



Anxiety

Everybody and anybody will become anxious at some point in their lives. Anxiety is a normal reaction to stress and danger and it serves a very important purpose in protecting the organism to which it occurs. Certain changes take place in order to increase the efficiency, strength and stamina of the body. When required by the situation these changes prove invaluable, for example, imagine you are walking along a track in the woods and a ferocious dog leaps at you, snarling and barking, with the intent of making you into his next meal. Once you have laundered your underwear you may wish you were nowhere near these woods, but you have to deal with it and will have to either run away from, or fight your way out of, this situation.

Adrenaline is secreted into your bloodstream, you breathe faster and your heart rate increases. The blood supply is directed away from your intestine and to your major muscle groups. You may feel the urge to urinate and defecate, you perspire more freely and your thinking becomes faster, you become more aware of threat cues and opportunities for escape. As a result of this, you manage to fight your way out and escape from the dog.

In the above situation none of these changes are usually noticed, for a number of reasons including; (i) you are much too busy dealing with the immediate threat and (ii) you are most likely involved in the strenuous exercise of either fighting, running or a combination of both of these.

Now imagine that a little later you realise that in order to get back home you must pass through those same woods in which you met the ferocious dog. As you turn around and head back towards the woods you may find that you feel the first tingle of fear and as you get closer that fear increases. You are dreading meeting that dog again because this time you may not be so lucky, this time you might be severely injured or even worse.

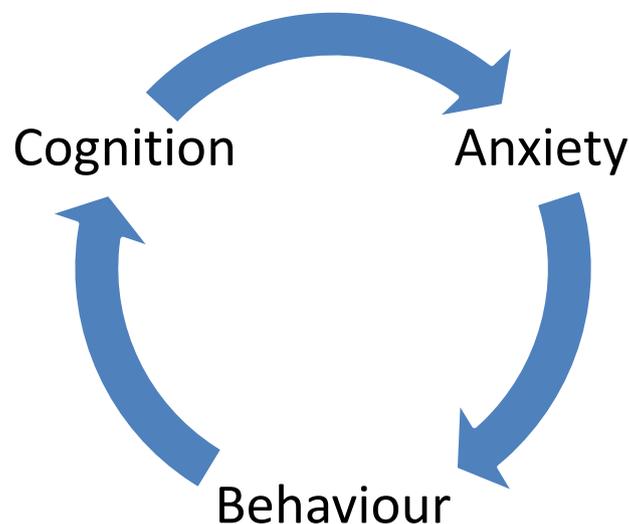
Therefore, you turn around and run in the opposite direction as fast as your legs can carry you (returning home by an alternative route; which may be four times the distance but more importantly is nowhere near, where that ferocious dog is likely to be). You continue to avoid going to the woods as each time you think you have to you begin to feel the first prickling of fear, slight at first but as the time wears on increasing in its intensity until you change your mind and decide that you don't really have to go after all. You are now experiencing operant conditioning; that is every time you either avoid or escape the situation which causes you fear the stronger that fear becomes.

when this happens and it interferes with your normal daily activities, for no observable reason, or in the presence of something which appears to be trifling, for example; on exposure to needles, spiders, snakes, cats, bees, etc. at the dentist or hospital, speaking publicly etc., the anxiety response becomes a liability.

You may find that

1. You have difficulty concentrating.
2. Your thoughts race.
3. You get the feeling that you are watching events from elsewhere.
4. You get the feeling that “this isn’t really happening.”
5. You feel dizzy.
6. Your heart pounds or races.
7. Your chest hurts or you have difficulty breathing or breathing is ‘too easy’.
8. You feel the urge to urinate and/or defecate.
9. You feel nauseous.
10. You feel tense.
11. You feel hot and sweaty.
12. Your throat and mouth are dry; you may have difficulty swallowing.
13. You feel tingling in your fingers and/or toes.

A significant number of people try to find out why they became scared rather than what is keeping them afraid, spending a great time trying to remember and discuss what it was that caused this fear. From a Cognitive Behavioural point of view, the genesis of the anxiety response or phobia is relatively unimportant as what really matters when dealing with anxiety is not the **WHY?** (am I afraid) but the **HOW?** (am I maintaining my fear).



