

# A Workbook For Understanding and Dealing with Fear and Anxiety

## DEFINITIONS:

Fear is a primary emotion that takes many forms and affects us in many ways. The word fear is defined as "an agitated foreboding often of some real or specific peril" (Webster's Third International Dictionary, 1981) and as "the possibility that something dreaded or unwanted may occur" (Standard College Dictionary, 1963).

## Variations on a theme:

Anxiety is related to fear and is defined as "a tense emotional state" (Funk & Wagnalls, 1963), and is "often marked by such physical symptoms as tension, tremor, sweating, palpitations and increased pulse rate" (Webster's Third International Dictionary, 1981). Panic is another relative of fear and is defined as a "sudden, overpowering fright...accompanied by increasing or frantic attempts to secure safety" (Webster's Third International Dictionary, 1981). The word Phobia describes a specific kind of fear and is defined as "an exaggerated and often disabling fear" (Webster's Third International Dictionary, 1981).

Anxiety and fear differ in many important ways. Fears are usually directed at some external, specific object or situation. They are usually focused on things that could happen such as falling a test, getting in an accident or getting rejected by a friend. Fear is typically a cognitive or intellectual appraisal of something viewed as threatening. When someone is afraid he is usually fearful of some potential future event that may happen (that hasn't yet happened). A fear is triggered when a person is exposed to the threatening situation either physically or in his imagination.

When fear is activated what is typically experienced is anxiety. Anxiety is an emotional (rather than cognitive) reaction to a threatening stimulus. Anxiety is often less specific or focused than fear and is directed internally rather than externally. When someone is anxious he experiences an unpleasant emotional state which can include physical reactions, i.e., rapid heart beat, tremor, nausea, muscle tension, sweating and dizziness; a lessened ability to perform, express oneself or deal with stress; and a subjective state of uneasiness and apprehension.

Panic is an extreme and intensified version of anxiety which includes the above symptoms as well as a sense of impending doom, helplessness and an overwhelming desire to flee the situation. Anxiety that is attached to a specific stimulus or situation is

Everybody experiences some level of fear and anxiety. These emotions are normal reactions to difficult or threatening situations in our lives. They become maladaptive and different from normal fear and anxiety when they become more intense (panic), last longer (weeks or months), and lead to phobic avoidance. Anxiety is considered appropriate or "normal" if it is caused by a realistic threat and if it dissipates after the threat is gone. Fear is also maladaptive when it interferes with thought processes and the decision making process. When this happens it becomes more difficult to take appropriate action to avoid the threat and our range of options is consequently narrowed (freeze-faint).

**ADAPTIVE FEARS**

Human beings react to threat or danger with anxiety which serves as the trigger to take steps to reduce the threat or leave the dangerous situation. Without this trigger we would not be as activated to take the action necessary to avoid the painful consequences. Such feelings of anxiety are usually painful enough to get us moving to find ways to reduce the anxiety. W. B. Cannon (1929) postulated that the human organism reacts to threat with a characteristic physiological response called, the "fight-flight reaction." He claimed that in response to threat our bodies get triggered into a mode to either fight the threat, or retreat, thus removing ourselves from the threat. Beck and Emery (1985) posit a more complete model for the threat response believing that we have more than two options to deal with potential dangers. They call their survival strategies the "fight-flight-freeze-faint reaction."

As mentioned previously, fear and anxiety are both normal healthy aspects of functioning human beings. They serve an important purpose in keeping us alive and safe and help us in making choices. Our fear serves as a check or safeguard to discourage careless or dangerous behavior. Children are often afraid of the dark, drowning, falling, separation, strangers, and being hurt. These fears keep children from performing dangerous activities before they are able. They also keep children close to their primary caretakers and away from potential hazards in their environment.

**ADAPTIVE FEARS**

Phobias are different from everyday fears in that they are out of proportion or unrealistic and they cause us to avoid the situation. Anxiety that is not attached to any particular stimulus or situation is called "free floating anxiety." This anxiety is often very unsettling because we do not know the cause of the anxiety but we definitely feel anxious. We often can get ourselves anxious just by thinking about a particular situation. This anxiety is called "anticipatory anxiety" and is similar to ordinary worry yet can often lead to panic.

