

*Anxiety disorders:*

*what they are and powerful  
strategies to face it*

*(from normality to pathology)*

## **Introduction**

The aim of this ebook is to give an overview and primarily some strategies to manage the most common anxiety disorders. It cannot replace a therapeutic diagnosis and treatment, but some of the topics that you find here are the same that I always use with my patients during their psychotherapy sessions.

In this field there are different kinds of pathologies and some of the most widespread are: panic attacks, generalised anxiety disorders, phobias, obsessive–compulsive disorders, acute stress disorders or post-traumatic stress disorders.

### ***Chapter 1***

#### ***Between normality and pathology***

Mass media and common people often use definitions which are related to psychology: stress, raptus, anxiety, panic attack, anorexia are just some of the most common words we know. However how can we be certain that every time we hear “he had a panic attack”, it was really a panic attack?

People often confuse anxiety with anger, nervousness with anxiety, anxiety with stress and so on. Is anxiety always pathological? Not at all. There is a fine line between normality and pathology: it's a matter of “quantity” and “quality” of symptoms, that means the level of its daily influence on one's private and professional life. This does not mean that the symptom has to be ignored or underestimated, however we don't have to be so much worried about it.

Only when the symptom frequency or its intensity increases it's worth going to see a psychotherapist for a specific diagnosis.

Internet of a friend are not properly the best references for a diagnosis, on the contrary this case the anxiety would certainly increase.

## **Chapter 2**

### **What is anxiety?**

This said, what is anxiety? It is our physical, emotional and cognitive body reaction to an external stimuli. What happens is that our body reacts when we are facing a situation that is experienced as a pleasure or a danger from our brain: the blood arrives in the periphery, our concentration and attention threshold arises, the heartbeat runs faster.

Excitement and agitation are nothing else than two sides of the same coin.

It is really interesting to see the different perception that people live when they body begins reacting and activating: sometimes the definition is *adrenaline*, sometimes simply *anxiety*.

Among these words that ideally represent the continuity that ranges from a positive to a negative sensation, there is a wide choice of expressions: I feel excited, or stressed out, I am nervous, I am uneasy, I can't stand still. The signs are all the same: shortness of breath, racing heart, dilated pupils, sweating, the muscles are contracted, dry mouth.

Curious, isn't it? Yes it is, because even if the same psychological mechanisms are involved, the perception is totally different. We often refer to "adrenaline" while the anxiety is completely refused by the individual!

Therefore anxiety is an emotional, cognitive and somatic state of mind characterized by a perceived fear which is not associated with any specific stimuli. It differs from fear because there is not a specific object that determines it.

Now it is necessary to recognise health anxiety from the pathological one, which is the cause of suffering. Health anxiety is, for example, a normal emotion before an exam, the first date, awaiting an outcome, so that is an adaptive emotion. Every time we are involved in a challenge with ourselves or somebody else, here is this "activation". Most of the times we know that it depends on what we have to face: a classwork, an exam, a job interview, a date, a sexual encounter, a sport performance. However when this activation lasts and increases its intensity and frequency, then our discomfort grows and becomes pathological anxiety.

Our attention shifts to ourselves, our body and its sensations; therefore we waste much of our energy to take control of a situation we feel that is getting more and more difficult for us. The more we strive trying to take control, the more the challenge becomes a strenuous task and our target moves away. At such times our discomfort appears through completely annoying signs we are not able to get rid of (dry mouth, dizziness, vertigo, hot flushes, tachycardia, sweating, perception of threat or danger,

incapacity to understand what is happening, you feel like there is really nothing you can do) and this prevent us from doing the things we always do, like going to the store, driving, having an erection when we wish.

In this case the sensation we won't make it and the importance of keeping everything under control, is accompanied by a big frustration and anger towards ourselves, along with the fear that we will live the same anxiety for the same situation in the future.

Typically, my patients suffering from anxiety disorders, have talked to me about the fear of having fears, that was the reason why they felt different from the others; they couldn't recognise themselves anymore and this made them angry and depressed. Shortly, they turned in on themselves and were isolated, and this caused many consequences on their personal and professional relationships.

Another version of anxiety which may occur even occasionally is the performance anxiety, which shows along with the performance itself. The curious thing is that the individual himself gives the definition of performance to what he is going to do: a classwork, an exam, a job interview, a date, a sexual encounter, a sporting event.

Ironically, sometimes performance anxiety even helps us to stay tuned, to concentrate and self-motivate. However, when the activation increase is excessive, then our attention shifts to ourselves, our body and its sensations, and at this step we waste a lot of energy to control a situation that seems to become more and more difficult. So the more we strive to control our activation, the more our task gets harder and our target moves away.

Another type of anxiety is the *anticipatory anxiety* that flares up at the simple thought of having to do something, from travelling a long way to a job interview or going out on a first date.

Generalized anxiety disorder is an anxiety disorder that occurs when a person is constantly active and excessively apprehensive even for small matters.

