

MANAGING WORRY AND ANXIETY

PRACTICAL TOOLS TO HELP YOU
DEAL WITH LIFE'S CHALLENGES

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For all those who long to experience God's
“peace that passes understanding.”
(Phil. 4:7)

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CHAPTER ONE

WORRY OR ANXIETY?

Is another book about anxiety really necessary? I found myself weighing this question as I contemplated writing this book. While I pondered, three different articles were published nationwide indicating anxiety was on the rise within both children and adults. During the same brief time period, I was also contacted by a local school superintendent struggling to know how to help the elementary students within the district manage anxiety effectively. This superintendent was highly concerned that even kindergarten students were struggling with increased symptoms of anxiety and wanted to provide students with skills to effectively lower anxiety. All this, in addition to the fact that about half of my therapy caseload is comprised of clients struggling with anxiety, highlighted the fact anxiety is an increasing problem in our society, creating difficulty for both individuals and organizations.

My goal in writing this book is to help you, the reader, understand what anxiety is, what causes anxiety, and what resources

you can call upon to help manage anxiety. As a therapist, I have found simplistic explanations of anxiety and how it should be “cured” to be highly ineffective. In fact, many of the people who find their way to my office have been demoralized by their inability to effectively engage their willpower and just “stop it.” Thus, this book will not contain simple explanations or solutions.

Anxiety exhibits itself in multiple ways, there are many factors that contribute to its presence, and it has no known “cure.” However, there are resources and skills that can be utilized to effectively manage anxiety so it does not interfere with your ability to live a fulfilling and productive life.

Part of the difficulty associated with anxiety stems from how the word has been and continues to be used. The term *anxiety* is a catchall description for symptoms ranging from normal thoughts, feelings, and physical sensations experienced in an unfamiliar situation to symptoms associated with a severe and debilitating mental illness. Imagine how confusing it would be if saying “I’m diabetic” could either mean you are experiencing a sugar rush after indulging in a decadent piece of cheesecake or you need insulin immediately to avoid lapsing into a life-threatening coma.

Anxiety is a term much like the term *blood sugar*—it describes certain thoughts, feelings, and physical sensations just as blood sugar describes certain chemicals within the body. Everyone has blood sugar, and it is considered normal if it stays within a certain range. When it leaves the “normal” range, that is a medical condition requiring treatment for the individual involved to return to health. Similarly, everyone experiences anxiety, and it is healthy if it stays within a certain range. When anxiety exceeds the “normal” range it becomes a debilitating medical condition requiring treatment, just like any other medical condition, for the individual experiencing it to return to health.

Healthy Anxiety

The human body is created to physically respond when placed in intense situations. As you walk into a job interview, your heart rate and breathing pick up a bit, increasing the flow of oxygen to your brain and allowing you to think more quickly and clearly. This physical response helps you to adapt to an intense situation and perform optimally. Healthy anxiety equips you to function better in difficult situations.

Healthy anxiety triggers what is commonly referred to as “fight-flight-freeze,” a set of automatic responses designed to help you effectively cope with situations perceived as dangerous. For example:

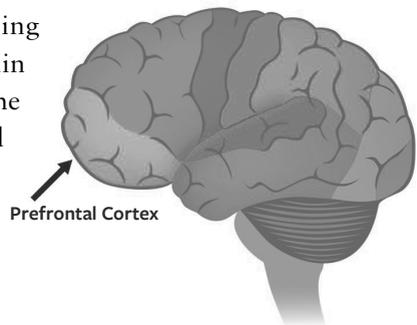
Fight: your teenage son is driving 55 mph going into a curve marked 45 mph, and you yell at him from the passenger side of the car (fight) to get him to slow down.

Flight: two of your coworkers begin shouting at one another and you find yourself exiting the room as quickly as possible (flight).

Freeze: you see a snake in the corner and stand perfectly still staring at it as it slithers away (freeze).