Cognition refers to the process of thought- that could be thoughts about, perceptions and evaluations of the danger, which leads to symptoms of anxiety. These symptoms of anxiety then cause you to attempt to do something about them (you may attempt to

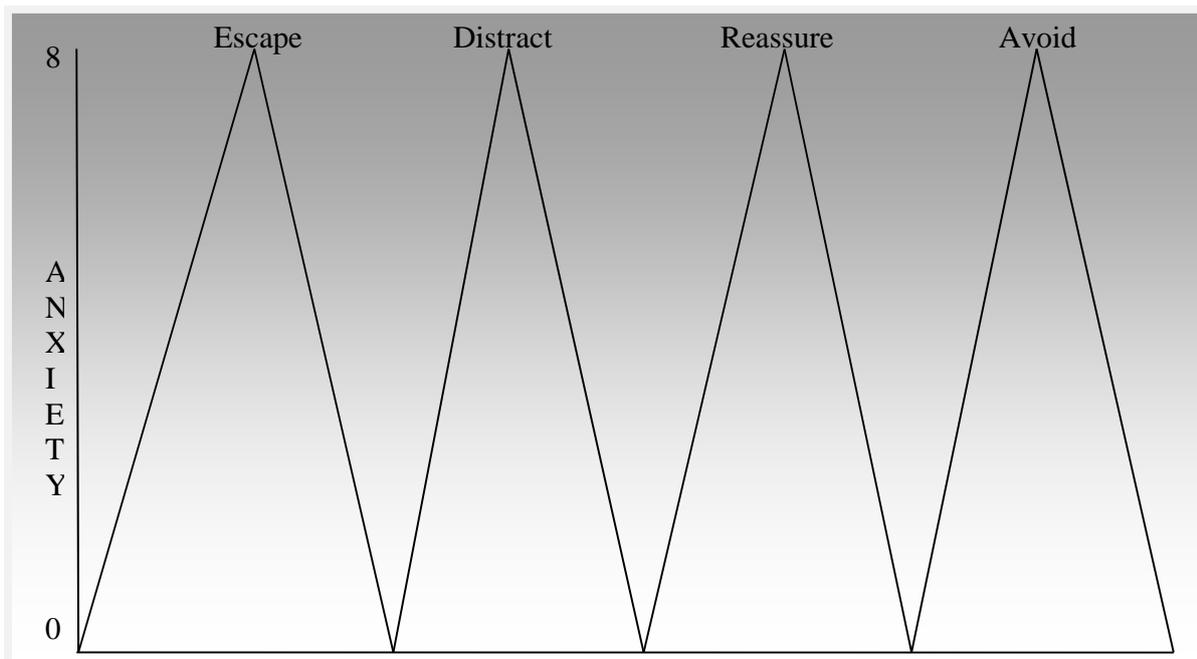
distract or reassure yourself, escape from or avoid the danger) which, although may help in the short term only serves to maintain the anxiety problem.

As the anxiety response is a short-term reaction to danger, more specifically to enable one to react to that danger more effectively and improve the chances of one's survival, the symptoms of each *discrete* response are short lived. That is to say, that the human body is incapable of maintaining the anxiety response for more than 60 minutes per *discrete* episode, more specifically the adrenal gland can only manufacture and store enough adrenaline to last *up to* one hour. Once the adrenal gland is exhausted, the unpleasant symptoms of the anxiety response fade.

To emphasise the word discrete is important here, as many people will reply that they have felt anxious for hours or even days at a time. This is because the adrenal gland operates in two states- either secreting adrenaline or manufacturing adrenaline; it does not do both at the same time. Once it has stopped secreting the adrenaline it manufactures more and it does this at a phenomenal rate (there is no point having got away from the ferocious dog to be attacked and killed by another animal nearby because you had used your quota of adrenaline for the day).

Therefore, when people report that they feel anxious "all of the time" you will find that this is not one continuous anxiety response but is in fact many *discrete* episodes of anxiety occurring one immediately after another.

One of several behaviours will interrupt the anxiety response; by escaping the threat, reassurance that the threat is not as dangerous as it may appear or is not actually directed at you, and avoidance of the threat.



Once exposed to the trigger the symptoms of anxiety rise quite quickly, getting more and more unpleasant as they do. Once you successfully achieve the behaviour (escape, distract, reassure or avoid) you will gain temporary relief and complete the cycle.

If you imagine the anxiety response on a scale of 0 (no anxiety) to 8 (absolute blind panic) you may find that it is less difficult to rate how anxious you are at any given point in the response cycle and maintain perspective.

It is very easy to apply the above to a physical threat, for example a dog, heights, the dentist, or the potential for an accident but how do we apply this to worry (as in generalised anxiety disorder or panic disorder)?

From a cognitive behavioural point of view the nature of the thoughts themselves become the threatening stimulus, the ruminative (thinking in circles) “what if” style thoughts which are used to try to find a solution actually become the threat which leads to an increase in the autonomic symptoms of anxiety. In this case the threat stimulus is a “covert” one (hidden) rather than an “overt” threat.

