

Anxiety is an emotional state characterised by changes in one's body, thoughts and behaviour. It tends to be associated with certain situations or things, and most people who are anxious believe that staying in feared situations will result in their anxiety reaching intolerable levels for an indefinite period of time. However, research has shown that anxiety has a limit and can only reach a certain level. Once it reaches this level, it will stay there for a while and then start to come down.

Anxiety disorders are a group of problems which, although quite different in terms of presenting symptoms, tend to share the same emotional fears.

- **Panic Disorder** - characterised by sudden and unexpected onset of a panic attack when the individual experiences a number of symptoms such as palpitations, dizziness, flushes and difficulty with breathing.
- **Agoraphobia** - person is frightened of being in places from which escape is difficult. Symptoms similar to panic.
- **Social Phobia** - person experiences persistent fear of social situations, accompanied by worry about doing something humiliating or embarrassing. Avoid talking in front of others, difficulty swallowing food when eating with others.
- **Generalised Anxiety Disorder** - characterised by excessive and unrealistic worrying. Tendency to worry continually about everyday problems, e.g. paying bills, working.
- **Post Traumatic Stress Disorder** - occurrence after individual experiences an unusual event, often of a life threatening nature. Symptoms include flashbacks of event, nightmares, intrusive thoughts, inability to sleep, avoidance of people or places associated with original distressing event.

There are three parts to the feeling of being anxious:

1. **Physical Changes** - There are many of these but the most common are: Shortness of breath, dizziness, increased heart rate, trembling, muscle tension, sweating, numbness, tingling sensations, dry mouth, abdominal discomfort and nausea.
2. **Thoughts** - Different anxiety problems are associated with different anxious thoughts. For example, someone who is afraid of social situations might think, "Everybody is watching me," whereas someone feeling anxious might think "I'm having a heart attack." In general, anxious thoughts involve the perception of some kind of threat or danger.
3. **Behaviour** - This refers to the action taken as a result of the thoughts. One of the most common reactions to anxiety provoking thoughts or situations is avoidance. For example, if a person becomes anxious when surrounded by groups of people, they may avoid going to concerts or plays.

When trying to overcome anxiety, it is important to deal with all three of the above components - physical symptoms, thoughts and behaviour.

Anxiety is generally considered a normal reaction if it is aroused by a realistic risk such as taking an exam, and if it dissipates when the risk is no longer present, e.g. after the exam is done. If the degree of anxiety is greatly disproportionate to the risk and the severity of possible danger, and if it continues even though no objective danger exists, then the reaction is considered irrational, e.g. fear of spiders.

It is often difficult to establish the boundary between a realistic fear and a phobia. Take, for example, a person who develops symptoms of anxiety about taking a train to work and subsequently, avoids trains by deciding to drive to work on the motorway, which has a higher accident rate. This would generally be considered to be a phobia, rather than a simple fear of trains.

The anxious person is so sensitive to any stimuli that may be taken as indicating imminent disaster or harm that he / she is constantly warning him / herself about the potential dangers. Because almost any stimulus can be perceived as dangerous and can 'trip off' the alarm, the anxious person experiences innumerable 'false alarms', which keep him/her in a constant state of emotional stress and turmoil.

The preoccupation with danger is manifested by the constant involuntary intrusion of automatic thoughts whose content involves possible physical or mental stress. These thoughts tend to occur repetitively and rapidly and seem completely plausible at the time of their occurrence. Many times a thought is so fleeting that the person is aware only of the anxiety it has generated.

How anxiety problems start:

There are no direct links between predisposition, learning history, and the development of anxiety disorders; however, biological heritage, unpleasant experiences and anxious parents are all factors which may contribute to the onset of anxiety.

The idea that fears are a learned behaviour resulting from some 'bad' experience is accepted by behaviourists. They believe that fears are the result of a bad learning experience during which something relatively harmless became associated with something unpleasant. As a result of this association, the relatively harmless object or place, then becomes capable of evoking fear on its own, e.g. someone who was trapped in an old lift in work becomes afraid of all lifts.

Having experienced this fear, the person is likely to avoid the object or place associated with the fear. Approaching a feared object or place will result in

increased anxiety, whereas withdrawal will result in decreased anxiety. It is this experience of relief that will make avoidance more likely in the future. This is true also for methods of coping used by the person e.g. resting for 15 minutes at the onset of a headache becomes a regular method of coping in future episodes. Any behaviour that reduces unpleasant feelings becomes more likely.

Dealing with anxiety

If an anxious person enters a feared situation, the anxiety will begin to get worse. Usually when the anxiety reaches a certain point, the person leaves the situation and experiences the relief described earlier. However, if the person stayed in that situation, then he / she would find that after a certain amount of time the anxiety would begin to decrease. This reduction in anxiety has to happen because our bodies are built that way: anxiety cannot go on getting worse and worse. It reaches a maximum level and then it begins to decline.

The first time the anxious person remains in the feared situation, his / her anxiety levels may go up and stay up for a time. This persistence usually results in gradual reduction in anxiety. During this first period, the reduction may be slow, during the second period less slow. Each subsequent attempt to stay in the feared situation results in the anxiety becoming less and less. The end result of this exposure is that the original fear-provoking situation no longer results in any anxiety. Encouraging people to stay in their fear-provoking situation has become a somewhat standard and effective treatment technique. With repeated exposure to a threatening situation, the average person shows greater confidence and less anxiety.

An alternative method is to gradually expose oneself to whatever makes them anxious, (like going shopping, taking buses, and certain animals). So, for example, a person with a fear of spiders would start by talking about the fear, each time in more detail. Looking at a photograph of it, watch a TV Programme, are further ways to experience anxiety at a level that one can endure. The next step is to voluntarily make contact with something that provokes a definite but tolerable amount of fear, such as a small dead spider in a jar. They should look at the spider, examining it in detail, until the fear starts to wear out. This exercise is repeated until it provokes little or no anxiety. Then they should move on to a harder task, such as handling a dead spider. Relaxation and breathing exercises are often practised with each step (see also fact sheets on Stress Management and Fear).

Further reading:

Bourne, E.J. (1990). *The anxiety and phobia workbook*. California: New Harbinger Publications.

McCullough, C. & Mann, R. (1985). *Managing your anxiety*. Los Angeles: Jeremy P. Tarcher.

Wilson,R.R.(1986). *Don't Panic: Taking control of anxiety attacks*. New York: Harper & Row.

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