

ANXIETY

# Anxiety

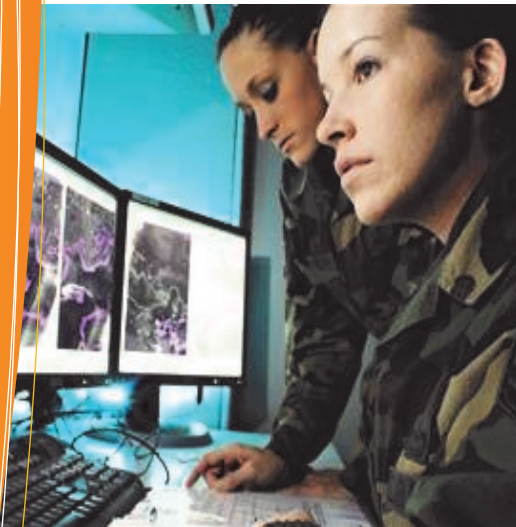
eLibrary  
Reference  
Materials

1.1 Introduction	4
1.1.1 What is Anxiety?	4
1.1.2 What is Worry?	4
1.2 Anxiety Disorders	6
1.2.1 When Anxiety Becomes a Problem	6
1.2.2 Who Is Affected By Anxiety?	7
1.2.3 What Are The Most Common Types Of Anxiety Disorders?	7
1.2.3.1 Generalized Anxiety Disorder (GAD)	7
1.2.3.2 Panic Disorder	8
1.2.3.3 Post Traumatic Stress Disorder (PTSD)	9
1.2.3.4 Social Anxiety Disorder	10
1.2.3.5 Obsessive-Compulsive Disorder	10
1.3 Do Individuals With Anxiety Experience Other Problems?	11
1.4 What Causes Anxiety Problems?	12
1.4.1 Family History/Genetics	12
1.4.2 Learning	12
1.4.3 Brain Chemistry	12
1.4.4 Traumatic Events	12
1.5 What Makes Anxiety Worse?	12
1.5.1 Stress	12
1.5.2 Caffeine and Other Stimulants	13
1.5.3 Problems Being Assertive	13

1.5 What Makes Anxiety Worse? (cont.)	12
1.5.4 Unrealistic Thinking	13
1.5.5 Poor Coping Skills	14
1.6 A Common Anxiety Related Problem for Vets: Panic Disorder	15
1.6.1 What is Panic Disorder?	15
1.6.2 What Happens to Thoughts During Panic?	17
1.7 How Does Anxiety Affect Family Members?	18
1.7.1 Social Isolation	18
1.7.2 Chronic Tensions	18
1.7.3 What to Do If a Family Member Has Anxiety Problems	18
1.8 Managing Anxiety and Worry	19
1.8.1 Professional Help	19
1.8.2 Psychotherapy	19
1.8.3 Medication	19
1.8.4 Reducing Physical Symptoms of Anxiety	20
1.8.5 Changing Worried Thinking	21
1.8.6 Strategies for Improving Realistic Thinking	21
1.9 Resources	23
1.10 References	23

## 1.1 INTRODUCTION

Anxiety can be described as motivation, excitement, tension, anticipation, stress, worry, nerves, and phobias. Anxiety can be a *normal* reaction to new and positive challenges or to stressful events. But, anxiety can also be the result of distorted thinking and other *controllable* causes; if not controlled, anxiety can become problematic and interfere with your health and wellness.



### 1.1.1 What is Anxiety?

Anxiety is a mix of thoughts, emotions and physical reactions. People describe experiencing “butterflies” or “knots” in their bellies, or a pounding heart, or chest tightness. Anxiety can be useful, signaling the body to go “on alert” and prepare for action. Anxiety can be a motivator or a response to the anticipation of an event. Anxiety can signal a person to act, which can facilitate coping with a difficult situation.

### 1.1.2 What is Worry?

Worry is the thinking part of anxiety in which the worrier regularly predicts the occurrence of negative or catastrophic events in his life or in the life of loved ones. Worried thinking often leads anxiety’s physical symptoms (rapid heartbeat, restlessness, disrupted sleep, etc.).

*Everyone* worries about something at one time or another. But, worry becomes problematic when it is chronic and interferes with daily living. It becomes a cycle that is difficult to break and may cause you to make significant lifestyle changes like isolating yourself or avoiding public places. Worried thinking focuses on the likelihood of negative outcomes without *realistic* efforts to plan or problem solve. Worry is about living in the future by always thinking “What if?”

Here are some signs that worry might be problematic in your life:

- You are chronically on alert and thinking about potential future dangers or threats.
- You are consistently making negative predictions about the future.
- You tend to overestimate the likelihood that something bad will happen.
- You repeat worried thoughts over and over again in your head.

**A QUICK NOTE ABOUT CATASTROPHIC THOUGHTS:** The catastrophic thoughts associated with each anxiety disorder tend to be unique to that disorder. For example, the thoughts associated with Social Anxiety tend to be about being rejected, humiliated, or looking or sounding stupid. Obsessive-Compulsive thoughts tend to be about thoughts sticking and repeating around potential catastrophes (e.g. the oven might be on and will burn the house down), something specific in the environment being dangerous (e.g. germs), or an unrealistic fear of harming oneself or others. These thoughts get stuck, like a song that gets stuck in your head.



### 1.1.2 What is Worry? (cont.)

An example of worrying leading to anxiety:

*Jim hopes to be promoted at his job. He has been in the same position for five years and has been working hard. He was deployed for 12 months and has returned to work. Since returning from deployment, he has received consistently positive feedback and yearly reviews from his employer. Jim passed the preliminary review for the promotion, and has a formal, in-person interview coming up. Jim is worried (predicting) that he will not get the job, even though he believes that he is the most qualified candi-*

*date for the position. Jim thinks he will be too anxious to accurately answer the interviewer's questions, even though he has been preparing himself for two weeks. He finds himself wondering: "What if my mind goes blank? What if they view my deployment negatively? What if the roads are icy and I can't get to the interview on time? What if I spill coffee on myself the morning before the interview?" Every time he thinks (worries) about the interview his heart races, his palms sweat and he has butterflies (anxiety).*

**This vignette above is an example of worried thinking leading to anxiety.**

Even though Jim is qualified for the position and has been preparing for the interview, he has been focusing most of his attention on the future (e.g. "What if?") and the catastrophic outcomes to follow. He has not engaged in any planning or problem solving.