The appropriate response to primary fear once it is recognized is typically to take action to avoid the potential for harm. This involves listening to the fear and taking action if necessary. This reaction is often part of our physiological response of fight-flight-freeze-faint. Once the threat is reduced it is important to relax in order to lesson the physiological response, i.e. tightness, tension, rapid heart beat, etc. This can involve deep breathing or more extensive relaxation or meditation processes. The next step is to begin to "talk ourselves down" with appropriate and rational self talk. Hopefully this self talk can calm us down and allow us to appraise the situation rationally and to take appropriate action.

All of these incidents would probably cause fear in most people and that fear would be a normal reaction to the threatening situation. If people did not react with fear to these situations I would wonder about their ability to recognize threatening situations and to take effective action. These reactions are primary emotions in that they are not caused by irrational thinking and they are not the result of repressed childhood fears.

- Examples of situations that would probably trigger primary fear:
- walking in the woods and coming upon an angry grizzly bear
  - driving on a busy freeway and having to swerve to avoid an accident
  - the sensation just before skydiving at 10,000 feet
  - being shot at during an armed conflict
  - sinking in a pool of quicksand
  - choking on a chicken bone

Fear is a primary emotion when it is a reaction to a realistic threat in our current environment. Fear as a primary emotion is a very powerful and helpful catalyst to help us to take action to avoid a threatening stimulus. Fear helps us make decisions and evaluate our environment. Fear, if listened to, fosters wisdom and enhances our lives.

**PRIMARY FEAR:**

In order to understand fear and anxiety it is important to look at the different types of fears that contribute to and create anxiety disorders. Only by understanding the complexity of this emotion will we be able to overcome the debilitating effects of anxiety.

**THREE TYPES OF FEAR:**

When a feeling is recognized as having been triggered by a thought or belief it is important to begin to process of cognitive restructuring which will be discussed in the second half of this workbook in the section, "changing your self talk."

- Examples of thoughts that may trigger secondary fear:
- I'm going to faint when I get up here for my speech
  - If I call her she will reject me
  - I haven't studied enough for this test and I'm gonna fail
  - If I go to the store I may have a panic attack
  - My boss is going to fire me for that mistake
  - What if they don't like me (first day of school or work)
  - What if the car breaks down and there's no one to help

Fear also can be triggered by distorted or irrational thinking and can lead to avoidance behavior that is not adaptive or helpful to us. We can talk ourselves into fear by creating all sorts of negative images, thoughts or scenarios in our minds. The fear that is triggered by this is real and just as powerful as primary fear, yet it is often irrational, illogical, distorted and unnecessary. The triggers of this type of fear are often automatic thoughts and underlying assumptions that we are not aware of nor have conscious control over.

**SECONDARY FEAR:**

Taking these steps does not mean that we always avoid situations that are threatening. For example, skydiving is a fear-inducing event and yet this fear does not mean that skydiving should be avoided. What it does mean is that skydiving involves risk and danger and the reaction of fear can lead us to take appropriate precautions to assure safety and lesson the threat.

Primary fear should act as a red flag that warns us of a potential threat. It is important to listen to that information and take appropriate steps to maintain safety. We need to listen to our fear, not be trapped by it.

Fears that have never been dealt with or healed from childhood will continue to bubble up and have an adverse effect on current functioning. These fears can be debilitating since they often are quite intense and since we rarely understand where they come from. These types of fears hit us at strange times and they make normal fears seem 10 times as threatening. People often talk about feeling fear, anxiety or panic and having no idea why they are frightened. If there is no physiological reason, no primary fear trigger, and no irrational thought trigger then the fear probably belongs to the child-within. This fear has been repressed for years and continues to haunt us even if we don't remember the original reason for the fear. Feelings that don't get expressed stay with us and find expression through our bodies, behavior and emotions. Child-within fear can cause ulcers, asthma, heart palpitations and tension, as well as panic attacks, phobias and even terror.

