



# Understanding Anxiety

An Anxiety UK Self help guide



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# Foreword

We hope you will find the following information book useful. Written by myself, in the capacity of Chief Executive of Anxiety UK, the guide has been developed alongside input from a wide range of Anxiety UK members, volunteers and clinical advisors.

This guide aims to provide you with a greater understanding of anxiety; the common thread which links all anxiety disorders from agoraphobia to obsessive compulsive disorder. The key to learning to live with any anxiety-related condition is to develop ways of coping and acceptance, hard though this may be at times. This, however, can only be achieved with an understanding of what anxiety is and how it affects you as an individual. I cannot over emphasise this last point – as we are all individuals and are so very different in our personalities, genetic and biological make-up. Therefore, although there will be similarities in the way anxiety affects us, there will also be distinct differences. Because of this, there is no ‘set’ path to recovery. There are various therapies and techniques that are useful; some of which are recommended by the National Institute for Health and Care Excellence (NICE), and are described in this book.

We do not pretend this guide will be the answer to all your problems because for anxiety there is no ‘miracle cure’. What we

can say is that since Anxiety UK’s formation back in 1970, we have never lost a member to anxiety alone! So, whilst most of us have felt at one time in the heat of an anxiety attack that we were going to die (or go mad for that matter), you can rest assured that this will not happen.

However, in the same vein, just as it has taken some time for your anxiety to manifest, it will also take some time to treat, and you and others must therefore be patient.

Most people find that the path to recovery involves a lot of soul searching and the removal of excess baggage, so to speak. You may find that in order to manage your anxiety better, you have to alter your lifestyle: but this will undoubtedly bring about positive effects.

The aim of this guide is to provide support and general information only. The material contained herein is not intended to be used for the diagnosis or treatment of a condition. If you think you may be experiencing or have experienced an anxiety related condition you should consult your Doctor or relevant Health Care Professional.

Nicky Lidbetter  
Chief Executive



# What is anxiety?

**Anxiety is completely normal and something that all human beings experience from time to time.**

Anxiety is the feeling you have when you think that something unpleasant is going to happen in the future. Other words such as feeling 'apprehensive', 'uncertain', 'nervous' and 'on edge' also provide a good description of feelings linked to anxiety.

Anxiety is completely normal and something that all human beings experience from time to time, when faced with situations that are difficult or threatening. It may be a symptom or feature of another condition. Anxiety may also be something we see in others, noted from seeing how they behave or react. Normal healthy anxiety is the emotion of uncertainty. We feel it when something may be different, e.g. first day in a new job or moving house.

The word 'anxiety' is often used to cover a broad range of experiences and is linked with emotions such as fear and worry. In fact, 'fear' and 'anxiety' are almost interchangeable terms.

Anxiety itself can be a helpful emotion, as it can help you to prepare for events ahead as well as improving your performance. However, anxiety can become so severe and intense at times that it becomes debilitating and starts to restrict daily routine and life as a whole. In essence, at this point, the anxiety experienced has got out of proportion and you end up feeling

more anxious than you would expect someone else to be in your circumstances.

At this point, you can be said to be experiencing an anxiety disorder. There are many different anxiety disorders (phobias, Obsessive Compulsive Disorder - OCD, panic attacks etc.) that all have anxiety symptoms at their core.

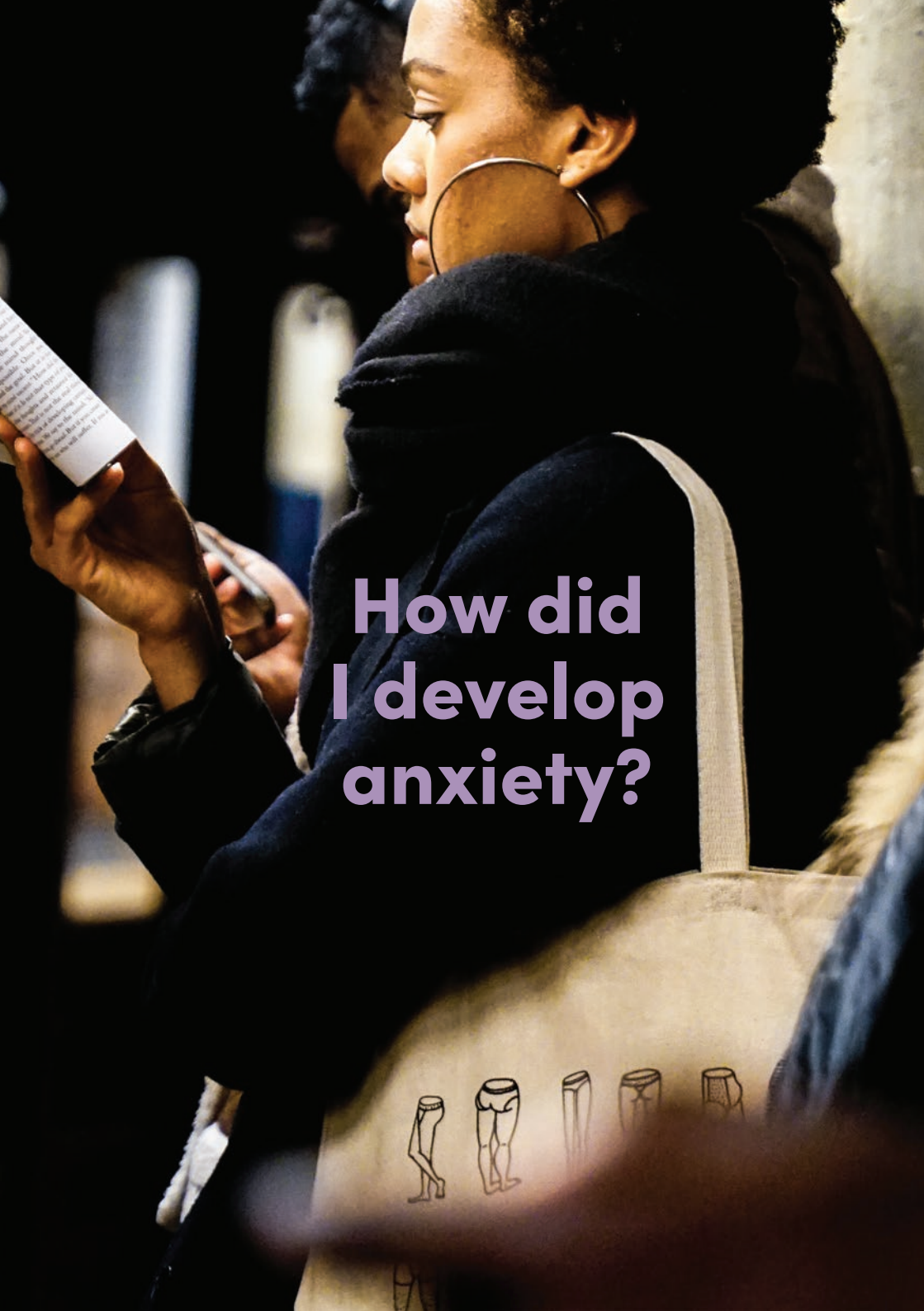
Some people seem to be born with a tendency to be anxious and indeed recent research suggests that a risk for certain forms of anxiety disorders can be inherited.

## **WHAT CAUSES ANXIETY?**

Other people develop anxiety after having experienced specific traumatic, stressful incidents or events in their life – for example, divorce, bereavement, starting a new job, moving house, etc.

Anxiety can also be 'learnt' – for example, you can become anxious after seeing someone else acting in an anxious way. Usually this happens when children see their parent/significant adult in their life being scared of something – for example, spiders. With time, the child also develops a fear of spiders and 'learns' this anxious behaviour. However, for many people there is no obvious trigger for their anxiety and it is just something that they develop.

The next section of this guide goes into further detail about the causes of anxiety.



## How did I develop anxiety?

If you feel you have not been particularly 'stressed out' over the past year or so, it may be that anxiety started after a specific incident, known as a 'trigger'.

