

Understanding and Overcoming Anxiety, Worry, and Fear

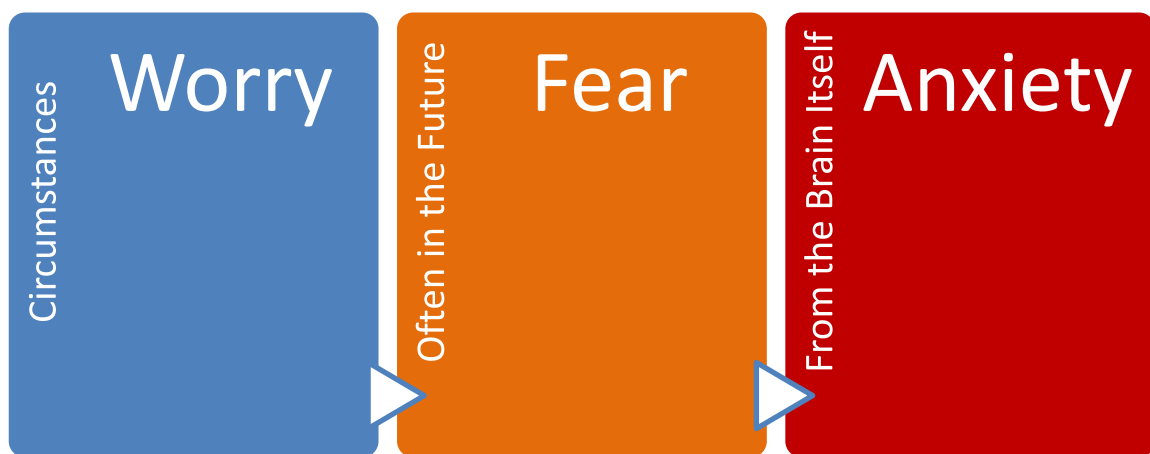
Sponsored by:



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Anxiety, Worry, or Fear

Whenever there is stress, a certain amount of “anxiety” is expected. But for some people the anxiety can become excessive, and come at unpredictable times. When this anxiety becomes uncontrollable, and negatively impacts their day to day lives, we call this an “anxiety disorder.”



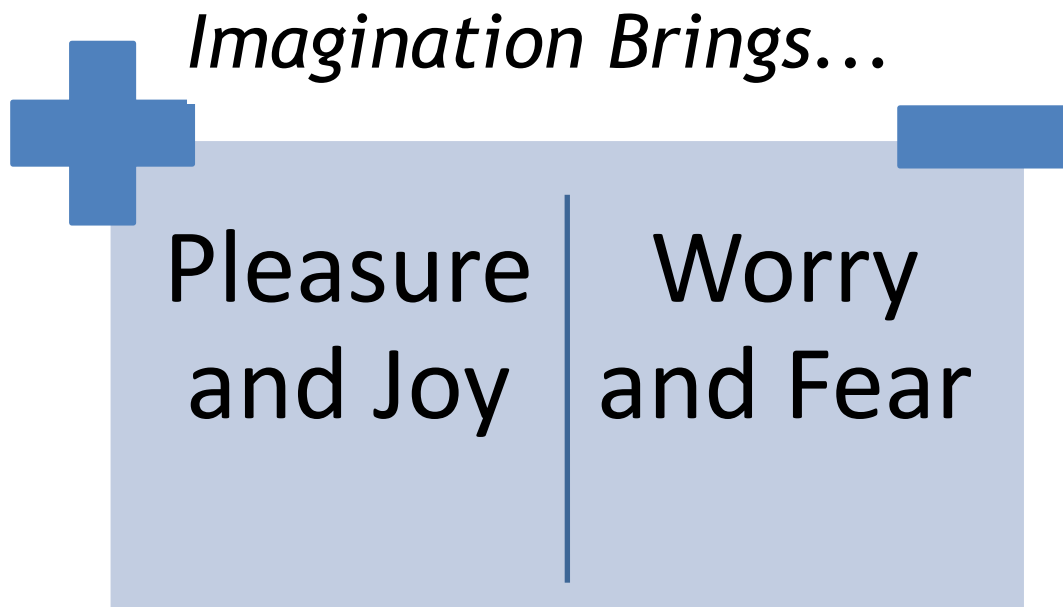
Anxiety can come from a variety of causes. Typically we think of environmental or psychological causes such as living through a serious trauma, or experiencing significant grief. But there are also likely genetic factors, and childhood issues can play a role. The more losses one suffers during childhood, the more likely one is to suffer from anxiety disorders as an adult.