Consider this example:

*Steve is scheduled to compete in a national karate competition in two weeks. His military training has mentally prepared him, and the required PT has kept him in shape. He has practiced. His friends and family will be traveling from around the country to watch him compete. He doesn't want to let them, his coach or himself down. His motivation and excitement cause him to practice more frequently and review videos from previous competitions to gain new insight and improve his techniques.*

Steve's thinking does not involve predicting catastrophic outcomes. Rather, he interprets his body's arousal as motivation and excitement, leading him toward planning and problem solving strategies. These include continued practice and review of his previous competitions to improve his technique.



## 1.2 ANXIETY DISORDERS

Experiencing some degree of anxiety in life is normal. However, anxiety becomes a problem when it is overwhelming and causes significant change to your lifestyle or relationships. An anxiety disorder can keep a person from coping with life's ups and downs and make a person feel anxious most of the time, sometimes without any identifiable cause.



### 1.2.1 When Anxiety Becomes a Problem

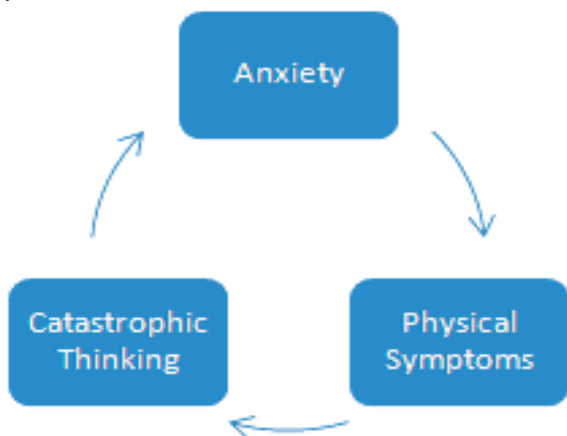
Anxious feelings may be so uncomfortable that an individual will do anything to avoid the feelings, including stopping or changing everyday activities. Anxiety becomes an “anxiety disorder” when it significantly interferes with common daily activities. For example, severe anxiety can prevent a person from going to work or engaging in meaningful activities with friends and family.

ANXIETY	ANXIETY DISORDER
Is feeling anxious on occasion.	Is feeling anxious most of the time, most days.
Anxious feelings are usually caused by a stressful event.	Anxious feelings might be caused by a stressful event or might occur without any cause.
Anxious feelings go away after the stressful event is over.	Anxious feelings don't go away after a stressful event, and a stressful event might not even be the cause for the anxiety.
Affects everyone from time to time.	Affects approximately 40 million American adults aged 18 or older . <sup>1</sup>
Doesn't affect a person's ability to carry out daily tasks at home, at work, and in relationships with others.	Makes it difficult or impossible to carry out daily tasks at home, at work, and in relationships with others.
Helps a person to cope with difficult situations.	Prevents person from being able to cope with both familiar and difficult situations

The body will also react to anxiety that lacks an actual “cause.” For example, during a panic attack, there may be physical symptoms such as dizziness, blurred vision, numbness, tingling, stiff muscles, and breathlessness, possibly all in response to an imagined threat. Even though there is no actual threat, the body's reactions are interpreted as life-threatening even though

they are not dangerous. This is called *catastrophic thinking*. An individual with catastrophic thinking can get caught up in a vicious cycle: physical symptoms lead to anxiety, and anxiety ‘feeds’ back into the physical symptoms, worsening the intensity of those symptoms. This has the net effect of increasing the tendency to make catastrophic predictions

In addition, catastrophic and hopeless thoughts about never being able to control the anxiety make the situation worse and can cause depression by increasing a sense of hopelessness.



### 1.2.2 Who is Affected by Anxiety?

Severe anxiety can prevent a person from going to work or engaging in meaningful activities with friends and family. Anyone can be affected by problems with anxiety. In fact, as many as 25% of all adults in America experience intense levels of anxiety at some time in life. Individuals with one type of anxiety disorder are at a greater risk for other types of anxiety disorders and related problems.

About **18%** of American adults have an *anxiety disorder* in any given year.

### 1.2.3 What Are Common Types of Anxiety Disorders?

One of the best ways of learning about anxiety disorders is to hear people describe their experiences. Here are a few examples of real people describing their experiences with some of the most common types of anxiety disorders:

#### 1.2.3.1 Generalized Anxiety Disorder (GAD)

GAD is defined as *worrying constantly* about small or large concerns. GAD is usually accompanied by physical symptoms like restlessness, fatigue, irritability, and trouble sleeping.

**Anna, age 38:** *“Here’s an example of how my worry just takes over. My son is late coming home from school. I panic, thinking the worst—he’s in trouble. I’m overwhelmed by anxiety and become restless, unable to focus on anything else and unable to relax.”*

**Carlos, age 27:** *“I worry even when nothing happens. I can be sitting somewhere comfortable, somewhere I’ve sat before many, many times. Nothing has ever gone wrong, but I feel like something is going to happen. I have a gut feeling that an impending doom is going to manifest itself very soon, or that something somewhere is not right. It’s as if I can sense that something bad is going to happen soon or is currently happening somewhere else, but it never does.”*

**Sonya, age 22:** *“I’ve come to a realization that I think I’ve had a problem with worry for a long time. It hasn’t been debilitating and I’ve never had a full-out panic attack. It seems to come and go—some days I’ll feel totally relaxed and at ease, other days I’ll feel SO nervous and edgy for absolutely no reason.”*

**Lynn, age 42:** *“I tend to be a general worrier. One thing that really gets me is that I find myself scared to take medication, not just for anxiety but I am scared to take anything after I read the potential side effects. If I find myself so miserable that I break down and take the medication I start having so much anxiety over what might happen I don’t know if it’s worth it. Also I become so aware of any new feeling in my body and worry it’s the meds. This is really a pain to live like this. The older I get the more this is becoming a big issue.”*

**Maria, age 39:** *“As long as I can remember I have ALWAYS been a worry wart...when I was younger it was about not too serious issues, but now that I am an adult I constantly worry about major issues and decisions in my life.”*

## 1.2.3 What Are Common Types of Anxiety Disorders? (cont.)

### What a Provider Might Ask: Generalized Anxiety Disorder

- During the last six months, have you found that you have persistent worry or anxiety about a variety of different things (e.g., safety, money, health, work, family, school, etc.) most of the time and more often than other people?
- Do you find it difficult to control your worrying or does it interfere with your ability to function in important areas of your life?
- Does your frequent worrying or anxiety cause physical symptoms such as feeling keyed up, restlessness, fatigued/tired, muscle tension, poor concentration, or difficulty sleeping, etc. (for more days than not during the past six months)?

