

An Ounce of Prevention

Complimentary

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What to Know About Anxiety

Medical News Today

Anxiety is a normal and often healthy emotion. However, when a person regularly feels disproportionate levels of anxiety, it might become a medical disorder.

Anxiety disorders form a category of mental health diagnoses that lead to excessive nervousness, fear, apprehension, and worry. These disorders alter how a person processes emotion and behave, also causing physical symptoms. Mild anxiety might be vague and unsettling, while severe anxiety may seriously affect day-to-day living.

Knowing the difference between normal feelings of anxiety and an anxiety disorder requiring medical attention can help a person identify and treat the condition.

Symptoms

While a number of different diagnoses constitute anxiety disorders, the symptoms of generalized anxiety disorder (GAD) will often include the following:

- restlessness, and a feeling of being “on-edge”
- uncontrollable feelings of worry
- increased irritability
- concentration difficulties
- sleep difficulties, such as problems in falling or staying asleep

While these symptoms might be normal to experience in daily life, people with GAD will experience them to persistent or extreme levels. GAD may present as vague, unsettling worry or a more severe anxiety that disrupts day-to-day living.

Treatments

- **Stress management:** Learning to manage stress can help limit potential triggers. Organize any upcoming pressures and deadlines, compile lists to make daunting tasks more manageable, and commit to taking time off from study or work.
- **Relaxation techniques:** Simple activities can help soothe the mental and physical signs of anxiety. These techniques include meditation, deep breathing exercises, long baths, resting in the dark, and yoga.
- **Exercises to replace negative thoughts with positive ones:** Make a list of the negative thoughts that might be cycling as a result of anxiety and write down another list next to it containing positive, believable thoughts to replace them. Creating a mental image of successfully facing and conquering a specific

fear can also provide benefits if anxiety symptoms relate to a specific cause, such as in a phobia.

- **Support network:** Talk with familiar people who are supportive, such as a family member or friend. Support group services may also be available in the local area and online.
- **Exercise:** Physical exertion can improve self-image and release chemicals in the brain that trigger positive feelings.
- **Counselling**
- **Medications**

How many types of anxiety are there?

Psychology Today

There are officially six types of anxiety disorder, all related in some way to activation of the fear system, vigilance in anticipation of some kind of future threat or bad outcome, and behavior marked by caution or avoidance. They differ in terms of what gives rise to the fear or behavioral response. And while stress may trigger any one of them, the anxiety lasts far longer and exceeds the actual danger posed—a fact that provides the rationale for one of the most successful treatments for anxiety, cognitive and behavioral therapy. Human imagination provides the capacity to mentally magnify threats; it’s almost as if we talk ourselves into worry. People who suffer from one anxiety disorder tend to suffer from at least one other.

Phobias

Phobias are fears of specific objects (snakes, dogs) or situations (flying, being in high places), and the fear, almost always immediate rather than future-oriented, can be so intense as to induce a panic attack. While some phobias seem almost wired into the human species (snakes, heights) and some develop in response to a bad experience, many have no specific cause.

Generalized Anxiety Disorder

Generalized anxiety disorder tends to be just that—generalized. There is concern related to one of the major domains of life and the cognitive load of worry is out of proportion to the likelihood of any bad outcomes imagined to lie ahead.

Panic Disorder

Panic attacks are short—rarely lasting more than a few minutes—intense bursts of anxiety, and what they lack in duration they make up in distress. You feel you are about to die—and your body furnishes proof: Your heart is pounding and you can’t get enough air. *Heart attack!* Your (mis)perception triggers even more anxiety, intensifying the panic. Almost anyone can have a panic attack; they often occur unpredictably, randomly, out of the blue. The loss of control is extremely disconcerting and compounds the sense of threat.. And the attacks can be so frequent or so incapacitating and

generate so much fear of having another that they can bring active life to a near halt—the condition known as panic disorder. It's not clear what triggers panic attacks. Much research has focused on the conjunction of a malfunction in brain circuitry of emotion with one or another physiological trigger—a metabolic or inflammatory signal gone awry or heightened sensitivity to some physiologic condition.

Social Anxiety

Humans are social creatures, wired to thrive on approval and acceptance by others. In our evolutionary past, our very survival as individuals hinged on group inclusion: sensitivity to negative social judgment offered a survival advantage. People may naturally differ in how much fear of negative social judgment they have, and some people may become especially socially anxious only under specific circumstances, such as when they know they are being scrutinized. Early adverse experience may have set the system to be enduringly hypersensitive to criticism or disapproval of others or people may misread social cues and perceive threats of rejection where they don't exist, resulting in social anxiety disorder.