“Worry” and “Fear” can be significant problems too. While there are certainly neurological factors involved in chronic worry or fear, they are also related to our human ability to look into the future with our God-given imaginations. This ability is often both the cause, and the remedy, for daily worry or fear.

Anxiety, worry, and fear are all related to each other, but they are not necessarily from the same root problem. Each of them is caused by the release of certain **stress hormones**, but the reason for those hormones being released is different in each case.

These **stress hormones** are also at high levels in about 50% of people with major depressive disorder. Adrenalin and Cortisol are the two best known.

- Everybody worries sometime, and some people worry all the time.
- “Worry” is unique to humans. It is a “type” of thinking, rumination. It allows us to think about things over and over to work out our problems and find solutions. “Imagination” is also unique to humans and allows us to work this process. “Worry” is a function of our “Imagination.” But using our “imagination” better we can also decrease “worry” and increase “calm” if we use it to unravel our tangled thoughts.



- “Worry” is often focused in either the past, or the future. But it is the enemy of being present in the “now.”
- Most future things that we worry about will never happen.
- We have neurological systems (Para-sympathetic and Sympathetic) that help us in both surviving and in thriving. Sometimes we turn them on by “worry.”

The brain doesn't do well knowing the difference between the dangerous “reality” of the external world, and the “dangerous things” that we worry about in our imagination. Both are “seen” in images and pictures by our brain.

- Our “self-consciousness” is a powerful tool, for mental health or not. Many use self-medication such as alcohol or drugs to decrease self-consciousness.

Stress: The Causes and Responses to Stress

- What is **the “fight, flight, or freeze” response?**
- **Physical, emotional, and cognitive responses** to stress, immediate and long-term
- **Adrenalin, Cortisol, and Cholesterol**
- **Customers, co-workers, and real life**

Can we do more with less and not break?

Physiological Effects of Stress and Anxiety

Fear

Shortness of Breath

Choking Sensation

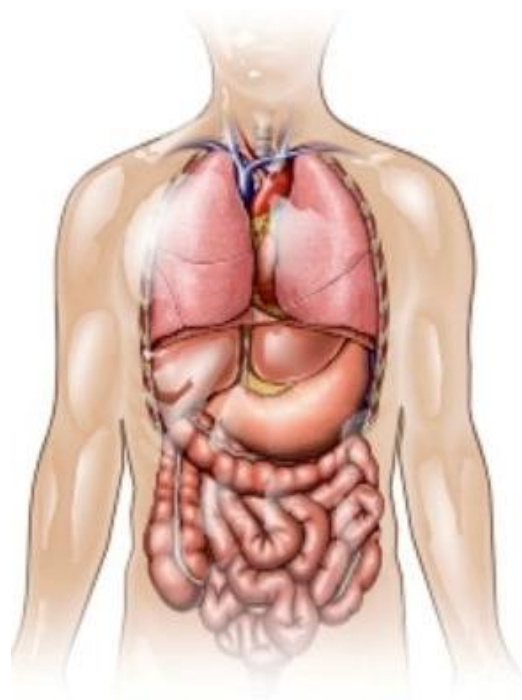
Heart Racing

Restlessness

Increased Muscle Tension

Changes in Blood Flow

Narrowed Field of Vision



Simple Tools to Manage and Over-come Stress

- **Breathing and relaxation** – it really helps
 - Slow **belly** breathing
 - **Military** breathing 4x4
- **Diet, nutrition, exercise, massage**
- **Encouragement**
- What do you do for **fun**? How do you **relax** at home?
- Starting your day right, ending your day well
- **Writing love notes**
- Seeking **Peace** : “All men desire peace, but very few desire those things that make for peace.”

Going Deeper

- **Being “right” with God, your family, friends, and yourself. Forgiveness.**
- The power of the **23rd Psalm** even after 3000 years
- **Counseling** with others

A true understanding and humble estimate of oneself is the highest and most valuable of all lessons. To take no account of oneself, but always to think well and highly of others is the highest wisdom and perfection.”