When you encounter something potentially dangerous, your brain rapidly changes in several ways; the prefrontal cortex is bypassed and your body draws upon the limbic system as it responds. The prefrontal cortex is the part of your brain that:

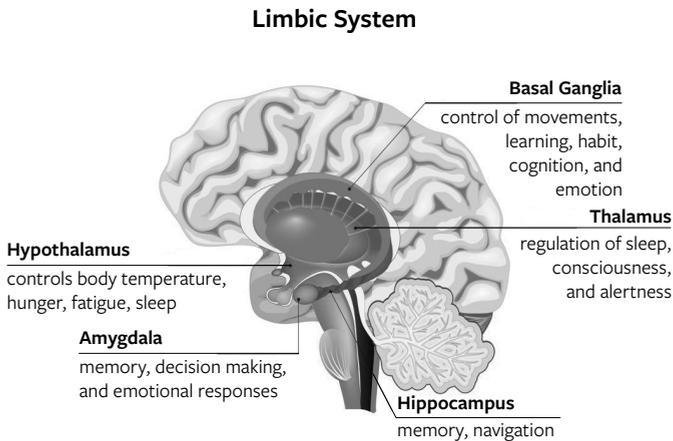
- makes decisions
- plans complex behaviors



- sorts out conflicting thoughts
- determines what is good and bad
- makes sure your choices move you toward your goals
- determines whether a thought is socially appropriate to act upon
- determines the long-term consequences of a behavior

The limbic system, on the other hand, is located in the middle of our head and is composed of several parts that are always on alert for anything that might harm us. This limbic system functions much like a home security system—when it senses danger it sounds the alarm, and our body immediately kicks into high alert. When the alarm goes off, our

- heart races
- breathing becomes shallow
- muscles become tense and ready for action
- startle response becomes intensely sensitive to any movement or noise



These changes happen without any conscious thought on our part and physically prepare our body to fight off the attack, run away from the threat, or freeze and hope it will go away.

The fight, flight, or freeze response to potential threats is necessary and allows us to react quickly and appropriately when danger approaches. This is healthy anxiety—your brain correctly identifies something that could produce harm and your body prepares to deal with this potential threat. Once the threat has been appropriately dealt with, the anxiety dissipates, and you return to your former level of functioning.

The Worry Zone

Healthy anxiety varies in intensity, duration, and expression, but is a response to potential danger. Once this danger has been addressed, the anxiety dissipates. However, many of us move past healthy anxiety into what I would call the “worry zone.”



Worry can be defined as persistently thinking about problems, fears, or concerns because you think something bad has happened or could happen. Worry differs from healthy anxiety in that it is driven by an internal thought process instead of a reaction to external stimuli. If I am driving a car in a snowstorm, the anxiety my body feels is related to the physical circumstances, and, when I arrive safely at home, my anxiety will dissipate because my circumstances have changed. However, if I am sitting at work, it begins to snow, and I begin to think of all the things that might happen as I try to drive home, I have moved from healthy anxiety into worry. Many clients announce to me that they “are worriers”

or were “born a worrier,” and I always respond by asking the same question: “Have you ever seen an infant worry?” Inevitably this brings about a laugh as the client acknowledges babies don’t worry. Worry is learned and is born out of the belief that if you think enough about all the things that “might” happen, you will be better prepared if they do happen or will be able to prevent them from happening altogether.

Worry creates a constant feeling of uneasiness and results in being overly concerned about a situation or potential problem. Worry forces your mind and your body to remain in overdrive, making you intensely sensitive and concerned that anything and anyone might be a potential threat. Worry makes it difficult to focus on reality or to think clearly.