### 1.2.3.2 Panic Disorder

Panic Disorder is characterized by recurrent panic attacks which involve sudden feelings of fear and terror for no obvious reason. Panic attacks can happen without warning and are usually accompanied by physical symptoms such as difficulty breathing, rapid heartbeat, dizziness or chest pain. Out of fear, some individuals may begin avoiding public places or leaving their home to avoid having another panic attack. This avoidance is called agoraphobia.



**David, age 29:** *"I get scared that I'm about to die, heart palpitations, dizziness, feeling like nothing is real, I feel like I can't breathe good...like I can't take a deep breath. Those are just a few of the symptoms I get. For some reason night time is really bad for me. When I am going to bed I worry that I will die in my sleep and then I start getting heart palpitations and all the other symptoms. Yesterday was especially bad for me. I always feel like I won't make it to the next day."*

**Nicole, age 21:** *"I feel like mine are more than these attacks because of how horrible I feel and how unaware I am of things. I don't really panic and get the heart palps as much, just feel really ill like I'm going to die and very hopeless. I get nauseous, dizziness, cold sweats, trembling when yawning (weird I know), sometimes a feeling of restless legs, headache, sweaty palms, basically I just feel like death."*

### What a Provider Might Ask: Panic Disorder

- In the past month have you had periods of extreme anxiety and/or fright (panic attacks)?
- In the past month have you had uncomfortable physical symptoms including rapid heart beat, chest pains, sweating, shakiness, dizziness, or shortness of breath?
- Have you developed a fear of having a panic attack?
- Do you fear dying or losing control?



## 1.2.3 What Are Common Types of Anxiety Disorders? (cont.)

### 1.2.3.3 Post Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder develops following the experience of a trauma in which severe physical harm occurred or was threatened. Individuals may have persistent frightening thoughts of the trauma (re-experiencing) feel emotionally dampened or numb, or easily startled.

**Glenn, age 26:** *"It's an ongoing process, to act like a normal human being. To not hear a cat in the backyard and walk around your house with a flashlight and a pistol looking for bad guys...or wake up your roommates and go, "hey, somebody's breaking in the house, get your guns..."*

**Kyle, age 28:** *"I think the hardest thing for me has been driving here in the US...I'm extremely aggressive even to this day...I just, I don't know, I just can't really shake that aspect of it; I'm constantly scanning the sides of the road looking for trash, debris, potholes, disturbed earth, a different marking in the paint...someone's got a cell phone over here, I'm just kinda seeing them out of the corner of my eye; maybe they are communicating with someone over here who's burning some trash...and it takes you right back."*

**Richard, age 25:** *"I had a ritual in Iraq where I listened to two songs before each mission; well, now if I hear those songs on the radio, instantly my blood is rushing and somehow it's a psychological thing where my brain is telling me I am back in that stage and so I can't listen to those songs without being revved up or pumped up."*

**Henry, age 28:** *"When I'm leaving the house, I walk out...the first thing I do is I look to the left, I scan, I lock the door, I look to the right...I start walking and as I come down the steps, and I guess I feel like I am on patrol because the first thing I do is I'm looking forward, I look over here, catch the peripheral behind me, I go straight, look over here and catch the peripheral behind me, and as I walk, I cock [my weapon] and go on...I don't know why...I just do it."*

---

#### What a Provider Might Ask: Post-Traumatic Stress Disorder

- Have you experienced the "re-living" of a traumatic event regularly through dreams or nightmares, flashbacks (feelings that the event is happening again), images, or upsetting memories?
  - Have you avoided situations that are similar to the traumatic event(s) that might cause you to think about the event?
  - Have you felt detached or numb, or experienced a loss of interest in activities?
  - Have you experienced heightened levels of awareness regarding your environment? Have you been easily startled or irritated in comparison to others? Are you having difficulties with concentration or sleeping?
-

## 1.2.3 What Are Common Types of Anxiety Disorders? (cont.)

### 1.2.3.4 Social Anxiety Disorder

Social Anxiety Disorder or (Social Phobia) is characterized by marked anxiety in social situations in which the individual unusually and excessively fears being criticized or scrutinized by others.

**Tom, age 24:** *“Sometimes when I say or do something really stupid in front of people, I start putting myself down and cussing myself out when I’m alone. It could be something really simple like saying the wrong thing or saying something that I think doesn’t make any sense at all and realizing that right after saying it. Why can’t I be as witty as other people when communicating? I find myself always saying stupid things and feeling stupid after saying it. I hate the way I am and how I always embarrass myself in front of people for little things.”*

**Sara, age 19:** *“I always have seemed to feel anxious in social situations. Especially when I do not know the people well. It seems I cannot function in large groups, being more comfortable in smaller groups of 10 or fewer people. I worry a lot about social situations. I turn down invitations to social events and avoid situations that make my anxiety unbearable. It’s like my spider sense is always tingling for no reason.”*

**Lenore, age 26:** *“I have absolutely no self-confidence, and just thinking about social gatherings makes me feel depressed about myself. If I have a couple of weeks to prepare myself, I can drag through alright. But even going to parties with people I know, or running into someone I know is difficult.”*

**Tina, age 29:** *“I dread going out for dinner in groups larger than about six. I hate sitting around the table trying to think of something to talk about that isn’t boring, worrying that people think I’m boring and feeling that everyone is noticing that no one is talking to me — trying and failing to catch someone’s attention by speaking to them and feeling really stupid...thinking everyone else is wittier and funnier than me.”*

**Gino, age 35:** *“I feel very self-conscious about blushing. The slightest little dig or comment towards me results in my face going bright red and I can feel myself start sweating, basically making me look like a fool. This also happens in other situations such as walking into a place with lots of people around, or doing things like talking one on one to someone I don’t know that well.”*

#### What a Provider Might Ask: Social Anxiety

- In the past month, did you have an intense fear of embarrassment or being criticized by others in social or performance situations (e.g., eating in front of people, speaking in front of others, talking to people you did not know, dating, attending parties or social gatherings, etc.)?
- In the past month, did you avoid or feel extremely anxious or distressed in any feared social or performance situations?
- In the past month, did your intense fear of being embarrassed or criticized by other people in social or performance situations cause an inability to function?

