Anxiety

Anxiety plagues many. It can generate uncomfortable emotions, unpleasant physical sensations, and distracting ‘noise’ in one’s head. It can sow self-doubt and indecision. Anxiety can make one ‘feel crazy’, although this does not constitute craziness. Anxiety can make one’s life miserable. Anxiety is also very treatable and can be managed.

**Components of Anxiety:** There are 3 components to anxiety:

**Physical** sensations: increased heart rate, shortness of breath, increased pulse and blood pressure, increased acid secretion in the stomach (‘butterflies’), increased muscle tension, flushing, increased perspiration, the production of adrenalin and cortisol, and in extreme situations feeling dizzy, or faint.

**Emotional** sensations: ‘nervous’, anxious, jittery, tense, uncomfortable, shaky, and in extreme situations, panic.

**Cognitive** aspects: Cognitions, or thoughts, tend to be negative and inaccurate. There are various kinds of cognitions that can impact on functioning and actually serve to generate additional feelings of anxiety and the physical sensations associated with anxiety. These include jumping to conclusions and making inaccurate assumptions, magnifying the events or imagined consequences, assuming the worst possible outcome, over-personalizing the situation leading to hurt feelings or anger. “What if…” thinking can also lead to increased anxiety. The myth behind ‘what if.’ thinking is that if one can anticipate all the horrible and terrible possible outcomes, then a) one can avoid these horrible possibilities and/or b) one can cope more effectively if these horrible possibilities actually occur. However, as noted, this rationale is a myth. All that is accomplished is the generation of more anxiety. Studies have also demonstrated that less than 1% of those imagined fears actually occur. So, nothing is gained. In fact, anxiety can preclude and destroy happiness and contentment, since anxiety is the tendency to worry about all the terrible things that might occur, and/or the fear that something bad might happen especially if one is not always vigilant. Of course, again, these fears seldom are ever manifested.

Because of this fear that something bad might occur, there is often difficulty focusing on the present. Anxious people tend to spend too much time planning for and anticipating the future,
compounding anxiety since the present is usually quite enough to manage. A further concomitant is a tendency to *control* as many factors as possible in order to minimize the perception of unpredictability, since the more factors that can seemingly be controlled the more predictability and the less anxiety about bad or terrible things occurring. Not only is this a myth, of course, but anxiety obscures the ability to accurately appreciate the fact that we can only control ourselves, such as our choices, the way we choose to deal with circumstances, etc. We cannot control others, their choices, their reactions, etc. Any attempt to exert control over others is doomed to fail and to therefore lead to resentment, disappointment, and anger that others do not perceive that they are only being protected from harm; and anger and resentment from others that they are not being respected, are being patronized and infantilized. The desire and attempt to control one’s own anxiety can impair the ability to accurately appreciate that others may not share the sense of anxiety and potential danger, but that one’s actual *appraisal is inaccurate*. 

*Treatment Issues:*

Treatment strategies can be addressed based on the above in terms of Physical strategies, Emotional strategies, and Cognitive strategies.

**Physical** strategies: Exercise such as brisk walking or walking in a mindful manner (observing the external world by using all of one’s senses of visual, auditory, olfactory, and tactile, and sometimes, taste, as well). Regular exercise is also important. These address some of the physical aspects of anxiety as detailed above. Deep breathing exercises and a cold beverage (non-caffeinated) when very anxious are also effective. It is also important to limit overall caffeine and nicotine intake since these substances exacerbate anxiety. The importance of adequate sleep and diet cannot be over-stressed as if either of these are ignored, anxiety is not only worsened, but the ability to use effective coping strategies is diminished.

**Emotional** strategies: These tend to blend into Cognitive strategies as detailed below. However, recognizing and labeling the emotion is important, rather than simply reacting as if the emotion itself (anxiety) is the issue. Sometimes, taking a time out is helpful, as is counting backward from 19 to 1 in order to build in an emotional break in order to preclude simply reacting. Further, if the anxiety is continuing to build, leave the situation physically if one can, and if possible engage in a brisk walk to drain off some of the adrenalin (physical sensation/strategy). Staying in
a situation that is provoking or heightening the anxiety usually only serves to make things worse. However, this is different in a phobic situation in which one has an irrational fear of an object or situation (e.g. heights). In this kind of anxiety-generating situation, a different and specialized strategy is necessary, including desensitization and learning how to stay in the feared and anxiety-provoking situation for at least 20 minutes. This appears to be the “magic” number in that the central nervous system appears to turn off the “flight or fight” switch if ‘nothing bad’ has occurred during this time. This also is true for panic attacks.

