EIP

Mental Health Awareness Week 2023 - Anxiety

At the outset, it must as usual be remarked that this piece should not be relied upon for treatment, solution, comfort or calm. This, and other works like it, are written from but a singular perspective, and what strikes the capricious mind of the writer is not always what affects the mass of readers. I am not a qualified mental health professional in any way, shape or form, nor yet am I any kind of scholar of such disorders. This being understood, let us proceed with our history.

The theme for this year's Mental Health Awareness week is **Anxiety.**

Anxiety is a broad term, an umbrella under which shelter a myriad of conditions. It may manifest in a variety of ways, from intrusive thoughts to panic attacks, from crying and freezing to simply shutting down, dissociating and refusing to acknowledge one's surroundings or circumstances until the moment passes. It can be debilitating on several levels, and because there is rarely a single triggering event, it is incredibly easy be convinced that there is nothing wrong with you, that you just need to "toughen up" and overcome this somehow.

This is not true. Luckily, like all falsehoods, it is a mask, and however well made it may be, with a little attention we may yet succeed in distinguishing it from the truth.

The Essence of Anxiety

Anxiety is fundamentally rooted in our body's physiological reaction to perceived threats. Our autonomic nervous system detects – or thinks it detects – some kind of danger, and it gears us up to respond. This is the so-called "fight or flight" response, and your body reacts accordingly.

Everything – every ounce of muscle, every drop of blood, every single iota of energy - everything

must be diverted towards one single, solitary goal: **keeping you alive.** Your body has the greatest respect for its own epidermis, so there is only survival, all else is secondary.

You may experience shaking, muscle tension, sweating. Your body has reacted to a perceived threat by delivering heavy doses of adrenaline and noradrenaline – a cocktail of chemicals designed to improve your physical capabilities and reduce your response to pain. You are about as ready as you will ever be to face something intending to kill you.

It is a very impressive system, and very amiable, no doubt, but it would be charming if it would only depart – because people at work do not intend to kill you.

This system, you see, is one that has evolved to zealously keep you alive against a host of threats, very few of which are relevant to everyday life in the modern world. It is rare that you will face an imminent physical threat in your daily life, but these systems have evolved over millennia and are now being tasked with adjusting to an office environment which we have inhabited for but a few centuries.

Anxiety Disorders & Symptoms

Anxiety has its roots in an evolutionary adaptation, and for many people, this "fight-or-flight" ends there. It crops up now and again, in particularly fearful or stressful situations. Sometimes it is useful, sometimes less so, but generally speaking it's not a daily event.

The difference between anxiety as a phenomenon and anxiety as a disorder – anxiety with a capital A, you could say – is the impact it has on your life overall. Anxiety disorders tend to bring borderline continuous feelings of fear and/or stress, damaging your ability to live a "normal" life.

Anxiety disorders, in general, manifest in both physical and mental symptoms. There may be considerable overlap between symptoms of other mental health issues; indeed, this is something that can make the diagnosing of disorders such, as borderline personality disorder or bipolar disorder, more onerous than it already is.

Some general symptoms, experienced by many, may include racing thoughts, uncontrollable over-thinking, and trouble concentrating. These are a by-product of the physiological effects of anxiety mentioned above – because your body is primed for action, your brain has been similarly primed to operate on split-second timing. Despite the expected action failing to manifest, your brain maintains its heightened state of activity, and will operate on any data with which it is provided. This is well and good when considering the possibility of large, be-toothed predators in an environment with many hiding spots, but less pleasant when all one can concentrate on is thebehaviours of colleagues.

Feelings of dread, panic, or 'impending doom' are also common – the feeling that behind all present happiness is concealed a fear for the future. This too follows fairly naturally from the evolutionary nature of anxiety. Your body is, after all, tensed in anticipation of an attack; this feeling of imminent negativity is hard to dispel, leading to vague storm clouds on the horizon of one's mind.