### LIFE STRAINS – 'THE STRESSES OF LIFE'

Often people find it very hard to understand just where their anxiety came from because there is not always an obvious trigger. However, in our experience, we have found that the majority of people develop anxiety after having been under 'stress' for a period of time, and that there is not necessarily a specific trigger. You may have suffered lots of minor stresses, which in themselves seem small. However, accumulated together they amount to quite significant stress. Think back over the past few years - what have you been through? I know for myself, the trigger for my experience with anxiety began with being burgled; three months later my car was stolen. I then began work in an isolated environment away from family and friends. I thought I had dealt with these setbacks successfully at the time of their occurrence. However, it was six months later that I began to experience panic attacks - almost a delayed reaction to stress. You do not even have to have experienced stressful, distinct events to experience anxiety. It may be, for example, that you have had an unpleasant boss at work to cope with over many years and the stress and strain of this relationship has gradually worn you down. This type of stress is called 'life strain'. Another example

may be living with constant money worries: deprivation is a well-known factor in a person's predisposition to anxiety.

Sometimes there is confusion over the source of anxiety. For example, we have known many successful business leaders (accustomed to flying regularly) to suddenly experience an anxiety attack during a flight. They then develop what they believe is a fear of flying. What is important is to distinguish a true fear of flying from an anxiety attack which just happened to take place whilst on a plane. In these cases, more often than not, the person concerned will have been considerably stressed for a period of time. This stress/anxiety unfortunately came to a head whilst that person was flying and 'two and two were put together to make five'.

This scenario can be extended to encompass other specific fears; I know myself when I first started having panic attacks, one of the first places I had one was whilst stuck in a huge traffic jam. From there onwards, I made a conscious effort to avoid any road where I thought there was a potential for a jam. You see, what I did was make the mistake of associating the places where I had anxiety attacks as being the causes of the attacks. I now know that the places and situations were largely

irrelevant and it was how I felt inside that fed the fear. I had become frightened of the anxiety attacks and had started to live in 'fear of fear' – a phrase you may have seen in many a self-help book!

### **SPECIFIC STRESSFUL EVENTS**

If you feel you have not been particularly 'stressed out' over the past year or so, it may be that anxiety started after a specific incident, known as a 'trigger'. This is also a very common reason for developing anxiety. We have found that people are more likely to experience anxiety after experiencing any of the following: bereavement, divorce, moving house, surgery, illness and violence. There are other triggers of course but these are common ones. If you have developed a more 'specific' phobia, such as claustrophobia, you may have been stuck in a lift or on the underground and it is therefore probable that this triggered your current anxiety. Think back again to events that have occurred over the past few months now. Have you experienced anything which caused you considerable anguish at the time?

Having said this, some people who experienced a particularly traumatic incident during their childhood find that their 'experience' stays with them into adulthood, although they may have consciously forgotten it. For example, a child who was frightened during a thunderstorm may grow into an adult with an irrational fear of storms. Anxiety which is caused by specific triggers usually starts very soon after the trigger and so is more easily traced to its source. For example, a bad flight may lead immediately to anxiety about further air travel, and a traumatic experience at the dentist may lead to dental phobia.

### **SOCIAL CONDITIONING**

Finally, you may be in our last category in terms of how you developed your anxiety condition. Some people almost seem to 'learn' their anxiety from a family member or friend. How often do you hear that a person who is frightened of spiders also has a parent who is frightened? Sometimes when we are children we subconsciously pick up other peoples' fears. This is because we believe that adults know best. If your mother is frightened of spiders, this means to you as a child that spiders are dangerous and you should keep away from them. Perhaps you can trace your fear back to childhood and account for it in this way.

It is probably worth saying that if you feel you need to spend some more time looking back and reflecting over your life then it may be an idea to seek a course of talking therapy. There are various types of talking therapies ranging from person-centred counselling – an approach which is very much about you making decisions for yourself with the counsellor acting as a guide – through to psychodynamic/psychoanalytical therapy which is, as its name suggests, more analytical in nature. Counselling is often available through the NHS and there are other organisations that offer this talking therapy at reasonable rates or in some cases at no charge. If you are thinking about seeing a counsellor privately, we recommend you contact the British Association for Counselling and Psychotherapy (BACP) – their details are at the back of this book. We also have our own in-house counselling service with counsellors available at various locations throughout the UK. Additionally we are able to offer counselling by telephone and webcam.



**Counselling is often available through the NHS and other organisations including Anxiety UK which offers counselling at reduced rates for members.**

**Anxiety which is caused by specific triggers usually starts very soon after the trigger and so is more easily traced to its source.**





# Understanding anxiety

So you've spent some time thinking back to try and identify the source of your anxiety. Don't worry if you feel you still cannot work out where your problem came from. Many people are of the opinion that even if you know the source of anxiety and how it came about, this is of little use when attempting to deal with the present problems that you are facing.

## PHYSICAL ASPECTS OF ANXIETY

When faced with an anxiety-provoking situation, an automatic chain of events begins known as the 'Fight, Flight, Freeze or Flop' response.

This happens without thinking because it is triggered by the part of the nervous system whose job it is to control automatic functions (e.g. breathing, heart rate etc.). Fright is the immediate instant reaction. The next three reactions, i.e. Fight, Flight and Freeze are mediated through the release of adrenaline via the sympathetic nervous system. Fight and Flight are actions, either confronting or avoiding/running away. Freeze comes from our old reptilian brain, when staying perfectly still including stopping breathing and at the time, would have been a life-saving measure. Flop is the faint reaction which is mediated by the parasympathetic nervous system via the Vagus nerve. The parasympathetic and sympathetic nervous systems work opposite to each other, and generally only one can dominate at a time. For example, when threatened, say by suddenly noticing a speeding car when crossing the road, there is an automatic increase in sympathetic arousal - the blood is shunted away from abdominal organs and moved into the major skeletal muscles, the heart rate increases whilst parasympathetic processes such as digestion reduce or stop altogether. When people are in any situation which causes them anxiety, their sympathetic system starts to dominate, and the fight, flight or freeze reaction begins (also known as the adrenaline cascade).

The following diagram illustrates what happens once the sympathetic nervous system is switched on:



The hormone adrenaline is released into the bloodstream.



The heart beats faster in order to pump blood quickly around the body to supply the muscles with energy to enable them to become prepared for 'fight or flight'



Blood is diverted away from areas of the body where it is not needed - for example, away from the stomach. This is why we frequently experience a churning feeling in the stomach or a 'butterflies' feeling when anxious.



The heart now pumps more forcibly, which is associated with a rise in blood pressure. It is this rise in blood pressure that makes us feel light-headed and dizzy.



The state of arousal also leads to a rise in temperature. Your body reacts by trying to cool you down - this is why you perspire.

## It is probably useful for you to see a list of some of the physical symptoms of anxiety because these symptoms are not in your head.

This system is designed to serve us when we are in real danger. However, problems arise when the system is turned on when it's not really needed. For example, panicking in a non-life threatening situation. It can often feel very frightening to experience such a raft of very real physical symptoms, particularly when there is no obvious trigger or reason for the onset of anxiety.

I experienced this myself after having suffered a month or so of panic attacks. Suddenly, I started having the attacks for no reason. I would be watching television, relaxing, when one would hit me full on. I worried even more, like many people, because now I was feeling fearful for no obvious reason. What I now know is that my worrying about the panic attacks coming out of the blue actually served to increase my overall general levels of tension and anxiety. So my threshold for panic decreased considerably – with the consequence of this being that even small things could set me off.

It is probably useful for you to see a list of some of the physical symptoms of anxiety at this stage because these symptoms are not in your head; they are very real and are caused by the adrenaline release:

**Butterflies in the stomach feeling, shortness of breath, headaches, dizziness, hot flushes, increased heartbeat, increased perspiration, dry mouth, tight band across chest area, wanting to use the toilet more often, feeling sick, shaking, choking sensation, palpitations, etc.**

None of these symptoms are pleasant so it is quite understandable for people to wish to avoid them. However, avoidance only

serves to reinforce our fears, as you will read later.

