

ANXIETY AND AGING

By Paul Foxman, Ph.D.

Anxiety is a normal part of life for everyone. Taking an exam, meeting with a boss or authority figure, having a near accident, starting a new job, or traveling by airplane may all evoke anxiety. Anxiety can even be helpful in preparing for a challenge or change. However, persistent or intense anxiety can interfere with daily life, compromise our health, and even shorten our lifespan.

Anxiety is the most common emotional disorder, and its prevalence appears to be rising due to increasing stress and uncertainty in the world. Approximately thirty-seven million American adults and three million children suffer from anxiety severe enough to warrant professional help. It is estimated that one out of every four adults will have some form of severe anxiety at some point in their lifetime. Anxiety is the most common emotional disorder, outranking all others, including depression. According to some sources, severe anxiety is a bigger problem than drug and alcohol abuse. Indeed, it is estimated that up to 40 percent of substance abusers have a severe anxiety disorder which they are attempting to control through drugs and alcohol.

What is anxiety and why is it so prevalent today?

Anxiety is related to the survival instinct. Normally, when we are confronted with danger or a life-threatening situation our bodies react automatically through a survival mechanism known as the fight/flight response. Under threat or danger, our brain's survival center, the locus ceruleus, triggers the survival alarm, setting in motion an instantaneous pattern of body reactions to cope with the situation. The adrenal glands release adrenaline and the sympathetic nervous system is activated. All systems are mobilized. Muscles tense to prepare for fight or flight, heart rate increases to distribute extra oxygen and glucose, vision and hearing become acute and focused, breathing intensifies to assist in oxygen supply, and posture assumes a defensive mode. In less than a second, the body becomes charged and energized to protect itself, and all this takes place instinctively, without thinking.

It might be helpful to distinguish between fear and anxiety. Fear is the instinctive reaction to danger. Anxiety is a learned, irrational reaction to fear — a fear of fear. Virtually all cases of anxiety begin with a negative experience in which an initial fear reaction seemed out of control. Sometimes this takes place when a person overreacts to a situation that would normally arouse fear in most people. In other cases, the anxiety consists of an intense reaction in a particular situation for no apparent reason. Once the frightening or traumatic reaction takes place, it “bonds” to the associated situation. A common denominator in most anxiety conditions is a strong fight/flight reaction to a place, thought, feeling or situation, accompanied by an irrational fear of losing control, “going crazy”, embarrassing oneself, having a serious illness, or dying.

To appreciate how the fight/flight survival reaction works, imagine for a moment that you are an animal—a rabbit living in the wilderness. In a natural environment, there is a clearly established system of predators and prey. As a rabbit you are prey to other animals such as hawks and foxes. On a typical day you would spend your time foraging for food—eating and storing berries, leaves and roots. However, when you are even remotely approached by a predator, you “sense” danger. Your survival instinct would be so attuned that your body would begin to react without your knowing the specific threat. The sensitivity of your survival instinct would recognize the early warning signals of danger and activate your body to take refuge immediately. As a rabbit, you run for cover until the danger subsides. When the danger passes, your body relaxes and you resume foraging for food.

This survival mechanism is a conservative instinct. It takes no chances and offers you little time to think or evaluate the situation. The survival center makes no distinction between *possible* and *actual* threat, because if you take the time to evaluate the situation before responding, it could easily be too late.

However, the situation is far more complex with human beings because danger is often imagined or ambiguous. When the survival reaction occurs in response to a life-threatening situation, such as an assault, fire, or terrorism, the fight/flight reaction is normal and

natural. One reason anxiety is so common is that the amount of global stress and number of perceived threats is increasing, and the media makes these external conditions so vivid and immediate. However, there are many other situations that can trigger the fight/flight reaction, despite the fact that they are not life threatening. This is exactly what happens in most cases of severe anxiety: the person's body reacts as though there is a life-threatening situation when, in reality, no danger exists. Indeed, most people who have an anxiety problem recognize that their fear is irrational, but they are unable to control it. The inability to control the fight/flight reaction is one reason why anxiety can become chronic and undermine our health and vitality, as we will discuss later.

Whether it is unreasonable anxiety or a life-saving response to danger our reaction is mediated by "stress hormones," such as adrenaline, noradrenaline, and glucocorticoids. Secreted by the adrenal gland, these hormones perform a complex set of emergency tasks, such as breaking down stored sugars to increase blood glucose. Other fight-flight mechanisms include increases in heart rate, blood volume, and blood pressure, all of which help transport energy supplies throughout the body. Pulmonary tone is also increased to make the heart and lungs even more efficient in supplying energy for the survival response.

This reaction is effective for short-term stresses and threats. However, frequent or chronic fight/flight reactions lead to a constant state of arousal with insufficient recovery time. This wears us down, compromises our immune system, and may shorten our life span. This would be similar to revving a car engine at high rpms all the time, overheating and shortening the life of the engine.