— Thomas à Kempis, *The Inner Life*

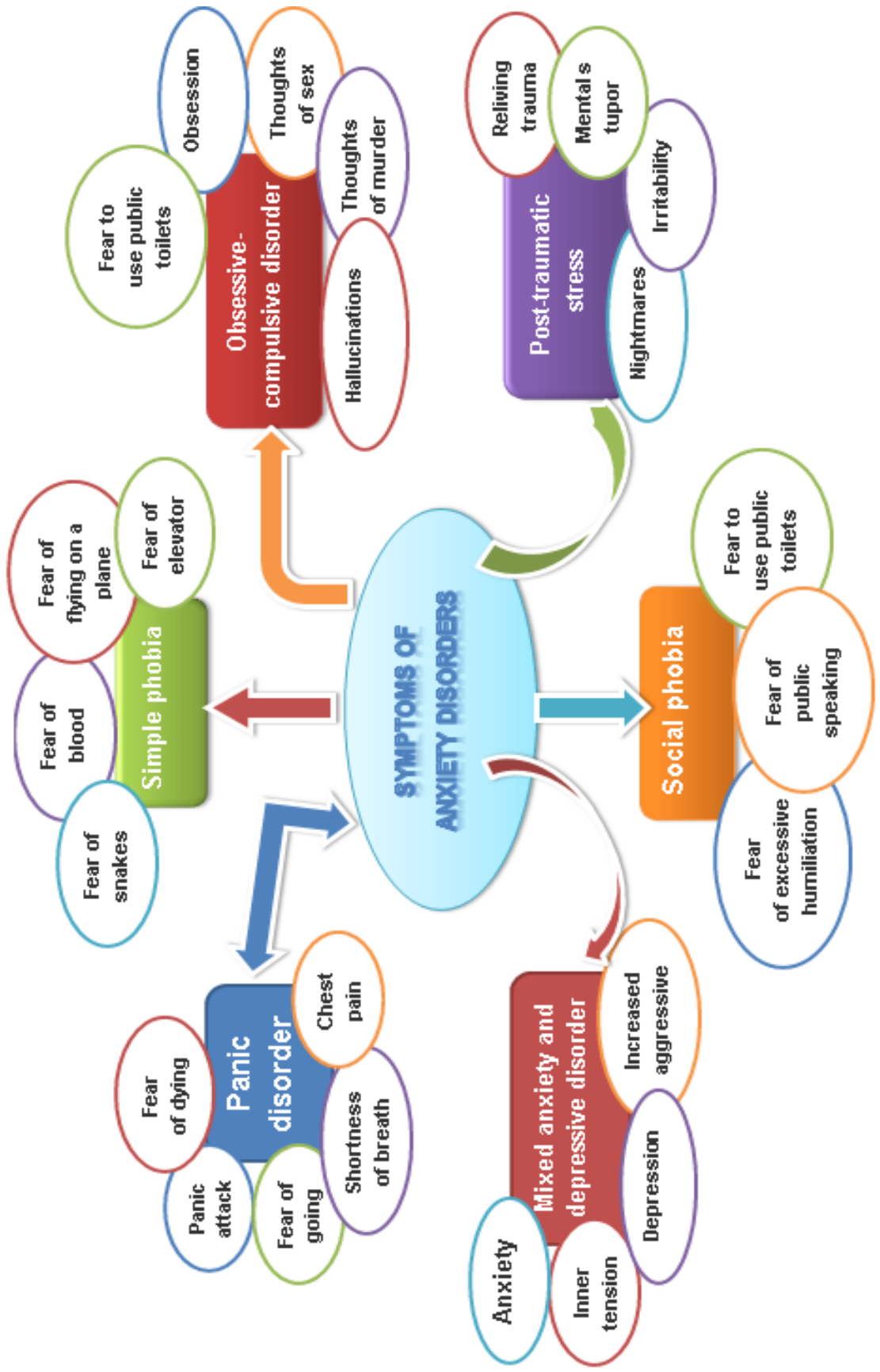
There are a variety of “anxiety disorders” including:

- “Generalized Anxiety Disorder”
- “Panic Disorder”
- “Post-Traumatic Stress Disorder”
- “Obsessive-Compulsive Disorder”