### 1.2.3.5 Obsessive-Compulsive Disorder.

Obsessive-Compulsive Disorder is characterized by recurrent, unwanted and intrusive thoughts (obsessions) and/or repetitive behaviors (compulsions). Intrusive thoughts may be of a specific danger (e.g. the oven might be on, the car doors are unlocked), something specific in the environment being dangerous (e.g. being contaminated by germs), or an unrealistic fear of harming oneself or others. Compulsive behaviors, like washing your hands (in the case of contamination) or checking car door locks over and over, are rituals that temporarily alleviate, but do not eliminate, anxiety.



### 1.2.7 Obsessive-Compulsive Disorder (cont.)

**Rachael, age 17:** *“It feels like someone is putting the most unthinkable thoughts into your head, mine have gotten so bad I couldn’t even tell a psychiatrist what the obsessive thought was because I was so embarrassed and it was so wrong. You just get one thought out of your head and another one creeps in...and it causes more anxiety.”*

**Claire, age 21:** *“I would worry about having written something offensive on my homework or pieces of paper. I would pick up trash that wasn’t mine, papers I’d never seen before because I worried that I might have written something on one of them. I became anxious about the Internet and e-mail. I worried about losing control, writing something that would hurt someone. I knew these actions weren’t rational, that they were strange and beyond unreasonable, but I couldn’t help myself. The doubt was haunting me.”*

**Devon, age 28:** *“I have a 2 year old who I love more than anything in this world. I have these thoughts that just enter my mind, and I shake my head and think ‘why the heck would I even think these thoughts?’ For example, one time my wife took him to the store, and for some reason I worried ‘What if someone robbed the store and started shooting up the place and hit our son?’ Then one day an image popped in my head of me harming my son. I think subconsciously I think about those parents who kill their families, those people who just snap and go crazy. And then I have anxiety attacks about ‘what if that happened to me? What if something in my head clicked and I went crazy?’ And the thoughts just kinda come piling in.”*

**Ricardo, age 30:** *“I have the worst thoughts that go through my head. Every time I see the word “DIE” or “death” I think well, that’s going to happen to me. That’s literally how bad I feel and how much my mind has taken over my body.”*

#### What a Provider Might Ask: Obsessive-Compulsive Disorder

- During the past month, have you been bothered by constant thoughts, impulses or images you could not get out of your head, such as thoughts of death, illnesses, aggression, sexual urges, contamination or other senseless thoughts? Did you find these thoughts to be intrusive or inappropriate and did they cause anxiety or distress?
- Were these persistent, senseless thoughts, impulses or images time consuming, causing significant distress and interference in your usual activities and relationships (at least one hour per day)?
- In the past month, did you do something repeatedly or routinely even though you didn’t wish to do it, like washing excessively, counting, checking, collecting things, arranging things, or a superstitious ritual?

### 1.3 DO INDIVIDUALS WITH ANXIETY EXPERIENCE OTHER PROBLEMS?

Anxiety is often accompanied by other conditions, including:

**Alcohol abuse:** Many people who feel anxious use alcohol to try to calm down and cope with anxious feelings, especially in social situations. However, alcohol can make anxiety and panic symptoms worse.

**Depression:** Those with anxiety disorders are commonly affected by depression, and approximately half of those individuals diagnosed with depression also have symptoms of anxiety disorders. This is often caused by a sense of loss of control when an anxiety disorder causes significant disruption in life. When the anxiety disorder is treated successfully, the depression often improves as well.

**Eating disorders :** Individuals with eating disorders spend a lot of time focused on their weight, appearance, food intake, and exercise. They often have an intense and unusual fear of gaining weight. Contrary to eating too little, some people who experience symptoms of anxiety eat, and potentially overeat, to calm themselves. Repeating this pattern over time can lead to weight gain and obesity.

**Medical conditions:** Anxiety problems can lead to a dependence on anxiety medications. In addition, anxiety can cause a person to avoid medical treatment and dental procedures; on the opposite side of the spectrum, their unrealistic fear of disease may lead them to engage in unnecessary, and sometimes dangerous, medical tests and procedures.

**Sleeping Problems** – Anxiety’s symptoms (e.g. racing thoughts, racing heart, etc.) can interfere with sleep.



## 1.4 WHAT CAUSES ANXIETY PROBLEMS?

Anxiety is associated with a family history of the disorder, brain chemistry, and the occurrence of traumatic events. In this section you will learn a little more about each factor.

Thoughts and feelings are regulated by chemical messengers in the brain, called neurotransmitters. If these neurotransmitters become unbalanced or do not work correctly, anxiety symptoms can increase.

### 1.4.4 Traumatic Events

A traumatic event, such as witnessing a death, or being in combat, can lead to feelings of anxiety. If unable to resolve the anxiety surrounding the event, anxiety can increase and morph into other anxious thoughts and behaviors.

## 1.5 WHAT MAKES ANXIETY WORSE?

Recognizing that life circumstances can worsen is an important first step toward reducing anxiety. In this section you will learn a little more about the following factors:

- Stress
- Caffeine and Other Stimulants
- Problems Being Assertive
- Unrealistic Thinking
- Poor Coping Skills

### 1.4.1 Family History/Genetics

Often anxiety disorders are hereditary. If parents or other close relatives have had problems with anxiety, children are more likely to develop an anxiety disorder..

### 1.4.2 Learning

Children learn how to behave by observing others. Parents who regularly predict negative outcomes increase the probability that their children will learn this style of thinking and develop anxious behaviors.