Commonly, some of the physical symptoms experienced by people when in the midst of an anxiety attack (and which are then subsequently misinterpreted) include: a rapid heartbeat being interpreted as a sign of an impending heart attack, and butterflies in the stomach being thought of as being a sign that vomiting might occur.

Indeed over the years we have been contacted by many people who have told us that they have had to rush off to A&E because they truly believed they were having a heart attack. Once there, they were told (sometimes after many medical tests), that their problem was entirely psychological. I had a friend who was driving home from university one night on a motorway, who experienced a panic attack. He was so frightened that he drove frantically to the next turn off and rushed into a café saying he was dying. Of course the woman on the till didn't know he wasn't and so called an ambulance. Four hours later, after exhaustive medical tests, my friend was discharged. There was nothing physically wrong with him. Instead, he was responding to the physical symptoms of his anxiety – misinterpreting the rapid heartbeat that goes hand in hand with anxiety as a sign of something being terribly wrong with his heart. As a generalisation, it does appear that women are typically more concerned about being sick, whilst men focus more on the physical symptoms of anxiety that affect the heart.

As a woman, being sick (or the worry that I might be sick) was a big issue for me. I



don't know why it was really. I can only assume that somewhere in my mind I had this belief that being sick was very socially unacceptable and certainly not something a woman should do in public. Looking back there seemed to be some shame attached to being sick in public. Indeed it was only after experiencing severe bouts of morning sickness in both of my pregnancies that I learnt to accept that there are worse things to do than to be sick on the street!

There are of course other physical symptoms that bother people such as

profuse sweating, shaking, blushing, etc. We have found that these physiological symptoms of anxiety in particular seem to cause distress to those with social anxiety – an anxiety condition where people worry that their anxiety is noticeable to others.

I should point out that although in most cases the physical symptoms experienced during anxiety attacks are largely accounted for by anxiety, it is always important to see your GP first just to discount other medical conditions such as thyroid disorder, perimenopausal symptoms, etc.



# Psychological aspects of anxiety

Adrenaline also affects us psychologically by affecting the way we feel and think by producing (usually) a feeling of FEAR. In addition to preparing the body for physical action, adrenaline also psychologically motivates us into doing something about the situation that has caused this immense adrenaline release to occur. The psychological symptoms can also be described as what you think, feel and say to yourself when you are anxious.

**This is a list of common thoughts and feelings felt by people when they are anxious:**

- Feeling frightened and panicky
- Thinking that you might lose control and/or go 'mad'
- Thinking that you might die
- Thinking that you might have a heart attack/ have a brain tumour
- Thinking that you might be sick/faint/ embarrass yourself
- Feeling that people are looking at you and observing your anxiety
- Feeling generally as if things are speeding up
- Feeling detached from your environment and the people in it
- Feeling like wanting to run away/ escape from the situation
- Feeling on edge

It can be helpful to try to write down what you feel and think when you next experience an anxiety attack. Alternatively you might wish to enter this information into your phone so that you can capture the thoughts as they occur. It is likely that you will be experiencing the same thoughts and feelings, or a variation on them, every time you experience panic/anxiety – most people do. What you will find is that your thoughts are nearly always negative and that you have got into a pattern of thinking whereby you believe that the worst is going to happen. Likewise, you will probably tend

to catastrophise events when you look back on an anxiety attack and get things out of all proportion – seeing things in black or white, not shades of grey.

As well as feeling fearful and panicky, you will probably also be worrying about what is happening to you and may automatically start thinking the worse. These thoughts only serve to worsen the initial anxiety and feed the adrenaline response. It is possible to trigger an anxiety attack simply by thinking about anxiety symptoms. Many people make the mistake of anticipating what they will feel like in a situation before they even get there. This 'anticipatory anxiety', apart from usually being much worse than the event itself, only serves to prime the body to experience 'panic'. This explains why those of us who are agoraphobic would not be able to go on a day out that was planned some time in advance and yet may be able to go out on the spur of the moment. People with anxiety often struggle with attending appointments because of anticipatory anxiety. Advance notice for those with anxiety can equate to weeks of anxiety and negative thoughts.

Cognitive Behavioural Therapy (CBT) has been shown to be very useful in the treatment of anxiety. The 'cognitive' element of CBT specifically treats faulty thought patterns that you may have developed as a result of living with anxiety. Your GP can refer you to see a CBT practitioner or you can find out about privately practising practitioners and other helpful information through the British Association for Behavioural and Cognitive Psychotherapies (BABCP) – their details are at the back of this book. Anxiety UK also has its own in-house team of CBT practitioners whom you can see in a face to face capacity. Alternatively, CBT is available through Anxiety UK over the telephone and via webcam.





# Behavioural aspects of anxiety

These symptoms are what we DO when we are anxious – i.e. our response to our thoughts, feelings and physical symptoms. The most common behavioural symptom of anxiety is avoidance. How many times have you simply avoided putting yourself into a situation where you have previously felt anxious? For those of you who haven't avoided situations, DON'T! Avoidance only serves to reinforce the message of danger and whilst it may seem to feel the best thing to do at the time, it really is only a short-term solution. Likewise, many an anxious person has escaped a situation where they start to feel anxiety. I have found through my own experience that when I ran away from anywhere, it was always twice as hard ever going back there. Even though it is hard to stay somewhere when you feel absolutely terrible, do your best to resist the urge to flee. This doesn't mean you have to sit through hell – you can always go for a walk, refresh yourself in the bathroom – but it does mean staying put until the anxiety subsides, and it will.

**Think back over the past week, and identify any avoidance behaviour you may have carried out. Some examples of avoidance behaviours are given below:**

- Taking taxis instead of using public transport or walking.
- Making excuses in order to avoid going out with family and friends.
- Sitting at the end of a row in theatres or cinemas.
- Avoiding going out alone; always taking someone with you.
- Rushing out of situations where you feel anxious.
- Only shopping when it is quiet.
- Using minor roads to avoid busier ones and heavy traffic.
- Crossing the street to avoid people.

If you have already started to avoid certain places, doing specific things, don't worry, you can still help yourself. The best way to

do this is to set yourself small targets, ones that you will easily achieve, to allow you to gradually face up to the situation causing you anxiety. This method is called 'graded exposure' because it involves gradually exposing yourself to the situation causing you distress. It's possible to practice this on your own, although some people feel they need to seek guidance from a professional. You need to stay with your anxiety until it has reduced which can take between 45-60 minutes.

If you feel strong enough to embark on a programme of graded exposure alone, then it is a good idea to write down a hierarchy of tasks that you would like to set for yourself to complete over a period of time. The first task on the list should be something that you would find relatively easy to do and the last task something that you would not contemplate at present but would very much like to do, if you didn't have anxiety. My list at the time looked something like this:

1. Go to the post box four doors away
2. Go to the corner shop
3. Stand in the post office queue when quiet.
4. Stand in the post office queue when busy.
5. Go to the supermarket.
6. Do all the above in sequence but alone.
7. Do all the above in sequence but walk, do not take the car.
8. Go into the local shopping mall.
9. Go into the city centre.
10. Go beyond the city centre.

It is important to set yourself small tasks at the beginning which are easily achieved. If you give yourself things to do that are too hard at first and too big a step to take, you will only set yourself up to fail. Doing this may be sufficient in itself, however you may find you need to enlist the support of a therapist as sometimes going it alone can be challenging.