We often create complex defenses and rituals to avoid the repressed child-within fear. These defenses include avoidance of anything that even remotely resembles the original fear. We develop phobias in order to avoid situations that may lead to danger. We often become hyper-vigilant with elaborate scanners looking for any hint of threat. This hyper-vigilance often serves to manufacture threat where none, in fact, exists. An appropriate motto for such behavior might be "better safe than sorry." Better to stay completely safe than risk encountering a threatening situation.

Child-within fear not only keeps us away from threatening situations but also keeps us from risking and finding potentially rewarding situations. This is the double edge sword of fear. It is our protector yet also our captor. It keeps us safe, yet isolated and lonely.

Most of the child-within fears involve four major themes: 1) fear of abandonment, 2) fear of emmeshment, 3) fear of death or bodily harm, and 4) fear of being exposed or vulnerable. Any trauma or abuse can cause child-within fear and leave a legacy of fear for the adult to deal with. If these fears are repressed they will continue to have a tremendous impact on us as adults through symptoms of tension, anxiety, obsessions, compulsions and terror. These symptoms are the windows to the fearful child-within and need to be listened to and acknowledged. Once we pay attention to these fears we can embrace them and find their message. If we try to push against the fear it gets stronger, increases in power and can become panic. If we can go with the fear and "ride it out" we can learn the valuable lesson that it is trying to teach us.

# ANXIETY DISORDERS:

There are many different ways that anxiety can be experienced. Those who suffer from anxiety disorders know how debilitating they can be and how anxiety can interfere with social and vocational activities. Below is a summary of the different types of anxiety disorders.

## Generalized anxiety disorder:

This disorder involves unfocused or generalized anxiety about a variety of life situations. The excessive worry, fear and apprehension that accompany the lives of those with this disorder are often mixed with mild to moderate physical symptoms such as nervous stomach, shortness of breath and rapid heart beat. This type of anxiety may not seriously impact social or professional functioning yet it certainly is bothersome and painful for the person feeling the anxiety.

### Example:

*Judy was able to perform well at her job and at home and most people thought highly of her. Underneath this facade she was a bundle of nerves. She tended to worry about everything and it seemed she always had butterflies in her stomach and tension in her shoulders. Judy had a hard time relaxing and when things got too overwhelming for her she would experience mild episodes of panic. For Judy, life was a series of struggles simply to get by and stay one step ahead of her fears and worries. She did not seek treatment for many years thinking that she was just a high strung, nervous person and would have to accept that.*

## Simple phobia:

This is an excessive fear and avoidance of an object, activity or situation. Some common, simple phobias are: fear of animals (snakes, mice, dogs), insects (spiders), closed in spaces (elevators), heights and flying. A simple phobia can significantly disrupt a person's social and professional life due to the avoidance of these objects or activities.

PTSD is a severe reaction to a traumatic event (either current or in the past) that is outside the range of usual human experience and that would be distressing to almost anyone, e.g., a serious threat to one's life or physical integrity (rape, incest, serious accident, combat experience, assault); a serious threat or harm to one's children, spouse, or other close relatives and friends; sudden destruction of one's home or community; or seeing another person who has recently been, or is being, seriously injured or killed as the result of an accident or physical violence. The symptoms of PTSD (adapted from DSM-III-R) include the following:

### Post Traumatic Stress Disorder (PTSD):

*Bill had a fear of public speaking. Whenever he found himself in a situation of having to speak in front of a group of people (even at a social function) he would immediately become extremely nervous with symptoms of panic. He visualized himself being embarrassed and humiliated while speaking, or even worse, fainting right up there for the whole world to see. He avoided any activity that involved speaking in front of others as though his life depended on it.*

Example:

This is a fear and avoidance of certain social situations that may be seen as humiliating or embarrassing. Examples include: speaking in public, eating in public, using public rest rooms, using public transportation or talking with others. Because these situations are avoided this phobia often interferes with a person's personal and professional activities

### Social phobia:

*Bart had a tremendous fear of flying. When he had to travel for business he would try to get out of it any way he could. When he couldn't get out of it he would get panicky with rapid heart beat, profuse sweating, shaking, dry mouth and dizziness. Only when the trip was over would the symptoms decrease. On one occasion he got off the plane just prior to take off because he couldn't stand the intense anxiety. He wasn't sure what he was afraid of, he just knew he should avoid flying. He eventually transferred to a lesser paying job that did not require travel in order to avoid flying.*