Ironically, the same stress hormones that help us defend against threat or danger can provoke illness when over-stimulated. For example, an abundance of glucocorticoids can compromise the function of neurons in the cortex and hippocampus regions of the brain, leading to impaired learning and memory. In addition, stress hormones can also lead to hypertension, arterial disease, abnormal glucose tolerance and hypoglycemia, and clogged arteries (resulting from increased triglycerides, cholesterol, and free fatty acids). By provoking the breakdown of our bodies, chronic stress and anxiety accelerate aging.

While the fight/flight reaction is normal in threatening or dangerous situations, other situations can also trigger the response. For example, a *perception* of danger has the same effect as actual danger. As a conservative instinct, the survival mechanism that makes no distinction between actual and possible danger. Recall the rabbit in the wilderness, where survival is unlikely if time is wasted on thinking and evaluating the danger level in a situation before responding. If you *perceive* danger, or just *think* danger may exist, a danger signal is sent to the survival center and the fight/flight reaction is triggered.

If you have a traumatic experience in a particular situation—say a panic attack while driving a car or a nervous feeling while giving a presentation in front of other people—you may begin to perceive the situation as “dangerous.” Thereafter, just thinking about the situation—driving the car or giving a presentation—could set the fight/flight survival reaction into motion. We might then develop a *phobia* about a specific situation, and try to avoid it to reduce the anxiety. Some typical “phobic situations” are traveling away from home, flying, being alone, shopping in crowded stores or malls, meetings, and social gatherings. In those situations, the body reaction itself is normal, but it is triggered by a false alarm.

Fatigue and depression are commonly associated with severe anxiety. Fatigue results from frequent or chronic activation due to insufficient recovery and stress on the body. Persistent anxiety results in excessive “wear and tear” on health and acceleration of aging. Persistent anxiety also leads to depression, which is further intensified by low energy and loss of vitality. Depression is further reinforced by negative and discouraging thoughts about anxiety, such as, “I can’t handle this,” “Something’s wrong with me,” or “I must be dying.” Virtually all anxiety patients I have seen have some degree of associated depression.

There are three ingredients in the development of an anxiety condition. The first ingredient is genetic, and I refer to it as “biological sensitivity.” This is a heightened sensitivity to various outside influences, such as noise, weather, tactile stimulation (such as the feel of

certain fabrics against the skin), light intensity, and so on. In addition, biological sensitivity makes some of us more reactive to internal sensations, such as minor aches and pains, as well as body reactions to hunger, fatigue, tension, and other physical experiences.

The second ingredient is personality style. Most people who develop abnormal anxiety have a particular pattern of personality traits, such as perfectionism, difficulty relaxing, a need to please other people, fear of conflict, strong control needs, and frequent worry. For lack of a better term, I call this pattern of traits the “anxiety personality,” and we will explore this contributing factor in more detail shortly. Personality style is important to consider because it is one area of self-improvement that can make a significant difference in reducing anxiety.

If you have the genetic sensitivity and the anxiety personality traits, you are an anxiety disorder waiting to happen. All that is needed to produce full-blown anxiety symptoms is the third ingredient—stress overload.

Stress can be any situation that involves demands, adjustments, or change, and it can be both positive and negative. One measure of stress is the Life Change Scale, which lists 43 life events that are considered stressful, ranked according to the degree of stress and the likelihood of producing physical symptoms. At the top of the list are events such as the death of a loved one, divorce, separation, and serious illness in a family. Lower on the list are events such as increased responsibilities at work, financial problems, and family relocation. At the bottom of the list are events such as a minor traffic violation, holiday stress, and even planning and taking a vacation. The Life Change Scale is reproduced below, and you can use the instructions to rate your stress level and/or the stress level of your patients.

LIFE CHANGE SCALE

This widely reprinted self-test lists 43 stressful life events and the value of each in “stress points.” To use the Life Change Scale, check off events

that have happened in your life within the last 12 - 24 months, then add up the total number of stress points. Add your own events, assigning the appropriate number of points by comparing them to the events ranked on the chart. A score of 150 gives you a 50 percent chance of developing an illness. A score of 300 or more gives you a 90 percent chance. This scale provides an estimate only, and other factors may affect your chances of developing an illness. A stress recovery program will significantly reduce your vulnerability.

