxiety disorder. Though children and adolescents can develop any of them, separation anxiety disorder and specific phobia are more commonly diagnosed in children, and panic disorder and social phobia in adolescents. In childhood, gender differences are not significant but by puberty girls are more likely to be affected by anxiety than boys.

The latest edition of the DSM-IV, published in 1994, lists over 300 disorders. Under Anxiety Disorders, the DSM-IV, lists eleven disorders:

- Panic disorder without agoraphobia
- Panic disorder with agoraphobia
- Agoraphobia without history of panic disorder
- Specific phobia
- Social phobia
- Obsessive-compulsive disorder
- Posttraumatic stress disorder
- Acute stress disorder
- Generalized anxiety disorder
- Anxiety disorder due to a general medical condition

Anxiety disorder NOS (not otherwise specified), the last classification, includes disorders that feature anxiety or phobic avoidance that do not meet the criteria for: anxiety disorder, adjustment disorder with anxiety, or adjustment disorder with mixed anxiety and depressed mood.

Anxiety and panic attacks appear in many other disorders, for example, depressive disorders, such as bipolar disorders; adjustment disorders, eating disorders, and pain disorder. The DSM is referred to as the “bible” of the mental health community, but it has its critics, who range from mental health providers, to people who have been patients in the mental health system. Some see strengths in the DSM as a guide for the mental health community but at the same time are aware of its shortcomings, which include:

- Diagnosis labels the individual and may stigmatize them throughout their lives.
- Environmental and social problems are ignored, such as racism and poverty.
- Attention to symptoms and behaviors, not a holistic view.
- Emphasis on medical model treatments, usually medications for symptom relief.
- Racial, cultural, gender bias in diagnosing, for example, overdiagnosing women.

Other negative comments on DSM-IV are that it is nonscientific, has overlapping categories of disorders, and that diagnosis is based on the subjective view of the evaluator, most of whom are white, male psychiatrists. Also, that the symptoms and behaviors diagnosed as a particular disorder may have any number of causes and call for different treatments than are usually prescribed.

# Mind and Body

When you are confronted with a stressor, both the mind and body react, resulting in anxiety symptoms. You respond with a survival reaction, called the fight or flight response, which initiates acute changes in every organ, muscle, and limb. Basically, it is the nervous system's response to stressors that triggers anxiety. Anxiety is a natural human quality, but your body and mind can also overreact. The question is: how can you tell that anxiety has ceased to be a normal human reaction and become a chronic problem?

## Responding to Stress

Life is full of stress. Daily annoyances, like being stuck in a traffic jam, or more nerve-racking events, like getting married or having a baby, all have to be dealt with in some way. Humans are built to handle stress with primordial defense mechanisms; these help the body make physical and emotional adjustments to meet these situations. When the event or circumstance is over, the body returns to a relaxed state.

In 1925, Hans Selye, a European physician recognized two kinds of stress. The first, eustress, is positive and occurs when buying a new house, competing in the Olympics, or falling in love. These stressors may inspire anxious symptoms, such as sweaty palms when you sign for a new mortgage, an adrenaline rush when the race starts, or increased heart rate when you see your beloved. These events are desired and pleasurable, contributing to a person's sense of achievement and well-being, making the symptoms benign and manageable.

**Alert**

The words "anxiety" and "stress" are used synonymously, but there can be differences in their meanings. Stress is defined as physical or emotional strain, tension, and pressure, usually in response to known situations that overtax you. On the other hand, anxiety is feelings and emotions that may have no tangible stimulus.

Distress, the second type of stress, is disturbing and harmful and causes discomfort and psychic pain. Being fired, enduring a disabling injury, or getting a DUI summons may cause the same symptoms experienced in positively stressful situations. However, the sweaty palms, adrenaline rush, and rapid heartbeat are now negative and upsetting.

### **Fight or Flight**

The fight or flight response, which is triggered when anxiety hits, is a powerful reaction and bears detailing. It is important to understand this process to be able to deal with it better. Whether a real threat occurs (you encounter an angry grizzly bear while hiking), or you simply perceive a threat (you're worried about an upcoming meeting with your boss), your brain recognizes or interprets danger and mobilizes the fight or flight.

Without any conscious thought your body responds to danger with certain changes, which take place instantly. The number and intensity of the changes depends on the severity of the threat. Heart rate and blood pressure increase to pump more blood into the brain and muscles, necessary to take swift action. Breathing becomes rapid and deeper to ensure that you get enough oxygen. There is an increase in muscle tension, and adrenaline and other stress hormones are released into the bloodstream. Pupils dilate for more light, and a better view of the threat. A cold sweat may occur to prepare your body for the heat of battle. A decreased production of saliva suspends digestion. Voiding of bowel and bladder makes the body ready for arduous activity.

If you meet up with that grizzly bear in the woods, you might try to run away, you might curl up on the ground and play dead, or you might

even try to scare the bear away. No matter what action you take, you will expend a lot of energy defending your life. However, in the meeting with your boss, all of the bodily preparations for battle or retreat have no outlet. Without physical exertion, there is no release. And since you probably can't avoid the meeting, no matter how nervous you are, the brain keeps getting the message that there is danger. The fight or flight symptoms do not abate, you stay tense, and there is a good chance you feel trapped and helpless when you are speaking. Symptoms like these can indicate chronic anxiety and can take over your life if not dealt with promptly.

### **Comparing Anxiety and Stress**

Stress can manifest itself in many ways; it can feel like frustration, pressure, exhaustion, or even fear. And how you handle daily stress and cumulative stress over time may be a factor in the development of an anxiety disorder. But it is the seemingly unfounded discomfort, apprehension, and persistence of chronic anxiety that set it apart from basic stress.

How people manage positive and negative stress is determined by many factors, including heredity, childhood experiences, health, and the number of stressors hitting at once. Seyle's contention is that it does not matter whether you are facing something pleasant or unpleasant, what is important is your ability to adapt — to make adjustments to accommodate life's ups and downs.

### **The Social Readjustment Scale**

In 1967, Drs. Richard Thomas and Thomas Rahe devised the Social Readjustment Scale, also known as the Life Events Survey, to predict the likelihood of an individual getting physically ill or having mental health problems when faced with major life changes that occurred within one year. A sampling of the forty-three listed life events include:

- Death of a spouse

- Divorce
- Major personal injury or illness
- Marriage
- Retirement
- Pregnancy
- Major change in financial status
- Change to a new school
- Vacation
- Minor violations of the law (e.g., traffic tickets)

Each event is scored and ranked in order of severity; for example, death of a spouse scores 100 and minor violation of the law scores eleven. The scores are then added, and if your total score is 150 or above it can be assumed you are probably suffering from chronic stress. See the complete survey online by putting “Life Events Survey” into your search engine.

### ***Fact***

A recent example of adaptation is Bethany Hamilton, the thirteen-year-old surfer, who dreamed of being a world champion, but lost her arm to a shark in 2003. Within months of the attack she was surfing and competing again. When interviewed after the attack, Bethany said of her situation, that everything was more challenging, but it hadn't changed her personality or outlook on life.

As Seyle maintains, it is your perception of the situation or event and how you react to it that determines its effect upon you. And whether the stressor is small or big, good or bad, the biological process that produces the adrenaline rush and other bodily changes is the same — the fight or flight reaction.

## **The Nervous System**

To know why and how fight or flight affects you, you have to understand its complex processes. It all begins in the nervous system, an intricate group of nerves and organs, which is the body's central organizer, controlling all life functions, breathing, thinking, emotions, reactions, movement of limbs, and organ activity. Nerves are made up of groups of nerve cells, or neurons, that carry messages, called impulses, to every part of the body. There are three types of neurons:

- *Sensory nerve cells*: respond to stimuli in the environment and pass this information on to the brain and spinal cord
- *Motor nerve cells*: carry messages from the brain and spinal cord to muscles and glands
- *Connecting nerve cells*: link sensory and motor nerve cells in the brain and spinal cord

The main function of this communication system is to collect information about conditions in the external environment, inform the body what is going on, and prepare a suitable response, if necessary.

Remember Joe who had to swerve his car to avoid an accident? When the oncoming car veered toward his, his nervous system went into action. Sensory cells in Joe's eyes sent impulses to his brain. The brain interpreted that this was a dangerous situation and sent impulses to the muscles in Joe's arms and hands, and he swerved to avoid being hit. All of this happened in a split second. Joe didn't have to think about what he should do, he acted instinctively and relied on his nervous system for survival.

The nervous system is divided into two parts: the central nervous system, which houses the spinal cord and brain; and the peripheral nervous system, which lies outside of the brain and spinal cord. The peripheral nervous system has two divisions. One is the somatic nervous system, which sends sensory information about the external environment to the brain and spinal cord. The other, the autonomic nervous system, controls

involuntary functions, like heartbeat and breathing, and is affected by emotions. The autonomic nervous system is divided into the sympathetic and parasympathetic nervous systems.

### ***Essential***

It is important to learn about the parts of the brain to understand what happens when the fight or flight response kicks in and panic follows. Sometimes, just knowing where the symptoms come from helps to ease the anxiety. For example, if you know that an adrenaline rush causes heart palpitations, you might be less likely to think that you are dying.

## **The Central Nervous System**

The central nervous system has two divisions: the spinal cord, located in the vertebral cavity, and the brain, located in the brain cavity. The brain is enclosed within the skull and protected by fluid, which acts as a shock absorber. The central nervous system controls mental activity, and muscle and organ functioning. Its 100 billion plus neurons transmit and receive information to and from all parts of the body.

### **The Brain**

The human brain has evolved over millions of years and is the most complex organ known to man. Even to this day, scientists are still attempting to uncover all of its mysteries. This approximately two pound mass of gray matter, containing billions of nerve cells and located in the protective cranium, is responsible for controlling every organ and bodily function.

### **Chemicals of the Brain**

The brain manufactures chemicals, or hormones, called neurotransmitters that affect your physical health and influence moods and thought. Sixty neurotransmitters have been identified. Listed below are five that are commonly known and important in learning about anxiety:

- *Dopamine*: regulates physical movement and emotion
- *Serotonin*: affects mood and anxiety
- *Acetylcholine (ACh)*: controls attention, memory, and learning
- *Noradrenaline*: produces physical and mental arousal and elevated mood
- *Glutamate*: forms links between neurons that control learning and long-term memory
- *Endorphins*: ease pain, reduce stress, and promote tranquility

Research indicates that neurotransmitters can be affected by what we do or think. For example, serotonin levels that affect anxiety may decrease because of chronic stress or increase due to feelings of happiness and a healthy lifestyle. These studies tell us that we are able to take charge of our emotions, and that anxiety does not have to rule our lives.

## **Parts of the Brain**

The brain consists of three main parts:

- *Brain stem (reptilian brain)*: the medulla oblongata controls unconscious, automatic functions such as breathing, heartbeat, and blood pressure. Its cerebellum controls and regulates muscles, movement, and balance.
- *Midbrain*: the thalamus relays information. The hypothalamus regulates drives and actions and is part of the limbic system, which is the center of emotions and drives.
- *Cerebrum*: the largest and newest part of the brain on the evolutionary scale. It controls higher functions, such as thought, logic, language, voluntary muscle movement, decision making, and perception.

By studying the brain and its functions, it is understandable why the symptoms of anxiety shake up your system and make a powerful impact

on your mind and body, from physiological processes, such as rapid heart rate, and trembling hands, to the inability to concentrate and memory loss.

## **The Spinal Cord**

The spinal cord, a thin column of nerves, comprised of both sensory and motor neurons, is the main highway for sending and receiving information between the central nervous system (brain and spine), and the peripheral nervous system (sensory and motor neurons). The spinal column, which protects the spinal cord, is comprised of twenty-four small bones, with a gel-like disc between each vertebra that act as shock absorbers, and keep bones from rubbing against each other. Not only does the spinal cord allow you to control body movements, but without it, organs would not be able to function. When people have spinal cord injuries, depending on the severity of the injury and which vertebrae were damaged, they may not be able to walk and sometimes will require a respirator to breathe.

## **The Peripheral Nervous System**

The peripheral nervous system consists of cranial nerves that control the structures of the head, and spinal nerves that control all other body functions. It is one of two components of the central nervous system and has two parts: the somatic nervous system and the autonomic nervous system.

The somatic nervous system is an information relaying structure. Twelve pairs of cranial nerves and thirty-one pairs of spinal nerves, contained in blood, lymph glands, internal and sense organs, and muscles, tendons and skin, carry sensory information to the brain and spinal cord. The somatic nervous system tells the brain what is happening both internally and externally, so it can prepare a suitable response.