Example:

Carol was a survivor of childhood sexual abuse. As an adult she would experience flashbacks of the abuse and terrible nightmares. She was not able to remember the abuse in its entirety and only had glimpses of the details. Whenever she was sexually intimate as an adult the thoughts and feelings of her past abuse would intrude on her consciousness and cause intense anxiety. This greatly interfered with her ability to be intimate and sexual. Whenever she was in a tight place or a crowd she would begin to feel claustrophobic or trapped. She tried to avoid thinking about and talking about the abuse preferring to minimize and deny its importance. She had difficulty relating to others, particularly men, and often felt somehow different, like she didn't fit in or belong.

#### Example:

- 1) efforts to avoid thoughts or feelings associated with the trauma
- 2) efforts to avoid activities or situations that arouse recollections of the trauma
- 3) inability to recall an important aspect of the trauma
- 4) markedly diminished interest in significant activities
- 5) feeling of detachment or estrangement from others
- 6) restricted range of emotions, e.g., unable to have loving feelings
- 7) sense of foreshortened future, e.g., does not expect to have a career, marriage, or children, or a long life

Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness, as indicated by at least three of the following:

- 1) recurrent and intrusive distressing recollections of the event
- 2) recurrent distressing dreams of the event
- 3) sudden acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative (flashback) episodes, even those that occur upon awakening or when intoxicated)
- 4) intense psychological distress at exposure to events that symbolize or resemble an aspect of the traumatic event, including anniversaries of the trauma

The traumatic event is persistently re-experienced in at least one of the following ways:



During a panic attack your nervous system sets off a series of bodily reactions. These reactions happen quickly and intensely and are part of the fight or flight response. The first reaction is the release of large amounts of adrenaline which is experienced as a sudden jolt causing a feeling of dread or terror. Almost instantly the excess adrenaline can cause your heart to race, your breathing to become shallow and rapid, your body to shake, your hands and feet to get cold and your body to break into profuse sweat. The adrenaline also causes muscle contractions in your chest or throat which makes many people experience fear of not being able to breathe. Less noticeable

This disorder involves attacks of intense anxiety which occur unexpectedly and without warning. The person often experiences a variety of physical symptoms including: dizziness, shortness of breath, choking or smothering sensations, rapid heart beat, chest pain or pressure, shakiness, nausea or diarrhea and tingling or numbness. These symptoms are often accompanied by feelings of unreality and intense fear of dying, losing control or going crazy. These attacks can seriously disrupt one's life. Over time the fear of having an attack can become significant by itself leading to avoidance behavior and disrupted social and professional activities.

### Panic disorder:

*Sue was obsessed with cleanliness and exhibited compulsive cleaning behavior. She would spend most of the day vacuuming, scrubbing, disinfecting and dusting her home. She would be on her hands and knees scrubbing the tile floor for hours and then do it again at night just to make sure it was clean. This compulsive ritual would begin anew the very next morning. She obsessed about becoming sick from germs or bacteria. She would wash and scrub her hands over and over until they were red, at times bleeding, in order to get rid of the imagined germs. She took three showers a day and would use three towels to dry herself after each shower. She would become extremely anxious and panicky if for any reason she was unable to perform her cleaning rituals.*

### Example:

This disorder is characterized by involuntary obsessive thinking and compulsive behavior that interferes with normal activities. Obsessions are unwanted thoughts, ideas, images and worries that occur repeatedly. Compulsions are behaviors or rituals that are repeated over and over in order to reduce the anxiety often caused by obsessive thinking. Obsessive thoughts and compulsive behavior can become so time consuming they may significantly disrupt a person's ability to function.

### Obsessive-Compulsive disorder:

reactions also take place including the release of stomach acid, the release of red blood cells, an increase in metabolism, dilation of the pupils and inhibition of digestion. Researchers have found that these same responses occur to a much lesser degree whenever we are excited or emotional. The problem with panic is that these symptoms hit so intensely, often out of the blue leading to instant feelings of terror and a desire to run.