When treating an anxiety problem with exposure the trick is to remain in the presence of the fear-evoking stimulus, to maintain the anxiety caused by that stimulus and to do this effectively you need to follow three cardinal rules, Exposure tasks must be:

1. **Graded** –that is at a level, which is distressing but not so distressing that you are not able to endure.
2. **Prolonged**- that is you must stay in the presence of the fear-evoking stimulus until such time that your level of anxiety has fallen by at least 50% of the initial rating without the use of any safety behaviours or distraction whatsoever. This, basically, means that you must be prepared to remain in the exposure task for up to one hour.
3. **Repeated** –that is once is not enough to habituate to the fear evoking stimulus- you must repeat each and every graded step until you can honestly say that the level of anxiety is reduced by at least 50% on your approach to the fear-evoking stimulus as compared to the first time you approached the fear-evoking stimulus.

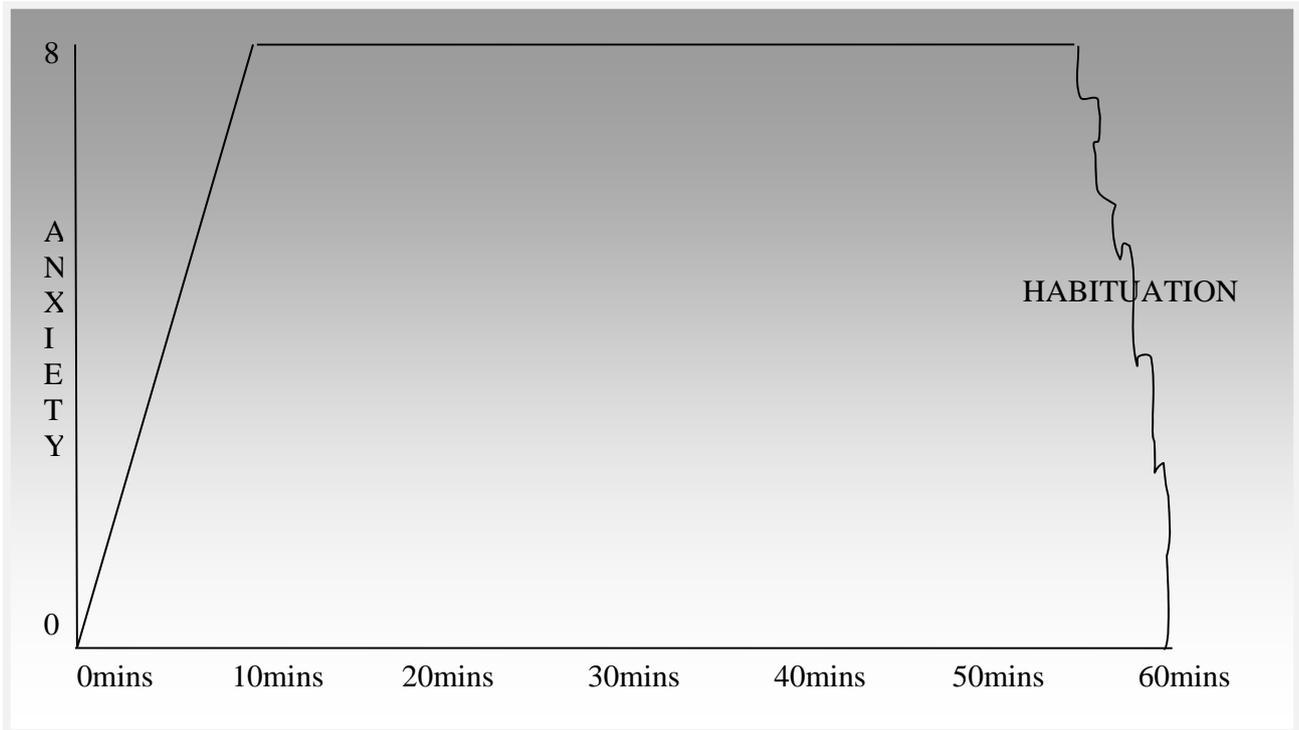
First steps are to compile a list of every situation that causes the anxiety response, no matter how trivial this appears. Then to compile a list of what you do and what you avoid doing to help you cope with the fear.

The next thing to do is to create an exposure hierarchy; this is achieved by rating the fear-evoking situations in order of severity and putting them in order from least difficult situations to cope with to the most difficult.

Following that you then undergo the exposure task (aim for an initial rating of approximately 5/8 subjective units of distress or S.U.D.). Remain in situ until you experience at least a 50% drop in anxiety (for up to one hour) without your usual safety behaviours and distractions. Repeat this task several times until your S.U.D. rating is at least 50% lower on initial contact with the fear-evoking stimulus than it was the first time you attempted this graded step.

Then move onto the next graded step in your exposure hierarchy.

Habituation occurs when you no longer feel anxious in the presence of the fear-evoking situation



If you follow these rules and **do not** engage in any of your usual safety behaviours or distractions, you will discover the truth that the anxiety response is a short-term response to threat and, if completed successfully, habituation to the fear-evoking stimulus can mean that you can be in the presence of the fear-evoking stimulus without feeling fear.