**Fact**

The twelve cranial nerves control various important functions of the human body. These functions include both sensory and motor roles. Sensory functions are smell, vision, taste, hearing, and touch. The motor functions include chewing, eye movement, balance, and facial expression.

The autonomic nervous system, made up mostly of motor neurons, is responsible for controlling involuntary responses by sending out hormones and electrical impulses to the heart, lungs, stomach, intestines, liver, kidneys, sweat glands, salivary glands, and pupils of the eyes. It can slow down or speed up the body's organs and systems depending on the situation. The fight or flight reaction will be triggered if danger arises, and when the threat passes, the body will return to its normal resting state. The interaction of its two complimentary branches, the sympathetic nervous system, and the parasympathetic nervous system, keep the body balanced and working properly. But chronic stress can disturb this harmony, leading to anxiety related health problems.

The sympathetic nervous system readies the body to meet threatening or dangerous situations by revving up its defenses to meet the threat, and activating the fight or flight response. The parasympathetic nervous system activates the relaxation response when the all clear is sounded, renewing the body's resources while waiting for the next threat.

## **The Relaxation Response**

Once the sympathetic nervous system has done its job to protect you, what happens next? Under normal circumstances, the parasympathetic nervous system activates to return the body back to a nonstressed resting state. Adrenaline and other stress hormones decrease, breathing and blood pressure return to normal, and the digestive system starts functioning. Your muscles relax and you once again feel calm. This primordial process of balance or homeostasis ensures your survival. The resting state is a time of renewing resources, so that when danger strikes again, your defenses will be ready.

## ***Essential***

A whole industry has sprung up to help people with anxiety. Go to any bookstore and you'll see shelves filled with self-help books on beating stress. You can find classes for stress management, yoga, meditation, breath-work, and the like. Mental health practitioners offer various techniques to ease anxiety and relax in stressful situations, such as hypnotherapy.

Since the modern world is stressful a good part of the time, it is very difficult to turn off the anxious sympathetic response and turn on the parasympathetic resting state. Most people's lives offer little chance to really relax and renew — two vacation weeks a year can't erase fifty anxious weeks of responsibility and tension. Those with chronic anxiety have to work on creating the relaxation response. Luckily, there are remedies to help you relax, from aromatherapy to Bach flower remedies, special diets, vitamins, herbs, and massage. Whatever the means, learning how to relax and de-stress will benefit your mental and physical health, and lead to a richer contented life.

## **When Anxiety Becomes Chronic**

The fight or flight response is a defense mechanism that is meant for survival of the species. It is a short-term response to a dangerous situation, and as soon as the danger retreats, the body should return to normal and renew itself. But if you continuously suffer anxiety and never go into the relaxation state, the condition may become chronic and you may be susceptible to illness.

When the stress response becomes chronic, it can negatively affect physical health. As mentioned before, when you are frightened your brain sends messages through the spinal cord to parts of the body to prepare to defend itself by releasing stress hormones, such as adrenaline and cortisol, that trigger other physical responses. Some parts of the body turn off,

while others go into overdrive to provide the necessary resources needed to survive. It is these acute changes that disrupt the body's balance and functioning and can lead to damaging effects over time on both physical and mental health. Chronic anxiety may lead to:

- Depressed immune system
- Cardiovascular disease
- Cancer
- Stroke
- High blood pressure
- Depression and other mental conditions

There is no magic cure for chronic anxiety. Tranquilizers and other medications can ease symptoms but are not truly cures. Medications have side effects and do not change patterns of thinking and behavior. It seems that the best way to handle chronic stress is a multidimensional approach that involves major lifestyle changes, like learning how to manage stress positively, and giving up smoking and junk food.

## **General Symptoms of Anxiety**

The symptoms of anxiety can be disturbing and even terrifying, but these are just sensations and there is a physiological explanation for them. The following list includes the most common symptoms reported and why they occur. As mentioned earlier, anxiety is an experience unique to each person, so you or someone you know may experience symptoms not listed here.

### **Physical Symptoms**

The physical symptoms of anxiety involve physiological responses, muscle tension, and change in motor function, which also impacts your mental functioning. If you feel physically stiff, awkward, and unbalanced,

you will most likely feel mentally unstable as well. The physical symptoms of anxiety are as follows:

- *Rapid heartbeat, palpitations, and slow heart beat:* Any of these might happen when stress hormones, such as adrenaline are released into the bloodstream.
- *Shortness of breath or feelings of being smothered:* When fight or flight kicks in, breathing becomes rapid and shallow and can lead to hyperventilation. Acute fear and feelings of being trapped may lead to the sensation of being smothered.
- *Chest pain:* Caused by extreme muscle tension and leads to fears of having a heart attack.
- *Inability to swallow, or feeling of a lump in the throat:* Caused by contractions of throat muscles due to tension.
- *Shaking, trembling, and shivering:* When we get afraid body temperature drops and we shake to warm ourselves.
- *Sweating:* Occurs when the body cools to prepare for arduous activity.
- *Tingling and numbness:* Changes in hormones and more blood pumped into muscles will create any of these sensations.
- *Numbness in head and face:* Muscles in face become tense due to increased stress.
- *Blanching:* When you are frightened, you lose skin color because blood is diverted to muscles needed for battle, so blood vessels in your face constrict.
- *Diarrhea/constipation/frequent voiding:* Blood is diverted away from stomach to other areas, digestion slows, and muscles tighten leading to stomach problems.

Some people suffering from anxiety may also experience skin problems, as anxiety disturbs nerve endings in the skin, causing numbness

and itchy sensations. Dry mouth often occurs because body fluids are sent to other areas, making the mouth uncomfortably dry. Your pupils may dilate and become hypersensitive to light or you may experience distorted vision, such as tunnel vision. Headaches can also occur because the blood vessels in the head constrict causing pain in the face, head, shoulders, and neck. Anxiety may even affect your hearing. Additionally, adrenaline increases the amount of sugar in the bloodstream and raises the heart rate. Cortisol keeps blood sugar high, and blood pressure up, making sure the body has the energy to defend itself. Studies have found that long-term elevated levels of cortisol are harmful to both physical and mental functioning.

### **Mental and Emotional Symptoms**

The mental and emotional symptoms of anxiety affect all cognitive functions. When you get anxious you may find it hard to think clearly and to handle your emotions. There's a fear that you will lose control of yourself, and wonder how you will continue to live this way. Some of the symptoms are mild, but many can be frightening and debilitating. Some mental and emotional symptoms of anxiety are as follows:

- *Anger/aggression:* Anxiety can lead you to feel frustrated and irritable. Some of this tension might release itself in the form of anger or aggression.
- *Feeling jittery:* Some anxiety sufferers find it hard to sit still and concentrate on tasks at hand.
- *Feeling shocks:* Anxiety can cause abnormal nerve impulses that result in many strange sensations, like the feeling of being jolted with electricity.
- *Suicidal thoughts:* When anxiety becomes severe, with seemingly no way to stop it, feelings of hopelessness and despair are common.

- *Fear of losing control/going crazy*: Changes in blood flow, hormones, muscle tension, nerves, etc., exhaust the mind, creating distorted thinking.

Other emotional and mental symptoms you may experience include: avoidance (straying from things that frighten you), depression, and sleep difficulties (such as insomnia and nightmares). Hyperfocusing on the anxiety and ceasing to do the things that make life enjoyable are also common responses. Anxiety sufferers may feel shame because they see themselves as weak. Feelings of “depersonalization,” feeling out of one’s body, self-hatred, hopelessness, and low self-worth are also prevalent in people with anxiety disorders.

Anxiety is a complex condition that affects your overall mental and physical well-being. Now that you know a bit more about how the brain works, and what happens when it reacts to danger, whether real or imagined, you can see why an anxiety disorder can make daily living so challenging.

# Characteristics Associated with Anxiety

People with anxiety disorders are thought to have what is called a “high anxiety personality.” This personality type is associated with certain characteristics that are believed to be part of the reason that anxiety develops. Not all people who have anxiety will have all of these traits, but it is likely one or more will exist.

## Self-Esteem and Self-Worth

The development of a positive self-image is very important to your overall happiness. If you carry a positive view of yourself it is more likely that you are an independent adult who can take care of yourself in life. You are more apt to want to try new things. You can go after your dreams and work to accomplish your goals. Failure and disappointment are to be learned from and you do not get emotionally devastated when these things occur. High self-worth means you are likely to be able to handle both your positive and negative emotions. You can give your care and support to others more easily and freely.

### Low Self-Esteem

Low self-esteem and low self-worth are based on the negative views you have of yourself. If you have low self-esteem, you may experience some or all of the following.

- Feel afraid to try new things
- Feel that you do not have the capacity to accomplish anything
- Blame others for your disappointments and failures
- Always compare yourself to others
- Feel that no one cares about you, or is willing to support you

Positive self-esteem is not something you wake up with one day. It is an aspect of your “self” that began in childhood and impacts your life at every age. If you think that you have low self-esteem, think about how long you have felt this way. Many people with this condition have had low self-esteem for as long as they can remember. However, low self-worth is not set in stone — with hard work you can convert negative to positive.

### **Anxious/Critical Parents**

One aspect of developing good self-esteem is what you have learned from your parents or guardians. If your parents had feelings of positive self-worth, then it would be likely that you would too. But if they were not confident and critical most of the time, then they may have been unhappy and had trouble coping with life’s stressors. Perhaps you were not allowed to make decisions, did not learn how to express your emotions in a healthy way, or weren’t supported or nurtured — these all lead to low self-esteem, which increases your risk for anxiety.

### **Parental/Guardian Loss**

If as a child or adolescent you experienced the death of a parent, were a child of divorce, or were separated from parents or guardians for a long time, you have suffered a great loss, or in some cases, a trauma. Young children have a difficult time making sense of the loss but often feel that their life has become unstable. Older children and adolescents understand cognitively what has occurred but often experience feelings of being abandoned and rejected by the parent who is no longer there. They also report feeling unsure and unstable about what the affects of the loss of their life will be, for example, having to move away from school and friends after a divorce. If children are not helped by adults to cope with the loss and their grief, and not made to feel stable, they often develop low self-worth and are at risk to develop emotional disorders.

### **Child Abuse**

If you have suffered from physical or verbal abuse as a child, it is likely that you have developed a low regard for yourself. Children take verbal abuse as literal, “gospel,” and believe that they are bad, stupid, ugly, unworthy, or whatever else a parent, guardian, teacher, or other adult tells them. Children who are physically or sexually abused have been traumatized. They live in fear, never knowing when their reactions will bring on yelling, hitting, or other abusive actions. Children and adolescents who were abused often present posttraumatic stress disorder. Building positive self-regard in children comes out of nurturing and love, not abuse and fear.

### ***Question***

#### **What is negative self-talk?**

This term describes the things you tell yourself to bring yourself down. One way to begin to counter negative self-talk is by consciously switching to positive affirmations. For example, “I’ll never get a promotion,” can be changed to, “I will work harder and become more engaged in my work.” Affirmations should be personal and meaningful.

### **Addiction**

Children of parents/guardians who are addicted to alcohol, drugs, sex, spending money, or work have a high risk of growing up with a sense of low self-worth. It is estimated that in the United States, 20 million children come from households whose parents are addicted to drugs and alcohol. These families are often unstable and chaotic and are a cause of trauma. Adults who are addicted may neglect and abuse their children. Children often have to “parent” their parents and don’t get their own needs met. Children from addictive households do not usually form strong emotional bonds with parents, have low self-worth, and are at high risk for developing anxiety, depression, and self-defeating and self-destructive behaviors.

## **How Does Self-Esteem Relate to Anxiety?**

Think of anxiety as a good thing, as much a part of your life as eating or sleeping. Anxiety can be a beneficial spur keeping you on your toes, readying you to deal with the challenges you face. By the same token, anxiety or fear that overwhelms and interferes with daily living can paralyze you. If you have good self-esteem, you accept yourself and roll with the punches. If you have low self-esteem, you carry the burden of not knowing who you are and are anxious and are likely to be stymied in fulfilling your life goals. These feelings can provoke terrible anxiety that is hard to control. The good thing about low self-esteem is the fact that it can be changed. You can build your confidence, and with it comes feeling good about yourself, and high self-worth.

## **Perfectionism**

Perfectionism has both positive and negative features. It drives you to do good work, to challenge yourself, and to move toward goals. But one of the downsides of perfectionism is that you are unable to feel the satisfaction of a job well done.