**Example:**

*Mark experienced severe panic whenever he had to go into a building or other enclosure fearing that he would faint, have a panic attack or heart attack. He had intense symptoms that would quickly well up including rapid heart beat, tightness in his chest, shallow rapid breathing, shaking and sweating. He ended up in an emergency room on several occasions thinking that he had a heart attack. These experiences were very troublesome for him and he eventually began avoiding any situation in which he might encounter panic. This kept him isolated at home or just doing the few "safe" things that he could do (i.e., drive to work and back, or shop at an open-air market).*

## CAUSES OF ANXIETY DISORDERS:

In order to understand and treat anxiety disorders it is helpful to look at some of the possible causes. First, it is important to realize that there are usually many contributing factors. Edmund Bourne, in his book, *The Anxiety and Phobia Workbook*, focuses on various contributing factors and much of the following material is adapted from his work. He states:

...there is no one cause which, if removed, would eliminate the problem. Anxiety problems are brought about by a variety of causes operating at numerous different levels. These levels include heredity, biology, family background and upbringing, conditioning, recent stressors, your self-talk and personal belief system, your ability to express feelings and so on (p. 19).

Some clinicians have focused on a purely biological or physiological views of anxiety and their treatments focus on that alone often utilizing medication. Other clinicians focus solely on childhood trauma or neglectful parents and their treatment focuses on working through childhood issues. Both of these approaches are short-sighted and minimize the complexity of anxiety disorders. Most researchers now believe that anxiety disorders are probably a result of both a hereditary predisposition to anxiety and early childhood conditions that foster anxiety. Although it is helpful to

look at the various causes of anxiety, it is not necessary to know what caused your particular problem with anxiety in order to begin to overcome it. It is not helpful to assume that there is one factor and to try to isolate and treat that one factor. As will be discussed in the treatment section, the best way to deal with anxiety is to attack it from as many angles as possible in a comprehensive attempt to deal with all the various causes. Five causes of anxiety will be looked at in more detail: 1) heredity, 2) physiological imbalances, 3) childhood influences, 4) cumulative stress, and 5) conditioning.

## 1. Heredity

Through extensive research studying identical twins raised apart, it has been shown that predispositions to anxiety disorders tend to run in families. What seems to be inherited is a general personality type which is characteristically volatile, reactive and excitable. An individual with this predisposition is more likely to experience anxiety as a result of threatening stimuli (even slight threats) than one without the predisposition. People with this reactive personality will respond to life's stressors and difficulties with more intense fear and anxiety than others. This heightened responsiveness to stimuli often (but not always) leads to life-long battles with anxiety and possibly to an anxiety disorder.

## 2. Physiological imbalances

Recent research has looked at biological or biochemical causes of anxiety disorders. Researchers are theorizing that each anxiety disorder may have a different physiological mechanism associated with them and therefore different treatment approaches. Psychiatrists are specially trained to understand these physiological mechanisms and can prescribe various medications for the medical treatment of these imbalances. As mentioned above it is helpful to look at brain physiology as just one component of the many causes of anxiety disorders.

As Bourne suggests:

....even though there may be a physiological imbalance in the brain underlying your particular anxiety disorder, there is no reason to assume you can't correct it. If you are willing to make lifestyle changes that reduce stress and upgrade your level of physical wellness, any physiological imbalances associated with panic, phobias, anxiety, or obsessions will tend to diminish and perhaps disappear altogether.

When a person is stressed over a long period of time, the cumulative effects of the stress can lead to an anxiety disorder. If you continually have conflict with your boss, co-worker or wife you experience the fight or flight response chronically. Even if the conflict is fairly low-level, if it persists over months or years the chronic tension and uneasiness can build up and easily lead to more significant overwhelming feelings and anxiety. The following are stressful situations that could lead to anxiety:

#### 4. Cumulative Stress

If these issues were not processed and worked through as a child the strong feelings of fear, insecurity and anxiety will eventually bubble up into the adult's life causing significant anxiety. Even though these events happened long ago and may not even be remembered clearly they still hold tremendous power. Feelings that are not dealt with often resurface causing a great deal of grief and anxiety.