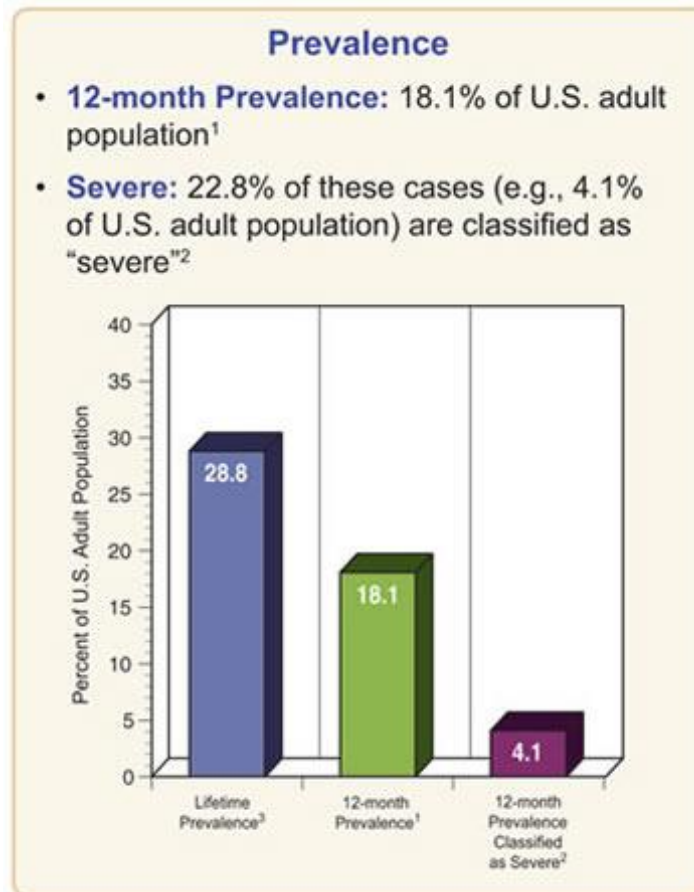


Unlike the relatively mild, brief anxiety caused by a stressful event (such as speaking in public or a first date), anxiety disorders last **at least 6 months** and can get worse if they are not treated. Each anxiety disorder has **different symptoms**, but all the symptoms cluster around **excessive, irrational fear and dread**.

Anxiety disorders **commonly occur along with** other mental or physical illnesses, including **alcohol or substance abuse**, which may mask anxiety symptoms or make them worse. In some cases, these other illnesses need to be treated before a person will respond to treatment for the anxiety disorder.



Anxiety disorders affect about **40 million American adults** age 18 years and older (**about 18%**) in a given year, causing them to be filled with fearfulness and uncertainty.



Women are 60% more likely than men to experience an anxiety disorder over their lifetime. Non-Hispanic blacks are 20% less likely, and Hispanics are 30% less likely, than non-Hispanic whites to experience an anxiety disorder during their lifetime.

A large, national survey of adolescent mental health reported that **about 8 percent of teens ages 13–18 have an anxiety disorder**, with symptoms commonly emerging around age 6. However, of these teens, only 18 percent received mental health care.

Strange Fact: It is not uncommon to see a child with OCD or other Anxiety symptoms that appeared suddenly a few weeks after having had a high fever from a virus. This virus then found a way into the brain and is causing the OCD or Anxiety.

Children Can Suffer From Anxiety Disorders Too

Obsessive-Compulsive Disorder

Generalized Anxiety Disorder

Panic Disorder with or without Agoraphobia

Post Traumatic Stress Disorder

Separation Anxiety Disorder

Selective Mutism

Social Phobia

Specific Phobia

"I Have No One..."

"Orphan Heart"

- Feel Like an "Outsider" without Parents, or Family. Feels "there is no one to help" through life
- I have to take care of myself to survive
- Strive to be Accepted by Others
- Compare Myself to Others, then often Reject Myself – Not Good Enough
- Jealous of Others' Success, Glad When they Fail
- Feel Unimportant
- Critical of Others to make Myself Look Good
- Jealous, ENVY, Critical, Stuck
- God is my Master
- I must earn God's Favor
- I "Must Be" Pure and Holy to have God's Approval, But I'm Never Good Enough
- Because I Cannot Measure Up I Look for Counterfeit Sources of "Legitimacy" such as High Income, Alcohol, Busyness, Religious Activity

Feelings of REJECTION OF GOD >> Rejection of SELF ("not good enough" "self-injury" etc)

FEAR OF REJECTION >> Rejection of OTHERS (defensive, blames others, protective) or to PEOPLE PLEASING (from fear of being rejected by others).

