

Anxiety and Panic

Anxiety and fear are normal responses to a perceived threat. Anxiety is usually triggered by a vague or ill-defined threat while fear is usually triggered by a well-defined threat, such as a car skidding on ice. Both anxiety and fear trigger unpleasant mental symptoms such as a sense of helplessness, confusion, apprehension, worry, and repeated negative thoughts. Both also trigger physical symptoms ranging from simple muscle tension to a pounding heart.

A panic attack is an intense state of fear that occurs for no apparent reason and is characterized by four or more of the following symptoms:

- Shortness of breath or smothering sensations
- Dizziness, unsteady feelings, or faintness
- Palpitations or accelerated heart rate
- Trembling or shaking
- Numbness or tingling sensations usually in the fingers, toes, or lips
- Flashes (hot flashes) or chills
- Chest pain or discomfort
- Fear of becoming seriously ill or dying
- Fear of going crazy or of doing something uncontrolled
- Sweating
- Choking
- Nausea or abdominal distress
- Feelings of unreality (depersonalization or derealization)

Anxiety and panic can be spontaneous (in any situation) or situational. If anxiety or panic is triggered simply by thinking of a particular situation, it is called anticipatory anxiety or anticipatory panic.

The first step in overcoming any anxiety-related problem is to rule out possible “medical” causes by having a complete examination by a physician. Examples of medical conditions that can cause one or more of the symptoms associated with anxiety include cardiovascular problems, asthma, seizure disorder, diabetes, and problems with the inner ear. Medications (legal and illegal) can also cause anxiety symptoms.

People with anxiety-related problems often feel that they alone suffer from this problem. This is not true. The National Institute of Mental Health ranks anxiety disorders as the most common mental-health problem in the United States, and findings are similar in Canada. There are seven main types of anxiety-related problems: Generalized Anxiety Disorder, Panic Disorder, Panic Disorder with Agoraphobia, Social Phobia, Obsessive-Compulsive Disorder, Simple Phobia, and Post-Traumatic Stress Disorder.

The “High Anxiety Personality”

People with anxiety-related problems share many of the same personality traits:

High Level of Creativity/Imagination

People suffering from severe anxiety tend to be very creative with the ability to imagine things vividly. Negative anticipation, or “what if” thinking, is the tendency to think of many frightening things that could occur in a given situation and then imagine them.

Rigid Thinking

Rigid thinking is the tendency to perceive life as a series of either/or alternatives. Events are either right or wrong, fair or unfair. Another characteristic of this type of black-and-white thinking is the presence of many rigid rules. There are often many things that “should”, “must”, or “cannot” be done by oneself or others.

Excessive Need for Approval

The excessive need for approval is often referred to as low self-esteem or low self-acceptance. A person with this trait depends on others for a sense of self-worth. This creates a fear of rejection, and a tendency to take responsibility for the feelings of others.

Extremely High Expectations of Self

There is often the expectation from oneself of a much higher level of performance and accomplishment than would ever be expected from others.

Perfectionism

Perfectionism includes the excessively high expectations mentioned above; the tendency to use all-or-nothing thinking when evaluating one’s actions; and a tendency to focus on small flaws and errors rather than on progress or overall achievement.

Competent and Dependable “Doer”

The interaction of all of the above often creates a person who is competent, capable, and dependable, as well as a real “doer” who is skilled at getting jobs done and done well.

Excessive Need to Be in Control

A person with this trait places a high value on being calm and in control. Often there is also a need for events to be predictable. There may also be a tendency to try to control the feelings and behaviour of others. A person with the need to be in control can experience fairly intense anxiety symptoms but appear normal to the casual observer.

Suppression of Some or All Negative Feelings

A person with the above traits often suppresses feelings, such as pride or anger, that “shouldn’t” be felt because they might cause loss of control or disapproval from others.

Tendency to Ignore the Body's Physical Needs

This trait is reflected in the attitude that the body is unimportant. Signs from the body indicating it is tired or hurting and needs rest or care are ignored or given low priority. It needs to be emphasized that the above traits are not necessarily undesirable. When used in a positive fashion, creativity is the source of all effective problem solving. The need for approval is shared by all and makes fulfilling relationships possible. A moderate degree of perfectionism, high personal expectations, and dependability create a valuable member of society. The ability to maintain control of oneself and one's emotions helps a person function well during emergencies and in the midst of chaos. As with any given traits a person can possess, there is a healthy range for each of the above. Some people will be at the low end of this range for some traits and others will not be. People with anxiety-related problems tend to be at the high end for this group of traits. This creates problems only when several of the traits become exaggerated.

The key to success is learning how to moderate these traits and tap into them only during times when they are appropriate. Learning to use them in this way and minimizing them during the times they interfere with one's life, transforms these traits into valuable assets.