If you are a perfectionist, you never think things are done exactly right or good enough. You are dissatisfied with yourself and others. You set goals that are unachievable and set yourself up for failure. In a positive direction, perfectionism provides the drive, which can lead to specific achievement. Having high standards to do the best job you can, or setting high goals for yourself is important for building confidence and self-worth. If you are a perfectionist, you relentlessly exert yourself toward unreasonable goals that cannot be met, and then measure your self-worth by your failure to accomplish them.

## **Characteristics of Perfectionism**

If you are a perfectionist, you have a number of characteristics that are driving you to seek the impossible — pure perfection. Perfectionism is

an internal learned coping mechanism, but it can be unlearned. The following are some of the characteristics of perfectionism:

- Fear of making mistakes
- Fear of failure
- Fear of being rejected and disliked
- High level of anxiety
- Black and white thinking
- Use of words like “never,” “should,” and “always”

### ***Fact***

Perfectionism exacts a great toll from individuals who think that only through perfection will they be able to gain the fulfillment, success, love, and acceptance of others. Usually, the opposite occurs. Perfectionists may accomplish something but, invariably, their methods will deny them the precise love and acceptance they badly wish to acquire, which leaves them always feeling dissatisfied.

As a perfectionist, you may be very driven to succeed to make up for feeling badly about yourself but are at a high risk for being highly stressed and suffering from fatigue and chronic burnout.

## **Repressed Emotions**

In our culture anger and other feelings are often inadequately expressed. Strong feelings and emotions are usually avoided, or dealt with superficially, because they are so uncomfortable to accept and face. When we bury emotions like anger it is in our unconscious mind. It is out of the here and now, but it is not erased and will cause problems in the form of symptoms such as anxiety and depression. This is also true for embarrassing or frightening feelings you don't want to have to deal with. Such emotions, as violent feelings of rage, fear of rejection, or of being unloved, feel too scary or painful. But if these feelings are not expressed in

appropriate and healthy ways, then inner tension builds and you put yourself at risk for developing emotional and psychosomatic symptoms. These include: extreme tension and anxiety, ulcers and other stomach problems, back pain, hypertension, chronic pain and body aches, hives, and skin rashes.

Repressed anger may also be directed at the self, that is, anger turned inward. If you turn your emotions on to yourself, you may experience depression to go along with your anxiety. Or maybe you spend a lot of your time concentrating on somatic problems, such as migraines, chronic fatigue, having difficulty remembering things, etc. If this is what is happening to you, you may be avoiding dealing with unexpressed emotions.

### **Expressing Your Emotions**

If you believe that you are repressing your emotions and that they are making you anxious and sick, you can do a number of things to help yourself:

- Speak to a therapist or counselor to uncover why you feel the way you do. Becoming aware of unconscious feelings and accepting them as natural to the human condition will help you feel emotionally lighter and physically healthier. You also want to learn how to cope with strong emotions in an appropriate manner.
- Since anxiety is a mind-body experience, become involved with an exercise program that meets your physical needs. Physical exercise helps to lessen the grip of anxiety on your mind and will relieve stress and tension. Even regularly taking a slow walk has been shown to relieve emotional barriers.
- Learn how to relax and open yourself to the things around you that might bring you happiness or contentment. Taking a moment to enjoy

life may relieve your emotional pressure cooker for a little while and lift your mood.

If you are interested in finding out what is bothering you, or seeking relief from anxiety in some of the other ways listed, be sure to have a discussion with your family physician, especially if you want to start an exercise program. Bringing your emotions to the surface, and facing them is not easy, and may be uncomfortable to do, but the benefits will be a more relaxed and healthier you.

### ***Alert***

Keeping your feelings bottled up can cause potentially destructive mental and physical stress. In addition, your repressed feelings can burst out at inappropriate occasions, for example, outbursts of anger that is far in excess of what is warranted in the situation, making you feel remorseful and guilty. This only leads to a cycle of more anxiety and other emotional problems.

## **Need for Approval**

People with healthy self-esteem, who are not chronic worriers, or have anxiety, are able to put into perspective any disapproval or criticism they may experience. If you feel like this, then being criticized will not destroy your inner security. Though most people like to have approval from others, a person with high self-regard is not “dependent” on the approval or disapproval of others. On the other hand, if you have low self-esteem, and lack that sense of inner security, you may need the approval of others, to feel good about yourself. This excessive need has been termed “approval addiction,” and the basis for it is an irrational belief that others determine your worth.

People who have an extreme need for approval don’t make waves; avoid conflict because someone may disapprove of them; work hard to keep relationships going no matter what the cost; will do anything to avoid

conflict, even if it means agreeing to things they don't like; try to meet everyone else's needs except their own for fear of being rejected; agonize over the possible reactions to a decision they want to make; believe that nothing they do will bring enough approval; are easily defeated or quit if things don't go their way.

Approval seekers usually have very high anxiety and experience severe body tension. Stress levels are up most of the time due to chronic worrying about past interactions, and if they have done and said the "right" things. At the same time, it is common for people who need approval to almost always be concerned about what might occur in the future. If you have these traits, you might feel like you are in a "no win" situation, and that will create chronic stress and anxiety.

If you have a need to seek approval, you may find yourself at the mercy of the very people from whom you want a response. It is easy to be used or even abused by others if you need excessive approval. Still others may be turned off by the need for approval from them and will never give it, or discontinue the relationship with you.

## **Rigid Thinking**

If you experience chronic anxiety, it is likely that one of your characteristics is rigid thinking. Rigid thinking is to think in "either-or" terms, and to want clear-cut, black and white answers. If you think in this way, then the "gray areas" of life are uncomfortable for you. Other characteristics include:

- Things are either "right" or "wrong," "good" or "bad"
- Often have an "exact" way of doing things with no variations
- Have a tendency to be pessimistic
- Are unable to change
- Are very hard on yourself

If you are a rigid thinker you may have difficulty with relationships because the ability to see someone else's point of view is absent. To have a good relationship you must compromise, have a give and take, which shows care and respect for others. If you are a rigid thinker you may have a hard time bending to make room for another person.

### ***Essential***

If you have rigid thinking, you may suffer from various psychological symptoms, among them are obsessive thinking and acting out compulsively. You may have a distorted view of yourself, for example, believing you are weak of character and can't change if you fail at something, or believing the same of others if they fail or disappoint you.

## **Tendency to Ignore Signs of Stress**

The tendency to ignore physical and psychological signs of stress revolves around your anxiety or preoccupation with worry about your problems. Ignoring the stress is self-serving: if you ignore it, if it isn't there, then it won't have to be faced, nor will it require any response on your part. If you are generally "elsewhere" these days, out of touch with your body and yourself, you can ignore an entire range of symptoms that are warning signs that something is wrong. You could be heading for a fall, and ignoring all the signs until it's too late. Consider these tendencies:

- You deny you're experiencing stress and anxiety.
- You ignore physical symptoms of stress. For example, having high blood pressure.
- You avoid seeking help.
- You use nicotine, caffeine, or other drugs to self-medicate.
- You do not take time to rest and relax.
- You cannot manage your time well and have a hard time balancing work, family time, and leisure.

Before things get really out of hand, take time to see the reality of the whole picture. Then rather than deal with something so large and overwhelming, break it into doable parts and deal with each one, one at a time. There's much you can change on your own. Some things you will be better off getting help for. And each problem you tackle is another success, lessening anxiety and tension, building your confidence, and making your life more enjoyable.

## **Desire for Control**

You have an extreme need to be in control because you don't want to have a moment's anxiety over anything. To be in control, you think, makes you feel better. If you need to be in control all the time you do it really to control your emotions, to keep them buried. The need to control means you do not like change of any kind, even if what is happening is uncomfortable or harmful to you. Change creates the unknown, and equals loss of control. You can't control what might happen in the future. You can't control other people, and trying to do so will ruin relationships, and keep people away from you. The only person you can learn to control is yourself.

## **Learning to Let Go**

The only way to let go of control is to learn to take life as it comes. You need to learn to accept what you cannot change. Your life (everyone's life, in fact) is influenced by events over which we have no control. To loosen your grip on control, practice living in the present, learn to taste the unique experience of each new moment, strive to see and appreciate the beauty of the world around you, and recognize the limitations of life and try to accept them.

If you have high levels of anxiety, you may want to examine yourself for characteristics of the need for excessive control. Become aware of what

happens to your body and mind when you feel anxious and you start trying to control everything around you.

## **Distorted Thinking**

The core of distorted thinking is an irrational or senseless perception of yourself in your world. This distorted point of view affects your decision making and interactions with those around you. This form of thinking comes out even more so when you're overly stressed, tired, anxious, or ill. Distorted thinking leads to flawed assumptions and incorrect conclusions. If you have to contend with the inability to see alternate solutions to problems, or set realistic goals, or make good decisions, you may find that you suffer from anxiety and depression.

Distorted thinking is also called dichotomous thinking, or all-or-nothing thinking. This type of thinking is in absolutes, black or white, good or bad, right or wrong. These thoughts create a distorted view of the world, by trying to fit all the complexities of life and people into a simplistic view. Because life is not simple, or easy, and people are complex, if you have distorted thinking, you will set yourself up for anxiety and depression.

### **Characteristics of Distorted Thinking**

Your mistakes and flaws or those of others are magnified, and if you happen to make a mistake, you label yourself as worthless. You have a negative view of the world, and exaggerate situations and events — one little mistake becomes a catastrophe. You devalue personal strengths, abilities, and achievements, in yourself and others. Here's an example of an event and the distorted thinking reaction to it:

*A friend calls you to cancel a bowling date because of illness. You're very disappointed and think, "I wonder if she is mad at me? She doesn't think I'm good enough but can't tell me to my face. She'll probably never call me again to go bowling." If you think in a*

*distorted way, you may take responsibility for a negative occurrence when there's no foundation for doing so, and imagine what people are thinking or feeling with little or no basis to support your thoughts. You magnify everything out of proportion and make yourself the focus of the event.*

Distorted thinking can exacerbate during stressful anxious times, and you need to be aware that this is happening. Accept it, and begin to slowly change the way you think. Also try to recognize distorted thinking in other people, which will help you become more aware of your own distorted thoughts.

If you have an anxiety disorder, you may have recognized some of these characteristics in your own personalities. Try not to feel distressed or hopeless because of this. Each of these characteristics has a positive side as well as a negative side, and all people have bits and pieces of these traits in them. It is when these characteristics stand in the way of living that you have to take action. If you are anxious and distressed, it is recommended that you do some soul searching, either by yourself, with a trusted friend, or with a mental health practitioner, to see what characteristics you'll have to accept, which ones you want to change, and how to utilize the positive aspects of these personality characteristics.

# Medications That Treat Anxiety Disorders

Beginning in the 1950s, medications that eased the symptoms of emotional disorders were developed. Today, medications are often the first type of treatment prescribed. Presently, there are a host of drugs used for the treatment of anxiety disorders, such as tranquilizers and antidepressants. As mentioned earlier, a multidimensional approach to treating anxiety is best, possibly including therapy, lifestyle changes, and other methods as well as medication.

## Psychotropic Medications

We live in an anxious age and use more drugs to alleviate anxiety than other kinds of treatment. Psychotropic drugs are medications used to treat mental illnesses and emotional disorders. These drugs are chemicals that change a person's feelings, emotions, awareness, and thoughts and, in doing so, alter behavior and mental performance. Medications replaced other means of controlling people such as those who were seriously mentally ill with disorders like schizophrenia, and were controlled by the use of restraints.

Psychotropic drugs did not become prominent until the 1950s, but by the 1960s the chemical revolution was in full swing. The 1980s to the present time has seen an increase in medication for the less serious mental disorders such as anxiety and depression, and presently new drugs come onto the market with increasing speed, or older drugs are approved by the FDA for new uses, for example, Paxil, an antidepressant, has been approved for panic disorder.

## What Are the Psychotropic Drugs?

A number of drugs are prescribed today for the treatment of anxiety disorders in the following classifications: benzodiazepines (BZDs) used primarily as anti-anxiety medications and to aid sleep. Tricyclic antidepressants are earlier drugs that help with depressive symptoms and panic disorder. Monoamine oxidase inhibitors (MAOIs) are also used for depression and anxiety disorders. Serotonin reuptake inhibitors (SSRIs) are used for depression but are effective in treating anxiety disorders like social phobia. Beta-blockers are used to treat hypertension but effective in treating social phobia. Anticonvulsants treat epilepsy but have been prescribed for a number of anxiety disorders. Azapirones are used to treat anxiety.