Trauma from REJECTION can lead us to MAKE A JUDGMENT ABOUT GOD, which makes the trauma or wound very "sticky".

"Dearly Loved Child"

- My Legitimacy as a Person is Grounded in Who God is and How He Sees Me
- God is My Loving Father, who Accepts Me, Provides for Me, Cares About Me
- I Am Seated with Christ in the Heavenly Places, a Place of Honor and Authority – part of the King's Royal Family
- The Holy Spirit Lives In Me and Empowers Me
- I am a part of the Family of God
- I can rest in God's Favor and Acceptance of Me

- I enjoy Pleasing God and Putting a Smile on Father's Face
- I Represent my Father's Kingdom, and can reach other to others as the Hands and Feet of Jesus Christ
- I can value others, as they are loved by my Father too, and I can be happy when they succeed, and grieve in their failures.

Nor-Epinephrine

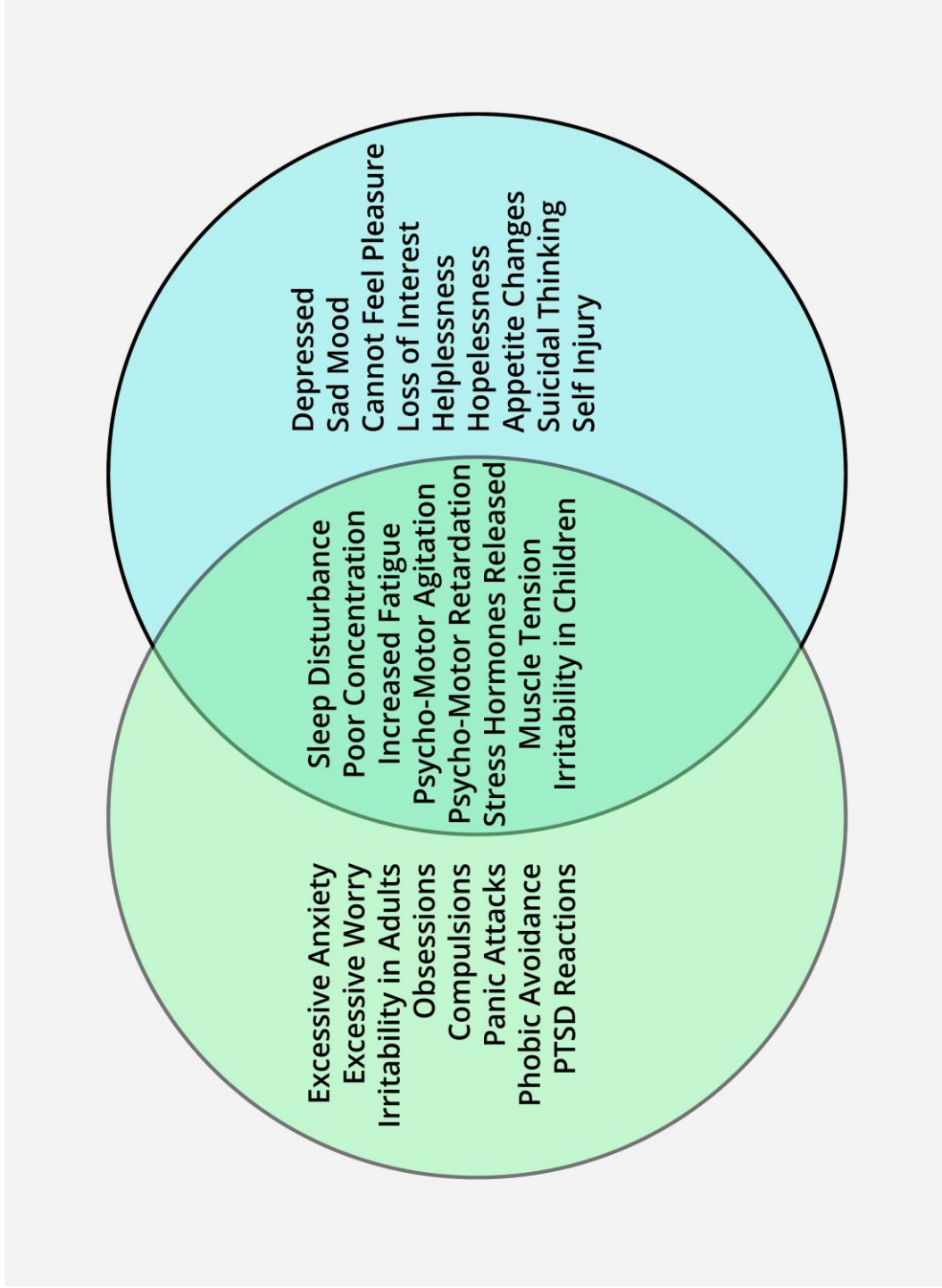
- Pleasure Pathways are Stimulated by NE
- Low NE > mostly causes Psycho-Motor Retardation