LIFE EVENT	CHEC K?	POIN TS	SCO RE
Death of spouse		100	
Divorce		73	
Marital separation		65	
Jail term		63	
Death of close family member		63	
Personal injury or illness		53	
Marriage		50	
Terminated at work		47	
Marital reconciliation		45	
Change in health of family member		45	
Pregnancy		44	
Sexual problem		40	
Gain of new family member		39	
Business readjustment		39	
Change in financial state		38	
Death of close friend		37	
Change to different line of work		36	
Change in number of arguments with spouse		35	
New mortgage or existing mortgage over \$100,000		35	
Foreclosure of mortgage or loan		30	
Son or daughter leaving home/starting college		29	
Trouble with in-laws		29	

Outstanding personal achievement		28	
Spouse begins or stops work		26	
Begin or end school		26	
Change in living conditions		25	
Revision in personal habits		24	
Conflict with supervisor or boss		23	
Change in work hours or conditions		20	
Change in residence		20	
Change in school		20	
Change in recreation		19	
Change in church activities		19	
Change in social activities		18	
New loan or mortgage under \$50,000		17	
Change in sleeping habits		16	
Change in frequency of family get-togethers		15	
Change in eating habits		15	
Vacation		13	
Major holiday		12	
Minor violation of the law (e.g. driving citation)		11	
		TOTAL SCORE	

I invariably ask all new clients to tell me about any stress that might be affecting them, and I am frequently surprised to see how many people are unaware of their stress level. One example was a tense, 59 year old woman who sought help for her uncontrollable fear of having panic attacks. When I interviewed Cynthia and took her history, I learned that she had experienced seven deaths of relatives in the last four years, as well as numerous relocations due to her husband's military job. In addition, a son was going through a divorce, and she was experiencing some medical problems. In spite of all this, Cynthia never thought she was under stress and felt that she should be able to handle her life with no problems.

In my opinion, one of the most common sources of stress is the recurring demands of daily life that we assume are normal, and that fill

our schedules with increasing speed and intensity. Working for a living, raising children, maintaining a home, doing the laundry, food shopping, cooking and kitchen cleanup, recreation, and even socializing, may all combine to yield an overload of stress. While any one or two of our commitments and responsibilities might be manageable, the overall combination can result in stress overload. Stress can also be cumulative. That is, the harmful effect of stress can build on itself, if there is insufficient stress recovery. Even our efforts to recover from stress through recreational activities, exercise, and vacations, are often approached with the same rush and time pressure as the rest of our daily life. Recognizing this, Selye (1956), a biologist who wrote a now classic book on stress, referred to “the stress of life.” He asserted that stress is an inherent and inevitable part of life.

On the other hand, stress itself is not really the problem. In fact, body activation is an adaptive response to any situation that involves demands, adjustments, or change. The activation of body systems and resources helps to meet the challenge of stress. In addition, our bodies are designed to handle enormous amounts of stress, as evidenced by the astonishing capabilities and endurance of athletes. The problem is not stress: the problem is lack of stress recovery. We can handle stress without negative impact if we restore ourselves at regular intervals, preferably daily. If we do this, our stress-recovery pattern becomes balanced, our energy reserves are replenished, and we can deal effectively with stress. The first step in stress recovery is recognizing the symptoms of stress. To help with this step, below are the common symptoms of stress. The next step is to establish a personal program of regular stress recovery activities, or what I have called, “stress solutions.”

STRESS SYMPTOMS

• Increased heart rate	• Grinding teeth/clenching jaw
• cold/sweaty hands	• headaches
• stuttering	• anxiety (panic attacks, worry, avoiding)

• restlessness	• loss of or increased appetite
• irritability/moodiness	• back or muscle pain
• muscle tension	• dizziness
• fatigue	• weakness
• nervousness/trembling	• sleep difficulty

STRESS SOLUTIONS

• eat a healthy diet	• exercise regularly
• simplify your life	• set short-term and long-term goals
• manage your time	• use humor and make time for play/fun
• accept what you can't change	• set reasonable limits
• say no without feeling guilty	• practice relaxation techniques
• share your thoughts/feelings with someone you trust	• recognize that alcohol and drugs do not solve life's problems
• make time for daily rest and relaxation	• learn and practice meditation
• avoid the morning rush by preparing the night before • conserve your energy	• seek professional help with difficult problems such as marital distress, chronic anxiety, anger, depression

When our recovery practices do not keep pace with stress demands, we gradually deplete our energy reserves and wear down our resistance. We then go out of balance and develop early warning signals of stress overload in the form of mild symptoms. Headaches, backaches, difficulty relaxing, muscle twitches, and low energy, for example, can all be early warning signals of stress overload. When the early warning signals are ignored, they intensify until we are forced to notice.

Unfortunately, this often occurs as an anxiety disorder, such as panic attacks or phobias.

Why some people develop an anxiety disorder while others develop a different kind of health problem is determined by personality type and family background (including genetic influences). Let us now consider the personality traits of people who become anxious, noting how this type of personality creates stress and anxiety symptoms.

Personality is the combination of traits and qualities that makes each of us unique. Yet, there seem to be recognizable types of personalities—people who have certain traits in common. Some psychological tests attempt to determine an individual’s personality “type,” based on patterns of behavior, thought, and emotional style. In astrology, there are said to be twelve personality types based on their sun signs and other cosmic conditions at birth. We all have experiences where we meet someone who seems to fit a particular type of personality, although we may not have a name for it. If you identify with the personality type described in this chapter, you may be predisposed to developing an anxiety condition. I have many of these personality traits, each of which is both an asset and a liability.