### **Thinking about Taking Medication?**

If you are experiencing the symptoms of anxiety, and are thinking about using medication, the most important thing to do is get an accurate diagnosis. See your family physician first to rule out physical causes for your symptoms. Then ask to be referred to a psychiatrist who will do a diagnostic evaluation, and prescribe psychotropic medication if necessary. Though you are prescribed medications, there is no guarantee that they will work for you, and your physician may have to change your dosage, or switch you to another drug.

### **Benzodiazepines**

The groups of drugs called benzodiazepines are tranquilizers and sleeping pills and are used to treat anxiety disorders, especially panic attacks, and sleep related problems. Benzodiazepines work by suppressing the central nervous system, leading to the lessening of feelings of anxiety. They are fast acting drugs but are recommended for short-term use due to their addictive qualities. These are often used by people who suffer from severe anxiety for years, which leads to addiction.

## **Fact**

Commonly known benzodiazepines are: Ativan (lorazepam), Xanax (alprazolam), Klonopin (clonazepam), Valium (diazepam), Librium (chlordiazepoxide), Restoril (temazepam), Halcion (triazolam). Women who are planning to become pregnant, who are pregnant, or want to nurse must see their physician before taking benzodiazepines.

Benzodiazepines are usually taken orally, absorbed in the stomach and small intestine, then metabolized by the liver. They are expelled by the body through urine, excrement, sweating, saliva, and breast milk. Benzodiazepines act on the brain quickly and affect emotions, memory, thinking, awareness, and coordination. These drugs increase the activity of the neurotransmitter, gamma-aminobutyric acid (GABA), whose function is to inhibit or slow down activity, which causes feelings of being calm, and a reduction in stress and anxious feelings.

## **Side Effects of Benzodiazepines**

The down side of benzodiazepines is the risk of becoming dependent with long-term use, and experiencing side effects. Taking these medications for short periods of time, or on occasion when anxiety is severe, will usually not cause the more severe effects. Xanax, one of the most popular of the drugs prescribed, can be highly addictive. Even a few months of high doses or lower doses taken more than a few months can create physical dependency.

## **Withdrawal from Benzodiazepines**

Withdrawal from benzodiazepines can be as difficult as it is for someone trying to withdraw from heroin. And physical, psychological, and behavioral changes may begin when you try to cut down or skip a dose. The list of withdrawal symptoms numbers over fifty and includes: severe anxiety, agoraphobia, depression, blurred vision, dizziness, irritability, respiratory difficulties, feelings of unreality, extreme lethargy, memory

loss, panic attacks, stomach pain/cramps/nausea, severe headaches, shaking, and heart palpitations.

## **Classifications of Benzodiazepines**

Benzodiazepines are classified as short, medium, and long acting, referring to how long the drug acts on the body. For example, Halcion, often prescribed for sleeping, acts quickly and does not stay very long in the body — under eight hours. Xanax is a shorter acting drug too, but Valium is a long-acting drug and can stay in the body more than twenty-four hours. The length of drug action is dependent upon a number of factors, your age, weight, and health of your liver.

## **Long-Term Use**

Long-term use of benzodiazepines has shown to increase the possibility of emotional problems, and there is a high risk of developing depression. Cognitive impairment and memory loss have been reported, especially in older populations, and less common but more severe symptoms may include blackouts and hair loss. Stopping benzodiazepines “cold turkey” can cause unbearable pain and distress and may result in “fits or seizures.”

## **Tricyclic Antidepressants**

There are three groups of antidepressants, and though each work similarly, they do have differences in their actions and side effects. The tricyclics are older drugs, and though thought to be as effective as the newer SSRIs, they are reported to have more side effects. Used to treat depressive disorders, tricyclics have also been prescribed for panic disorder, social phobia, agoraphobia without panic disorder, and to ease the nightmares of posttraumatic stress disorder.

Tricyclic was first used extensively in the 1950s, and the first drug, Tofranil (imipramine) is still one of the most prescribed tricyclics. Your doctor will start you off with a small dose, to see if any side effects occur

and to allow your body to adjust slowly to the drug. Tricyclics work by impeding the deactivation of two neurotransmitters, norepinephrine and serotonin, in the central nervous system. These neurotransmitters are involved in feelings of well-being and activity, and tricyclics allow them to remain active longer in the body.

Tricyclics do not “cure” you of depression or anxiety, or give you a “high,” but when they do kick in, usually within a few weeks, you’ll find that the severity of your anxiety and depression will lift, and you may feel that you are able to function in areas of your life that you couldn’t before beginning the medication. People who do well on a course of treatment with tricyclics report being able to sleep better and experience a decrease in dreaming, feel more energetic, and have an increased ability to concentrate.

### **Side Effects of Tricyclics**

The usual course of treatment on tricyclics is six to eight months. At the beginning of treatment, however, when your body is adjusting to the medication, increases in anxiety, sweating, or night sweats may occur. The main complaint is feeling sedated. Restlessness, problems with falling asleep, or disturbed sleep, and decrease in concentration are common. These symptoms will pass, but many people find them so uncomfortable, they are unable to continue the medication. However, if they do stop abruptly, depression and anxiety may return. Other side effects that cause discomfort and distress include: dry mouth or eyes, having a “funny” taste in your mouth, sensitivity to light, blurry vision, constipation and difficulty urinating, weight gain, and erectile dysfunction.

#### ***Alert***

Tricyclics can cause rapid heartbeat, palpitations, or dizziness upon rising. If you have cardiovascular disease, tricyclics can have serious effects on you. They may cause arrhythmias, or worsening of or even causing angina, heart failure, or a heart attack. If you have heart problems, or there is a

history of heart problems in your family, before you begin tricyclics, make sure you are checked out by a cardiologist first.

## **Withdrawal from Tricyclics**

Unlike benzodiazepines, tricyclics are not addictive, so you will not develop a dependency, and feel the need to increase your dose to stop symptoms of withdrawal. But problems can ensue if you stop the medication suddenly. If you want to stop taking a tricyclic it is best to do it gradually with the help of your physician. The withdrawal can be uncomfortable, with symptoms that include: feeling anxious and depressed, stomach problems, feeling dizzy, and headaches.

## **Monoamine Oxidase Inhibitors (MAOIs)**

MAOIs work in a similar fashion as tricyclics and the newer SSRIs by their affect on the neurotransmitters serotonin and norepinephrine, but they also act on dopamine, a neurotransmitter in the brain that influences movement. MAOIs block the decrease of these neurotransmitters, called monoamines, whose low levels cause depression. The common names of MAOIs are: Marplan (isocarboxazid), Nardil (phenelzine), and Parnate (tranylcypromine).

The downside to MAOIs is that at the same time that they block the destruction of monamines, levels of another neurotransmitter, tyramine, is increased, which creates an instant rise in blood pressure, which can burst blood vessels in the brain, causing death. Though it is rare, it can happen.

## **Foods to Avoid on MAOIs**

Certain foods have small doses of tryamine. Eating those foods, coupled with the drug, can lead to an overdose and serious side effects. Foods to avoid are: alcoholic beverages, especially wines, sherry, liqueurs, and beer; sausages; pepperoni; salami; bologna; cheeses, especially aged varieties; chicken livers; figs, fruits, such as raisins, bananas, any overripe

fruit; meat tenderizer; smoked or pickled meat; poultry and fish; and soy sauce.

### **Additional Information**

Foods that can only be eaten occasionally and in moderation are: avocados, caffeine, chocolate, raspberries, sauerkraut, any commercial soup, sour cream, and yogurt. The diet is so restrictive and difficult to follow that many people find it impossible to stay on MAOIs, though it may be the only medication that has helped their depression. For that reason, and the danger of the drop in blood pressure, most doctors prescribe the newer SSRIs first, and MAOIs only if other antidepressants do not work. Another problematic side effect is the level of sedation; people report they feel like “zombies” on this medication, but many people do adjust and get good results on MAOIs.

### **Additional Side Effects of MAOIs**

In addition to food restrictions and other problems, MAOIs have similar side effects as tricyclics and other antidepressants. The symptoms include: manic states, sedation, dizziness/fainting, sexual problems/low libido, nausea, and weight gain. MAOIs can be very effective in individuals who are depressed and also present with panic attacks.

## **Selective Serotonin Reuptake Inhibitors (SSRIs)**

Selective Serotonin Reuptake Inhibitors (SSRIs) are a group of antidepressants that came on the U.S. market in the 1980s, beginning with Prozac (fluoxetine). This group of drugs is different chemically than the tricyclics and MAOIs, for their only function is to help the brain maintain certain levels of the neurotransmitter serotonin. Researchers believe that low levels of serotonin are involved in the development of depression and some anxiety disorders, such as panic disorder, and that SSRIs will reduce the symptoms of these mental disorders.

SSRIs have shown themselves to be effective for people with depression, panic disorder, social phobia, and obsessive-compulsive disorder. They do not have as many side effects as the older antidepressants, because they do not affect other neurotransmitters, like the MAOIs do. Like all antidepressants, they are not addicting, and there are no withdrawal symptoms, unless they are stopped abruptly, and then the individual may experience flu-like symptoms, such as, headaches and body pain. Commonly known SSRIs are:

- *Fluoxetine*: Prozac, Fontex, Seromex, Seronil, Sarafem
- *Paroxetine*: Paxil, Seroxat, Optipar, Aropax, Paroxat
- *Sertraline*: Zoloft
- *Citalopram*: Celexa, Cipramil, Emocal, Sepram
- *Fluvoxamine maleate*: Luvox, Faverin

### **Fact**

David Healy, a psychiatrist and former secretary of the British Association for Psychopharmacology, wrote *Let Them Eat Prozac* (2004). Healy, who prescribed Prozac to his patients, began to see troubling symptoms in many of his patients and believes that the pharmaceutical industry hid the clinical trial data because of the profit motive. He states that all trial data should be made public knowledge.

### **Additional Information**

One of the problems with SSRIs, as opposed to tricyclics, MAOIs, and benzodiazepines, is that SSRIs can take a long time, from four to six weeks, for the person to notice a change in how they feel. Also, as you begin to take an SSRI, you may feel a temporary increase in anxiety. Other side effects include the following, but usually subside as your body adjusts: dry mouth, tremors, diarrhea, loss of appetite, nausea, headaches, insomnia, feeling drowsy, fatigue, confusion, and sexual difficulties. But

like older antidepressants, as your body adjusts to the drug, symptoms usually abate.

## **Beta-Blockers**

Beta-Blockers are beta-adrenergic blocking agents, commonly used in the treatment of high blood pressure (hypertension). They are also used to prevent a second heart attack, relieve chest pain (angina), stop migraines, and tremors. Beta-blockers work by “blocking” the effects of stress hormones, such as adrenaline, and easing the workload of the heart.

When stress hormones are activated, beta-receptors cause the heart rate to slow and heart muscle contractions to decrease. Beta-receptors are structures that exist on nerve cell membranes of the sympathetic nervous system and affect its activities, such as heart rate. Beta-blockers bind with the beta-receptors and prevent stress hormones from entering the receptors and triggering the stress reaction. It is because of this effect on stress hormones that the “fight or flight” reaction does not kick in, so the symptoms of anxiety, such as racing heart and sweating, do not manifest themselves. Common beta-blockers include:

- Inderal-LA (propranolol)
- Trandate (labetalol)
- Betapace (sotalol)
- Normodyne (labetalol)
- Lopressor (metoprolol)
- Sectral (acebutolol)

Beta-blockers are often prescribed for people who have social phobia, because it reduces the more noticeable signs of anxiety, such as shaking, trembling, and blushing. Individuals who experience performance anxiety, such as public speakers and performers, also use these. Beta-blockers have been called “the underground drug” for musicians, because it helps to stop the symptoms of performance anxiety, which include thought blocking and

loss of concentration. Beta-blockers do not in any way influence the emotional component of anxiety — they only have a physiological effect and can usually stop the “fight or flight” reaction from starting. Though, if anxiety is high enough, beta-blockers may not be able to reduce the symptoms enough to feel relief. Beta-blockers are not addicting and begin to work within a few hours after swallowing and come in either tablet or liquid form.

### **Side Effects of Beta-Blockers**

Beta-blockers have side effects especially within the first few weeks of treatment. You may not experience any symptoms but if you do they may include: fatigue, cold extremities, upset stomach, sleep disturbances/nightmares, dizziness/feeling lightheaded and faint, wheezing/chest feels tight, and skin rashes.