The primary difference between worry and healthy anxiety is its focus. Worry is focused on the different things that *might* happen. A worrier plays out all the different things that *could* possibly happen tomorrow and attempts to figure out how to handle each of these scenarios while lying in bed the night before. Both worry and healthy anxiety trigger the same chemical reactions physiologically. In both cases, the body gears up to

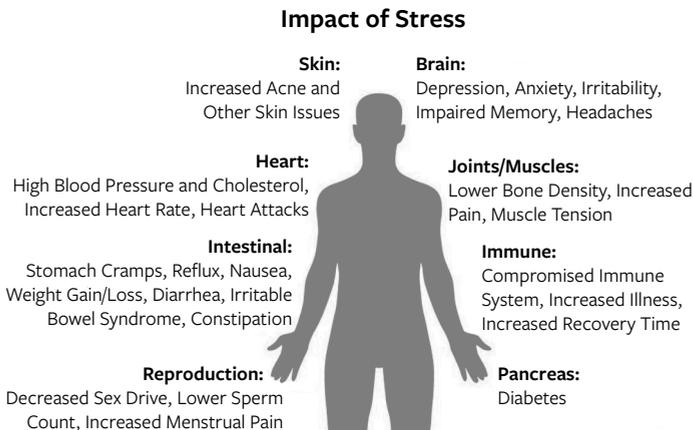
Body Reactions in Fight/Flight/Freeze



fight, flee, or freeze—incredibly helpful responses if there is a car coming at you in traffic but not helpful if you are attempting to sleep at night. Worry’s focus on the future and what might happen makes it difficult for the body to know when the threat has passed so the body remains “on alert” and controlled by the limbic system instead of the prefrontal cortex (where decision making occurs).

Worry, like healthy anxiety, causes the limbic system to release stress hormones like cortisol into the body. As these hormones enter the blood stream, they produce the responses you see in the diagram above. Unlike healthy anxiety, worry often persists for extended periods of time. Elevated stress hormones within the body over long periods of time negatively impact the body in significant ways. The American Medical Association has stated that stress is the basic cause of more than 60 percent of all human illnesses and diseases.¹ The diagram below shows how stress adversely affects virtually every system in the body over time.

The stress produced by worry can be devastating emotionally, spiritually, and physically. Worry is what Paul was referring to in Scripture when he said, “Do not be anxious about anything” (Phil. 4:6). Unlike healthy anxiety, which is necessary, or medical



illnesses we do not cause, worry is a habit within our control and Scripture tells us to avoid it.

While you may feel like you were “born a worrier,” it is a learned pattern of behavior and, like all behaviors, can be changed. Changing it involves hard work and time. Many of the strategies talked about in the second half of this book can be utilized to conquer worry.

Anxiety Disorders

Every human being is born with healthy anxiety—babies react to unexpected loud noises just as adults do. Many of us learn to worry as we grow and gradually make this an integral part of daily life. Eighteen percent of the population find themselves experiencing more than normal anxiety or even worry. Every year, forty million adults in the United States suffer from an anxiety-related mental illness.² Anxiety disorders are highly treatable yet only 36.9 percent of those with an anxiety disorder receive treatment.³ To give some perspective to these statistics, forty million adults have a diagnosable anxiety disorder and only thirty million adults have diagnosable diabetes.⁴ While 36.9 percent of those with anxiety don't receive treatment, only 23.8 percent of those with diabetes don't receive treatment.⁵ So, more people are ill with anxiety and fewer of them receive treatment. How can this be?

Until the development of Magnetic Resonance Imaging (MRI) in the 1970s and the Functional MRI in 1990, scientists and doctors didn't have technology that allowed them to determine how the brain functioned. Prior to this, most of what was known about the brain was conjecture mixed with what could be learned through autopsies. Without evidence to show what happened when the brain became ill, doctors were left with few ways to treat people who struggled with symptoms of what we would now define as

anxiety disorders. These individuals were institutionalized (often for life) because they could not be effectively treated for their debilitating symptoms, were sometimes in danger of harming themselves, or were a burden upon others who had to take care of them.

The symptoms of anxiety disorders look similar to what happens when someone worries. With no way of knowing it wasn't just worry, family members, clergy, and even doctors prescribed "stronger faith," "stop it," and "just think about something else" as the antidote for this "failing." To have anxiety you couldn't "just stop" was a stigma that caused individuals to be ostracized, deemed morally defective, and even institutionalized.