Generally speaking, personality develops as a result of combining a person’s genetic disposition with family background and early life experiences. Your family environment shapes your basic disposition into the characteristic pattern of traits that we call personality. Some of the family background influences known to influence personality are traumatic events, such as abuse, violence, divorce, or death of a family member, as well as the child rearing style of the parents. Parents who are critical, controlling, emotionally distant, or emotionally insensitive, are likely to damage the self-esteem of their children, whereas parents who bond emotionally and are tuned into their children are likely to raise self-confident individuals. We also know that families in which feelings are expressed and validated will probably produce children who are comfortable with feelings and equipped to communicate effectively in their relationships.

A specific pattern of personality traits seems to be common among those of us who develop anxiety. For example, the anxiety-prone person is generally *responsible, dependable, and hard working*. We can be counted on to do what we say and to do a good job. We are also loyal and reliable, and this makes us excellent and valued employees, as well as entrepreneurs when we are willing to take risks. Our values and ethics include keeping our word and fulfilling our promises. In part, we are dependable and hard-working because we do not want to disappoint others or let them down. This is related to the related trait, our *need to please others*. Unfortunately, we may not be good at setting reasonable goals and limits, or taking care of ourselves, and we often take on too many commitments and responsibilities. Therefore, our potential for burnout, resentment, and symptoms of stress is exceptionally high.

This personality type is also *perfectionistic*. We have high standards and expectations for ourselves. We want to do well in everything, and we are willing to push ourselves to the limit in an effort to meet our own expectations and attain perfection. Combined with our dependability and strong work ethic, we usually achieve excellence in fulfilling our responsibilities, whatever they happen to be. For some, this trait may manifest in the way we keep house, while for others it will be apparent in the competence with which we do our jobs or perform in our professions. Since it is impossible to attain perfection at all times, however, we may find ourselves pushing even harder to reach this goal, or feeling frustrated or disappointed in ourselves when we fail to meet our unreasonably high expectations. It should be obvious that our perfectionism creates stress, but we many find it difficult to control this particular trait.

Related to high standards and expectations is a tendency towards many “*shoulds*.” “Shoulds” are self-imposed expectations about what we ought to do, and the way we ought to do it. “Shoulds” are expectations that our parents—or other influential people in our backgrounds—had for us, and that we have internalized as part of our personality. “Shoulds” control our behavior, even when they create stress. “Shoulds” are sometimes part of the way we try to be good, or to live up to a positive image of ourselves. “I should be more productive,” “I should eat a healthier diet or lose weight,” “I should be a better

parent,” “I shouldn’t procrastinate so much,” “I should be in control of myself at all times,” and “I should keep a cleaner home,” are some common examples. Some good-humored clients of mine have said that they “should on themselves too much.” “Shoulds” create stress and activate the body in much the same way as perfectionism.

The anxiety-prone person *seeks approval and reassurance from others*. We have an excessive need to receive positive feedback in order to feel secure. Thus, we are “people-pleasers,” always willing to go the extra mile to be appreciated. At the same time, we are extremely sensitive to criticism and rejection. We try to avoid negative feedback by working hard to please and impress others. We try at all costs to avoid conflict with others, because we do not want anyone to be angry with us or disapprove. As a result, we tend to be somewhat passive in relationships, particularly with people who are in positions of authority, such as supervisors, managers, or anyone who is perceived to be in an authority role. Our need for approval also interferes with our ability to be assertive, even when it is important and appropriate to speak up for our selves.

Another trait found in the anxiety personality is a tendency to *ignore our body signals and needs*. Our preoccupation with doing well, looking good and pleasing others, avoiding rejection and criticism, and so on, creates a great deal of stress, but we tend to deny these symptoms and keep going. When our bodies alert us with stress signals, such as fatigue, stress, even hunger or thirst, we may consider them annoying encumbrances. Not until our stress warnings intensify into more severe symptoms do we take notice. But even then we may not realize the connection between our personality style and our physical symptoms. We may focus on the symptoms themselves, fearing loss of control or a life-threatening illness. This, of course, only adds to our stress.

Difficulty relaxing is another component of the anxiety-prone personality. Despite our desire to relax, we find it difficult to calm down, take time out, and let go. We are physically active on a continual basis, and our minds are busy almost all the time. High gear is a habit, and it is hard to shift out of gear into neutral. In addition, there is no time to relax when we are busy proving our self-worth, taking care of

others, avoiding criticism, and always doing a good job. Some feel anxious immediately upon relaxing because it threatens their sense of control and self-protection. Others simply cannot relax, or believe that relaxation is wasting time. There is, after all, always another item on the "should do" list. To truly let go and relax requires *being*, which is a different attitude from *doing*. When we cannot relax, we deprive ourselves of the stress recovery required to live without symptoms. This is one of the primary ways in which the anxiety personality can cause burnout and premature aging.