If taken occasionally, beta-blockers usually have no side effects. Even if taken daily, they are not associated with weight gain or sexual problems, but males taking higher doses have reported difficulties in achieving erection. If you are taking beta-blockers on a daily basis for more than a month, and you want to stop, it is best to stop gradually. Though you will not experience withdrawal symptoms, you may have a very high spike in blood pressure. Another caution is the use of alcohol, which can only exacerbate the effects of sedation, and also lower blood pressure.

### **Azaspirones**

Azaspirones are a group of anti-anxiety drugs, used to a variety of anxiety disorders. The most common of the azaspirones is BuSpar, shown to be an effective treatment of mild to moderate symptoms of anxiety. Azaspirones normally take two to four weeks before their effectiveness kicks in and are not considered to be addictive with potential for abuse. BuSpar influences the neurotransmitters dopamine, norepinephrine, and serotonin and acts on

calming emotions. Side effects are usually mild and go away within a few weeks but may be more severe and include:

- Drowsiness
- Fatigue
- Nausea
- Feeling hyper
- Depression
- Feeling lightheaded
- Insomnia

Azaspirones are used to reduce the symptoms of obsessive-compulsive disorder, and general anxiety disorder. Rare symptoms include: chest pains, muscle weakness, rashes, uncontrolled movements, increase in blood pressure, and tremors. Overdose is possible and those symptoms are: dizziness, fainting, nausea or vomiting, and unconsciousness. If you experience any severe symptoms, see your doctor immediately, or go to the nearest emergency room.

## **Anticonvulsants**

Anticonvulsants are a group of drugs that are ordinarily used to treat diseases, like epilepsy, because they stop seizures and fits. Their use has been expanded to the treatment of mood disorders, such as bipolar disorder. And recent research has indicated their usefulness in the treatment of anxiety disorders, such as generalized anxiety disorder, social phobia, posttraumatic stress disorder, and panic disorder. Anticonvulsants work by reducing abnormal activity of certain nerves in the brain and the way they do so differs with each medication.

Common anticonvulsants include:

- Divalproex sodium (Depakote)
- Felbamate (Felbatol)

- Gabapentin (Neurontin)
- Lamotrigine (Lamictal)
- Topiramate (Topamax)
- Tiagabine (Gabitril)
- Carbamazepine (Tegretol)

### **Alert**

If you are taking anticonvulsants for at least a few months and want to stop, do not quit cold turkey. Abruptly stopping can cause seizures, especially if you have a seizure disorder or bipolar disorder. All anticonvulsants need to be withdrawn gradually. Slowly withdrawing from these drugs may cause dizziness, confusion, and sensitivity to light and sound. Always discuss stopping a medication with your physician.

The side effects of anticonvulsants can be difficult to cope with, but at low doses, there is a good chance that the effects will be mild. Reactions include lethargy and becoming very sensitive to sunlight. Mood swings are common, and they also slow down metabolism, so weight gain can be an issue. Memory and cognitive processes can be affected negatively, especially short-term memory loss. This group of drugs seems to impact dreams and has been used to reduce the nightmares associated with posttraumatic stress disorder. Skin rashes are common, as are acne and fungal infections. Anticonvulsants can cause gums to bleed and maybe weaken the enamel on teeth, and cause thinning hair. A rare side effect is the development of aplastic anemia, a potentially deadly disease.

### **Guidelines for Taking Medication**

Medications can be effective in treating your anxiety disorder, but to get the most out of them, and to keep yourself safe, you want to follow a few rules:

- Proper diagnosis is necessary to create a successful treatment plan.

- Tell your physician about any physical or mental conditions, other medications, herbs, and supplements, or other relevant information about yourself.
- Educate yourself about your condition and what drugs and other treatments have shown to be effective.
- Know what you can expect from your medication as far as relieving your condition, and its side effects.
- Report all changes and side effects immediately to your doctor.
- Do not deviate from the recommended dosage.
- If you want to stop, do not do so without the supervision of your physician.
- Children and elderly people require special attention with regard to the effects of medication.
- Drug therapy works best when combined with counseling or psychotherapy.

Medication is only one part of a successful treatment plan. There is no “miracle” drug that will cure anxiety disorders. Many people with anxiety disorders do not choose to take medication because of the side effects and use other means to overcome their conditions. But there is no shame in taking medications, and you are not “weak” if you choose to do so. Discuss your feelings, fears, etc., about medications openly with your physician and with his or her help come up with the best solution for treating your anxiety.

# Talk Therapy

Talk therapy is an effective treatment for anxiety disorders and other emotional conditions. Going into therapy for the first time may feel uncomfortable or even frightening. But once you learn what talk therapy is, who does it, and what to expect from a session, it will lose its mystery.

## What Is Talk Therapy?

Talk therapy has been around as long as people have had language. When things bother us we often feel better when we “talk things out” with someone, whether it be a family member, friend, religious person, or a therapist. Working with a therapist can help you with emotional problems, and to sort out difficulties you are having in life. You can become more aware of your feelings and how you are behaving. It’s helpful to get someone else’s perspective on what is bothering you, and have someone in your corner who listens and supports you. And it just feels good to have someone listen intently to how you feel. Talk therapy is also called counseling, therapy, psychotherapy, and psychoanalysis.

Psychotherapy can be short-term, lasting weeks or months. Long-term therapy may continue for many years. Most therapists meet with clients once a week or twice a month. But Freudian psychoanalysis usually requires two or even three meetings per week. There are different methods of therapy that include:

- Individual psychotherapy
- Couples/Marital therapy
- Group psychotherapy
- Family therapy
- Child/Play therapy

Psychotherapy may be the only treatment you receive, or it may be combined with other treatment, like medication, for example. It all depends on your level of distress and diagnosis, for example, if you have been diagnosed with an emotional disorder, and what treatment plan you have discussed with your physician and mental health clinician, and how you feel about entering into a type of treatment.

### **Fact**

In the late nineteenth century Freud, with his “talking cure,” set in motion what would become modern day psychotherapy. Talk therapy is essentially a dialogue between a person who is having life problems, with a licensed mental health clinician, who has either a master’s degree, a Ph.D., or an M.D., and is specially trained in one or more psychotherapies.

## **Who Does Talk Therapy?**

If you are thinking about entering psychotherapy it is important to be able to distinguish between the different credentials that mental health clinicians carry. The type of degree will not tell you the type of therapy the clinician practices, but it will educate you about the person’s academic training. Information about experience and what theory base they practice from will require you to do a phone interview or go in for an initial session. The different clinicians are: psychologists, who have studied psychology, and have either a master’s degree, which is two years of graduate work, or a doctorate, which is at least four years of graduate work. Degrees include: Ph.D. (Doctor of Philosophy); Psy.D. (Doctor of Psychology); and Ed.D. (Doctor of Education). Clinicians with doctorates are qualified to be licensed. Psychologists may also have a master’s degree (M.S. or M.A.) that requires two years of graduate school and are also eligible for licensing.

Social Workers have studied clinical social work, or social work policy. They may have a doctorate or master’s in social work that required

four years or two years, respectively, of graduate school. Degrees include: D.S.W. (Doctor of Social Work); M.S.W. (Master's of Social Work); A.C.S.W. (Academy of Certified Social Workers); D.C.S.W. (Diploma of Clinical Social Work), a five year post graduate credential; L.S.W. (Licensed Social Worker); L.C.S.W. (Licensed Clinical Social Worker). Most states require clinicians to be licensed. Marriage and family therapists/professional counselors have studied family systems, psychology, and counseling. Degrees include: M.A. (Master of Arts); M.S. (Master of Science); M.Ed. (Master of Education). Psychiatrists are medical doctors (M.D.) with a specialty in psychiatry. After college they go to medical school. Some psychiatrists only do evaluations for mental illnesses and conditions and prescribe medication, but many also do some type of psychotherapy.

### ***Essential***

Many mental health providers call themselves psychotherapists, which is a reference to the kind of work they do, "psychotherapy." Any mental health provider can be a psychotherapist, including psychologists, social workers, or counselors. Look for someone with at least a master's degree in psychology/human behavior, who is licensed, and has experience treating your type of problem.

Depending on state law, not all clinicians have to be licensed to practice, so you want to find a therapist who is licensed. Licensing tells you that the therapist has the necessary education and training, and must continue to educate and train to maintain a current license. Licensed therapists have a state board that they must answer to and must practice within a code of ethics. Also, therapy by a licensed mental health provider may be covered by insurance.

## **How to Find and Choose a Therapist**

Therapy is a collaborative process. And the relationship you develop with your therapist will be vital to your healing and overcoming anxiety. This is the person who you will be telling intimate and maybe painful things to, so you want to feel good about your therapist, that you can trust him or her, and also that you like their approach to your problems. Finding a therapist may require legwork on your part and you may have to try out a number of therapists before you find the one for you. The following are suggestions for finding a therapist:

- Through friends and relatives who have had a good experience in therapy — this is one of the best ways to find a therapist.
- Through your family physician.
- Through your insurance company.
- Through your local mental health association or hospital.
- Through professional associations for mental health providers.
- Through Anxiety Disorders Association of America and other organizations like it.

Once you have gathered a handful of names of therapists, your next step is to call each therapist, describe your symptoms, and tell them what your goals are. Ask them if they have treated the problems you describe and for how long. Also, ask if they are licensed — if your state does not require a license to practice, ask what training they have and what professional associations they belong to. Inquire about how they might go about treating your problem. Finally, don't forget the practical aspects — ask about fees, insurance reimbursement, and office procedures.

If at any time you are not happy with your progress or your therapist, or anything else about the therapeutic process, discuss how you feel with your therapist. A good therapist wants to know how you feel about the therapy, progress you feel you are making, etc., and will not be offended — it is all part of the therapeutic process. If you are not happy with your

therapist, and have given it a chance, it may be best to look for another therapist. Remember, too, that therapists work from a code of ethics, and if at any time during therapy you feel uncomfortable with the relationship between you and your therapist, for example, if your therapist makes sexual advances, or does anything else that is unprofessional, then leave immediately and report the occurrence to the state licensing board.

## **What to Expect from a Therapy Session**

Each therapy session has a unique quality to it, as different as the people who are sitting in the room. And each therapist has a different approach and style to the work. The therapist's first goal is to not only find out why you have come into therapy but to build a rapport and trust, so you will feel safe to express yourself without feeling judged or censored. And no matter what the contrast is between therapists and their theories, there are fundamental guidelines that form the structure of a therapy session. Consider the following:

- Prior to your first session, you will decide on the appointment date, time, and fee by telephone.
- After the initial greeting, the therapist will probably write down your contact, and possibly insurance, information. You may be asked to sign relevant forms, such as billing forms, if the therapist does not have an office staff.
- The therapist will ask you why you are seeking therapy. While you are talking the therapist will most likely be writing down what you say at his initial session. (Therapists must keep notes on each session, and all notes and information on you must be kept in a locked file for confidentiality purposes.)
- During the initial session, the therapist will ask questions about family history and your personal history, past experiences, medical history, etc. This probing for information is important, so the therapist

can begin to get to know you better, and have a clearer understanding about why you came in. Your therapist will explain that everything you say in therapy is completely confidential.

- The therapist should mention that you might feel upset talking about personal feelings, events, and circumstances at first, and that this is a normal reaction to beginning therapy. You may not want to continue the discussion or need to withhold information at first, and doing so is okay. It takes time to build trust.
- Depending on why you are in therapy, and what type of therapy you are in, after a few sessions, the therapist may work with you on setting up short-term and long-term therapy goals, and help you to set up a plan for achieving them. Psychotherapy usually involves weekly or at least twice a month meetings.
- For the most part, the client will begin each session with what is important for them at that moment in time. Most therapists do not “lead” the session but rather “guide” the work, because psychotherapy is an empowering process, which helps individuals discover their capacity and capability to have a satisfying and productive life.

No matter what theory base the therapist works in, all good therapy is based on the foundation of building a solid working relationship between client and therapist, so your therapist must have characteristics such as genuineness, warmth and caring, empathy, and open-mindedness.

## **Does Talk Therapy Work?**

The effectiveness of psychotherapy and counseling has been studied extensively over many decades, and research indicates that therapy works. But since psychotherapy is an inexact process it has been difficult to test and prove the results. Early studies testing the efficacy of short-term and long-term therapy on depression and anxiety disorders, in the 1970s and

1980s, found that, within a short period of time from the start of psychotherapy, symptoms lessened. And long-term affects showed less emotional distress and better functioning in every aspect of life.