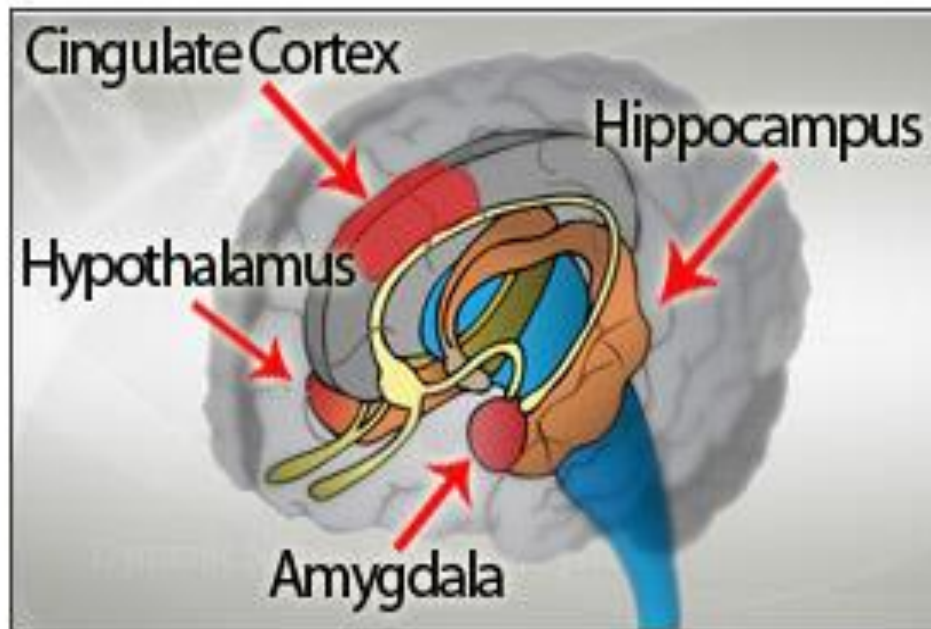
Dopamine

- Cocaine works on Dopamine Pathways
- Low Dopamine > Loss of Ability to Feel Pleasure

Serotonin

- Gives a sense of Well Being
- Low Serotonin > Excessive sense of Grief or Loss, Guilt or Shame, and Obsessions





Amygdala - a “communications hub” between the parts of the brain that process incoming sensory signals and the parts that interpret these signals. It can alert the rest of the brain that a threat is present and trigger a fear or anxiety response. The emotional memories stored in the central part of the amygdala may play a role in anxiety disorders involving very distinct fears, such as fears of dogs, spiders, or flying.

Hippocampus - the part of the brain that encodes threatening events into memories. Studies have shown that the hippocampus appears to be smaller in some people who were victims of child abuse or who served in military combat. Research will determine what causes this reduction in size and what role it plays in the flashbacks, deficits in explicit memory, and fragmented memories of the traumatic event that are common in PTSD.

Medication

Medication will not cure anxiety disorders, but it can keep them under control while the person receives psychotherapy. Medication must be prescribed by physicians, usually psychiatrists, who can either offer psychotherapy themselves or work as a team with psychologists, social workers, or counselors who provide psychotherapy. The principal **medications used for anxiety disorders are antidepressants, anti-anxiety drugs, and beta-blockers** to control some of the physical symptoms. With proper treatment, many people with anxiety disorders can lead normal, fulfilling lives.