### 4.3 Brain Chemistry

### 1.5.1 Stress

Stress affects everyone; however, overwhelming stress can result in anxiety, especially for people who are vulnerable or actively diagnosed with an anxiety disorder.

- **Relationship/Family stress:** Relationships with significant others and family members can be a great source of support. When these relationships become strained, which frequently happens following a deployment, the support gained from those relationships is affected. This can cause an increase in stress and worries.
- **Deployment stress:** The uncertainties created by deployment can cause significant stress. These uncertainties affect both the deployed and those who are left at home. Increased responsibilities, less support, and changed roles can increase the likelihood of worry and anxiety.

## 1. 5.1 Stress

- **Job stress:** Returning from a deployment often means returning to a different kind of work or starting a new job. These changes can be very stressful and can make anxiety worse.
- **Financial stress:** Stress related to money is a huge source of anxiety. It often takes some time following a deployment to get finances in order, and this can be a very stressful process.

**Stimulants, such as the caffeine found in coffee, tea, soda, chocolate, and some over the counter medications, can aggravate anxiety.**

## 1. 5.2 Caffeine and Other Stimulants

Cutting back on caffeine or going “cold turkey” can cause a slight increase in anxiety and physical symptoms (e.g. headaches) at first, but this will decrease as your body adjusts. Nicotine in cigarettes or smokeless tobacco can also increase anxiety. If you use caffeine and/or nicotine regularly, you might not even realize their impact on your mood.

## 1.5.3 Problems Being Assertive

Assertive communication is expressing thoughts and feelings in a non-threatening and non-aggressive manner. Expressing feelings to others often involves some level of personal assertiveness so that thoughts and feelings can be directly and honestly communicated. Individuals who are not assertive typically believe that their requests or ideas will not be respected and valued, leading to and maintaining feelings of anxiety.

## 1.5.4 Unrealistic Thinking

Anxiety often affects an individual's ability to think clearly and discriminate between rational and irrational thoughts. Here are some examples of distorted thinking that can make anxiety worse:

1. **All-or-Nothing Thinking:** Thinking in terms of either/or, black-and-white, good or bad, right or wrong.
2. **Exaggerating or Minimizing:** Exaggerating is making too big of a deal out of a negative experience, or making things much more negative than they really are. Exaggerated thinking is also compared to “making a mountain out of a molehill” or “blowing things way out of proportion.” Minimizing means not giving oneself or others enough credit for doing something good. Too little is made out of something, such as a compliment or success.

### TYPES OF UNREALISTIC THINKING

1. All-or-nothing
2. Exaggerating or Minimizing
3. Overgeneralization
4. Mental Filter
5. Not Accepting the Positive
6. Reasoning with feelings instead of logic of facts
7. Jumping to Conclusions
8. Labeling
9. “Should” Statements
10. Taking it personally

### 1.5.4 Unrealistic Thinking (cont.)

3. **Overgeneralization:** Overgeneralization involves thinking that something that happened once or twice will keep happening again and again, especially if it is something bad.
4. **Mental Filter:** Using a mental filter means only seeing the bad and not the good side of things. The positive is forgotten or ignored, and only the bad things are considered.
5. **Not accepting the positive:** People with this thinking error reject anything positive, especially positive information about themselves.
6. **Reasoning with feelings instead of logic or facts:** Saying, “I feel like a loser, so I must be a loser,” is an example of using feelings instead of facts as proof of truth.
7. **Jumping to Conclusions:** This type of thinking error happens when people think they know what will happen without first finding out the facts. Expecting something bad to happen usually goes along with this type of thinking. **Mind-reading** is another way of jumping to conclusions. An example of mind-reading is when a person thinks he knows what *others* are thinking, without finding out the truth first. Mind-reading often results in *incorrectly* believing what the other person is thinking.
8. **Labeling:** A person can label herself, or label others, based on very little information or based on mistakes that were made. When people label themselves they often do so harshly. This has the effect of making it harder to accept mistakes. And, once the labels get “attached,” they become difficult to remove.
9. **“Should” Statements:** “Should” statements are based on rules or standards that people set up for themselves and others to follow, but are usually impossible to do all of the time. People sometimes set the standards so high that they set themselves and others up to fail, which only confirms the negative thoughts.
10. **Taking it personally:** Taking things too personally involves the assumption that others do negative things on purpose. People who take things too personally may also tend to take responsibility for something that they’re not responsible for.

### 1.5.5 Poor Coping Skills

Anxiety is unlikely to resolve or improve when effective coping skills are absent. Coping skills help individuals deal with a problem or with general life stress. When a person doesn’t know how to cope with life stress, his or her anxiety can increase. Poor coping skills include things like avoiding or denying the problem, drinking or drugging, not asking for help, and self-blaming.

**ANXIETY** increases when individuals

*lack* coping skills to deal with life stress.

#### TYPES OF UNREALISTIC THINKING

1. All-or-nothing
2. Exaggerating or Minimizing
3. Overgeneralization
4. Mental Filter
5. Not Accepting the Positive
6. Reasoning with feelings instead of logic or facts
7. Jumping to Conclusions
8. Labeling
9. “Should” Statements
10. Taking it personally

## 1.6 PANIC DISORDER: A COMMON ANXIETY-RELATED PROBLEM FOR VETERANS

In this section you will learn about Panic Disorder and how to identify catastrophic thoughts that perpetuate panic symptoms. You will also learn how anxiety and panic affects your family members and how family members can help you overcome.

### 1.6.1. What Is Panic Disorder?

Due to combat and re-integration experiences, veterans have a high likelihood of experiencing physical symptoms of anxiety and then developing catastrophic thinking about the meaning of the symptoms.

## Anxiety Symptoms ► Catastrophic Thought

### Rapid Heartbeat, Shortness of Breath ► *“I’m having a heart attack”*

Panic Disorders are extremely common in the civilian population. People who suffer from panic attacks often mistake the symptoms for a severe illness. For example, heart attack, stroke, severe mental illness, lung and breathing problems, or brain tumors. ***While panic symptoms can be uncomfortable and certainly are a nuisance, it’s important to understand that they are not dangerous, they can’t hurt you.*** As a matter of fact, once people stop fearing their symptoms, they tend to go away.