# Personal experiences of anxiety

I felt it would be helpful in this section to give you the opportunity to read other peoples' experiences of anxiety because anxiety comes in many different shapes and forms. As you'll see, anxiety affects people in so many varied ways and so everyone consequently develops their own style of coping:

## **LIVING WITH AGORAPHOBIA AND A FEAR OF BEING ALONE**

I have had agoraphobia and monophobia (fear of being alone) for the past 10 years. My problems developed after lots of little things went wrong in my life: my car was stolen, I had my house burgled twice and I was working in a job that I didn't particularly enjoy. All this led to me having severe attacks of panic and generally feeling very anxious and on edge. The panic attacks were so scary that I ended up positively seeking to avoid the places where I had

had them at the beginning and before long I could hardly go anywhere alone for fear of having a panic attack. At the same time my travelling ability became severely restricted to places where I felt escape was easy and places which were not too far from home (agoraphobia).

At the time I very much relied on my partner; he was the one person who helped me through this very hard time. Unfortunately, however I quickly became dependent on him and developed a fear of being alone. In my case this centred on needing to know where my partner was at any time just in case I had a panic. Because of the agoraphobia and monophobia, my life has inevitably been quite restricted, although I am determined not to let anxiety ruin my enjoyment of life and continue to work hard at overcoming these problems.





**“I have gradually built up a small network of friends who are accepting and supportive.”**

#### **LIVING WITH SOCIAL ANXIETY**

I did not realise that I had social anxiety until about 2 or 3 years ago. I had joined Anxiety UK and sent off for some of the factsheets, including the one on social phobia/anxiety. In a way, reading the information was a huge relief as it described perfectly how I had felt since my early teens.

Since the age of about 14, I had experienced severe depression which was not diagnosed until my early 20s. I frequently had suicidal thoughts and constantly felt worthless and unlovable.

I believe that this was triggered by persistent bullying which became worse when I attended secondary school. I had no friends and despite later going to university, I felt very depressed and withdrawn. Because of the way I felt and behaved, my peers at school and university picked on me even more. Most of the bullying was about my physical appearance and people were constantly telling me how ugly I was. This affected me so much that even now, I feel extremely self-conscious about how I look and am paranoid that people are staring at me because of my appearance. The bullying also made me blush a lot – something which I still suffer from.

I have found living with social anxiety very debilitating. For a long time I could not cope with leaving my home or doing anything that involved being around other people. Things like getting on a bus, going shopping or walking to the post box would cause me distress and I would feel completely depressed afterwards.

I think the worst thing about living with social anxiety is that it often leaves the sufferer isolated and others around them may just think they are ‘shy’ and don’t have any idea of what they are going through.

I think the root of social anxiety and the depression and anxiety that often go with it, is low self-esteem. Trying to improve my self-esteem has been an ongoing battle for me and I have trouble being around people, trusting people and forming relationships because I am worried that people will not like me, or be critical. I also get very stressed in social situations such as going to the pub, eating out, or being around others. Most of the time I am aware that I feel very self-conscious and I worry that people will notice this, and judge me for it. In the past, people have always made me feel that being nervous or lacking in confidence was a weakness; something which I still believe.

I think social anxiety is something that I will always have to deal with, partly because of my life experiences but also because I believe there is a genetic factor and that some people are predisposed to negative thinking and are therefore more likely to develop depression or social anxiety.

Although I have not been able to work for the past few years, I have gradually built up a small network of friends who are accepting and supportive. Antidepressants have significantly reduced my depression and I have also found that CBT has helped me a lot.

**“With regard to claustrophobia generally, I firmly believe that the power of positive thinking has helped me greatly to cope with my condition and as a result, I am slowly improving.”**

### **LIVING WITH CLAUSTROPHOBIA AND PANIC ATTACKS**

I have been claustrophobic since I was in my mid twenties (over 40 years). The most severe reaction usually occurs when travelling by coach, train, underground, etc. In fact, I can no longer cope with the latter. If the compartment on a coach or train is cool, well ventilated or air-conditioned and not too crowded, I can just about cope. Just the thought of being trapped in the underground with no escape route terrifies me. As a matter of fact, even as I write this I can feel the alarm bells ringing in my mind, just thinking about being trapped.

During my career I was at times called upon to crawl through and examine extremely confined spaces in water storage tanks, etc. As a precaution, one had to wear self-contained breathing apparatus and carry a torch as the spaces were completely dark and often like an obstacle course. Latterly I could no longer cope with this task. More recently, for medical reasons, I needed a full body MRI scan which entailed me being almost totally enclosed in a tunnel. Once again, there was no way that I could undergo this procedure due to claustrophobia.

#### **Here are some general remarks with regard to my condition of claustrophobia:**

- Heat triggers the phobic reaction, as does overcrowding and lack of ventilation.
- I always have windows open at home –

winter and summer, day and night.

- I need to sit close to the aisles in theatres, etc.
- I can even feel panicky putting on a sweater if it gets stuck on my head, covering my face.
- I have great difficulty lying face down for any reason and can only cope for a minute or so.
- I get into a panic if my nose is blocked and breathing is difficult, especially if this occurs in bed at night.
- I absolutely dread being in confined spaces of any kind.
- I cannot watch such things as the ‘Hillsborough disaster’ or mining disasters, etc. on TV as seeing such scenes sets off the cycle of panic.

#### **Finally, here are some coping aids which have helped me over the years:**

- I always carry a small handheld fan with me if travelling by train or coach. This has proved invaluable and has often allowed me to continue the journey.
- Hypnotherapy and relaxation have been very useful.
- Distraction tactics such as talking to someone or listening to music on a train or coach are helpful.
- Positive affirmations help a lot.
- I always drink lots of water on a journey.
- Deep breathing exercises reduce stress.
- With regard to claustrophobia generally, I firmly believe that the power of positive thinking has helped me greatly to cope with my condition and as a result, I am slowly improving.



**Activating the parasympathetic nervous system is actually easier than you might think, and can be achieved by a simple breathing technique, the 3-4-5 deep breathing exercise**





**“Learning what triggers the anxiety is important and developing strategies to avoid the chain of events that follow this trigger can help to reduce the effects of the anxiety.”**



### **LIVING WITH HEALTH ANXIETY**

Having always been an anxious child, it seems quite inevitable that at 20 years old, moving in with my partner, leaving college and starting full-time employment, my anxiety introduced itself into my life.

After an attack of irritable bowel syndrome, which was misdiagnosed as a serious condition and ended up with me in a hospital bed, I subsequently developed illness phobia. My phobia was so extreme that I went on to develop an anxiety condition known as ‘health anxiety’. Each day I convinced myself that I was suffering from a variety of terminal illnesses and I spent my time checking my body for symptoms, desperately seeking reassurance from my relatives and partner in order to calm me down for 10 minutes, until a new illness would begin to obsess me.

This negative chain of thought patterns continued until it was decided by those around me that I needed professional

help as I had become a prisoner to these thoughts and my life was a daily nightmare. I began accessing therapy and started taking medication in the vain hope that I would get better and resume a normal life.

What I have learnt in dealing with this condition is that it is possible to control your anxiety and your thoughts. This is achieved by learning as much as possible about yourself and about your anxiety. Learning what triggers the anxiety is important and developing strategies to avoid the chain of events that follow this trigger can help to reduce the effects of the anxiety.

I found CBT useful and something that I could use each day but it wasn’t enough in itself.

Combined with CBT, distraction techniques, keeping my mind occupied and my body active, all contribute to a quality of life that at 20 years old I thought could not exist. There will be times in my life when I will be

affected by stress and the health anxiety and accompanying thoughts might well be hard to control. However, I do take comfort in knowing that everything I worked at and developed previously can be used again to overcome this debilitating disorder.

### **LIVING WITH EMETOPHOBIA**

That sound – the awful ‘scratching’ noise and the mere thought of someone being sick. This was the beginning of my phobia.

It all started when I was about five years old. My sister Anna was being sick, not so much violently but she was being sick quite a lot. I could only hear the sound of it but it caused me to sweat; my heart was beating ridiculously fast and I was crying uncontrollably. I ran to my mum but it was no good; she did not seem to understand why I was losing control. From then on, I hated the look of Milk of Magnesia! That awful medicine made Anna throw up and made me seem like a disturbed child with an irrational fear.