Such cases are characterized by being on high-alert and hypervigilant, due to the apprehensive expectation that something negative would happen in the future. The typical common symptoms include: wheeziness, a lump in the throat, racing heart, sweating, hot and cold flashes and, secondly, gastrointestinal symptoms such as nauseous or pain in the stomach, colitis and diarrhea.

Special reference needs to be made for social anxiety, that would be the fear of showing one's opinion or speaking in front of a public or before interpersonal relationships, whether friendships or professionals, or when unable to look at others and maintain eye contact with them, speak on the phone or emotional distress in most social encounters.

In such situations there is a strong connection between the anxiety, the shame and the embarrassment, associated with the fear of turning red in face that, in the most serious cases, can become a phobia called the "facial blushing".

### ***Chapter 3***

#### **Panic attack**

Many people have experienced panic attack and some of them had to get to the ER absolutely convinced that they were having a heart attack.

Actually symptoms can be very intense: racing heart, sweating, hot and cold flashes, vertigo, dizziness, loss of balance, fear of dying, to feel faint or going crazy.

Panic attacks while driving are very common and put drivers themselves and the others in a serious danger. Some examples are when they happen in the middle of a tunnel or while overtaking another car. In such case the immediate consequence is a heavy braking and remaining motionless and still. A very intense panic attack in a closed location can generate aggressive behaviour on the person who is suffering, being air hunger and open spaces the only solution to the pain.

Once that a person experiences a panic attack he convinces himself that many others will happen in the future.

This creates a vicious cycle where the fear of experiencing future panic attacks increases the anxiety levels and consequently the scenery control as well as the self control. In fact we observe a constant monitoring of the body searching for the confirmation that something is not working properly.

The result is that the anxiety increases its activation levels and this has a double consequence: the best-case scenario is that a lot of energy is wasted in making actions that were quickly done before; and secondly the possibilities of another panic attack increase significantly.

### ***Chapter 4***

#### **Phobias**

The word phobia indicates a strong and excessive activation related to the stimuli from which it takes origin. It cannot be rationally explained and it is focused on a defined object or component.

Phobias are actually quite common like the animal phobia (birds and snakes), the situational phobia (means of transport, flying, lifts, bridges, tunnels); or fear of seeing blood or medical environment, fear of the natural environment (storms, water or highness).

Sometimes phobia is caused by other different stimuli (the fear and consequently avoiding situations that could cause choking or to get ill).

Phobias usually does not cause consequences on the daily life as the symptoms occur only through exposure to the fear object or situation. At the simple thought of the feared object the person shows symptoms that include: tachycardia, vertigo, gastrointestinal and urinary upset, diarrhea, a sense of suffocation, blushing, excessive sweating. When the fear object is close then running away is the only wish! Escaping is, in fact, an emergency strategy.

So, if you are asking yourself, “As I am scared of big dogs, does it mean that I am phobic?” The answer is yes, to the extent that knowing that there is a dog in front of me my body goes rigid even if the dog is in a fence or on a lead.

We must note that everyone of us have fears, but these become phobias only when our fears take over our body, erase our clear mind and strongly modify our behaviour and attitude. A recurrent event is typical after experiencing a bumpy flight with heavy turbulences. The fear level is so high that the only thought of taking another flight emotionally reactivates so strongly that you don't want to have to set foot on a plane again even by force.

This explains the typical behaviour which is caused by phobia I am going to explain about in the next chapter: the avoidance.

## ***Chapter 5***

### ***Dysfunctions strategies***

The common theme of all types of anxiety is the avoidance as it is considered the most effective strategy to keep the phobic stimuli away. If this is true for the phobias, it is much more real for the panic attacks. This strategy is very useful but limited to the short term, on the contrary it is unuseful and even harmful in the medium and long term.

Pretending that a problem does not exist doesn't mean that it has been defeated, but simply that every time we hesitate or avoid to face it, our fear grows and the phobic object is felt much more phobic than it is. In some cases one of the consequences of the avoidance is the generalisation.

This word explains the avoidance which occurs when an organism *makes the same response to similar stimuli* that experienced in a phobic situation, with the risk to avoid more and more our movement and choice freedom.

Another strategy which is very used is acting in the presence of a trusted person to face a situation we fear. The risk here is not to get addicted to this person, but that of being able to face a situation only with somebody, and this is a choice that certainly doesn't improve our self-esteem.

Sometimes the other person's role is exactly like a medicine: every time you go out from your home, even before remember the house key, you don't have to forget your medicine, in case of need... It is clear here how the feeling of being able to manage the situation is demanded to the outside of you and how in the long term this attitude ends up by wrongly believing not to have enough resources to face phobic situations alone.

Alcohol abuse is a common and unfunctional strategy among people who have social anxiety disorders, as alcohol helps them feel more comfortable in social situations. Cigarette smoking or cigarette abuse are associated with some anxiety disorders, supported by the widespread **misconception** that cigarette is relaxing, when nicotine is a stimulant.

It is interesting to see the way a mind can consider a stimulant instead of a relaxant!