**Fear** creates adrenaline, adrenaline creates more physical symptoms, which in turn creates greater fear, and the vicious cycle of panic begins.

Many people experience feelings of panic. It is normal and healthy to feel a sense of panic when under fire by the enemy or when a child goes missing while playing at the park. Under these circumstances, nobody interprets the symptoms as an illness. People expect to feel this way in a crisis and the physical sensations go away as soon as the crisis is over. When an actual crisis is present, the physical symptoms signals the body to go ‘on alert’ and prepare for the *fight-or-flight* response. It was designed to allow humans to protect themselves by confronting the problem (fight) or by removing themselves from the dangerous situation (flight).

***However, panic attacks can occur when serious situations are not present.*** When they come “out of the blue” (i.e. without explanation) the physical sensations can be frightening. The physical symptoms of panic are often uncomfortable and produce fear when catastrophic thinking takes over. Because of this, individuals with panic begin to avoid situations in which others might see them or in which they might not be able to escape. Individuals may also avoid physical activities (including formal and informal exercise) that can cause physical responses similar to those experienced in panic.

Remember that many people experience feelings of panic and can mistake their symptoms as illness. Let's take a closer look at the differences between a Panic Attack diagnosis and a Panic Disorder diagnosis.

Panic Attack Diagnosis...	Symptoms
<p>A panic attack is diagnosed when there is a specified period of intense fear or discomfort in which four (or more) of these symptoms developed quickly and reach a peak within 10 minutes.</p>	<ul style="list-style-type: none"> <li>• palpitations, pounding heart, or accelerated heart rate</li> <li>• sweating</li> <li>• trembling or shaking</li> <li>• sensations of shortness of breath or smothering</li> <li>• feeling of choking</li> <li>• chest pain or discomfort</li> <li>• nausea or abdominal distress</li> <li>• feeling dizzy, unsteady, lightheaded, or faint</li> <li>• De-realization (feelings of unreality) or depersonalization (being detached from oneself)</li> <li>• fear of losing control or going crazy</li> <li>• fear of dying</li> <li>• paresthesias (numbness or tingling sensations)</li> <li>• chills or hot flushes</li> </ul>
Panic Disorder Diagnosis...	Symptoms
<p>The criteria for diagnosing someone with panic disorder.</p>	<ol style="list-style-type: none"> <li>1. Both of the following: <ul style="list-style-type: none"> <li>• Recurrent, unexpected panic attacks</li> <li>• At least one of the panic attacks has been followed by one month or more of <ul style="list-style-type: none"> <li>• persistent concern about having additional attacks</li> <li>• worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack, "going crazy")</li> <li>• a significant change in behavior related to the attacks</li> </ul> </li> </ul> </li> <li>2. The panic attacks are not due to the effects of a substance (e.g., drug of abuse, medication) or a general medical condition (e.g., hyperthyroidism).</li> <li>3. The panic attacks are not better accounted for by another mental disorder, such as Social Phobia (e.g., occurring on exposure to feared social situations), Specific Phobia (e.g., exposure to a specific phobic situation), Obsessive-Compulsive Disorder (e.g., exposing someone to dirt with an obsession about contamination), or Post-Traumatic Stress Disorder (e.g., in response to stimuli associated with a severe stressor).</li> </ol>



## 1.6.2 What Happens To Thoughts During Panic?

People who have panic attacks often feel as if they are the only ones in the world with the problem, the worries that accompany panic attacks have similarities. Catastrophic thoughts associated with panic disorder are usually about misinterpreting physical symptoms as life threatening. Catastrophic thoughts that are a response to the physical symptoms, often keep the panic symptoms going. Here are some examples of catastrophic thoughts related to panic symptoms:

Catastrophic Thoughts	Reality
<b>Thought #1:</b> <i>"I might die from a heart attack."</i>	Although it may not feel like it at the time, the heart is designed to react in the way it does during a panic attack. It can feel unnatural because an increase in heart rate is usually reserved for vigorous activity. When it happens out of the blue it can be scary.
<b>Thought #2:</b> <i>"I might suffocate."</i>	It may not feel pleasant, but you are less likely to suffocate during a panic attack than at any other time because you naturally take in more air. The shortness of breath you may feel is due to your body increasing its demand for oxygen or because of hyperventilation.
<b>Thought #3:</b> <i>"I'm going to faint."</i>	Fainting is caused by a drop in blood pressure. During a panic attack your heart is racing and your blood pressure increases. As a result, it is highly unlikely that panic will cause fainting. Fear of fainting often comes about due to the sense of dizziness which accompanies hyperventilation.
<b>Thought #4:</b> <i>"I'm having a nervous breakdown or going crazy."</i>	Those who have nervous breakdowns or go crazy probably are not aware of it. Thinking that you are going crazy is a catastrophic thought in response to the physical symptoms of panic.
<b>Thought #5:</b> <i>"I'm losing control."</i>	During a panic attack, it can feel like you have lost control. In fact, all that has happened is that you are unable to stop your physical symptoms on demand. In fact, the more you fight them, the worse they get. When you stop trying to control, fight, and fear them, they tend to go away.
<b>Thought #6:</b> <i>"I'm going to embarrass or humiliate myself."</i>	During a panic attack, it is very common and quite natural to worry that your body can't take care of what is happening and that others will see your experience as weird or strange. Because when you are so focused on your symptoms, you likely can't see that others are not paying attention to you. Research has shown that other people usually can't tell when someone is having a panic attack.