The phobia did not stop there. I actively avoided people who were ill. If someone was holding his or her stomach, I would run a mile, just for fear of possibly being sick. If anyone would just so much as flinch or make some kind of movement like touch their throat, I would automatically assume they would be sick. If Anna were ill, I would avoid her like the plague. I could not handle the fact that she might be sick anywhere near me. School trips were always the worst. Some ‘horrible’ kid would always be sick on the coach. I made sure I made friends with those who did not have travel sickness!

I actively watch what I eat so I am not sick myself. It takes me back to when I was about 12. I had this awful bug and everything I ate literally came back up again. I would not even describe it as vomiting. It was a case of when I ate my food, like a reflex it would come back up. I hated those two weeks of my life. They were the worst weeks and they seemed to last an eternity. I cried

**“When I first saw the therapist, I found it very hard. I didn’t understand a lot of the things that she was saying to me but I kept going and things did get better.”**

every day. When I was sick, I felt like a dirty, disgusting filthy human being. I hated myself so much during that illness and I prayed I would not be sick ever again!

People would often say, “How can that be a phobia?” Being afraid of spiders was perfectly normal but a fear of vomiting seemed irrational. However, I know that I must have had some sort of fear if it was causing lots of emotional upset and distress.

Today, I can say that I have not been sick for over 10 years! I am now 21 and I feel that I am in a way coping with it. It helps that I watch what I eat and thankfully whenever I have food poisoning, psychologically my body must know I hate vomiting so it manifests itself in the other way! The sound of someone being sick still makes my heart race like mad but I tell myself, “It’s only sick. It can’t kill me!” It is a fear and it is a phobia. I no longer see myself as crazy because I now know that it is a genuine phobia and thousands of people just like me have it.

I am sure everyone must hate being sick but I know that this is not just a case of disliking being sick; it is a genuine, crippling fear.

#### **LIVING WITH A SPECIFIC PHOBIA – FEAR OF THE WIND**

My fear of the wind started some time ago when England had a hurricane. At the time I was feeling anxious for many different reasons – for example, coping with a family bereavement. However, because of the hurricane, my anxiety seemed to attach itself to that and I developed a severe phobia of the wind.

At first it was difficult for people to understand

because wind is such an everyday occurrence. People thought I was attention-seeking or even putting it on. As my problem progressed to the point where I had to be dragged into school kicking and screaming on windy days, my parents realised that it was a real problem and that something had to be done.

I was referred to see a therapist, but because the waiting list was so long at the time, the problem progressed and it was no longer strong winds that scared me but even the slightest whisper would induce a panic attack.

When I first saw the therapist, I found it very hard. I remember her saying to me, “So how high are your anxiety levels?” and me thinking, “What’s anxiety?” I didn’t understand a lot of the things that she was saying to me but I kept going and things did get better.

Thankfully I overcame my fear of the wind but I’ll never forget how horrible it was at the time. I just felt constant dread for about a year. I became obsessed with watching weather forecasts and even the slightest swaying of a tree sent me into a blind panic. I would put my fingers in my ears and pillows over my head just to avoid any noise that the wind created.

Although my therapist did help me overcome my phobia of the wind, I had underlying anxiety problems that persisted into my adult life. With hindsight, I probably should have been treated for Generalised Anxiety Disorder (GAD) rather than a specific phobia. Maybe if I had, I could have avoided the problems that I now experience.





# Management and treatment of anxiety

As you will have seen from the personal accounts of anxiety given, whilst the principles of anxiety are the same, people are individuals and therefore find different treatment combinations helpful when it comes to the management of their anxiety.

## **THE NATIONAL INSTITUTE FOR HEALTH & CARE EXCELLENCE (NICE)**

NICE has produced a range of guidelines for various anxiety conditions and their treatment. These can be found at: [www.nice.org.uk](http://www.nice.org.uk) We strongly recommend anyone living with anxiety reads the guidelines relevant to their condition which set out the currently recommended evidence based treatments that are available in the UK covering both psychological therapies, medication and other NICE approved approaches.

So now that we have looked at the three parts of anxiety: the physical, psychological and behavioural aspects, we shall look at methods of coping and how to control anxiety. There are various ways of tackling anxiety – each being designed to deal with one of the three components:

Generally, relaxation training is helpful in dealing with the physical symptoms of anxiety. Thought-stopping techniques, distraction and therapies that help you look at your thoughts and ways of thinking such as CBT are useful ways of tackling the psychological symptoms, and behavioural therapy (which I have already described in some detail) is useful for tackling avoidance behaviour that you may have developed along the way. You can learn how to use all of these techniques yourself or with the support of a therapist.

## RELAXATION TRAINING

Relaxation training is a technique that aims to reduce physical tension in the body that has built up as a result of anxiety and involves practising specific exercises on a regular basis. There are variations on the theme of relaxation, however most centre on tensing and relaxing each muscle group of the body referred to as Progressive Muscle Relaxation (PMR). When this is carried out on the whole body, a person's overall muscular tension will be very much reduced. Relaxation training also helps to lower the heart rate and blood pressure, and slow down the rate of breathing. People also experience a feeling of 'tranquillity and calm'.

Relaxation works by helping you to let go of any anxiety that you have been holding onto. Most of us with anxiety problems try and contain the anxiety by holding ourselves in a stiff, rigid way. We feel that if we let go, we might just panic. Unfortunately, this couldn't be further from the truth. By remaining constantly tense, we only add to the background level of anxiety in our body and make it more likely for a panic attack to occur.

Also, if you get yourself into a state of deep relaxation before a situation that you feel will cause you anxiety it will genuinely be harder for you to get worked up later on! The effects of deep relaxation last several hours, sometimes days.

Hypnotherapy utilises a range of relaxation techniques and is very helpful in bringing about a reduction in overall anxiety levels. Anxiety UK has a range of products and services based on the principles of clinical hypnotherapy including relaxation aids.

## HYPERVENTILATION AND FAULTY BREATHING

It is important to mention breathing at this point, because many people with anxiety tend to over-breathe, or hyperventilate.

Although anxious people seem to breathe more, they actually start to develop faulty breathing patterns. It is very likely that you have slipped into a pattern of shallow breathing whereby you take your breaths from the top part of your chest, which results in your shoulders going up and down. To breathe properly, you should use your lower abdomen, and your tummy should gently rise and fall with each breath – diaphragmatic breathing. To check that you are breathing correctly (funny though this may sound), place your hand on your tummy, and see if your tummy is rising and falling. If it isn't, it is very likely that you are taking lots of little, shallow breaths from your upper torso, instead of deep, long breaths from the lower abdomen.

Normal breathing is so important in controlling anxiety. Breathing is much more than just taking in a gasp of air – with each breath, the proportions of very important gases in our blood are regulated.

A change in the balance of these gases can result in you feeling light-headed, dizzy and unreal. Many people find that just by correcting their breathing, their anxiety symptoms considerably reduce, so it's important to rectify faulty breathing at an early stage.

It is however important to point out that hyperventilation in itself is nothing to be concerned about and will not cause you any harm. In fact it is just like anxiety – unpleasant, but harmless.

The parasympathetic nervous system acts in an opposite manner to the sympathetic system (the part of the body which triggers the adrenaline cascade and causes anxiety). It is often referred to as the 'rest and digest' part of the nervous system and when activated it slows your heart and breathing rate down, leaving you feeling in a state of calm.



Activating the parasympathetic nervous system is actually easier than you might think, and can be achieved by a simple breathing technique outlined below.

### 3-4-5 DEEP BREATHING EXERCISE

To begin with find somewhere you can sit in peace and quiet without interruption. You can practice this exercise with your eyes open or closed.

- To begin with, start breathing in through your nose for a count of three. At the top of your inhale, hold the breath for

a count of four. Whilst doing this, push your tummy out.

