

TIPS ON MANAGING ANXIETY

By

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Anxiety is the second most common form of mental health disorder, next to depression. In many cases, though, depressed individuals also struggle with anxiety and many anxious people frequently feel depressed. Upwards of 20 million persons in the US regularly deal with anxiety, it has been estimated.

Anxiety often is described as a feeling of tension and/or fear. Some of my patients report it is like “an impending sense of doom.”

Anxiety can cause distinct physical effects: hyperventilation, difficulty catching your breath, nausea, and dizziness. When extreme, anxiety can cause a “panic attack,” often characterized as a “flood of tension,” which can cause the individual to believe they are dying. The majority of visits to the emergency room by individuals thinking they are having a heart attack are, in fact, due to panic attacks. For that matter, half the visits to the general practitioner, it has been suggested, are due to depression and/or anxiety.

Anxiety has several different forms: A general feeling of on-going anxiety, named generalized anxiety disorder, GAD, is often based on the fear of failure. Phobias are intense specific fears; the most common are agoraphobia (fear of public places) and the fear of public speaking. Social anxiety is the discomfort and fear of meeting and interacting with people. Again, the concern of not being good enough is paramount. Obsessive compulsive disorder, OCD, is also a type of anxiety disorder in which the individual regularly thinks a particular thought (obsesses) and frequently acts upon that thought (compulsivity), all in the effort to control their tension and anxiety.

Anxiety can be debilitating. It can interfere with working, education, loving, communicating, and recreating. What can be done?

The Medical Approach

The most popular form of anxiety treatment today is medication—psychopharmacology. Tranquilizers, like Klonopin and Xanax, can provide immediate, short-term relief. Long-term use of tranquilizers, though, are dangerous because these medications build a tolerance (keep needing more drug for the same effect) and are addicting. Long-term pharmacological treatment for anxiety involves antidepressants, such as Prozac, Zoloft, Paxil, Lexapro, Celexa, Cymbalta, etc. These medications take a few weeks to become therapeutic but do not develop a tolerance and are not considered addictive. (It is recommended, however, that if one has been on an antidepressant for awhile, they should not abruptly stop the medication but taper off from it.) This medical approach to treating anxiety typically consists of a prescription for a tranquilizer for 30 days along with a

prescription for an antidepressant. Thus, the tranquilizer can provide the immediate relief and after about a month the antidepressant should “kick in” and the tranquilizer can be discontinued or just used in rare high-anxiety moments. Research indicates nearly 85% of these treatment programs are implemented by primary care physicians, not psychiatrists.

The Psychological Approach

1. Think right. In the above description of anxiety several times the words “fear,” “fear of failure,” and “fear of not measuring up” were used. Freud said a century or so ago that depressed people rue the past and anxious individuals fears the future. These notions represent thoughts.

Cognitive psychology purports that thoughts determine our feelings. If someone thinks something will hurt them or they anticipate failure or embarrassment, how would you expect that person to feel? Anxious, of course. Therefore, much of the anxiety plaguing millions of people daily is the result of negative thinking: “What if ___ happens? What if I fail? This could be bad!? What if he/she doesn’t like me or rejects me? This could be the worst possible thing!” etc. I refer to this kind of thinking as “stinkin thinkin.”

While caution is appropriate in some situations (you won’t catch me skydiving, for example) over-cautious thinking creates feelings of anxiety and inhibits people. Daily life is a risk; we must come to accept it. If we can learn to “talk to ourselves” (think) in a supportive, modulated way, we can learn to manage our feelings, mood, and our anxiety. I regularly ask patients these questions to help them begin the process of dismantling their negative thinking: “Will I read about this in the newspaper? Will this be a big deal 24 hours from now? Who won the Super Bowl last year? (It was a huge deal then but now not so much.) Haven’t you already gone through something much worse—and survived?”

2. Exercise. The research is clear. Exercise is an excellent, natural, healthy way to combat anxiety. Numerous studies have shown that a regular exercise program, high in aerobics, can be as effective a treatment for anxiety as is drug therapy. Twenty minutes of aerobics (in your “training zone”) three to four times a week will be productive. Brisk walking, jogging, biking, riding a stationary bike, or using any of the aerobic machines will work.

3. Relaxation training. Relaxation methods can also be helpful in managing anxiety. Learning the techniques of proper breathing, progressive muscular tension and release, autogenics, and meditation, are excellent aids in coping with anxiety.

4. “Baby steps.” Behavioral psychologists like to say, “The best way to deal with anxiety is to go through it.” Using a behavioral technique known as systematic desensitization, I help phobic and fearful individuals face their fear by having them take “baby steps” through their fear. For example, I will prescribe that an agoraphobic simply walk to the mailbox and back once each day for three to four days. When that is

accomplished they next would walk to the corner and back for another three or four days, followed by walking around the block, etc. Practicing relaxation techniques before they take their baby steps will facilitate the process.

By using these various approaches, medical and psychological—individually or in combination—anxiety can be successfully managed.

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