The Roots of the High Anxiety Personality

- The values and beliefs of the family in which the person was raised
- The methods of discipline used to train and socialize the person
- The role models presented by the adults in the person's life when he/she was young
- The place within the family constellation (e.g., birth order, sex of siblings, etc.)
- The social and cultural influences present in childhood
- Biological inheritance
- The meaning given to each of the above in childhood

Alcoholism, abuse, an anxious parental role model, a critical parent, rigid family rules, parent/child role reversal, and performance-related approval are all examples of factors that are commonly found in the childhood background of people with severe anxiety.

The "Fight or Flight" Response

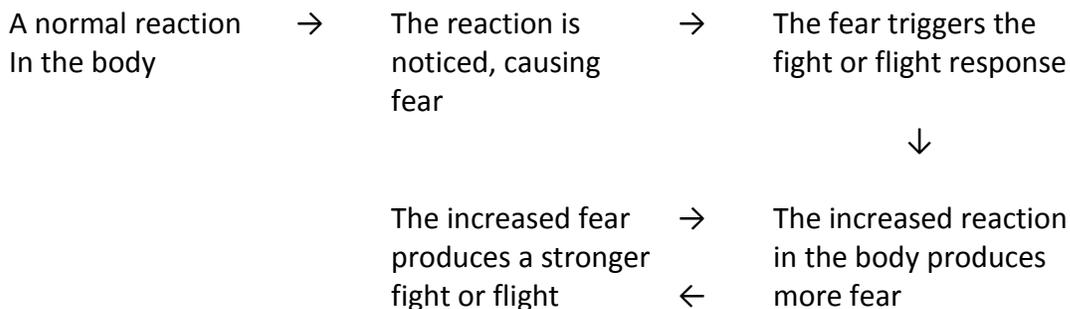
The nervous system is divided into two parts: the voluntary nervous system and the autonomic nervous system. The voluntary nervous system controls actions which require thought, such as raising one's arm. The autonomic nervous system controls all activities that do not require thought, such as breathing. The autonomic nervous system is divided into the sympathetic and parasympathetic divisions. The parasympathetic division regulates the "resting" functions in your body such as growth and digestion.

The sympathetic division regulates your “fight or flight” response. When triggered, the sympathetic division of the autonomic nervous system suspends all nonessential activity in the body and increases activity in any system necessary to either fight or flee from an external *physical* threat. This response involves many complex reactions in the body, such as accelerated heartbeat, more rapid breathing, and increased muscle tension.

The most common threats we face today are *psychological* threats such as the loss of love, status, prestige, or one’s sense of belonging and significance. Usually, these losses do not require an immediate physical response. Unfortunately, our bodies respond to any threat as if the threat requires an immediate physical response. So, when a person is embarrassed and feels threatened by what others think, the person’s body triggers the fight or flight response and begins gearing up to physically run away or to fight. A person experiencing a panic attack in this situation is actually experiencing an overreaction to the fight or flight response.

How Panic Disorder Develops

A panic disorder develops in various stages. The first step is an episode of unpleasant physical sensations that are frightening and for which the cause is not understood. The next step in the process is the lack of an acceptable explanation for the mysterious symptoms. The person may worry that the mysterious and frightening symptoms will recur and again produce the terrible sense of being out of control. The fear can cause the person to become very aware of internal sensations such as heartbeat and rate of breathing. This increased awareness of the body is called *internalization* or *body scanning*. The person might also begin to worry about what might happen if the frightening sensations occur in various situations. This worry is called *negative anticipation*. The combination of not understanding what happened in the first place, internalization, and negative anticipation causes the development of an *anxiety/panic cycle*:



The person becomes caught in a series of vicious cycles.

The True Cause of Panic Disorder

Many people experience the triggering events described above. While some develop panic disorder and agoraphobia, others do not. What separates those who do develop the anxiety/panic cycle from those who do not seems to be the high-anxiety traits. People

with most or all of these traits are more likely to exaggerate the meaning of the initial symptoms, begin to watch their body carefully, and worry about what the symptoms mean and what might happen if they cannot be controlled. In essence, anxiety becomes a sort of “boogie man” that follows them around. They flee from any indication that this boogie man is coming. Unfortunately, most of the symptoms they flee from are *normal*. They just do not understand this important point. It is not so much that a person has a very reactive body, a tendency to hyperventilate, a medical condition, or an adverse drug reaction that produces symptoms of anxiety or panic. Instead, it is what a person *thinks* and *believes* about what has happened that is the key to the development of the anxiety/panic cycle.

Material adapted by Suzanne Welstead (2016) from the book, *Anxiety, phobias, & panic: A step-by-step program for regaining control of your life*, by Reneau Z. Peurifoy.