While our understanding of the human brain has improved considerably, the stigma of having a mental illness has not receded at the same rate with which our knowledge has expanded. Many individuals continue to feel ashamed of their illness and attempt to hide it for fear of being judged as flawed individuals with flawed faith. Hiding prohibits them from getting the very treatment needed to live a healthy life—spiritually, emotionally, and physically.

The medical term *disorder* is used to describe this grouping of illnesses and indicates the presence of a pattern of disruptions in how the body normally functions. This means anxiety disorders are illnesses characterized by specific ways in which the body malfunctions. Like any medical disorder, there are things that make an anxiety disorder better or worse, but it is not caused by moral failing or lack of willpower. Anxiety disorders are medical illnesses just like diabetes, cardiac arrhythmia, and arthritis—an important fact that has long gone misunderstood.

Anxiety disorders can be thought of in three different groups: reactions to something specific, reactions to trauma, and general or without a specific trigger. These are not scientific groups but they provide a framework for this conversation.

Anxiety Disorders Triggered by Something Specific

The American Psychological Association identifies the criteria used to diagnose mental illnesses, and four diagnoses for anxiety fit into the category of being a reaction to something specific.

Social Anxiety Disorder

Social anxiety disorder is connected to being in social settings and may be related to a specific social setting or to all social settings. Individuals suffering from this disorder want to be in social situations, but their fear is so intense they avoid them. Individuals struggling with social anxiety disorder experience:

- fear of social or performance situations where there are unfamiliar people or where they feel they could potentially act in an embarrassing manner
- intense anxiety when they are placed in social situations or need to perform

This anxiety may be so intense it creates panic attacks.⁶

Specific Phobias

Specific phobias develop as a reaction to something such as blood or spiders. Someone struggling with this disorder experiences:

- an intense, unreasonable fear either when they are in the presence of the object or anticipate they might be in the presence of the object
- intense anxiety that can even create panic attacks when they are in the presence of the object
- an awareness their fear is unreasonable but an inability to lessen the fear or change how they experience being in the presence of the object⁷

Obsessive-Compulsive Disorder

Individuals struggling with obsessive-compulsive disorder (OCD) experience intrusive thoughts about something specific such as becoming contaminated by germs or harming someone. The intrusive thoughts are highly anxiety provoking and distressing, so rituals are performed in an attempt to manage the thoughts and the anxiety they produce. These individuals often attempt to hide their rituals from others, causing them to isolate in unhealthy ways. Individuals with OCD experience:

- intrusive thoughts that are not just an extension of normal worries and are highly distressing (*My hands are contaminated and will make me sick.*)
- an inability to ignore or suppress the thoughts unless they engage in some sort of ritualistic behavior (known as a *compulsion*)
- a drive to perform the compulsion to either calm the anxiety of the thought or make sure the thought doesn't actually occur (*I must wash my hands five times without touching anything so they are no longer contaminated.*)
- an inability to stop the thoughts even though they know the thoughts and rituals are beyond what is appropriate. If they attempt to stop the thoughts or rituals, the anxiety this produces feels unbearable, so they often resume the rituals to lessen the anxiety.⁸

Agoraphobia

Individuals with agoraphobia fear being in places where it might be difficult or embarrassing to leave. The fear associated with this can become so intense individuals become unable to leave their homes. Individuals with agoraphobia avoid situations or require someone to go with them as a companion to help them face the fear.⁹

Anxiety Disorders Triggered by Trauma

Trauma reactions occur when someone experiences or is exposed to a situation that feels traumatic. It is important to recognize that what may feel traumatic to one individual may not to another. Also, what is experienced as traumatic for a child is much different than what is experienced as traumatic for an adult. For example, a child may watch a horror movie and experience it as trauma while an adult would know it is not real and would not be traumatized. Similarly, two adults may be in similar car accidents and one experiences it as trauma while the other is not particularly bothered by it. Many factors play a role in determining whether something will be experienced as trauma, including the number of previous traumas the individual has experienced. Two anxiety disorders are directly related to trauma.