- Gently exhale through your mouth making an O shape and a whooshing sound for a count of five; longer if possible. Your tummy should flatten at this point.
- If longer breathes create any anxiety, don't push yourself. The most important thing is that the exhale is longer than the inhale.
- Repeat for six times (or longer).
- Now see how you feel. Hopefully your body feels nicely relaxed and your mind calm.



Some people find it useful to burn relaxing essential oils such as lavender and geranium.



For the next exercise, you will need to set aside at least 30 minutes each day. Make sure you are in a quiet room, where you will not be disturbed. You may find it helpful to read out the exercise and record it so that you can listen with your eyes closed whilst lying down. Just as with anything new, it will take some time for you to learn to relax, but in time, the exercises will become second nature.

#### RELAXATION EXERCISE

- Concentrate on your toes. Scrunch your toes up tightly and hold for a count of five. Relax and uncurl your toes - *Repeat this twice.*
- Concentrate on your feet. Push the soles of your feet downwards. Feel the tension. Hold for a count of five, and then relax - *Repeat this twice.*
- Tense the muscles in your calves and hold for a count of five, then relax - *Repeat this twice.*
- Tense the muscles in your thighs and hold for a count of five, then relax - *Repeat this twice.*
- Tense the muscles in your bottom and hold for a count of five, then relax - *Repeat this twice.*

- With a deep breath, hold your tummy lightly in for a count of five. Take a big breath out and release your tummy - *Repeat this twice.*
- Slowly draw both hands into fists and hold for a count of five, and relax - *Repeat this twice.*
- Lift your shoulders up to your ears and hold for a count of five, and relax - *Repeat this twice.*
- Squeeze the muscles in your forehead and hold for a count of five, and relax - *Repeat this twice.*
- Scrunch your eyes up tightly and hold for a count of five, and relax - *Repeat this twice.*

Now, roll into a position that feels comfortable and keep your eyes closed for a little longer. At the end of the exercise, gently stretch, and get up slowly. Enjoy the feeling of relaxation sweeping through your body. Whilst practising relaxation techniques you may wish to play relaxing music – such as those which feature the sound of the sea, dolphin sounds, and falling rain. Some people find it useful additionally to burn relaxing essential oils such as lavender and geranium.

The next methods are designed to help you manage the psychological symptoms of anxiety.

### **DISTRACTION TECHNIQUES**

The aim of these techniques is to get you to think of something else in place of your anxious thoughts.

Distraction is a very useful short term tool to practice in situations where you feel confined – for example whilst waiting in a supermarket queue, or whilst stuck in a traffic jam! Instead of thinking thoughts such as, ‘I’ve got to get out of here, I feel panicky’, look around your environment – look at the people in the queue, what they are wearing, what they are buying.

You would be surprised what you can think about when you make a positive effort to stop thinking anxiously!

There are other ways of distracting yourself that you may find helpful too. These are:

- Counting backwards from 100 in 3s
- Saying the alphabet backwards
- Reading out aloud

You could devise your own distraction techniques if you find these boring or too easy!

### **SELF-TALK**

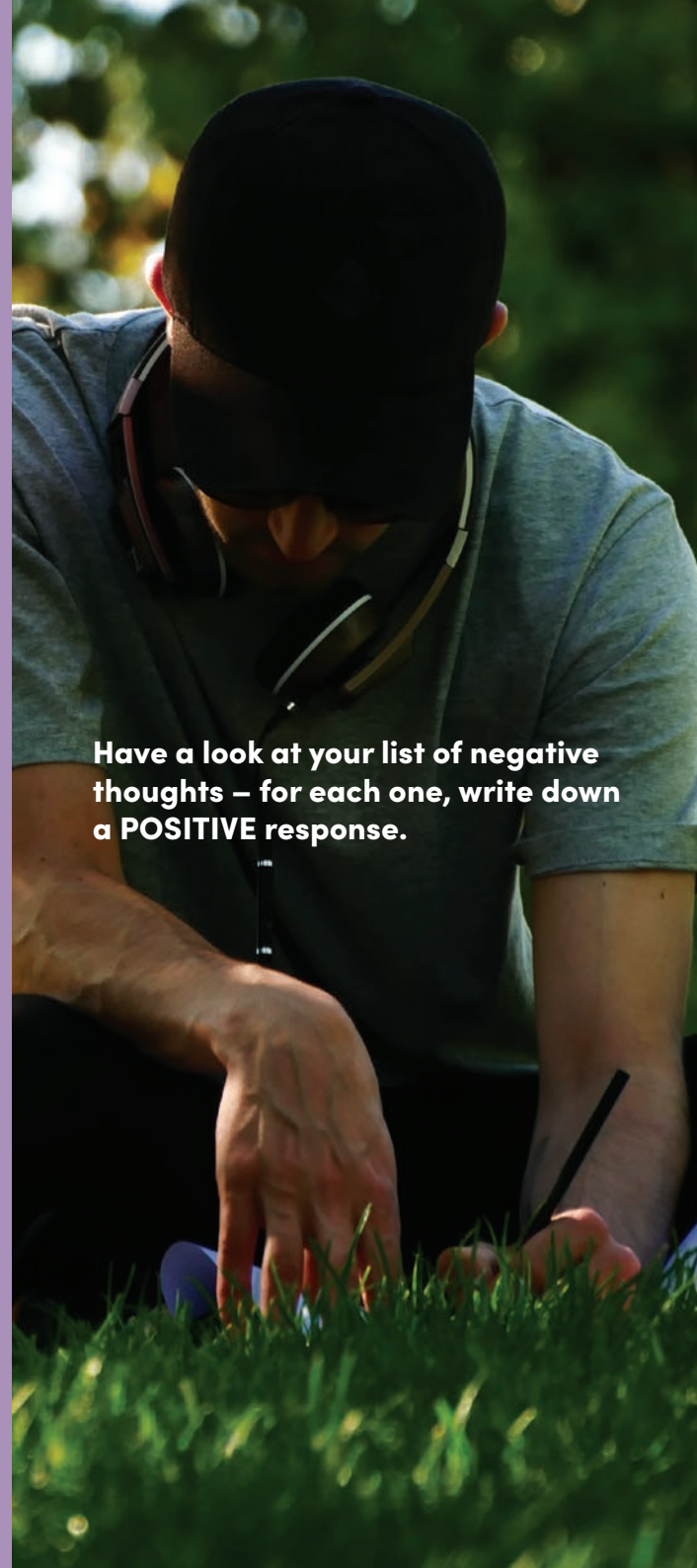
You can also learn to control anxious thoughts by talking yourself through an anxiety-provoking situation. In order to do this, it’s helpful to have written down all the thoughts that reoccur every time you feel anxious, so that you are familiar with them. You know from reading the earlier section in this guide, that anxious thoughts simply wind you up further, and make the anxiety worse. So, you need to replace these thoughts with positive, more balanced ones. Have a look now at your list of negative thoughts – for each one, write down a POSITIVE response. For example, if

your negative thought is, ‘I can’t cope, I’m going to have a heart attack’, your response would be ‘I’ve coped before, and now that I have learnt more coping techniques, I will do even better’. I know that I won’t have a heart attack because it is only adrenaline that is making my heart beat faster’. It’s a perfectly normal response to a natural bodily process’.

At the end of this process, give yourself praise for getting through the anxiety and not allowing it to totally overwhelm you. It will get easier with each time you practice. Finally, it’s important to practice coping skills thoroughly when you are not feeling anxious, and put them into play in the real-life situation. Also, your aim is to learn to control the anxiety, NOT to get rid of it.