Antidepressants

Antidepressants were developed to treat depression but are also effective for anxiety disorders. Although these medications begin to alter brain chemistry after the very first dose, their full effect requires a series of changes to occur; it is usually about 4 to 6 weeks before symptoms start to fade. It is important to continue taking these medications long enough to let them work.

SSRIs

Some of the newest antidepressants are called selective **serotonin** reuptake inhibitors, or SSRIs. SSRIs alter the levels of the neurotransmitter serotonin in the brain, which, like other neurotransmitters, helps brain cells communicate with one another.

Tricyclics

Tricyclics are older than SSRIs and work as well as SSRIs for anxiety disorders other than OCD. Tricyclics include imipramine (**Tofranil®**), which is prescribed for panic disorder and GAD, and clomipramine (**Anafranil®**), which is the only tricyclic antidepressant useful for treating OCD.

MAOIs

Monoamine oxidase inhibitors (MAOIs) are the oldest class of antidepressant medications. The MAOIs most commonly prescribed for anxiety disorders are phenelzine (**Nardil®**), followed by tranylcypromine (**Parnate®**), and isocarboxazid (**Marplan®**), which are useful in treating panic disorder and social phobia. People who take MAOIs cannot eat a variety of foods and beverages (including cheese and red wine) that contain tyramine or take certain medications, including some types of birth control pills, pain relievers (such as Advil®, Motrin®, or Tylenol®), cold and allergy medications, and herbal supplements; these substances can interact with MAOIs to cause dangerous increases in blood pressure. MAOIs can also react with SSRIs to produce a serious condition called “serotonin syndrome,” which can cause confusion, halluci-

nations, increased sweating, muscle stiffness, seizures, changes in blood pressure or heart rhythm, and other potentially life-threatening conditions.

Anti-Anxiety Drugs

High-potency **benzodiazepines** combat anxiety and have few side effects other than drowsiness. Because people can get used to them and **may need higher and higher** doses to get the same effect, benzodiazepines are generally prescribed for short periods of time, especially for people who have abused drugs or alcohol and who become dependent on medication easily. One exception to this rule is people with **panic disorder**, who can take benzodiazepines for up to a year without harm.

Some people experience withdrawal symptoms if they stop taking benzodiazepines abruptly instead of tapering off, and anxiety can return once the medication is stopped. These potential problems have led some physicians to shy away from using these drugs or to use them in inadequate doses.

Beta-Blockers

Beta-blockers, such as propranolol (**Inderal®**), which is used to treat heart conditions, can prevent the physical symptoms that accompany certain anxiety disorders, particularly social phobia. When a feared situation can be predicted (such as giving a speech), a doctor may prescribe a beta-blocker to keep physical symptoms of anxiety under control.

Taking Medications

Before taking medication for an anxiety disorder:

- Ask your doctor to tell you about the effects and **side effects** of the drug.
- Tell your doctor about any **alternative therapies** or **over-the-counter** medications you are using.
- Ask your doctor **when and how the medication should be stopped**. Some drugs can't be stopped abruptly but must be tapered off slowly under a doctor's supervision.
- **Work with your doctor** to determine which medication is right for you and what dosage is best.
- Be aware that some medications are effective only if they are taken regularly and that **symptoms may recur if the medication is stopped**.

Psychotherapy

Psychotherapy involves talking with a trained mental health professional, such as a psychiatrist, psychologist, social worker, or counselor, to discover what caused an anxiety disorder and how to deal with its symptoms.

Cognitive-Behavioral Therapy

Cognitive-behavioral therapy (CBT) is very useful in treating anxiety disorders. The cognitive part helps people **change the thinking patterns** that support their fears, and the behavioral part helps people change the way they react to anxiety-provoking situations.

For example, CBT can help people with panic disorder learn that their panic attacks are not really heart attacks and help people with social phobia learn how to overcome the belief that others are always watching and judging them. When people are ready to confront their fears, they are shown how to use exposure techniques to desensitize themselves to situations that trigger their anxieties.

Medication can be combined with psychotherapy for specific anxiety disorders, and this is the best treatment approach for many people.

If you think you have an anxiety disorder, the first person you should see is your family doctor. A physician can determine whether the symptoms that alarm you are due to an anxiety disorder, another medical condition, or both.