The *need to be control* is another key issue for the anxiety-prone person. As one of my anxiety patients put it, "I'll be the first to admit that I'm a control-freak." Control gives us a feeling of power and safety, but in most cases it is based on lack of confidence in our ability to handle ourselves in ambiguous or unstructured situations. In order to feel in control we like to know what is going to happen in the future.

But we also want options. We don't like to be pinned down, so to speak, because control means having the choice to leave an uncomfortable situation. On the other hand, we like *structure and predictability*, the conditions we usually did not have as children. In an effort to be prepared for whatever may happen, we try to predict the future. We *worry a lot*, as we try to anticipate what may happen in the future. We habitually "what-if," or second-guess the future. Naturally, we tend to focus on all the negative possibilities. It is as though we are continually preparing for threat or danger. Threat includes not just the sudden panic attack or anxiety feelings we fear, but also the possibility of criticism, rejection, mistakes, or failure. This all keeps us in a continual state of arousal and fight/flight reaction. Inevitably, our need for control leads to anxiety.

Fear of strong emotions, such as anger, is another feature of the anxiety personality. Feelings present a problem for those of us reared in families without appropriate expression of feelings. In addition, anger, guilt, sadness, and other intense feelings—including anxiety itself—can all be frightening when our skills in handling them are limited. We may fear such strong feelings will take over, last indefinitely, or lead to out of control behavior. Anger, for example, may be frightening if in our

family history it was associated with violence or out of control behavior. Anger also threatens us because we fear disapproval and rejection, and assume that relationships will be jeopardized by conflict or anger.

When feelings are denied or kept inside there is typically a buildup of physical tension. When that tension is not released, an internal pressure builds up. An accumulation of such pressure leads to anxiety, due to fears of losing control emotionally. That condition also triggers anxiety because of its physiological similarity to the fight/flight response, which is normally associated with danger. Thus, our personality creates a paradox in which we deny feelings to prevent anxiety but experience anxiety when we deny our feelings.

Our difficulty with strong feelings leads us to avoid situations that may trigger emotional arousal. Poignant movies and televised news (especially involving violence, injury, or suffering), social events, and other stimuli, may be avoided in order to maintain our sense of control. In our personal and professional relationships, we also avoid conflict or behavior that might lead to disapproval or rejection. We are careful to not offend, hurt, or anger others because of our extreme sensitivity to how others view us. Thus, we may hide our feelings or go against them, as we seek to keep peace and not make waves. In this way we are sometimes not true to ourselves, and we make choices that are not in our own best interests.

The anxiety-prone person is *highly suggestible*. This is due in part to our natural sensitivity, which causes us to react strongly to many stimuli—including the feelings and behavior of other people. Thus, we may find ourselves absorbing other people's stress, or being easily influenced by their desires or needs. Combined with our excessive need for approval, and fear of rejection, we are likely to be influenced by those around us.

People at risk for an anxiety disorder are usually skilled at hiding these personality traits from others. We cover up these aspects of our personality because we view them as flaws or inadequacies, and we do not want others to be aware of them for fear they will think less of us or reject us. Our need to impress others to attain approval leads us to

pretend we have it all together, whereas in truth we may be anxious or insecure inside. Many clients I see for anxiety treatment report that when they tell others about their anxiety problem, the typical response is, “You always seem to be in control. You do your job so well, and you always seem to have it all together. I never would have guessed you feel inadequate or insecure, or have a problem with anxiety.”

Finally, there are a number of *thought patterns* that can trigger the fight/flight reaction, such as “what-ifs” (worrying), negative thinking, and black-and-white thinking. For example, “what-if” thoughts are negative anticipations about what might happen in the near or distant future—“What if the school bus goes off the road with my child on it? What if I forgot to turn off the oven? What if I have a panic attack in the mall? What if I have a serious but undetected illness?” The survival instinct, which takes no risks with danger, treats every “what if” thought as an actual event. In the brain’s survival center, a “what if” thought is interpreted not as something that *might* happen but rather as something that is *definitely* going to happen. Therefore, the fight/flight mechanism is activated to deal with the “danger.”

One additional thought pattern that contributes to body reactions is “black-and-white” thinking. This is a habit whereby everything is judged as good or bad—right or wrong—with nothing in between. If you did not do a great job, then you must have done a bad job. If I am not friendly to you one day, then I must be an unfriendly person. If you do not know what will happen, then it will probably be bad. If you make a mistake, then you are “stupid.” If you cannot learn something on the first try, then it is too difficult for you to learn no matter how hard you try. These examples of black-and-white thinking are common among anxious people, who frequently monitor the environment for safety and danger cues: if the cues are unclear, they prepare for the worst.

One of the great ironies of this type of personality is that while we react strongly to stress, we create our own stress. For example, fear of rejection and strong need to please others—so they will like and accept us—causes us frequently to say “yes” when we feel “no.” We work hard to earn acceptance and praise. We tend to focus on the needs and

feelings of other people, often at our own expense. We typically take on too much and have difficulty setting reasonable limits for ourselves. These personality traits create stress, and, given our sensitivity and need to be in control, we may react fearfully to the body's reaction to stress. This further intensifies the stress reaction and contributes to the anxiety condition.