### **POSTPONING WORRY**

This is a technique which centres on ‘delaying worry’ as opposed to trying to suppress worrying thoughts. Instead of responding to stressful and worrying thoughts as they occur randomly throughout the day, this process involves assigning a specific time and place to worry. When worrying thoughts pop up outside of this time (they will because this is perfectly normal), simply make a note of the type of worry (although this isn’t always necessary); classifying the thought into for example, ‘work worrying thought’, ‘home worrying thought’, ‘relationships worrying thought’. You then return to these thoughts during the allotted worry time, saying to yourself: ‘I’m not going to think about this now, I will return to this during my worry time’. Over time, this process becomes easier and will eventually become a habit. Returning to worries when you are in a more relaxed frame of mind will often result in the ‘worries’ seeming less problematic and concerning to the point that you find it easier to problem solve difficulties or simply re-evaluate the worry; categorising it as less important, and therefore less bothersome.



**Have a look at your list of negative thoughts – for each one, write down a POSITIVE response.**

### **Grounding technique: The Five Senses exercise**

When we are feeling anxious, it is very common to start thinking ahead into the future and we start to experience ‘what if?’ thoughts. When we are feeling depressed, we tend to look back into the past. A powerful technique to use in the management of anxiety and depression is that of learning to live in the present. This simple exercise helps to bring you back and keep you in the present. The result being that you feel calm and connected with your environment.

#### **Give it a try now:**

**5 - SIGHT:** Find 5 things that you can see – say these out loud.

**4 - HEAR:** Find 4 things that you can hear – say these out loud.

**3 - TOUCH:** Find 3 things you can touch – say these out loud.

**2 - SMELL:** Find 2 things that you can smell – say these out loud.

**1 - TASTE:** Find 1 thing that you can taste. Say this out loud.

## TALKING THERAPIES

As mentioned earlier, some therapies are recommended by NICE because they have been proven through clinical trials to be effective treatments for anxiety (for example, CBT and Eye Movement Desensitisation & Reprocessing therapy – EMDR). Other therapies such as clinical hypnotherapy haven't been as rigorously scientifically tested but despite this, have still been found to be helpful by many people who have contacted us, and which is why this approach is offered through Anxiety UK.

### COGNITIVE BEHAVIOURAL THERAPY (CBT)

CBT is an evidence-based approach recommended by NICE which is used to help people experiencing a wide range of mental health difficulties including anxiety. The basis of CBT is that thoughts, feelings, physical sensations and behaviours are interconnected and that negative thoughts and feelings can trap you in a vicious cycle. CBT has been found to be extremely useful for those experiencing different forms of anxiety.

CBT combines two very effective kinds of psychotherapy – cognitive therapy and behavioural therapy. Behavioural therapy helps people to weaken the connections between troublesome situations and reactions to them. It also teaches how to calm your mind and body, so you can feel better, think more clearly, and make better decisions. As for cognitive therapy, it teaches how certain thinking patterns might be influencing your perspective of what is going on in your life perhaps leading to you feeling anxious, worried and/or depressed. When combined into CBT, behavioural therapy and cognitive therapy provides a powerful tool to help reduce anxiety.

In CBT, therapists take an active part in solving problems. When accessing this type of therapy, people describe what it

is they are experiencing and what they expect out of the treatment. The therapist in response then gives an overview of how they expect to meet this need and what is expected from you as the client.

When you undergo a course of CBT you will be expected to use the time between therapy sessions to try things out that you have covered in session. Finally, the number of therapy sessions undertaken varies and will be agreed on by the therapist and yourself and will mainly depend on the severity of your difficulties. Typically a therapist will see clients once a week for one hour, usually for up to 12-15 sessions, although if your anxiety is severe or longstanding it might be that you need more sessions. In some NHS services, including Improving Access to Psychological Therapies services (IAPT), the number of sessions offered could be less than this (on average around 6 sessions at low intensity level).

**Anxiety UK has an extensive CBT service with therapists available across the country. Additionally CBT is available via webcam and over the phone. For more information visit: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)**

### COMPASSION FOCUSED THERAPY (CFT)

Compassion focused therapy (CFT), developed by Professor Paul Gilbert OBE, is a psychological therapy approach that was originally developed to help people with high shame and self-criticism.

CFT centres on the three systems of emotion regulation that has evolved in humans over time; the threat (protection) system, the drive (resource seeking) system and the soothing system.

**If you are a member of Anxiety UK you can access our CFT service, where we are able to offer CFT either face-to-face, over the phone or via webcam.**



### EMDR (EYE MOVEMENT DESENSITISATION & REPROCESSING)

Eye Movement Desensitisation and Reprocessing (EMDR is a treatment that has been found to reduce the symptoms of Post-Traumatic Stress Disorder (PTSD) and is recommended by NICE.

EMDR involves making side-to-side eye movements while recalling a traumatic incident. It works by helping a part of the brain to process distressing memories and flashbacks so that if you are experiencing PTSD or trauma, the influence that these have over your mind is reduced, and the traumatic memory is processed appropriately.

**CFT centres on the three systems of emotion regulation that has evolved in humans over time; the threat (protection) system, the drive (resource seeking) system and the soothing system.**

# Talking Therapies



## COUNSELLING

Counselling is a form of talking therapy that gives people the opportunity to talk about their problems and to explore difficult feelings in an environment that is confidential. Counsellors do not usually offer advice. Their approach is instead to help you to gain insight into your feelings and behaviour and to support you to make changes that you may wish to make. They do this by listening to what you have to say and commenting on it from their particular professional perspective.

There are many different forms of counselling but the most commonly practiced and available form is known as 'person centred or client-centred counselling'.

This is based on the principle that the counsellor provides three 'core conditions' (or essential attributes) that are, in themselves, therapeutic. These are:

- empathy (the ability to imagine oneself in another person's position)
- unconditional positive regard (warm, positive feelings, regardless of the person's behaviour)
- congruence (honesty and openness).

The therapeutic relationship is a vehicle for bringing about effective healing and transformational change.

Anxiety UK has an extensive counselling service with locations available across the country. Additionally counselling is available via webcam and over the phone. For more information visit: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

## CLINICAL HYPNOTHERAPY

Over the years that Anxiety UK has been in existence, the charity has been contacted by many people who have advised how helpful they have found clinical hypnotherapy to be. During our daily lives, we may not realise,

but we experience trance states quite often. The experience of clinical hypnosis is similar in neither being asleep nor awake, but being in a state of relaxation; an altered state of consciousness.

Hypnosis is a natural, effective way of making contact with your unconscious – the source of many of our problems and a huge area of untapped potential strength and knowledge. The unconscious mind is the part of us that doesn't sleep, therefore, because our unconscious mind is always 'on duty', nobody can be hypnotised against their will or 'duped' to do something they do not agree with. During hypnosis you can reject or accept suggestions, even in a deep state of relaxation.

Clinical hypnotherapy utilises hypnosis for the treatment and relief of a variety of somatic and psychological symptoms. It also produces a deeply relaxed state more readily than other forms of treatment. When carried out by a professionally trained and skilled clinical hypnotherapist, the benefits can be long lasting and often permanent. The approach is completely natural and safe, with no harmful side effects, and can bring about results in a relatively short space of time.

The number of sessions required for a course of clinical hypnotherapy varies, and the exact amount of therapy required will be agreed upon between the client and therapist depending on the problem. However clinical hypnotherapy is aimed at producing results in a relatively short period of time (4-6 sessions maximum).

Anxiety UK has an extensive clinical hypnotherapy service with locations available across the country as well as being available via webcam. For more information visit: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

# What else can help?

The final section of this guide comprises a collection of useful information that has been amassed from the feedback provided by many members who have contacted Anxiety UK over the years for help. An evidence base does not always exist for all of the areas covered in this section and it is strongly recommended that you speak to your GP before embarking on any new treatment approach.

## **DIET** (see also Anxiety UK's Nutrition and Anxiety self-help guide)

Try to eat a sensible, balanced diet. This is important because fluctuating blood sugar levels which are often the result of snacking, and not eating nutritional meals, can produce the same symptoms as anxiety. It is therefore advisable to cut down on instant sugar fixes, and switch instead to eating foods that will give you a more sustained release of sugar. Carbohydrate foods are very good at this – bread, rice, cereals, and pasta, particularly whole grain carbohydrates.