### HOW CAN A COUNSELOR OR THERAPIST HELP WITH PANIC SYMPTOMS?

- **Reality checks/undoing distorted thinking:** Cognitive distortions and automatic negative thoughts underlie panic. Therapists help an individual to first become aware of the distorted thinking and then to undo it by finding better, more realistic ways to think about a situation. The most important thoughts to change are those that say "these symptoms are dangerous". Although panic symptoms are uncomfortable and certainly are a nuisance, they can't hurt you; they are not symptoms of a life threatening illness. As fear of symptoms reduces, the symptoms tend to go away. A therapist can help you learn to tolerate symptoms without fearing them until they go away.
- **Breathing techniques:** Therapists teach clients how to notice their breathing during an anxious and panicky time. Breathing techniques are introduced and practiced in session. These breathing strategies can prevent hyperventilation and help an individual to cope with a difficult situation by calming the body and reducing overall stress.
- **Exposure/non-avoidance:** Panic attacks are often a reaction to facing physical symptoms that are deemed as threatening or dangerous. An individual reacts to such a threat by avoiding the people, ideas, and locations associated with the onset of symptoms. This avoidance behavior only makes the situation worse. A therapist will help a client learn how to seek out feared physical symptoms on purpose by entering places where the symptoms tend to happen. Learning that even uncomfortable physical symptoms won't lead to a heart attack or fainting is one of the keys to getting over Panic Disorder.

## 1.7 HOW DOES ANXIETY AFFECT FAMILY MEMBERS?

Anxiety symptoms are wide-ranging and affect people in most areas of their lives so it is no surprise that anxiety can affect relationships with family, significant others, and friends. Anxiety disorders can be stressful for family members too.



### 1.7.1 Social Isolation

Those with anxiety disorders often avoid engaging with others because of fear of embarrassing themselves. This can put a strain on significant others and on children. Those with the anxiety disorders may want to be alone and may not want to engage in activities outside the house with family and friends. In addition to avoiding others, they often avoid stressful situations or public places. This avoidance can greatly inhibit daily activities and reduce the number and quality of interactions with others.

### 1.7.2 Chronic Tension

People with anxiety disorders often feel restless and tense. Family members often feel that tension and may not know how to respond. They may feel as if they are “walking on eggshells” around the individual with the anxiety disorder. Tension in the family can cause problems bonding and communicating.

### 1.7.3 What To Do If A Family Member Has Anxiety Problems

- **Engage in empathy**

Try to see the world through the eyes of the anxious family member. The world likely seems like a scary place for them. Understanding his or her feelings and thoughts can increase the understanding of what they are going through.

- **Gather information**

Take time to learn about the family member's condition. Talk to them and read about the condition and its treatment. Education about the situation will help you to avoid the temptation to blame or shame them or to give advice that on the surface may sound reasonable but that will tend to make the condition worse.

- **Get involved**

Encourage the family member to get help. Attending counseling and doctor's appointments with the family member can show support and can also provide information about the anxiety condition and ways to improve it. Anxious individuals can experience difficulties concentrating and responding to multiple sources of information. A family member can listen to information that an anxious individual might not be able to hear.

**REMEMBER**  
ANXIETY DISORDERS  
CAN *affect*  
FAMILY MEMBERS TOO.

## 1.8 MANAGING ANXIETY AND WORRY

There are many strategies and techniques that can be used to help cope with worry and anxiety. Some involve strategies to help *reduce physical symptoms* of anxiety directly through methods like muscle relaxation, imagery, or breathing exercises. Other strategies are designed to teach worriers to *change catastrophic thinking* so that imagining worse case scenarios and predictions of disaster are either reduced or such thoughts aren't taken seriously. Treatment strategies used by professional health care providers usually address both problems.

### 1.8.1 Professional Help

Not all professionals such as physicians, psychologists, counselors, social workers, and psychiatrists are trained to treat anxiety disorders. If you seek professional help for managing anxiety, it is important to find out whether the professional you are talking to has specialized training in treating anxiety disorders. If not, try to find someone who specializes in treating anxiety. One online resource for identifying specialists in your area is the [Anxiety Disorders Association of America](#).

### 1.8.2 Psychotherapy

Therapists use a variety of techniques to help their clients with anxiety. Techniques and strategies that work for one person might not work for another. So, it is important to be able to communicate with a therapist about what is or is not working. Some of the most common therapies for treating anxiety are Cognitive-Behavioral Therapy (CBT) and Exposure Therapy.

CBT is a treatment that focuses on how thoughts and feelings influence behavior. CBT teaches individuals to recognize when their thoughts are unrealistic and contribute to anxiety. The therapist works with the client to change irrational thoughts and beliefs to more realistic thoughts and to determine what behaviors are the result of the unrealistic thoughts. Positive changes in thoughts and behaviors are likely to result in reduced anxiety.

Exposure Therapy is a treatment strategy in which a therapist works with a client to seek out, under controlled conditions, anxiety producing situations that the client finds frightening. By doing so, individuals learn that neither the feared situation nor the physical symptoms that can occur are dangerous and that other catastrophic thoughts are not accurate. **With practice, the fear of situations or physical symptoms gradually evaporate over time.**

### 1.8.3 Medication

There are a number of medications available that change how the chemicals in the brain are produced or used. Medications are not universally effective, meaning any single medication may or may not be effective based on your body type or sensitivity, and some have side effects. Research indicates that medications for anxiety, especially for panic disorder, are more beneficial when they are combined with Cognitive Behavioral Therapy. The doctor who prescribes the medications will monitor mood and health closely to determine if the medications are beneficial.

## 1.8.4 Reducing Physical Symptoms of Anxiety

Relaxation exercises to reduce physical tension are powerful tools for calming both the mind and the body. However, it is important to understand that these exercises cannot be used to “escape” or avoid anxious thoughts or physical symptoms that occur during a panic attack. These strategies are best used to calm and relax more effectively after you have addressed your fear, anxious thoughts and/or behaviors. To practice these skills, visit the Life Stress workshops on [afterdeployment.org](https://www.afterdeployment.org).

### PROGRESSIVE MUSCLE RELAXATION

Teaches relaxation of the muscles through deliberate tensing and relaxing of

each of the major muscle groups in the body. After practicing progressive muscle relaxation over time, it becomes easier to identify a tensed muscle and relax the muscle with the tension and relaxation sequence, reducing overall tension in the body and contributing to a sense of calm.

### GUIDED IMAGERY or VISUALIZATION

Promote relaxation by painting a mental picture of a

calm, safe place. After practicing this technique several times, individuals are often able to use visualization on their own. This technique helps to reduce worry by reducing overall stress.