There is a positive side to the anxiety personality type. People with this type of personality tend to be sensitive, caring, nurturing, gentle, and kind. Compassionate and sensitive to the needs of others, we are good listeners and we make good friends. We care about the earth and other living beings, including animals and plants. These qualities may be found in the way we parent, provide community service, and maintain friendships. These traits stem from our innate sensitivity and attunement to our surroundings. Frankly, I would like to see more of these qualities in the world.

These positive traits were evident in a patient who participated in one of my anxiety therapy groups. Phyllis was a friendly and talkative woman who suffered from panic disorder with agoraphobia. Her phobic situations were driving and crowded stores. One interesting thing about Phyllis was her ability to take any kind of plant, no matter how neglected and withered, and bring it back to health. She also loved animals. Phyllis would do many thoughtful things in group therapy, such as offering a kind word and remembering the birthdays of other members with a card or little gift.

Some other positive dimensions to this personality type are dependability, dedication, strong work ethic, competence, and high standards of achievement. The individual with this personality profile is typically a valued worker and responsible person. Achievement professionally and competence in home life are characteristic of this personality type, who is always striving for excellence.

To help summarize this analysis of the anxiety-prone personality, I created the table below, which lists the personality traits along with their *assets* and *liabilities*.

ANXIETY PERSONALITY

Responsible/Dependable/Hard-working	Need to be in control
Perfectionistic	Difficulty relaxing but wants to be calm
High expectations of self	Denies body responses and signals
Likes to please others/Approval seeking	Problem with assertiveness
Competent	Black and white thinking
Fearful of rejection	Many "shoulds"
Sensitive to criticism	"What-if" thinking

ASSETS	LIABILITIES
Caring/kind/supportive	Produces high stress
Loyal to friends	Over-reacts to stimuli
Outstanding employee/worker	Difficulty setting reasonable limits
Good listener	Not assertive/can be exploited
High achieving	Fear of strong emotions
Spiritually-oriented	Becomes resentful

Overcoming anxiety usually requires a thorough look at the personality traits that contribute to the anxiety condition. While it is not possible, or even desirable, to change our personality altogether, we can become aware of habits and traits that limit us or interfere with healthy behavior. Personally, I take the view that my personality has many positive aspects, and that I want to modify the negative aspects. I want to be in control of my personality, rather than have my personality be in control of me. For example, I tend to be perfectionistic. However, I

know this creates stress, especially when I do not have the time to do everything according to my high standards. I have learned to simply get the job done in some cases, and to be selective about which tasks or projects I will approach with utmost attention to detail. I strive for excellence rather than perfection, and accept that doing my best sometimes means working within less than ideal conditions.

There are a number of different forms of abnormal anxiety, known as *anxiety disorders* to distinguish them from normal anxiety. Each of these anxiety conditions consists of a more or less distinct pattern of symptoms, and they are diagnosed on the basis of those symptoms. In describing them, the primary symptoms will be identified, but the technical details will not be included. For the complete criteria used in diagnosing the various anxiety disorders, the reader is referred to the internationally used Diagnostic and Statistical Manual of Mental Disorders (DSM-IV,1994).

One comment is important before we look at the specific anxiety disorders. Until recently, child and adult anxiety disorders were listed separately, based on the belief that children do not experience the type of anxiety as adults. We now know that children and adults do experience the same anxiety conditions. For example, contrary to old myths, children can experience panic attacks, and adults can suffer from separation anxiety. Therefore, in the recently revised diagnostic system there is virtually no distinction between child and adult anxiety disorders.

Panic disorder involves sudden episodes of intense anxiety—panic attacks—occurring when no real danger exists. With panic disorder, you feel overwhelmed and terrified as your body reacts with symptoms, such as heart palpitations or pounding, chest pain, shortness of breath or difficulty breathing, shaking, weakness, sweating, nausea and faintness. The experience can be so intense that you may fear having a heart attack, going “crazy,” or losing control. Typically, people who experience panic attacks seek help from a medical doctor or hospital emergency room, but are told there is nothing physically wrong. Without proper help the condition progresses and agoraphobia may develop.

A patient named Harriet illustrates what it is like to live with panic disorder. Harriet, who was referred to me for help by her physician, was unable to come by herself to the first few appointments due to her fear of driving. She had frequent panic attacks associated with driving a car, and the condition had become so severe that she required her husband to accompany her to any new situation. To get to work she would often offer to pick up a colleague who lived on the way, in order to avoid being alone in her car. During the day, she would panic just thinking about the drive home. Harriet spent considerable time anticipating and worrying about every trip out of the house. When I first saw Harriet, she was tearful and depressed about her inability to control her fear.