**Cognitive** strategies: These are probably the most effective in the long run, once the physical and sometimes emotional sensations are addressed as discussed. As noted above, in discussing the cognitive component of anxiety, it is important to learn how to assess the situation accurately, not on emotion-based and inaccurate judgments. There is a tendency to believe that emotions are elicited directly by an event. However, this is simply not true the majority of the time. Rather, only about 25% of the time is this likely, such as when a loved one dies after a long illness. One can accurately tell oneself that it is better that the person is no longer suffering, but one will still grieve and feel sad. In about 75% of the time, it is the judgments one makes about the event, or what one tells oneself about the event that actually leads to the emotion that is experienced. Granted, there are times, that even accurately appraising the situation will still evoke some anger or anxiety, but if one’s appraisal is indeed accurate, most of the time one’s emotional reaction, such as anger or anxiety, will be noticeably moderated or diminished, leading one to feel more in control of oneself and one’s emotions. There are also some predictable ways that cognitions or thoughts can be inaccurate and distorted. Some of these are outlined below:

1) **All or Nothing Thinking:** The tendency to see things as either black or white, without acknowledging intermediate ground or the ‘shades of gray’.

2) **Overgeneralization:** Interpreting a single incident as being indicative of a never-ending pattern.

3) **Mental Filter:** Picking out a negative detail from an event and focusing on, excluding any positive or neutral aspects.

4) **Jumping to Conclusions:** Making a negative interpretation of an event, even when there are no negative facts to support the conclusion.
5) Disqualifying the Positive: Rejecting positive aspects of a situation, and thus holding on only to negative interpretations despite little or no evidence.

6) Magnifying /Catastrophizing: Exaggerating the negative and assuming the worse case outcome of a situation, again without adequate evidence for doing so.

7) Emotional Reasoning: Thinking negatively, based on negative feelings. For example, “I feel worthless and therefore I am worthless” or “I feel depressed, so my life is stinks”.

8) Personalization: Taking things personally when no slight or criticism is intended.

9) Should and Ought Statements: Attempting to motivate oneself through the use of ‘shoulds’, ‘shouldn’t’s’, ‘oughts’, etc. which don’t actually serve to motivate, only demotivate through feeling guilty and ‘not good enough’.

10) Mislabeling: An extreme form of overgeneralization in which labels are applied inaccurately and globally either to oneself or others: ‘I am a loser’; ‘People from Appalachia are all ignorant’.

Corresponding to these distorted ways of thinking are common irrational or inaccurate attitudes held by people in general. These include such erroneous beliefs as:

1) It is necessary that I be liked and approved of by everyone; If I am not, this means that I am not good enough.

2) It is awful and unbearable when things do not turn out well after working hard for them to do so.

3) Human unhappiness is externally caused and people have little or no ability to control their sorrows and disturbances.

4) One is entitled to a pain-free existence.

5) It is easier to avoid than to face most life difficulties and responsibilities.

6) There is always someone else to blame for one’s failings.

7) One’s past history is an all-important determiner of one’s present behavior and one’s future.

8) One should become overly upset over someone else’s problems and to take them on as one’s own, especially if family.

9) There is always a right solution or decision and it is a terrible failing if this precise and right solution or decision is not found.
10) Perfection is possible.

11) One has no control over his/her emotions.

12) Life is fair and one is entitled to justice.

13) Worry will help one deal with life’s problems and come to an inevitable solution. Therefore, over-thinking and over-analyzing will eventually yield a good result.

14) One has to be totally competent or one is ‘not good enough’.

15) Failure is to be avoided at all costs, is a terrible thing, no good can ever come from it and is proof that one is worthless and a ‘loser’.

Remember, these beliefs or statements are not true and it is important to identify such beliefs which are usually emotion-based, not fact-based. However, emotion-based beliefs have their genesis prior to adolescence at which time the frontal lobes of the brain begin to become operational providing the ability to think abstractly. Consequently, regardless of accuracy, emotion-based beliefs ‘feel right’ and form a 'cognitive map' that serves to help explain the world and ourselves. But if they are inaccurate, these beliefs can lead to anxiety, and other emotional places that are not comfortable. Since we are all human and fallible and raised by other fallible human beings, all of us usually have some such inaccuracies. Also, it can be difficult at times to identify these since they often become automatic and function as a kind of cognitive wall-paper. However, they can only be rectified by identification followed by accurately challenging these beliefs with more accurate fact-based ideas.

There is also the problem that anxious individuals react to even minor stressors as if they were all catastrophes. This is usually a combination of inaccurate cognitive appraisals and habitual emotional inactivity. In terms of treatment, it is sometimes helpful to rank order the actual stressful event from 0 - 10 and to consider 9 and 10 to be real catastrophes on the order of 9/11 or a class 5 hurricane, such as Andrew, destroying your city; 7 and 8 to be tragedies such as the death of a loved one or a severe injury or illness, such as a spinal cord injury and to consider everything else to be 6 and below.

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
This does help to put things into a more accurate perspective and thus as something with which one can indeed cope. It should also be considered that all of us can count on at least 3 tragedies in a lifetime and often more, but most will be spared from catastrophes. It can also help to ask oneself if this particular event or situation will actually matter in 6 weeks. If it will not, as most things don't, then it can be relegated to a rank of 3 or less and placed in proper perspective and treated lightly.