### DIAPHRAGMATIC BREATHING

Often called “belly breathing,” diaphragmatic breathing is simply

taking deep breaths of air into the lungs using your diaphragm and exhaling slowly. Repeated diaphragmatic breathing helps to calm the nervous system and the “fight-or-flight” response. Diaphragmatic breathing is a good way to slow hyperventilation.

### DISTRACTION

In addition to these formal techniques, try engaging in an activity that is relaxing for you.

Relaxing activities vary from person to person. Relaxing activities might include reading, playing sports, spending time outside, listening to music, practicing yoga, playing with a pet, etc. These are good stress reduction techniques, but distraction shouldn't be used during a panic attack, because it's an effort to avoid the symptoms instead of focusing on the real goal which is to learn that they won't hurt you.



Relaxation exercises are powerful tools for calming body and mind.

### 1.8.5 Changing Worried Thinking

People who worry frequently tend to overestimate the risk of specific situations. They view a situation as being more risky than it actually is. Most worriers focus their time and attention on the worst case scenarios and then engage in catastrophic thinking, which only makes the problems and worries seem worse.

#### Risk Assessment

Self	<ul style="list-style-type: none"><li>•If I lose control, I won't be able to breathe</li><li>•I can't live like this</li></ul>
Others	<ul style="list-style-type: none"><li>•Everyone is looking at me</li><li>•My co-workers think I'm stupid</li></ul>
Environment	<ul style="list-style-type: none"><li>•Meetings with my supervisor are disasterous</li><li>•Parties always make me nervous</li></ul>
Future	<ul style="list-style-type: none"><li>•I'll never be good at that</li><li>•I'll never feel better</li></ul>

Individuals who spend most of their time and energy worrying tend to forget that they have the ability to cope with many stressful events. Learning to accurately assess risk can greatly reduce anxiety.

### 1.8.6 Strategies for Improving Realistic Thinking

#### REDUCING/ELIMINATING "WHAT IF" THINKING

"*What if?*" isn't really a question when used in this context; it's a prediction that something bad could happen ("*What if* the plane crashes?" or "*What if* I forget my speech in the middle of it?"). If you begin to pay attention to how often you use this phrase, you'll be able to start challenging the thought once you begin to practice distinguishing *possible* from *probable*.

#### LEARNING TO DISTINGUISH "POSSIBLE" FROM "PROBABLE"

How often do you hear yourself or others say, "It's possible that (this or that) bad things can happen." Anxiety is created when we say "*possible*", but we mean "*probable*" or "likely". Because anything is possible it's easy to create fear by thinking *anything is probable*. While it's *possible* that you could be killed the next time you drive your car, it's not *probable* or likely based on your own personal experience on the road. If you learn to accurately assess risk and challenge unrealistic thinking, you can reduce anxiety.

## 1.8.6 Strategies for Improving Realistic Thinking (cont.)

### EXAMINE THE FACTS: WHAT ACTUALLY HAPPENS?

Similarly to focusing on the difference between “possible and probable”, paying attention to *what actually happens in life*, rather than what could happen, might happen, or almost happened, is a powerful way of confirming for yourself that the world is not as dangerous as it could be. While bad things can happen, most of the time they don’t, and it’s worth paying attention to that as you go through life.

**Don’t believe everything you think.** Examine the facts and evidence in each situation and see if your thoughts reflect reality or if you are engaging in catastrophic thinking.

### STOP FIGHTING ANXIETY

Recent research has shown that **fighting anxiety**, both the anxious thoughts, and the physical symptoms is not a permanent answer to anxiety. Whether you use distraction, avoidance or attempts at escape, or more accepted strategies such as breathing exercises, they rarely stop the thoughts or symptoms permanently. They seem to always return. **The psychological rule is that “*what you resist, persists*”.** Instead, focus on the fact that the symptoms of anxiety, and panic attacks, may be uncomfortable but can’t hurt you. Learning not to fear these symptoms allows them to have a much smaller impact.

### EXPOSURE EXERCISE

The most effective way of finding out that situations or anxiety symptoms won’t hurt you, is to test the theory. Of course that can be somewhat frightening if you really believe that the situation is dangerous. Exposure usually involves confronting your fear by entering a feared situation (e.g., a crowded restaurant, a tall building, a social gathering) and staying in the situation while practicing realistic thinking (“no one is attacking me”, “I’m not going to die”, “this isn’t hurting me”). Over time, catastrophic thinking is eliminated because nothing harmful (other than some uncomfortable anxiety symptoms) actually happens. With practice the anxiety symptoms go away. Exposure is best learned with the help of a trained therapist, but can be practiced on your own once you learn how.

## 1.7.3 Develop Support

Finding support to help cope with anxious feelings can be very beneficial. Talking to family and friends about anxiety can be scary and anxiety-producing in and of itself, but family and friends can be a great source of support. They can be comforting because they know you and can help you cope with difficult times. Support groups offer the opportunity to connect with others who have a similar experience. Formal support groups for anxiety conditions and groups for other factors contributing to anxiety such as single parenting, grief, nightmares can also be very helpful. More information on these groups is available at local vet centers. Check out this link to find a vet center in your area: <http://www2.va.gov/directory/guide/home.asp?isFlash=1>.

## 1.9 Resources

### Websites

- Anxiety Disorder Association of America (<http://www.adaa.org/>)
- National Institute of Mental Health (<http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>)

### Books

- *Mastery of Your Anxiety and Panic: Workbook* by David H. Barlow and Michelle G. Craske
- *Get Out of Your Mind and into Your Life* by Steven C. Hayes, Ph.D.
- *Finding Life Beyond Trauma* by Jacqueline Pisterello
- *The Anxiety and Phobia Workbook* by Edmund J. Bourne

## 1.10 References

- Kessler RC, Chiu WT, Demler O, Walters EE. (2005). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 62,617-627.
- Furukawa TA, Watanabe N, Churchill R. (2006). Psychotherapy plus antidepressant for panic disorder with or without agoraphobia. *British Journal of Psychiatry*, 188, 305-312
- Andelow, B., Seidler-Brandler, U., Becker, A., Wedekind, D., & Ruther, E. (2007). [Meta-analysis of randomized controlled comparisons of psychopharmacological and psychological treatments for anxiety disorders](#). *World Journal of Biological Psychiatry*, 8, 175-187