### **Fact**

By using single photon emission computed tomography (SPECT) imaging experts have demonstrated that psychological therapy can alter responses in the brain. One study showed that panic attacks can be triggered by "lactate infusion" in people with panic disorder. When these same people had a course of cognitive therapy, the lactate-influenced panic attacks were reversed.

Many studies coupled the results with a combination of medication and therapy, but when drugs were discontinued because of side effects, and therapy continued, the results were as good for the nonmedicated individuals. A number of studies show that in looking at overall effectiveness of people in therapy, no one therapeutic theory stands out, but the abilities of the therapist made a positive difference. Another significant finding was that the commitment of the client in working with the therapist in the therapist's orientation has a positive affect on outcome. Advances in science and technology are allowing researchers to come close to scientifically proving that psychotherapy is an effective treatment that definitely affects the neural patterning of the brain with positive results.

Other studies have examined the impact of psychodynamic psychotherapy on levels of serotonin. One researcher showed that after one year of psychotherapy, SPECT imaging revealed that those subjects had normal amounts of serotonin, while the subjects with reduced levels of serotonin had no psychotherapy. Thoughts are that psychotherapy may normalize levels of serotonin, but more studies are continuing. What is agreed on by experts is that psychotherapy is an effective treatment for

emotional problems, whether as a stand alone treatment or in combination with other treatment, such as medication.

## **Behavior Therapy**

Behavior therapy is a melding of the application of the principles of learning theory to the analysis and treatment of behavior. It involves more than principles of learning and uses the empirical findings of social and experimental psychology. The emphasis is upon the client's present behavior that is causing distress and disruption in the client's life. The therapist's job is to observe the client's behavior, discuss the maladaptive patterns of behavior with the client, and help the client to go about changing the behavior.

The client's past history, feelings, emotional states, and unresolved experiences are not the focus of the work. If working with a client who has specific phobias, graded exposure, or a systematic desensitization program is often created to help the patient enter previously feared situations. The therapist will most likely teach an anxious client relaxation techniques and increase coping skills. There are various behavior therapies.

### **Dialectical Behavior Therapy (DBT)**

Dr. Marsha Linehan developed DBT for patients struggling with chronic suicidal behaviors. It's based on the idea that psychosocial treatment of those with borderline personality disorder (a disorder with symptoms of high anxiety) was as important in controlling the condition as traditional psychotherapy and medication were. Along with this belief came a pattern of treatment goals. Foremost among these was reducing self-injuring/suicidal behavior; following that came decreasing behaviors that interfered with the therapy or treatment process; and finally, downgrading behaviors that lessened the client's quality of life.

### **Rational-Emotive Therapy**

Founded by Albert Ellis, rational-emotive therapy is highly action-oriented and deals with the client's cognitive and ethical state. The therapy emphasizes the client's ability to think on his own, and in his ability to change. The rational-emotive therapist believes that people are born with the ability of rational thinking but that we may fall victim to irrational thinking. The therapist will use directed therapy. The therapist believes that a neurosis is a result of irrational behavior and irrational thinking. The rational-emotive therapist believes the client's problems are rooted in childhood and in his beliefs that were formed early on. Therapy will include method solving and dealing with emotional or behavior problems. The therapist will help the client eliminate any self-defeating outlooks they may have and to view life in a rational way.

### **Cognitive Behavioral Therapy (CBT)**

Cognitive behavioral therapies are a melding of the cognitive therapies that were formulated from cognitive therapy, whose focus is helping people change their thought patterns, and the classical behavioral therapies, such as operant conditioning, where change in behavior is the primary goal. Both therapies emphasize that change can take place without having deep insight into one's behavior. In CBT, it is thinking patterns that cause symptoms. Changing how you think about yourself, your attitudes and beliefs, and the situation you are in will relieve troubling symptoms. Learning how to face life in a confident and calm manner will help to change your behavior. CBT has shown to be effective in treating panic disorders, phobias, chronic anxiety, and worry. It is short-term therapy and cost effective and is the preferred therapy today for treating anxiety and depression, and many other emotional conditions and life problems.

### **Neuro-Linguistic Programming (NLP)**

In the late 1970s, Richard Bandler, a mathematician, and John Grinder, a linguist, collaborated on bringing a new methodology to the discipline of studying and working with human behavior. Based on the

advances made in information technology, particularly computer programming, and the science of language, Bandler and Grinder founded NLP techniques that enable you to use your own mind to make changes in your thoughts, attitudes, beliefs, and ultimately emotions and behaviors. These changes, they propose, will stop self-defeating behaviors and enable you to fulfill your life potential.

Bandler and Grinder investigated how people experience the world through the five senses: visual (mental images), auditory (sound), kinesthetic (touch and emotions), gustatory (taste), and olfactory (smell). They examined how these experiences become the memories and images we carry around in our heads, and how these mental pictures affect our emotions and behavior. They studied individuals who were successful, unafraid, etc., and analyzed through complex methods how these people interpreted experiences, life events, other people, etc., to account for their positive, capable behavior, compared to others who had negative reactions. Bandler and Grinder then devised techniques that often only take a few minutes, which allow anyone to change negative mental pictures, feelings, and behavior into positive thoughts, emotions, and behavior.

NLP is presently used by people who want to reach high levels of performance; in psychotherapy to treat anxiety, phobias and depression; as a self-help method; and in business and industry to increase productivity and attain success.

## **Psychotherapy**

There are numerous therapies that are called psychotherapy, or are psychodynamically oriented, having evolved out of Freud's psychoanalysis. Basically psychotherapy is helping the client work through thoughts, feelings, emotions, and behaviors that are causing distress and problems in the client's life. All of these therapies focus on the unconscious, and that early childhood experiences play a critical role in the development of personality and behavior. Emphasis is placed on

uncovering painful experiences and unresolved feelings and that doing so will increase symptoms and help to change self-defeating behaviors. A main goal of psychodynamic therapy is for the person to fully understand him or herself. The process of psychotherapy includes becoming aware of thoughts, feelings, emotions, accepting and handling emotions and feelings, emotionally releasing fear and guilt, having insight into “self,” and experiencing emotional growth.

### ***Essential***

Many of the psychodynamic psychotherapies are long-term and treatment can last for years, but some have developed into short-term, more solution focused work, but without discarding the emphasis on insight-oriented theories. Part of this change is due to the advent of managed care, whose emphasis is on brief therapy for relief of symptoms, with only a limited number of sessions authorized per year.

Essential to every type of therapy is the relationship with the therapist. The therapist’s office is the place where you will reveal yourself emotionally and that can be uncomfortable and painful at times — though it is part of the process of emotional growth. Because of this, it is imperative that you trust your therapist to guide you through this sometimes difficult but also liberating process.

### **Psychoanalytic Psychotherapy**

Psychoanalytic psychotherapy evolved from Freudian psychoanalysis, and its theory is based on the belief that most of our thoughts, behaviors, and attitudes are controlled by unconscious drives, and are not in our conscious control. The therapist sits out of view of the person, who lies on a couch and talks about anything that comes to mind. The therapist will interact with the client by asking questions, making interpretations, and confronting distorted thinking. The patient’s unconscious patterns of thought are “transferred” on to the therapist who interprets this process,

thus making the unconscious, conscious. The goal is to help the patient make deep psychic changes. There is an emphasis on the individual's quest for individuation, and finding a sense of identity. Psychoanalytic psychotherapy is thought to be only long-term, but many therapists do short-term work too.

Short-term dynamic therapy (STDT) is based on the same principles as psychoanalytic psychotherapy but differs in the therapist's method of practice and goals. STDT helps the person become aware of how past experiences and present day experiences influence the problems the person has presented in therapy. The therapist will interpret the person's defenses, resistance to therapy, and transference that is causing the person's distressing symptoms. The STDT therapist takes on a more active role than the psychoanalytical psychotherapy therapist. Therapy is usually completed in ten to twenty sessions but may take longer if the patient's problems are severe.

### **Jungian Analytical Psychotherapy and Ego Psychology/Ego State Psychotherapy**

Given that Jung was a contemporary of Freud, a major role in analytical psychotherapy is the analyst's interpretation of the client's dreams and fantasies used to uncover and recognize what the client has repressed in his or her unconscious, and once the client is aware, symptoms will decrease. Jung's theory also connected the ancient past with the client's present, as he believed that archetypes, which are universal symbols, forms, and patterns that are unconscious and biological, and the collective unconscious, the part of the unconscious that is shared with all humans, were important to the analysis.

#### ***Fact***

Twenty-four hour therapy is a radical method of confronting clients with "reality" to help them develop self-sufficiency and control over their lives. During the twenty-four hours, the therapist directs a team of trained

people to have complete control over the client's physical, social, financial, and sexual life. Therapy can last for weeks to one year and usually takes place in the client's home. This method has led to legal and ethical implications.

Ego psychology's main feature is working on the person's emotional development, and strengthening the ego in the individual. The ego is believed to be a positive force in the development of personality. A weak ego will create an "identity crises." Identity crises are not viewed as negative developments but are seen by the therapist as an opportunity for the client to make positive growth and change. The therapist employs discussion, instruction, teaching, and experiential exercises in the course of therapy.

### **Client-Centered Therapy and Existential Psychotherapy**

Developed by Carl Rogers in the 1940s, client-centered therapy is a nondirective approach. Directive approaches include asking questions, interpreting client's statements/dreams, giving homework, evaluating behavior, etc. Client-centered therapists give total control of the therapy to the client, believing that people are able to find the answers to their problems, and that the therapist is present to understand and accept the client. The basic premise of client-centered therapy is that humans tend toward self-actualization and healthy psychological growth. The therapist helps the client to self-actualize through his or her genuine caring and nonjudgmental understanding of the client.

Existential psychotherapy developed out of the philosophical foundations of existential philosophers such as Sartre and Kierkegaard and was adapted into therapy by humanistic theorists. Modern existentialist therapists are Spinelli and Yalom. The basic theory is that the therapist helps the client to face and accept the following: the anxiety that arises from the reality of being alive, which includes having to face death.

Therapists help clients explore their assumptions about life, and learn what is meaningful to them by becoming aware of their emotions and beliefs.

### **Gestalt Psychotherapy**

Gestalt psychotherapy was founded by Friedrich (Fritz) Perls, a humanist therapist. Gestalt therapy believes that emotional disorders are caused by the individual's unconscious needs, wishes, emotions, and obsessions. The Gestalt therapeutic relationship is experiential, in the here and now, and involves various forms of expressive techniques, such as pantomime, role playing, and painting. Through this therapy the person becomes aware of his unconscious, but with healthier, more suitable emotions. Gestalt therapists' focus is on what is happening in the session between client and therapist, rather than content, which opens the door for discussion and experimentation. The goal of therapy is for the client to accept and value himself.

### **Solution-Focused Brief Therapy (SFBT)**

Solution-focused brief therapy is an action-oriented therapy where treatment is often begun and terminated in three to six sessions. Unlike long-term psychotherapy where time is spent on examining past life events and problems, SFBT zeros in on the present and future to help the client with the following:

- What is working in your life?
- What is not working in your life?
- What changes do you want to make?
- What steps have to be taken to make the changes?

SFBT therapy helps the client recognize behaviors that are standing in the way of the life he wants. The therapist also guides the client in setting up short- and long-term goals and aids the client in devising a plan to meet those goals. The SFBT therapist works from a philosophy that the client is

the expert about his own life and makes the decisions on the changes to be made. SFBT is used to treat individuals with anxiety, depression, and other mental conditions and disorders.

### **Eclectic Therapy**

Eclectic therapy refers to therapists who use various theoretical orientations and choose a mix of techniques from more than one therapy approach. What results is a mix tailored to the individual. Eclectics use techniques from all schools of therapy, such as what might be reinforcing unhealthy behaviors (behaviorism), unhealthy thoughts (cognitive), and how these all relate to each other in the individual who has come for therapy (humanistic). In eclecticism, there is no one right way of approaching any given problem. The therapist proceeds with the work by being cognizant of the patient's unique view of himself and how he sees his problem, and his world.

### **Child Play Therapy**

When children suffer from emotional problems, therapeutic play is used because children may not be able to cognitively and verbally communicate their feelings and experiences, and play is the way children naturally learn and express themselves. Therapeutic play is adapted to meet the child's developmental needs. Through play therapy children can also learn how to become aware of their behavior and its effect on others, change negative behaviors into positive ones, find solutions to problems, and improve self-confidence and social skills. Play therapy is used to treat behavioral and learning problems, anxiety and depression, stress disorders, ADHD, and other mental and social problems.