It might be worth reviewing some beliefs of the human mind. On the other hand if we think that a stimulant can relax, what would prevent us from thinking that we are able to handle an anxiety situation?

## ***Chapter 6***

### **Some effective strategies**

A common strategy for all anxiety disorders is based on a proper breathing technique. When the anxiety increases the same thing happens to the breathing rhythm and the breath gets shorter at the same time. In such cases it is very useful to take deeper and less frequent breaths and to be careful to exhale very slowly.

In case of generalised anxiety it is very useful to master some relaxation techniques in order to keep the activation threshold in a low position: autogenic training above all, then Vogt's relaxation and very widespread meditation techniques that have been shown to be effective.

The most effective treatment of simple phobias that was introduced by Wolpe during 70's which is called *systematic desensitization* and consists of splitting the event or the situation in different steps that lead to different levels of activation.

Every single level that causes an activation is faced with a relaxation technique; each successive level – that is when the anxiety is stabilised– gets to a higher level and so forth until the problem is definitely fixed.

Basically it is better to avoid drugs and especially alcohol abuse and nicotine, except when there is a prescription from a doctor as they not only don't help, but on the long term the consequences are absolutely counterproductive.

As I usually say to my patients the worst fear is the fear itself; when we face our fear and only then it seems to be less terrifying than we think. This is the first step we have to make to build up our confidence and find the balance we miss or another one which is more satisfactory.

It is particularly effective for the panic attacks to learn how to manage the attention, or be aware of where our thought is directed to. Therefore it becomes essential to avoid the dysfunctional cycle of the fear of fear in order not to be overwhelmed by the anxiety symptoms.

The anxiety disorders can be normally be treated with a specific psychotherapeutic treatment. In the scientific literature the cognitive approach has been useful for the treatment of the anxiety disorder; in the most complicated cases the psychotherapy is integrated with a pharmacological treatment. The surrenders are quite unusual and in some of the pathologies described they are equal to zero.

## ***Chapter 7***

### ***Overview of acute and posttraumatic stress disorders***

The post traumatic stress disorder (PTSD) develops after a person is exposed to one or more traumatic and emotionally intense events that are lived as threats on a person's life or on somebody's else life. Its symptoms are anxiety, fear, avoidance of memories which are associated with the traumatic event, nightmares, continuous high alert level and consequently life impairment in all its aspects, personal – professional and social one.

This kind of scenario must be treated with a proper clinical treatment only, probably through specific and well known techniques such as EMDR, that is used regularly for traumatic stress injuries in military personnel, or with survivors of a natural disaster or an accident.

## **Chapter 8**

### **Overview of obsessive–compulsive disorders**

The matrix of the obsessive–compulsive disorder is an anxiety disorder that causes compulsion, that is a ritualized behavior that you feel driven to perform to reduce the anxiety. These kinds of disorders can interfere and compromise one's private, social and professional life.

Rituals can be included in different categories:

- *checkers*: excessive double–checking of things (gas turned off, door locked, etc.)
- *washers*: when one's afraid of contamination
- *arrangers* when obsessed with order and symmetry (everything must line up “just right”, or tidying the desk and the drawers, etc)
- *counters* (counting steps, counting items, counting numbers on remembering car plates).

Less frequently rituals include: fear of being contaminated (by germs, bacterias, insects, dirt or contaminating others), doubters (from daily life to rituals triggered by religious fear or sexual orientation).

Therefore we call obsession, as indicated in the DSM IV manual, all seemingly uncontrollable thoughts, images, or impulses that occur over and over again in your mind.

We call compulsions the ritualized behaviors one's feels compelled to perform , like spending a lot of time washing the hands or act, like praying or counting.

All these actions are directed to prevent or reduce the discomfort which is wrongly associated to a single or more situations.

Obsessive thought can be a common behaviour on a person and we don't have to worry about it; however mental rigidity, an excessive attention to the detail, an excessive cleaning and order, or an incessant need for control could be an alarm.

There are many ways you can help yourself in addition to therapy: try shifting your attention to something else, avoid incessant control (gas or door), gradually refrain from controlling the situation, try to disobey some of your internal rules (i.e. If I have to go out from home after the bed is made, let it unmade before going out), etc.

Actually there are no simple and effective strategies for those who suffer this kind of disorders and only a specific therapeutic treatment, sometimes associated with medications.

The suffering experienced with this kind of disorder is much more stronger than anybody can imagine.

I introduce myself.

My name is Marco Malnati, I am a psychologist and a psychotherapist for the treatment of anxiety disorders and my principal areas of expertise are the cognitive and relaxation techniques, especially the autogenic training that I have experienced since my late adolescence.

I practise in my office located in Fino Mornasco (CO) and in Varese at the *Centro Diagnostico Varesino*.

I am very keen on the information technology and I have helped my patients with online sessions as well for some years.

I have managed for 15 years relaxation group sessions or individual and personalised sessions. I actually cooperate with *Centro di Terapia Cognitiva* where I teach cognitive behavioral therapy and techniques after four years spent as a group psychotherapist with other 20 colleagues.

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