When a person begins to avoid places or situations associated with panic anxiety a pattern of *agoraphobia* may develop. This pattern of avoidant behavior is an attempt to prevent anxiety and to feel in control, and the avoided situations are usually places in which panic anxiety occurred in the past. Typical avoidances include driving, shopping, crowded places, standing in line, being alone, meetings and social gatherings. These are the situations in which a person fears having an anxiety attack, losing control or being embarrassed. Many remain in a painful state of anxious anticipation because of these fears. Some become restricted or even “house-bound,” while others function normally but with great difficulty, often trying to hide their discomfort. Agoraphobia is both a severe anxiety condition and a phobia, as well as a pattern of avoidant behavior.

Daniel, a sensitive and thoughtful young man and father of two children, illustrates the agoraphobia pattern. At the beginning of his treatment for panic disorder with agoraphobia, Daniel was severely restricted and avoided shopping malls, large stores, and church (about which he felt extremely guilty). In his own words, Daniel said, “Currently, everywhere I go and everything I do I need to think about how the anxiety might affect me during the activity. Fear has almost total control over my life and I feel that it has enveloped me and is smothering me. I do not want to spend the rest of my life with this fear.” With psychotherapy and a cognitive-behavioral homework program,

Daniel had a successful recovery from panic disorder with agoraphobia. He was able to coach his son's Little League baseball team, shop at the supermarket, and live without the debilitating anxiety disorder.

***Generalized anxiety disorder* consists of unreasonable worry about everyday occurrences, leading to a continuously high level of anxiety. People with this form of anxiety are constantly on the lookout for possible problems and “danger.” Physical symptoms such as muscle aches, fatigue, difficulty sleeping, sweating, and dizziness are usually associated with this condition. Lisa, who spent 12 to 16 hours a day worrying and anticipating negative events, illustrates generalized anxiety disorder. A homemaker and mother of three children, she focused on all the “bad things” that could happen, and she felt she had little control over her life. Lisa often woke up feeling tired, as though she did not get enough sleep, no matter how many hours she slept. She was unable to relax and her mind was always “on.”**

***Social phobia* involves a fear of situations in which a person feels exposed to scrutiny or judgment by others. The person typically fears that he or she may do something or act in a way that will be embarrassing or humiliating. The usual symptoms of anxiety are triggered by social situations, such as meetings, parties, and other situations involving interaction with people. This anxiety disorder is illustrated by one of my patients, Fred, who was painfully afraid of meetings, social events and dating. Fred was convinced that he would say something foolish and that people would laugh or think he was “stupid.” Fred told me that he sometimes went for several days without interacting with another human being, even at work. Although he felt more comfortable avoiding social contact, he revealed how lonely and isolated he was. Fred yearned for a special relationship, but his anxiety inhibited him from making any efforts.**

***A specific phobia* is an intense and irrational fear associated with a particular object or situation, leading to an avoidance of that object or situation. Some common “phobic situations” are flying, driving, being alone, speaking in front of people, and certain animals such as dogs or snakes. Phobias are often found as part of other anxiety disorders such**

as panic disorder and obsessive-compulsive disorder. Phobias are the most common anxiety disorder.

Maria, for example, wanted help eliminating her fear of flying. Approximately five years earlier, on an airplane trip to Florida, she experienced panic anxiety triggered by an extremely rough ride. “It was the worst experience of my life and when I got off that plane I vowed I would never fly again.” After that, Maria could not even think about flying without intense anxiety and she avoided flying in spite of a love of travel. Before the incident, Maria had only one other instance of abnormal anxiety when facing surgery with general anesthesia. As a supervisor at work, Maria functioned effectively with people and job pressure. She had no other problems with anxiety but felt strongly that she was restricted by her fear of flying. Her goal was to be able to go on vacations with air travel again.

As indicated earlier, adults can experience *separation anxiety*, which consists of intense fear of being separated from a security figure. Fears of losing control, and not being able to function without the security figure, characterize this anxiety disorder. Strong anticipatory anxiety usually emerges at the prospect of separation. Hugh, a competent special education teacher, functioned without anxiety on the job. However, he came to me for help because he experienced severe anxiety, including panic attacks, whenever his wife was late coming home from her job. His anxiety peaked whenever she was scheduled to travel on business, and Hugh found it necessary to stay with a friend or have one of the adult children come home for the night. No one would have guessed that Hugh suffered from this anxiety disorder, as he seemed to be in control whenever other people were around.

Obsessive-compulsive disorder involves repeated, intrusive and unwanted thoughts (obsessions) that cause anxiety, often accompanied by ritualized behaviors (compulsions) that temporarily relieve the anxiety. Common obsessions include fear of germs or contamination, and fear of hurting someone. Common compulsions include excessive cleaning, double-checking and hoarding things. The person suffering from obsessive-compulsive disorder usually recognizes that his or her behavior is irrational but is unable to control it. Resisting causes the

anxiety to escalate, so the person learns to give in to the obsessive thought or compulsive behavior. One anxiety patient, Bruce, ate the same foods at the same time everyday. He feared that if he changed his eating habits he would get food poisoning. Although Bruce complained that his diet was “boring”, he needed help to overcome the fear and add more interest to his diet and life in general.