Eliminate caffeine from your diet. Caffeine increases anxiety symptoms, particularly palpitations, feeling jumpy, and shakiness. Caffeine whilst being present in coffee is also found in tea, chocolate, and Coca-Cola. Caffeine-free varieties of most beverages are now available therefore you don't have to eliminate these drinks from your diet, just switch to the decaffeinated versions!

Cut down too on your alcohol intake. Many people find that the day after they have had a drink they feel much more anxious, and this is not related, it seems to any hangover that they may also have. This is often described as an 'hangxiety'. Excess alcohol can also make you more prone to the effects of stress.

Cut down on or stop smoking. Nicotine and other chemicals found in cigarettes increase symptoms of anxiety by increasing the heart rate and blood pressure.



**Many people who have contacted Anxiety UK have found swimming, running, walking, and often yoga particularly helpful.**

### **HERBAL AND OTHER NATURAL REMEDIES**

**Please note: You should always consult your GP and/or pharmacist before embarking on taking any natural/herbal remedies as some may interfere and interact with prescribed medication that you might be taking.**

The herb, St, John's Wort has been at times described as 'nature's tranquilliser', in the United States. It is believed to help people experiencing mild to moderate depression and anxiety, and may help restore a feeling of inner calm. It is widely available in many health food shops. Valerian is also thought to be a natural tranquilliser. You will find this herb in most of the stress-relieving herbal tablets that are now available. It is a good idea to look on the back of herbal tablet packets and check the content of Valerian, as this is one of the most powerful herbs in combination preparations. You can also buy Valerian in its raw state. It looks like tree bark, and has a terrible cheesy smell, but when boiled and drunk as tea, it is actually quite pleasant.

### **COMPLEMENTARY/ALTERNATIVE THERAPIES**

Many people affected by anxiety find complementary/alternative therapies helpful. Therapies such as aromatherapy, therapeutic massage, reflexology and traditional acupuncture are now widely available and some people have found such therapies to be helpful in relieving/reducing the symptoms of anxiety.

### **PHYSICAL EXERCISE**

There is no getting away from the fact that physical exercise as well as being great at keeping us healthy, also keeps us mentally well. In fact there have been a wealth of studies which have found that regular



exercise is one of the most effective ways to raise self-esteem. The reason for this is thought to be due to exercise causing release of the body's natural endorphins, whilst also increasing transmission of chemicals such as serotonin. Any exercise will help to lower your stress levels, and therefore help to control anxiety. Many people who have contacted Anxiety UK have found swimming, running, walking, and often yoga particularly helpful. I have often heard people with agoraphobia say that riding a bicycle helped them considerably. It is believed that physical exercise uses up the excess adrenaline that anxiety creates in their bodies, and so it is really worth persisting even if you are not naturally inclined to participating in sport.

## PEER SUPPORT

Making contact with others is often vital to recovery. Isolating yourself with your fears only makes things worse and can lead to loneliness; a problem in itself. This is why peer support is so important in a person's journey to recovery from anxiety.

## SELF-HELP GROUPS

One of the things I found most helpful when I first started experiencing anxiety was to meet others who knew exactly what I was going through, because they too had experienced anxiety. I started my own self-help group in Manchester because at the time, surprisingly, there was nothing in the city for people like me! Thankfully there are now lots of self-help groups in operation around the country. Anxiety UK maintains an up to date list of such groups and also runs its own peer-led, online support groups as well as a range of online structured anxiety management courses.

## PEER MENTORING AND COACHING PROJECTS

Peer mentoring services give people with anxiety the opportunity to access support via a mentor; someone who has received training in providing mentoring support. Mentors/coaches are not therapists but people who can listen to your concerns and support you to deal with the worries that are affecting you the most. They can help you with/by:

- Improving mental and emotional well-being
- Increasing confidence
- Signposting to training, education or employment services
- Listening to your concerns to help you devise ways to help ease your worries.

There are many coaching, well-being and mentoring services in operation across the country.



**One of the things I found most helpful was to meet others who knew what I was going through, because they too had experienced anxiety.**

## MEDICATION

It may be that you have tried everything mentioned so far in this guide, and your anxiety levels are still seemingly sky high. If this is the case, you may need to go and see your GP and try medication.

There are a range of antidepressants that can be prescribed which may be helpful in the treatment of anxiety. Whilst this medication is referred to as antidepressants, this type of medication often contains an anxiety-blocking component and may therefore be helpful in the management of anxiety.

Sometimes, if you are experiencing an acute bout of anxiety, your GP may prescribe a short course of minor tranquillisers (also known as benzodiazepines). When you

first take these tablets you will probably find that they are very helpful in terms of combating anxiety in that they will calm you down, and consequently help you to feel able to cope. The problem is that tranquillisers are unfortunately addictive, and as time goes on, you will start to need to take more in order to get the same initial effect.

In other words, you become tolerant to them. In addition to this, many people now believe that tranquillisers actually exacerbate anxiety and can lead to the onset of agoraphobia and panic disorder, for example. This is why tranquillisers are now rarely prescribed in the treatment of anxiety except in circumstances where there is acute anxiety, and even when this is so, such prescriptions will only be for

a short period of time.

It is not uncommon to find that people do not find a medication that they are best suited to straight away, and therefore end up having to switch a few times before finding what works best for them. This is quite frustrating naturally, but do remember if you find one drug doesn't work for you, don't discount trying others.

As you can see, medication can be very helpful in the short term, but can mask problems or side-effects which can be problematic, so it is very important that you have a full conversation with your doctor or pharmacist about the pros and cons of taking medication, as well as finding out how they might be able to help you in other ways.

# Final words

I do hope that this book has provided you with a user-friendly overview of anxiety, how it can be tackled along with giving you some useful resources. If you are already a member of Anxiety UK, you will be able to take advantage of our quick to access and discounted therapy services (which include 1:1 counselling, CBT, CFT, clinical hypnotherapy and traditional acupuncture services). We also produce a quarterly magazine "Anxious Times" which is distributed to members and serves to inform of new developments, and provides a great insight into various anxiety conditions. In this vein, we also produce a range of fact-sheets and other information products on the full range of anxiety disorders, which give more detailed information on each of the conditions than which is contained in this guide. These are all available to download from the Anxiety UK website: [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

I would like to end by wishing you all the best in learning to cope with your anxiety. You will do it, hard though this may seem at times. I do hope it helps to know that you are not alone, and that many have trodden the path that you are either about to embark on or have embarked on! With at least one in five people these days likely to experience anxiety, these types of problems are certainly on the increase, and organisations such as Anxiety UK will endeavour to continue to support people like you in the years to come. In doing so we will work together to make the despair caused by anxiety a thing of the past.





# Useful contacts

**British Association for Behavioural and Cognitive Psychotherapies (BABCP)**

Website: [www.babcp.org.uk](http://www.babcp.org.uk)

**British Association for Counselling and Psychotherapy (BACP)**

Website: [www.bacp.co.uk](http://www.bacp.co.uk)

**Complementary and Natural Healthcare Council (CNHC)**

Website: [www.cnhc.org.uk](http://www.cnhc.org.uk)

**National Institute for Health and Care Excellence (NICE)**

Website: [www.nice.org.uk](http://www.nice.org.uk)

**Royal College of Psychiatrists**

Website: [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

**The British Psychological Society (BPS)**

Website: [www.bps.org.uk](http://www.bps.org.uk)

Information correct at the time of production.

If you would like to receive support for your anxiety, Anxiety UK provides a range of services, including access to reduced cost therapy.

**To become a member or for further information about Anxiety UK, call us on 03444 775 774 or visit [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)**

**Email: [info@anxietyuk.org.uk](mailto:info@anxietyuk.org.uk)**

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**This guide has been written by Anxiety UK, with input from Clinical Advisors Prof David Baldwin and Prof Karina Lovell.**

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