- If you were physically abused or witnessed others being abused
- If you were sexually abused or witnessed others being abused
- If you were emotionally abused - had overly critical parents
- If you were abandoned either physically or emotionally
- If you were neglected and failed to get developmental needs met
- If you had unrealistic parental expectations placed on you
- If you had excessively high standards placed on you - perfectionism
- If your parents communicated an overly cautious view of the world
- If your parents did not allow for full expression of emotions
- If your parents' expression of anger was at times out of control
- If you grew up in a chemically dependent family
- If either or both of your parents had problems with anxiety
- If you experienced a significant loss, i.e., death of parent or sibling, divorce

As discussed in the section on child-within fear, things that happen to us as children can have tremendous impact on our functioning as adults. One of the results of childhood trauma, neglect or abuse can be chronic anxiety. A child who has been sexually abused will carry tremendous anxiety (unless she has been allowed to deal with her feelings as a child) into her adult years. The same is true of children who are physically abused, emotionally abused and abandoned. Abandonment (either physical absence or emotional absence) is one of the most difficult traumas for a child to deal with and often leaves the child scarred with intense fear, even terror. The following are childhood events or circumstances that can lead to anxiety disorders as adults:

#### 3. Childhood Influences

Conditioning is another cause of anxiety disorders, especially phobic avoidance. In conditioning, a situation, event or object that is initially neutral, i.e., does not cause panic or discomfort, becomes associated with anxiety and panic. For example, if you spontaneously experienced panic while eating in a restaurant, your mind forms a strong connection or link between eating in a restaurant and panic. Your self talk probably makes the connection worse, i.e., what if I vomit in public; what if I can't get out of the room; what if I choke and can't breathe? Once the conditioning is set in your mind driving by the restaurant or even thinking about eating out can cause panic. If we subsequently avoid eating out, we set up a possible phobia. By avoiding eating out we reward ourselves because our anxiety is reduced. This avoidance makes the conditioning even stronger. We say to ourselves "see, I didn't eat out at the restaurant and I feel fine." Eating out becomes the source of our anxiety even though the original panic may have had nothing to do with the restaurant.

### 5) Conditioning

- If you have a stressful job
- If you routinely deal with conflict in your life
- If you find it hard to "let your hair down" and relax
- If you are concerned with health problems
- If you are continually in conflict in your relationship
- If you are a single parent
- If you are a parent with a special needs child
- If you have financial stressors
- If you have conflict with relatives
- If you have job or business problems
- If you have sexual problems
- If you are separated or divorcing your spouse
- If a friend or family member is chronically ill (physically or emotionally)
- If you are unemployed
- If you have experienced a significant loss
- If you are withdrawing from narcotics, barbiturates, or tranquilizers

Stimulant drugs including cocaine, speed and crystal methedrine cause tremendous and rapid physiological arousal which often lead to anxiety and severe panic attacks.

Nicotine also has been shown to aggravate anxiety. Nicotine is a stimulant which serves to increase physiological arousal. This arousal can trigger anxiety and make us more susceptible to panic. Many people "light up" to calm down, yet the nicotine does not lead to relaxation.

Caffeine is the most common substance associated with anxiety and panic attacks. Too much caffeine keeps us in a chronically aroused and tense condition which in turn leaves us vulnerable to anxiety and panic. Many people find that reduction or elimination of caffeine helps to greatly reduce tension and facilitate more peaceful sleep.

**SUBSTANCES THAT CAN TRIGGER ANXIETY**

- 5) Inner ear disturbance: some panic attacks are associated with a disturbance of balance caused by a swelling of the inner ear, i.e., Meniere's syndrome of anxiety
  - 4) Mitral Valve Prolapse: this condition causes heart palpitations that can trigger anxiety
  - 3) Hyperthyroidism: excessive secretion of thyroid hormone can lead to rapid heartbeat, sweating, and free floating anxiety
  - 2) Hypoglycemia: when blood sugar falls too low symptoms similar to panic can be experienced
  - 1) Hyperventilation syndrome: shallow breathing can lead to dizziness, light headedness, shortness of breath, and trembling
- There are many physiological causes of anxiety that mimic the symptoms of anxiety disorders. These physical causes need to be evaluated by a competent physician so that appropriate medical treatment can be initiated. These include:

**PHYSICAL CAUSES OF ANXIETY:**