Those with the condition typically avoid situations in which they will be exposed to the scrutiny of others, such as giving a speech or eating in front of others. They may fear meeting new people or engaging in group conversations. Social anxiety disorder constricts people's opportunities in and enjoyment of life.

Separation Anxiety

Most young children develop anxiety about being separated from parents or caregivers. It's a normal developmental stage, and, beginning around nine months of age, the type and degree of distress that children show on separation from caregivers is typically used as a measure of the security of attachment and adaptation to a world of strangers. But the anxiety on separation that is appropriate at age 1 is less adaptive at age 10.

Separation anxiety disorder exists when children show more than a developmentally appropriate degree of distress on separation from home or attachment figures, and it develops in about four percent of children under the age of 12. It can show up as persistent worry about being lost or kidnapped and never seeing their parents again, or about a parent dying. Children with separation anxiety disorder often refuse to go to school, and they can be clingy. A bout of separation can occur during any period of significant stress during childhood, but it can be especially severe after parental divorce.

Hypochondria

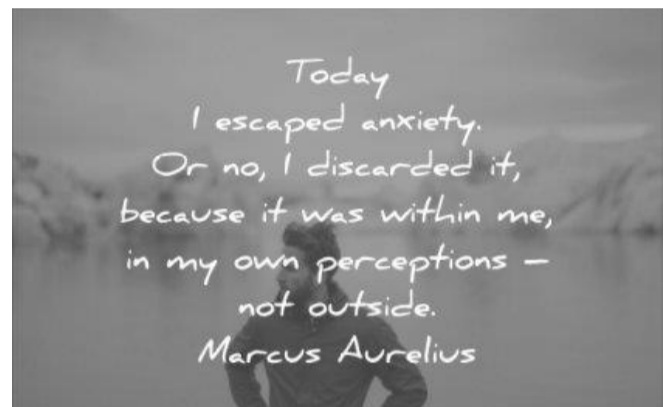
What was formerly referred to as hypochondria, or hypochondriasis, has been refined into two separate conditions that involve physical expression of psychological suffering but only one of which is seen as aligned with anxiety disorders. Illness Anxiety Disorder encompasses people who have a level of general health anxiety high enough to cause psychological distress and impairment but not manifesting in specific somatic symptoms. By contrast, Somatic Symptom and Related Disorder refers to those people who present with somatic symptoms accompanied by psychological distress and preoccupation with those symptoms.

What other disorders are related to anxiety?

Both post-traumatic stress disorder and obsessive-compulsive disorder are closely linked to anxiety and, until recently, were classified as anxiety disorders. People with OCD engage compulsively in

repetitive rituals (hand-washing, for example) and non-productive behaviors (say, constantly rearranging objects on a shelf) to as a way to disarm relentless anxiety-provoking thoughts ("Am I sexually deviant?"). Brain imaging studies highlight malfunction of a specific neural circuit that both over alerts to danger and misreads signals of safety. The ritual is meant to restore a sense of safety.

PTSD involves malfunction in other neural nodes in circuits of fear and safety. Like OCD, PTSD is characterized by a misreading of danger signals; it is, however, typically generated by a highly stressful situation threatening bodily danger. Months and even years later the memory of that event is so vividly triggered by non-threatening experiences it dictates safety measures that are wildly out of place and overwhelm everyday activities. Like some anxiety disorders, such as phobias, PTSD may respond to treatment involving exposure to the fear-triggering stimulus.



*****Net News*****

Here are some web sites you & your family may find helpful.

Parents Need Stress Relief Too

<https://www.nytimes.com/2020/03/18/parenting/parents-need-stress-relief-too.html>

How to Help Your Kids Reframe Their Anxiety – And Reclaim Their Superpowers

https://www.npr.org/2020/11/11/933797230/how-to-help-your-kids-reframe-their-anxiety-and-reclaim-their-superpowers?utm_source=npr_newsletter&utm_medium=email&utm_content=20210831&utm_term=5713160&utm_campaign=best-of-npr&utm_id=515023&orgid=&utm_attl=

The Secret to Raising A Resilient Kid

<https://www.nytimes.com/2021/09/01/parenting/raising-resilient-kids.html>

Self- Help Corner:

Alcoholics Anonymous: 780-424-5900

www.alcoholics-anonymous.org

Al-Anon/Alateen: 780-433-1818

Support Network / Referral Line: 211

Distress Line: 780 482-4357

Cocaine Anonymous: 780-425-2715

Access 24/7 – 780 424 2424

Informative Links:

The National Women's Health Information Center:

<https://www.womenshealth.gov/>