Many experience changes in appetite – hardly surprising, when the effects of inhibiting digestion and salivation are considered. Not only do many experience nausea and an inability to even consider eating during anxiety attacks, but the peak of such occurrences is often followed by a cycle of binging on energy-dense foods, typically high in sugar and fat. The body often responds to the temporary dietary shutdown and perceived need for muscular exertion by demanding fuel – things that can be easily used if fighting or fleeing is required.

Trouble sleeping is often experienced; again, this can hardly be shocking. The body has been flooded with stimulants and it takes time for these to leech out of the system. Of course, when they do wear off – depending on the duration of the attack and the person's normal rhythm – some people will all but collapse from exhaustion.

General twitchiness or irritability are widely reported. A consequence of the heightened state of sensitivity, almost all sensory input is amplified a great deal. Stimuli that might, under normal circumstances, pass unnoticed are magnified until they are unbearable.

These are but a handful of the most common symptoms. Dissociation is frequently experienced, as is a desire to escape or flee situations. Many more may or may not be present – anxiety, as is the case for most mental health issues, manifests in wildly divergent ways across a population.

Types of Disorder

Though all falling under the umbrella of Anxiety Disorders, there exist many different conditions, each with their own peculiar presentation.

Generalised Anxiety Disorder

The nature of this disorder is very much given in its name. Typified by excessive worrying and overthinking, GAD generally presents with a permanent feeling of being on edge, hyper-alert to one's surroundings. This can negatively impact one's ability to work, concentrate, or maintain relationships.

Lacking the distinctive temporal characteristics, specific triggers or manifestations of other disorders, GAD is difficult to diagnose. Frequently, it is comorbid with depression or

other, more narrowly-defined, anxiety disorders.

Panic Disorder

Panic disorder manifests with specific spikes of intense and debilitating anxiety, typically with no specific trigger.

These panic attacks may happen incredibly suddenly, creating an overwhelming sensation of fear, paranoia, and in some cases the desire to lash out. Dissociation is very common during panic attacks, with sufferers often feeling detached from their body, removed from the world around them, or even hallucinating.

Panic attacks often include symptoms of chest pain or tightness, overwhelming dread or fear, sudden heat and sweating, nausea, ringing in the ears, muscle tension, grinding teeth, flashing lights and shortness of breath.

Social Anxiety

Social anxiety has been referred to by some as "stage fright without the stage." An intense fear or dread of social situations, that may be continuous or intermittent, social anxiety is often experienced when speaking in public, meeting new people, or whenever one feels watched or observed.

This condition ranges from mild to severe – many people experience some level of this, but (as with anxiety as a concept) it is not considered a disorder unless it imposes notable limitations on one's capacity to live life.

Physical signs of anxiety are common, such as sweating, racing heartbeat, vocal unsteadiness and blushing. The most common mental symptom, however, is paranoia; sufferers are generally convinced other people are noticing, watching, judging, and waiting for them to fail.

Phobias

Phobias are often considered to be in a separate category from anxiety disorders, but the mechanisms are strikingly similar.

Where many anxiety disorders have no specific trigger – the threat sensors described in previous sections being generally overactive and overstimulated – phobias are somewhat more targeted, manifesting in an overwhelming fear of or concern about a certain type or class of object, place, situation, animal, et cetera.

Sometimes displayed as outright fear, other times as an intense revulsion or aversion, phobias develop from an elevated sense of danger regarding a specific trigger. Common

examples include arachnophobia (spiders), hemophobia (blood), acrophobia (heights) and agoraphobia (hard-to-flee spaces).

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Other disorders strongly linked to or correlated with anxiety disorders include Obsessive Compulsive Disorder (OCD), and Post-Traumatic Stress Disorder (PTSD). However, these topics extent far outside the bounds of anxiety, and are perhaps more deserving of their own dedicated piece.

Causes

Anxiety disorders do not have a well-defined cause – it is rarely possible to point to a single factor and state with any level of authority that the factor in question is to blame for a subject's anxiety.

Genetics play a pivotal role, as is true for most mental health concerns. There are those among us who are simply born more anxious, or who are at least predisposed to develop anxiety disorders. Life experience, particularly trauma, also plays an important role; after all, if one has been enduring a situation wherein violence, threats, or danger are common, one's threat-sensing system will naturally continue to function at an elevated level.