### **Group Therapy**

Group therapy is widely practiced today, but for a long time it was regarded as less effective than individual therapy. However, that view appears to be changing. Current research shows the effectiveness of groups

that are based around anxiety disorder, depression, relationship problems, and personality disorders. For example, cognitive-behavioral therapy (CBT) is now being utilized by group psychotherapists to unite members with anxiety and mood disorders.

There are many kinds of groups and these differences depend on their goals and the structure and theory base of the therapist. In group therapy, sessions consist of a number of people, usually between six and twelve, and a therapist. Patients learn how to relate to others, and modify their own behavior, see how other members handle life situations and feel supported. Some groups meet around a single issue, such as panic disorder or drug and alcohol abuse. Other groups are general therapy groups, and often members are also working in individual therapy. Groups can be run using almost any psychological theory.

The therapist may refer a client to a group in existence or one that is just forming. The therapist will assess all potential group participants to see if a group is the proper setting for treatment. Groups will not usually work for people in acute crisis, those with a history of poor attendance, people who have difficulties with self-disclosure, and individuals who are disruptive.

### **Family and Marriage/Couple Therapy**

Family therapists view each family as a complex system with a unique way of functioning. Each family has its own way of communicating, roles and rules for each member, and patterns of behavior. Each of us is powerfully affected by our family system. Changes in one member's behavior or emotional problems impact the entire family unit.

Family therapists help families with the following:

- Becoming aware of both the positive and negative patterns of family behavior
- Focus on changes in the entire family not just one member

- Help families set long and short-term goals and create strategies for achieving goals
- Teach members positive ways to communicate with each other
- How to manage and solve conflicts

Family therapy is action-oriented and solution focused. It can be brief therapy or, if problems are severe, can be long term. Besides nuclear family members, extended family members, other individuals important to a particular situation, and even pets may be brought into sessions.

### ***Essential***

EMDR (eye movement desensitization and reprocessing), pioneered by Francine Shapiro, is a treatment for posttraumatic stress disorder. In an EMDR session clients are asked to think about the traumatic events repeatedly while following the therapist's index and middle fingers as they quickly move from left to right in front of the client, which will lessen the anxiety.

Marriage and couple therapy is similar to family therapy, but the focus is on the parents or partners. It too is action-oriented and focused on setting long- and short-term goals and developing a plan to achieve them. Couples are often given assignments to complete at home, for example taking time alone to practice new ways to communicate. In both family and marriage/couple therapy members may also be in individual therapy at the same time.

### **How to Find and Choose a Support Group**

Self-help groups offer an important resource for people with anxiety and related problems. Even if you are in therapy you may want to join a support group too. There are many regional and local self-help groups that deal with anxiety-related problems. The first place to look for a support group is the phone book. If either the white pages or the yellow pages have

a listing for “Community Services,” look in the table of contents for the heading, “Mental Health.” Or check out the “blue” pages under mental health. If you strike out, call your local hospital. Some support groups originate with a therapist in private practice or a mental health clinic. Others will be national, regional, and local self-help groups and may not have a professional facilitator leading the group.

After you have the names of several groups, it’s time to choose the one that’s right for you. The best way to do that is to attend at least three sessions of each group to see and hear if it’s the one for you. Because there’s so much at stake, be prepared not only to listen but perhaps ask questions of the moderator after the meeting is over.

If you’re unable to find a local self-help group, maybe you should think of forming one yourself. You can’t be the only individual in your area, and once it’s advertised in the local paper, you’ll find others who’ll want to join too. You can get help from the nonprofit Anxiety Disorders Association of America. They can assist you in starting up a local support group, or check with your community hospital.

# **Alternative Treatments and Therapies for Anxiety**

Alternative treatments for diseases and emotional distress go back to the beginning of mankind, and the use of herbs, bodywork, energy therapies, etc., as methods of healing are still popular today. Many physicians have incorporated the use of these complimentary treatments in their medical practices. Note: The following information in this section is not intended as a substitute for the expertise and advice of your primary health care provider. Always discuss any decisions about treatment or care with your health care provider.

## **What Does “Alternative” Mean?**

Complementary and alternative medicine (CAM) utilizes a wide array of therapies outside of conventional medicine. While there have been scientific studies done for some remedies, in large part questions remain about the majority of the therapies designed to treat diseases or medical conditions. Alternative treatments include the use of herbs, massage, medical philosophy substances, and techniques from other cultures, such as Hindu and Chinese medicine, massage, yoga, and meditation.

Complementary medicine is used together with conventional medicine. Alternative medicine is used instead of conventional medicine. Integrative medicine joins both conventional medicine and CAM therapies, which have scientific evidence of usefulness and safety. An example of complementary medicine is using aromatherapy to help lessen a patient’s distress after surgery. An example of alternative therapy is using a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy. According to the National Institute of Health there are five “domains” of complementary and alternative medicine.

## **Alternative Medical Systems and Practitioners**

Alternative medical systems are based upon theory and practice. Many of these systems were begun thousands of years before the onset of medical practice. Examples of alternative medicine that developed in Western cultures include homeopathic and naturopathic medicine, which are holistic healing philosophies and use certain substances to treat a variety of ills. Traditional Chinese medicine and Ayurveda were developed in non-Western cultures.

But who are the alternative practitioners? While a number of conventional physicians have been investigating the positive properties of alternative medicine, and recommending them to their patients, it's still a slow go because Western medicine is just beginning to seriously try to incorporate and benefit from the healing wisdom of ancient therapeutics. In the main, the practitioners of the various remedies in alternative medicine are not M.D.s; however, they are usually members of industry associations, which lay down specific guidelines and requirements that their members consent to follow. A consumer seeking an alternative treatment for a problem would be wise to use practitioners who are so allied.

### ***Fact***

The National Institute of Health reports that mind-body interventions constitute a major portion of the overall use of CAM by the public. In 2002, five relaxation techniques and imagery, biofeedback, and hypnosis, taken together, were used by more than 30 percent of the adult U.S. population. Prayer was used by more than 50 percent of the population.

## **Biologically Based Remedies**

Biologically based remedies use materials found in nature, such as herbs and food. For example, it is said that the Five Flower Remedy from Bach Flower Essences gives quick relief from acute anxiety, kava kava, and St. John's wort have calming properties to placate anxiety and stress,

certain oils when used in baths, massaged on the body, or diffused by sprays in your home act as relaxants or mild stimulants.

## **Mind-Body Medicine and Body-Centered Therapies**

Mind-body medicine uses techniques to try to influence the mind's ability to influence bodily function and symptoms by using such methods as meditation, prayer, mental healing, and dietary supplements (vitamins, minerals, herbs, and other botanicals). It may be that the brain and central nervous system influence immune, endocrine, and autonomic functioning, which is known to have an impact on health. There is ample evidence that mind-body interventions have positive effects on psychological functioning and quality of life, and may be helpful for patients coping with chronic illness.

Body-centered therapies include skilled use of hands, as in palpitation, chiropractic, which manipulates the spine, or osteopathic manipulation and massage. There are numerous types of massage including Swedish, shiatsu, and sports massage; each with its own theory on healing and soothing the body.

## **Energy Therapies**

Energy therapies comprise the use of energy fields. There are two types: The first is biofield therapies, which apply pressure and/or manipulation to the body by running the hands in, or through, these fields. Examples include Reiki, therapeutic touch, qi gong. It has yet to be determined if these fields exist. The second type is bioelectromagnetic-based therapies that make use of pulsed fields, magnetic fields, and alternating-current or direct-current fields. These are invisible forces that surround all electrical apparatus. These therapies must be further studied to arrive at an understanding of if and how they work on the human mind and body.

## **Acupuncture**

Acupuncture is a healing system developed in China more than 4,000 years ago. Acupuncture is a variety of techniques that stimulate points on the body using thin needles that pierce the skin and are then skillfully manipulated by a healer or by electrical means. Centuries ago, the Chinese identified hundreds of points on the body from which energy may be called for or liberated. An offshoot of acupuncture is acupressure, which uses the same points as in acupuncture, but in acupressure the points are stimulated with thumb and finger pressure and massage instead of using needles. Acupuncture is used to treat a large variety of complaints, such as weight, allergies, pain, respiratory, smoking, musculoskeletal, digestion, genital and gynecological problems, infertility, miscarriage, endometriosis, chronic fatigue, etc. It is effective in alleviating the physical symptoms of stress and anxiety, such as heart palpitations, headaches, insomnia, and neck and shoulder tension.

### **Acupuncture Practitioners**

Finding a licensed acupuncturist has become relatively easy as more medical doctors are becoming trained in acupuncture and other CAM therapies. Some practitioners come from China and may not have a medical degree or are not licensed physicians in the United States. National trade associations may offer referrals to practitioners. A practitioner who is licensed and credentialed in a professional association may provide better care than one who is not. About forty states have established training standards for acupuncture certification, but states have varied requirements for obtaining a license. Although proper credentials are no surety of competency, they do indicate that the practitioner has met certain standards to treat patients through the use of acupuncture.

### **Treatment Procedures**

Ask about the treatment procedures that will be used and their likelihood of success for your condition or disease. It is vital that you make

certain the acupuncturist uses a new set of disposable needles in a sealed package every time. The FDA requires the use of sterile, nontoxic needles that bear a labeling statement restricting their use to qualified practitioners.

The practitioner should also swab the puncture site with alcohol or another disinfectant before inserting the needle. During your first office visit be sure to tell the practitioner about all treatments or medications you are taking and all medical conditions you have. If you are worried about feeling pain, or afraid of needles, be sure to discuss this before you decide on treatment.

## **Aromatherapy and Bach Flower Remedies**

Edward Bach, M.D., a homeopathic physician, claimed to have discovered the psychic healing properties of thirty-eight wild flowers. Bach believed that treating the person's personality characteristics, not the disease, would enhance healing. Bach believed that illness is a conflict between the person's need to use their energy to fulfill their lives (the "higher self"), and their personality which blocks and hampers them — thus creating distress and disease. He believed that flowers have a soul, or energy, akin to the human soul, and that the essences break down barriers that people have in living fully. He prepared essences of these plants and added water to make a drinkable mixture. Supporters of Bach remedies believe the essences are calming and provide the strength that allows individuals to cope with any situation.

The essences that are appropriate for helping stress and anxiety are: Aspen for anxiety, Cherry Plum for fear of being out of control, Crab Apple to boost low self-esteem, Elm to reduce stress, Mimulus for fears and phobias, Rock Rose for panic, Star of Bethlehem to heal trauma and shock.

***Essential***

Rescue Remedy is comprised of five essences: Star of Bethlehem for trauma, Rock Rose for fear, Impatiens for tension, Cherry Plum for fear of losing control, and Clematis for people whose mind drifts, is used to alleviate anxiety in humans and animals. The Rescue Remedy dose is four drops under the tongue when needed. Study of the controversial Bach flower therapy continues.

Aromatherapy was a term first used in the 1920s by Rene Maurice Gattefosse, a French chemist who used oils from trees, flowers, plants, and seeds to heal. The oils are thought to “balance the body” and provide relief for stress anxiety, insomnia, varicose veins, and various other illnesses and conditions. The oils are dispensed in small quantities and are made available in many forms: sprays, lotions, shampoos, creams, and bath potions. Diffusers should be included as they are one of the most popular methods of using these oils. Some oils are ingested and many are used in massage therapy. Menthol and eucalyptus oils are commonly used in over-the-counter medicines for colds.

Some of the most common oils’ health claims include: bergamot helps calm anger; frankincense has a calming effect; jasmine lessens fear and lifts confidence; cypress promotes calm and quiets the nervous system; lavender alleviates stress; lime is a refreshing antidote to apathy, anxiety, or depression; neroli is considered an effective sedative oil; patchouli eases anxiety and depression; and sandalwood calms stress and fear. Researchers are studying the healing claims of aromatherapy, but much skepticism exists in the medical community. According to an estimate by *Health Foods Business*, the total of aromatherapy products sold through health-food stores in the United States was about \$105 million in 1996.

## **Ayurveda**

Ayurveda is a holistic system of medicine that has been practiced in India for many thousands of years. The term Ayurveda is made up of two Sanskrit words: ayu, meaning life, and veda, which translates as

knowledge of, or science; thus science of life. Ayurveda emphasizes disease prevention and proper hygiene and promotes a long healthy life. In Ayurveda the mind and body are considered to be interconnected — they are not viewed as the same thing. Together they form mind-body. There can be no mental health without physical health, and vice versa. Your whole life needs to be in harmony before you can enjoy true well-being. There have been published studies in medical literature that document reductions in stress and anxiety, cardiovascular disease, blood pressure, and cholesterol by individuals who practice the principles of Ayurveda.