Acute Stress Disorder

When an individual is exposed to a traumatic event that involves death or serious injury of some sort, they may develop an acute stress disorder where they reexperience the event repeatedly after it has passed and, within the first four weeks, experience:

- intrusive memories of the event, including distressing dreams of the event
- feeling as if the event is recurring, having flashbacks, or reliving the event
- intense distress when exposed to things connected to the event
- avoiding thoughts, feelings, activities, places, or people connected to the event
- difficulty sleeping, increased irritability, and/or difficulty concentrating

- being “on alert” all the time, resulting in hypervigilance and/or an exaggerated startle response¹⁰

Post-Traumatic Stress Disorder

The difference between acute stress disorder and post-traumatic stress disorder is primarily the length of time symptoms are experienced. A diagnosis of acute stress disorder applies if symptoms occur within the first four weeks after the event occurs and resolve within the same one-month period. Post-traumatic stress disorder (PTSD) is the diagnosis for these same symptoms if the event occurred over a month ago and the symptoms persist. Someone with PTSD may experience a sense of detachment from themselves, their surroundings, or their emotions—especially when reexperiencing the traumatic event or encountering something connected to the event.¹¹

Anxiety Disorders without a Specific Trigger

Two anxiety disorders are not triggered by an object or experience and are more pervasive and unpredictable as a result.

Panic Attacks

A panic attack is a period of intense fear that develops seemingly out of nowhere and causes the individual to experience:

- chest pain, palpitations, or tachycardia
- chills, hot flashes, or sweating
- disconnection from reality or from themselves
- fear of losing control
- dizziness, light-headedness, or faintness
- feelings of choking, shortness of breath, or feelings of smothering
- trembling or shaking¹²

These symptoms peak within ten minutes and then slowly dissipate. The symptoms are intensely distressing, and often individuals struggling with these symptoms believe they are dying or having a heart attack.

Generalized Anxiety Disorder

Unlike individuals with specific phobias where something identifiable creates anxiety, individuals with a generalized anxiety disorder are simply anxious about many things, most of the time, for a long period of time. They find it difficult, and sometimes impossible, to control their fears and find themselves worrying and feeling:

- restless, keyed up, or on edge
- easily fatigued
- unable to concentrate or struggling to keep their mind from going blank
- irritable
- muscle tension they cannot control
- unable to get to sleep or stay asleep¹³

Individuals struggling with any of the anxiety disorders discussed above know their fear is unrealistic but cannot make it stop. The fear is so intense it interferes with their ability to function in healthy ways at work, at home, or in relationships.



Anxiety exists along a continuum from healthy anxiety to debilitating illness. While I am not a fan of self-diagnosis, it can be helpful to evaluate where you believe you fall on the continuum.

If you look back over the last year of your life and find most of the times you were anxious related to external events, the anxiety did not interfere with your ability to function in healthy ways, and the anxiety dissipated when the event passed then most of your anxiety was probably within the healthy range.

You might conclude you fall into the worry zone if you look back over the last year and find it filled with anticipation of potential problems or negative events and attempts to create plans for how to deal with all the things that might go wrong—even when you would have rather been sleeping or enjoying other activities. Worry exists on a continuum from mildly annoying to interfering with your ability to live life in the way you want to.

For some individuals, you read about the various anxiety disorders and found yourself repeatedly saying “I do this.” Please know this doesn’t necessarily mean you have an anxiety disorder. Instead, I would suggest it indicates you might want to explore what this means with your doctor, a counselor, or a psychiatrist as these people are trained to diagnose and treat anxiety disorders. It is important to seek assistance in determining what is happening because anxiety disorders have symptoms similar to other medical conditions, so it is vital to accurately determine what is causing the symptoms.

Whether you identified yourself as having healthy anxiety or found yourself wondering if you have an anxiety disorder, the rest of this book will help you understand both what causes you to feel anxious and what things you can do to help manage the anxiety you feel.