Various substances may additionally trigger or exacerbate anxiety – caffeine being the most commonly used. Medication taken for other conditions may include anxiety as a side effect.

The causes of anxiety in individuals are as diverse and varied as the individuals themselves. There are those who may find themselves in the direst of straits and yet be perfectly calm, but who in the calmest of waters will thrash as though they drown. There are those who will display the very endurance of Atlas himself, only to snap like the back of the proverbial camel at a seemingly innocuous trouble. Some will undulate through calmness and terror, a sine wave of panic and fear running through their lives.

In short, the causes are personal; they are therefore, for the most part, relevant only to the treatment.

Treatment of Anxiety

As go the causes, so go the remedies. There is, regrettably, no Bohemian balm with the miraculous virtue of treating all anxieties, nor is there yet any guaranteed means by which any such disorder may be cured. For the most part, anxiety is an ongoing condition, which can be managed but not permanently removed. Pruned, not weeded.

It should be stressed, at this point, that this is merely a discussion of commonly applied

methods of treatment. It should not be construed as advice, not least because people in general only ask advice not to follow it; or if they do, it is for the sake of having someone to blame for having given it.

As a condition rooted in emotional responses to physiological effects, and the physiological effects themselves, many of the therapies found to be most efficacious are those that serve to decouple the overpowering stimuli from the panicked reaction.

The most common is Cognitive Behavioural Therapy, known as CBT. CBT is intended to help the patient understand the links between stimuli, thoughts, feelings, and behaviour. Such therapy may provide an individual with the means to sever the causal connection – for instance, coping strategies may be suggested and worked on that enables the individual to recognize the difference between threatening and non-threatening situations, exerting some level of conscious control to de-escalate the instinctive adrenal response.

Applied relaxation may be used, especially to manage symptoms such as sleeplessness or muscle tension. A therapist may work with the individual to identify ways that the body may be relaxed; examples may include progressive relaxation, wherein the individual focuses on relaxing specific portions of the body in sequence – for instance first the hand, then the forearm, the bicep, the shoulder. This allows for a gradual dilution and dissipation of the stress response. Other techniques may include isometric contraction and release; the individual tenses many muscle groups simultaneously, as hard as possible, then relaxes them in the same fashion. This essentially mimics the strain that may be placed on the body during a violent or dangerous scenario, with the release indicating that the danger has passed, thus encouraging the body to withdraw from its current survival-focused state.

The more specific the root cause of the anxiety – should any be found – the more specific the treatment may be. For phobias and OCD, Exposure and Response Prevention may be applied – a therapist may encourage an individual to, in a controlled manner and space, experience and acknowledge obsessive thoughts, allowing new ways of managing them to be assessed. Similarly, a therapist may, in a gradual and monitored way, allow an individual to "face their fears," presenting them with situations or stimuli likely to trigger a negative response, and providing guidance and comfort to allow the patient to progress through the instinctive response and apply conscious checks and balances.

Many sufferers find discussion and managing of past trauma to be useful in addressing anxiety disorders. An exploration of the process and experiences through which the patient's anxiety response was developed and encouraged may provide some insight into ways in which the immediate panicked response can be channelled, controlled, or even

overcome. This process is frequently arduous, with many having sublimated a trauma response (especially those learned in childhood) into their present manifestations of anxiety. However, it is equally the case that the bitter recollections may yet have the time requisite to change into the happiest of memories, with the unpicking of tightly-woven trauma and fear responses allowing a calmer and more optimistic outlook.

Social Stigma

The social stigma around anxiety is considerable – many people, whether consciously or subconsciously, consider anxiety to be less a medical condition and more a personal failing.

Termed "weak-not-sick," a relatively large portion of the population considers anxiety to be something that is only debilitating to those who are too weak to overcome it. Typically a result of ignorance, this attitude is exemplified in behaviours such as minimising the impact of the condition ("it's just anxiety") and minimising or misconstruing the struggles faced by an individual ("everyone deals with that"). This attitude is applied with particular frequency and regularity to young men, who are often told to "man up" or similar, with the insinuation being that being overwhelmed and anxious is a manifestation of weakness and therefore unbecoming of a man.