If an anxiety disorder is diagnosed, the next step is usually seeing a mental health professional. The practitioners who are most helpful with anxiety disorders are those who have training in cognitive-behavioral therapy and/or behavioral therapy, and who are open to using medication if it is needed.

Remember that once you start on medication, it is important not to stop taking it abruptly. Certain drugs must be tapered off under the supervision of a doctor or bad reactions can occur. Make sure you talk to the doctor who prescribed your medication before you stop taking it. If you are having trouble with side effects, it's possible that they can be eliminated by adjusting how much medication you take and when you take it.

EEG Neurofeedback Training

This can be a very effective treatment for a variety of Anxiety Disorders. This technology can help the brain to re-train itself and regulate itself.

Learn more by Googling these keywords: Clarity Direct Neurofeedback, Low Energy Neurofeedback, LENS neurofeedback, Len Ochs, David Dubin, HPN neurofeedback.

Also watch our 5:00 introductory video at DouglasCowan.me on the home page.

PTSD by Arthur Burk

A set of CDs for home use. Arthur is an exceptional thinker, but neither a therapist nor physician. He is a researcher and operates a "think tank" in Anaheim, CA. His CD set is helpful particularly for veterans suffering from PTSD.

Extress by VAXA

Extress is an over-the-counter alternative treatment that can be very helpful to reduce the symptoms of anxiety, worry, or fear. We think this is a great product. Available at Amazon, sometimes at Lassens.

Helpful Things to Do

For Biological and Neurological Factors



Medications: "Day and Night"

Take the Time to Sleep

Relaxation to Lower Stress

Regarding Hormones Check Your Levels, Ratios



Thyroid Function

Estrogen, Progesterone

Testosterone in Males

EEG Neurofeedback is another intervention that can improve the "dys-regulation" of the brain and improve sleep and mood. We use Clarity Direct Neurofeedback technology, which is a very powerful and fast intervention. In Tehachapi we have the only direct neurofeedback unit between Los Angeles and the SF Bay area. In Bakersfield there is a "traditional" neurofeedback unit at Community Counseling and Psychology Services.

Cholesterol levels between 200 and 230 help hormone levels. Talk with your doctor.

Nutrition: From David Nelson, Ph.D. Nutritionist

- Parent Essential Oils – Essential Fatty Acids ("Yes" oils, or a broad spectrum variety)
 - Coconut, olive, sunflower, safflower, flax seed, primrose, borage, walnut, etc
- Phosphatidylcholine (a phospholipid)
- Butyric Acid – eat from ½ to 1 entire stick of butter every day, but w/o the bread
- If thyroid is a problem, use iodine supplement (Ioderal or Lugal's formula)
- Multi-Minerals
- Methyl B-12 and Methyl Folic Acid
- Exress by VAXA available on Amazon

Emotional Factors:

- Cognitive Behavioral Therapy
- Read aloud the 23rd Psalm x5 per day, prayer

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2014 Updates

Nearly 26% of all adults suffer from anxiety of one type or another in any given year. These disorders can be debilitating. Of those:

- 2.7% have Panic Disorder
 - About 50% of these also have Major Depressive Disorder
 - About 30% also have Social Anxiety Disorder
- 3.1% have Generalized Anxiety Disorder
 - About 50% of these also have Major Depressive Disorder
 - About 25% of these also have Panic Disorder
- 6.8% have Social Anxiety Disorder

About 8-11% of Children and Teenagers will develop anxiety before age 18. Anxiety Disorders in Children and Teens are not typically debilitating, but do tend to inhibit expected developmental progress, and keep them from reaching social and academic goals.

- Very commonly seen in ADHD
- Very commonly seen in Oppositional Defiant Disorder

Treating the impact of TRAUMA is far more important than treating any underlying psychodynamic conflicts. Trauma and stress can alter healthy brain function.

When the brain begins to produce anxiety, a person changes in relation to it. Life events may cause the anxiety, but once the person actually experiences the feeling of anxiety the person will respond by trying to avoid feeling it ever again.

The AVOIDANCE patterns may be mental, or behavioral. But eventually they will impact personality, coping skills, social interactions, self-image, mental health, and substance use for self-medication.

Anxiety >> Avoidance >> Anxiety >> Avoidance

That's why the first thing to treat are the symptoms, then later the responses to the symptoms and the underlying causes of the anxiety.

Specific regions of the brain are associated with the different types of anxiety.