

SELF HELP SHEET

Student Counselling Service

Anxiety

Anxiety is an emotional state characterised by changes in the body, thoughts and behaviour. It tends to be associated with certain situations or things. Most people who are anxious believe that staying in stressful situations will result in their anxiety reaching an intolerable level for an indefinite time but research has shown that anxiety has a limit and can only reach a certain level. Once this level is reached it will stay there for a while and then start to come down. There are a number of well-documented anxiety disorders.

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 – the person experiences anxiety in places from which escape is difficult. Symptoms are similar to panic.

Social Phobia – the person experiences persistent fear of social situations, accompanied by worry about doing something humiliating or embarrassing. Examples include avoiding talking in front of others or difficulty swallowing food when eating with others.

Generalised Anxiety Disorder - characterised by excessive and unrealistic worrying or a tendency to worry continually about everyday problems, e.g. paying bills, working.

Post Traumatic Stress Disorder – can develop after a person is exposed to an event outside the normal range of human experience. Symptoms include flashbacks of event, hyper-sensitivity to sounds or smells, nightmares, intrusive thoughts, inability to sleep and avoidance of people or places associated with the original distressing event or place.

There are three parts to the feeling of being anxious:

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.

Thoughts - Different anxiety problems are associated with different anxious thoughts. Someone who is anxious about social situations might think, "Everybody is watching me". Someone who is having a panic attack might think "I'm having a heart attack". In general, anxious thoughts involve the perception of some kind of threat or danger.

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.

When trying to overcome anxiety it is important to deal with all three of the above components.

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. 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.

Anxious people are so sensitive to anything that might be taken as a signal of imminent disaster or harm that they are constantly warning themselves about 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 keeps them in a constant state of turmoil. The preoccupation with danger results in the constant intrusion of worrying thoughts involving possible physical or mental stress. These thoughts tend to occur repetitively and rapidly and seem completely plausible at the time. A thought might be 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. Biological heritage, unpleasant experiences and anxious parents are all factors that may contribute to the onset of anxiety. Irrational anxiety is the result of a learning experience during which something relatively harmless became associated with something unpleasant resulting in the relatively harmless object or place becoming capable of triggering anxiety in its own right. Approaching an object or place associated with anxiety will result in increased anxiety. Withdrawal will result in decreased anxiety. The experience of relief of anxiety will make avoidance more likely in the future.

Dealing with anxiety

If the person stayed in that situation, after a time the anxiety would begin to decrease. This reduction in anxiety happens 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 person remains in the situation that triggers anxiety their 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 situation that triggers anxiety results in the anxiety becoming less and less. The end result of this exposure is that the original anxiety-provoking situation no longer triggers any anxiety. Encouraging people to stay in their anxiety-provoking situation is a standard and effective treatment technique.

An alternative method is the gradual exposure to whatever triggers anxiety. A person with a fear of spiders would start by talking about spiders, their personal anxiety reactions to them and their current anxiety response just talking about spiders. Initially the conversation would be superficial and short so that only a bearable amount of anxiety is created and then resolved. As the level of anxiety decreased, more detail and greater depth of experience with real and imagined spiders would be carried out, again raising anxiety to a bearable level and then resolved it and so on until harder tasks such as observing spiders in their natural habitat can be carried out without anxiety. Relaxation and breathing exercises are often practised with each step (see Self Help 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.