Post-traumatic stress disorder develops when a person has experienced a trauma such as sexual abuse, violence, or severe injury that continues to affect his or her life. Symptoms of this anxiety condition include preoccupation with the traumatic experience, recurring nightmares and/or flashbacks, unprovoked anger, difficulty relaxing, irritability, inability to concentrate and sleep difficulty. One unusual case of post-traumatic stress disorder was Doris, who was referred to me by an attorney representing her in a lawsuit against a hair salon. Apparently, the hair stylist mismanaged the length of time and the type of chemical used to color her Doris’ hair. Her hair was so badly burned that it was necessary to remove virtually all of it. As she herself was a hair stylist, Doris felt ashamed and unable to face her clients. She reluctantly wore a wig but stopped working. Doris presented with all of the symptoms of post-traumatic stress disorder.

Anxiety associated with a medical condition is a disorder just recently recognized in the Diagnostic and Statistical Manual of Mental Disorders (1994). The anxiety in this disorder is linked to fears about symptoms of an actual health problem or disease. Medical conditions involving pain, such as Krohn’s Disease, fibromyalgia, and migraine headaches, can trigger anxiety in certain people, who tend to react strongly to physical symptoms and loss of control. However, the reverse can also occur: anxiety can cause a flare-up of the medical condition. Sandra, a petite woman suffering from fibromyalgia involving intense muscle pain, illustrates this disorder. Whenever Sandra felt tense, which occurred frequently under stress, she would panic and go to the hospital emergency room. Her first thought when tense was, “What if this is the beginning of a panic attack or a heart attack?”

Anxiety becomes apparent when a person with physical symptoms goes to a medical doctor or hospital emergency room to find out what is

wrong. Typically, in anxiety cases there is nothing physically wrong with the body—no organic pathology or diseases are found. Unfortunately, the treatment process usually ends there. While the person may be told that stress or anxiety seems to be the problem, the anxiety disorder is not properly diagnosed and an appropriate referral to a mental health professional specializing in anxiety treatment is not made. In my opinion, this is tragic since it is estimated that approximately 80 percent of all complaints seen by physicians are related to anxiety. Although the first step taken by people with anxiety symptoms is to see a doctor, only 25 percent of anxiety sufferers take even this step. Thus, the vast majority of people with anxiety problems never receive the help they need. In part, this is due to the difficulty anxiety sufferers have in asking for help, since that runs against the grain of their personality. However, it is also due to lack of public awareness about anxiety and available treatment, as well as inappropriate treatment of those who do seek help.

Anxiety recovery begins with an understanding of what is happening in the body and mind, and what is triggering the anxiety reactions. It is important to realize that anxiety is not a life-threatening situation. Except for anxiety disorder associated with a medical condition, your medical doctor has probably ruled out a physical problem and you do not have a fatal illness. You are not losing your mind and you do not have a mental illness. You can change this learned pattern, recover from anxiety, and maintain your health and longevity.

The next step in anxiety recovery is to learn how to manage stress. The fundamentals of stress management include a regular routine of relaxation and adequate rest, proper diet and nutrition, and exercise. Practiced regularly, these habits will go a long way towards reducing anxiety. On the other hand, while stress management is necessary it is usually not sufficient without addressing the personality traits and thought patterns that create stress.

Psychotherapy is often required to identify the personality traits and thought patterns that need to be modified or replaced. While we cannot change our basic personality, we can change negative and stress-producing habits through practice of new alternatives. For example, we

can replace the habit of unreasonable worry with more productive thoughts by making the substitution at every opportunity. We can learn how to relax and to be more reasonable in our expectations, and we can acquire new attitudes and skills that reduce our stress level. We can also learn new communication skills that allow us to deal more effectively with other people. We can develop greater self-confidence and become less concerned with rejection or how others view us. Finally, we can use the positive side of our personality traits—such as emotional intelligence and high standards—to help us be successful in relationships and work. In other words, we can take charge of these traits and habits instead of being controlled by them.

There are some other techniques and interventions available in professional therapy, such as systematic desensitization (for dealing with phobias), EMDR or Eye Movement Desensitization Retraining (for resolving traumatic experiences), medication (to control anxiety symptoms while learning new skills), neurofeedback, and others. These may be necessary on a case-by-case basis for overcoming anxiety.

If you or your patient have a persistent or severe anxiety condition, there is a risk for chronic fatigue, depression, and loss of health and vitality. Bluntly put, you or your patient will age prematurely. However, the good news is that with a personal program of stress recovery and anxiety control skills, people do not have to suffer from any of these symptoms. Start with the basics: regular exercise, proper diet and nutrition, and adequate rest. If these steps are insufficient, additional treatment is necessary.