Its followers believe that everything in the universe is made up of the five great elements, or building blocks: earth, water, fire, air, and ether. Earth is rock steady. Water is characterized by movement and change. Fire can transform matter and is considered a form without substance. Fire needs air to burn. This description is too “out there” and fundamentally meaningless without the following clarifier: It is a balance of these elements that creates health and an imbalance of these elements that creates disease. Air is what most animals on earth breathe. Air exists without form. Each person is seen as unique and when a health issue arises, the practitioner will advise changes in diet, use herbal supplements, cleansing the body of toxins, and suggest other lifestyle changes to effect healing. Ayurvedic medicine is taught in more than 100 colleges in India, and has been gaining popularity in the West. Ayurveda is a CAM alternative medical system.

## **Chiropractic**

Chiropractic is a form of spinal manipulation, which is one of the oldest healing practices. Chiropractic is an alternative medical system and takes a different approach from conventional medicine in diagnosing, classifying, and treating medical problems. Conventional medicine is practiced by holders of M.D. (Doctor of Medicine) or D.O. (Doctor of Osteopathic Medicine) degrees and by their allied health professionals, such as

physical therapists, psychologists, and registered nurses. Chiropractic training is a four-year academic program consisting of both classroom and clinical instruction. At least three years of preparatory college work are required for admission to chiropractic schools. Students who graduate receive the degree of Doctor of Chiropractic (D.C.) and are eligible to take state licensure board examinations in order to practice. Chiropractors are not licensed in any state to perform major surgery or prescribe drugs.

### **Chiropractic Concepts**

Most doctors of chiropractic, who are also called chiropractors or chiropractic physicians, use a type of hands-on therapy called manipulation, or adjustment, as their core clinical procedure. Some chiropractors do not use a hands-on approach. The basic concepts of chiropractic are as follows:

- The body has a powerful self-healing ability.
- The body's structure, primarily the spine, and its function are closely related, and this relationship affects health.
- Chiropractic therapy is given with the goals of normalizing this relationship between structure and function and assisting the body as it heals.

Several recent reviews on lower-back pain have noted that in most cases acute low-back pain gets better in several weeks, no matter what treatment is used. Often, the cause of back pain is unknown, and it varies greatly in terms of how people experience it and how professionals diagnose it. This makes back pain challenging to study.

### **Osteopathy**

Osteopathy is considered an alternative medicine because in the United States, at least, it is considered a parallel discipline of conventional medicine as practiced by holders of M.D. (Doctor of Medicine) or D.O.

(Doctor of Osteopathic Medicine) licenses. There are twenty colleges of osteopathic medicine in the United States. Doctors of osteopathy may prescribe medicine. Osteopathic medicine specializes in diseases in the musculoskeletal system, believing especially that all of the body's systems work together and disorders in one system may affect function elsewhere in the body. Some osteopathic physicians practice osteopathic manipulation, a full-body system of hands-on techniques to reduce pain, restore function, and promote health. Osteopathic doctors also treat patients who require conventional care and medicine.

Conditions commonly treated by osteopathic physicians include back pain, neck pain, headaches, pain of arthritis, sports injuries, repetitive strains, and the stress and anxiety of patients with intermittent or chronic pain.

## **Dietary Supplements and Herbs**

Federal law mandates that the term “dietary supplement” is considered a food and refers to products, other than tobacco, that are consumed. These must contain a “dietary ingredient” intended to complement the diet. Dietary ingredients may include vitamins, minerals, herbs or other botanicals, amino acids, and substances such as enzymes, organ tissues, and metabolites. Dietary supplements are not considered drugs. It is recommended that before you begin taking dietary supplements, talk to your doctor. Many herbs and supplements may be harmful when combined with over-the-counter or prescription drugs.

There are many natural therapies and supplements available to relieve anxiety that have been used for centuries. Some of the most common natural herbs and supplements are:

- *Kava kava*: One of the main anti-anxiety herbs. It calms very quickly, is relaxing and mildly sedative. It is specific for anxiety, tension, stress, irritability, and insomnia. The USFDA has warned consumers

that kava kava may be linked to serious liver injury, and that both kava kava and St. John's wort should not be used with medically prescribed anti-depressant drugs.

- *St. John's wort*: Is a gentle sedative, which affects the nervous system. It is specific for mild depression, anxiety, and tension.
- *Scullcap*: Relaxes and sedates the central nervous system. It is excellent for nervous tension.
- *Damiana*: A good nerve tonic, well known for its aphrodisiac properties.
- *Verbena*: Tonic promotes relaxation for nervous disorders and stress.
- *Chamomile*: Has been used for hundreds of years because of its rapid effect on circulation, digestion, and nerves. Used as a general tonic it relieves muscle pain and spasms, and insomnia.
- *Ginseng*: For thousands of years the Chinese have revered ginseng root because of its positive effect on physical and mental conditions. It is also believed to be an aphrodisiac.

## **Homeopathy and Naturopathy**

Naturopathic physicians are trained in the use of a wide variety of natural therapeutics and generally do not prescribe pharmaceutical drugs. They utilize nutrition, herbs, flower essences, and promote general regard for the patient's psychic and somatic equilibrium. Naturopathic medicine promotes the theory that the body has a healing power that can restore itself to health. Naturopathic medicine is a CAM alternative medical system.

Dr. Samuel Hahnemann, a German physician and pharmacist, developed homeopathic medicine in the early 1800s. It is a holistic technique designed to treat the person as a whole being. It stresses the principle of similars; that is, treating like with like. Small, exceptionally reduced quantities of animal, vegetable, or mineral compounds are used to treat symptoms. Advocates of homeopathic medicine believe that these

diluted extracts can be powerful cures for illness and disease. Examples of every day use of homeopathic remedies include treatments for the common cold and flu, hay fever, and digestive problems. Homeopathic medicine is a CAM alternate medical system.

## **Massage and Therapeutic Touch**

Therapeutic touch (TT) is a controversial method in which the hands are used to “direct human energies to help or heal someone who is ill.” It is using the hands without the hands ever touching the body of the patient. Its premise is that the “healing force of the therapist affects the patient’s recovery; healing is promoted when the body’s energies are in balance and, by passing their hands over the patient, healers can identify energy imbalances.”

TT originated in the early 1970s by an R.N. and subsequent trials with the process have been largely by nurses in hospital settings. In the 1990s, nursing proponents of TT practiced it upon outpatients with MS in Pennsylvania hospitals. There was no sure response on the part of the patients as few could derive anything from the hands passing over their bodies. Except for the good feelings engendered when staff takes an interest in them, there was little to show that TT worked. That said, advocates of TT state that more than 100,000 people worldwide have been trained in the TT technique, including 45,000 health care professionals and that about half of those trained actually practice it. TT is sometimes used in conjunction with massage.

Massage is an ancient form of healing that has held its efficacy through thousands of years. The “laying on of hands” relieves pain, soothes the sleep-deprived, eases tight muscles, neck and shoulder cramps, and smoothes away anxiety and care. Massage therapists rub, stroke, knead, or slap various parts of the body to ease pain and heal. The benefits of massage are many and include:

- Relieves muscle aches and stiffness
- Improves circulation of blood
- Furthers skin toning
- Melts away stress
- Reduces anxiety
- Increases feeling of well-being

There are many types of massage, among them are: aromatherapy massage, which uses essential oils; and reflexology, in which the practitioner uses thumb and finger pressure on the reflex points of the feet. These points are presumed to represent other areas of the body. Asian-based systems of finger pressure on the points along “meridians” to balance energy are acupressure, shiatsu, and polarity. Relaxation massage, as the name indicates, is massage for relaxation and relief of tension and anxiety. Remedial massage is often used in tandem with medical intervention for injured muscles, tendons, and ligaments. Sports massage is a collection of many massage techniques to improve sports performance and relieve body stress from exertion.

If you decide to try massage as a way to alleviate your anxiety, make sure the massage therapist has studied at an accredited school, and has some experience working with your type of problem. Before you agree on a session, you will want to know how the technique is practiced, and what benefits you can expect. It is recommended that you ask to meet the therapist prior to your first session to see if you are comfortable with him or her.

### ***Fact***

The James Randi Educational Foundation offers \$1 million to anyone who can show, under proper observing conditions, evidence of any paranormal, supernatural, or occult power or event. This is called the \$1 Million Paranormal Challenge. To date, no one has collected the money.

## **Meditation and Yoga**

Meditation quiets the mind. Meditation works through exercises, usually focusing on the breath or an object of attention such as a candle, and the repetition of soothing sounds called mantras. Prayer is very different from meditation. It is a practice that has a particular focus or intention and usually involves surrendering to a higher power and asking for guidance. Although it can be profoundly healing, it should be clearly distinguished from meditation.

Meditation is a practice that helps us move into stillness, focus our awareness, and be with our experience in a loving and accepting way. It also helps us to be present in our moment-to-moment daily life. Being fully present in the moment can, but does not necessarily, allow us to access deep relaxation and inner peace. In this way it can quiet the mind. But it does not cause troubling issues to recede. In fact, as we get quiet in meditation, it is a common occurrence for troubling issues to arise and disturb us. Through continued practice it becomes possible to allow both positive and negative, desirable and undesirable thoughts to simply pass through our field of awareness in a more neutral way. Deep relaxation is very healing. Metabolism, heart rate, and blood pressure slow, and muscle tension decreases. Regular practice of meditation will help relieve anxiety by quieting the mind and allowing you to step away from disquieting thoughts.

All meditation practices have one thing in common: focusing the mind in the present moment and embracing all thoughts with equanimity. The purpose is never to distract the mind from unwanted thoughts. They do so by calling for concentration to one sound, one word, one image, or one's breath. When the mind is full of the healing properties of the chosen sound, or word, or image, or breath, its attention is riveted away from its cares; it will have achieved the beginning of the meditative process. Yoga means "union" or "yoking" in Sanskrit. It is a mind/body/spirit discipline. It is the primary focus of Hinduism's varied religious activities. Though its

geographical origin lies in India, its universal knowledge appeals to all peoples. There are many types of yoga. Four principal forms of yoga are: meditation (bhakti yoga), selfless service to others (karma yoga), practices for discrimination of truth and reality (jnana yoga), and meditational forms of exercise (hatha yoga, a part of raja yoga). Yoga aims to focus the individual on the true essence of reality through physical, mental, and spiritual activities, to achieve liberation and enlightenment. A man who successfully practices yoga is called a yogi, or yogin, a woman, yogini.

### ***Essential***

Meditation is an ancient discipline, though it was taken up by Western medicine only in recent years. It is safe and beneficial to everybody, and it alleviates and eases anxiety, stress, and many medical conditions. Meditation is known as a super stress buster. There are many types of meditation: Buddhist meditation, Zen meditation, TM (transcendental meditation), Taoist meditation, and, possibly the best known, is prayer.

Yoga offers one of the best means of self-improvement and realization of one's full potential. There are many clinical studies that show the effectiveness of yoga. It is a program immediately accessible to all without the fanfare of athletic equipment or special clothing and can be practiced by anyone regardless of age or physical condition. From a yogic perspective disease is caused by feelings of separation. Yoga is a discipline that joins together (yokes) the mind, body, and spirit so that we may experience our innate wholeness and create a space for healing. All it needs is commitment and a willingness to participate. Yoga works on the mind and the body at the same time as emphasizing their interdependence. Its techniques can be followed anywhere you are: in your home, office, on the factory floor, in an airplane, or while taking a stroll.

The regularity of daily practice of relaxation and meditative exercises can make all the difference in how you feel if you suffer from anxiety.

Imagine, you can actually take control of your anxiety, stop the fight or flight from occurring, and feel better in every aspect of your life. Yoga schools and other meditation organizations are popping up in towns all across the United States. Videos, audio recordings, and books also make these practices easy to do in the privacy of your own home.

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*Anxiety* contains material adapted and abridged from *The Everything® Health Guide to Controlling Anxiety* by Diane Peters Mayer, M.S.W., copyright © 2005 Simon and Schuster, ISBN 10: 1-59337-429-1, ISBN 13: 978-1-59337-429-7

Published by

Adams Media, an imprint of Simon & Schuster, Inc.

57 Littlefield Street, Avon, MA 02322 U.S.A.

[www.adamsmedia.com](http://www.adamsmedia.com)

ePub ISBN 10: 1-4405-4448-4

ePub ISBN 13: 978-1-4405-4448-4

**Library of Congress Cataloging-in-Publication Data**

Is available from the publisher.

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