Patronising attitudes are very common when dealing with anxiety; it is likely that this flows from anxiety in its basic form being experienced by almost everyone. People are highly likely to have experienced some of the symptoms of elevated anxiety, at least on some level. They may feel nervous when starting a new job, worry about being late to a date, or panic when caught in a lie. This being the sum total of their experience with anxiety, they go forth under the blissful misapprehension that their experience thus represents the totality of anxiety itself. When then confronted with another who discloses their struggles with anxiety, the person living in such joyful ignorance believes the struggler to be experiencing the same, fairly mild symptoms as they themselves.

Stigmas around mental health conditions are common. For sufferers of anxiety – particularly social anxiety, however, an additional dimension of distress may be imposed by social stigma. That which is feared and indeed triggering for the sufferer – perceived threat, undue scrutiny, and negative evaluation by others – becomes a distressingly real aspect of the sufferer's everyday existence. Negative thoughts and beliefs regarding your perception by others are sufficiently difficult, without requiring confirmation.

In general, it appears that the most effective means of reducing this stigma is to improve both the awareness of mental health issues generally, and the understanding of anxiety disorders specifically.

It is hoped, therefore, that pieces such as this will at the very least operate to improve the general mental health literacy of those who read them.

In the interests of illustrating the effects of anxiety on an individual, a brief tale is – with, of course, the permission of those involved – recounted below. It will doubtless be appreciated by the reader that names and identifying characteristics have been removed, in order that the identity of the one thus affected not become public knowledge.

A colleague confided in a Mental Health First Aider (MHFA), after some significant prompting, that they were troubled while at work. They did not, they confessed, understand the nature of the problem. There was nothing specific wrong, they claimed, yet they felt constantly ill at ease. The merest approach of a manager or supervisor had them fearing for their employment, the thought of speaking up in a meeting caused them to bite their lips until the blood came, and any criticism felt like a hammer blow to the stomach. Beginning any work was near-impossible – the fear of failing, of doing badly and inviting the judgment and criticism of others so overwhelming that they sat in front of a blank document, paralysed. They would sit motionless, agonizing over every word, until in a blind panic they would rush out a hurried effort, desperate to complete the task before the scraps of courage they had mustered deserted them.

So saying, they lapsed into silence, near tears.

Some brief discussion of their personal history followed, which shall not be provided here, it having little bearing on the overall narrative and serving little purpose.

Mindful of the deep-rooted nature of anxiety disorders, and the complexity of the human brain, it did not fall within the bounds of the MHFA competence to make a diagnosis. This, as an aside, is part of the complexity of treating anxiety. Like many mental health concerns, the core of the disorder may be tightly woven with the individual's personality and past, to the extent that manifestations of a disorder may now form key parts of their identity. A distinction must therefore be drawn between treatment of such issues, a complicated task only to be undertaken by those highly qualified in the areas, and management thereof, which focuses on adapting one's behaviours to ameliorate the impact of the most troubling symptoms.

In this instance, some coping strategies were suggested to allow this individual to better manage some of the most obvious symptoms that bedevilled them while at work. Focusing and grounding techniques were suggested and guided through, allowing them to regain some measure of calmness and control in the moment. Some methods of breaking down work were introduced, that allowed the tasks to be less daunting, spiking

their anxiety less. Finally, some discussion was had about the attitudes of others, especially vis-à-vis the manner in which anxiety can affect our interpretation of

situations, and attribute malice or threat to the words of others where neither was intended.

It is to be celebrated, however, that the mental health resources provided by EIP – not least the existence of individuals willing to act as support and guidance for those affected by such disorders as have been described herein – were able to provide some small measure of help to this individual.

Resources

Further reading and resources may be found at the following links:

https://mentalhealth-uk.org/help-and-information/conditions/anxiety-disorders/

https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/anxiety-fear-panic/

https://www.mentalhealth.org.uk/our-work/public-engagement/mental-health-awareness-week