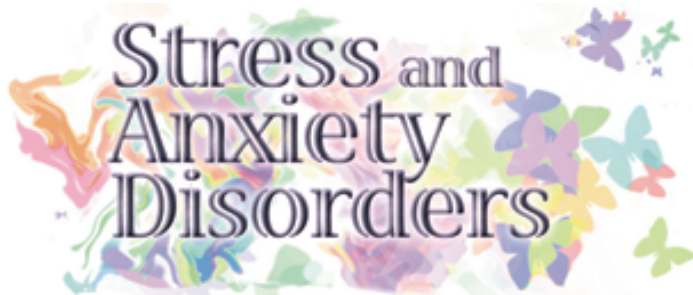


# EMOTIONAL WELLNESS MATTERS

VOLUME XI, NUMBER 3



**S**tress is the body's reaction to an event that is experienced as disturbing or threatening. Our primitive ancestors experienced stress when they had to fight off wild animals and other threats to their survival. Now, in the contemporary world, we are more likely to feel stressed when we face overwhelming responsibilities at work or home, experience loneliness, rejection, or the fear of losing things that are important to us, such as our jobs or friends. When we are exposed to such events, we experience what has been called the "fight or flight" response. To prepare for fighting or fleeing, the body increases its heart rate and blood pressure. This sends more blood to our heart and muscles, and our respiration rate increases. We become vigilant and tense. Our bodies end up on full alert – and this allows us to take action. When stress continues over a long period of time, however, and has a significant impact on how we live, we may begin to suffer from one of the *anxiety disorders*.

**R**esearch indicates that anxiety disorders are the leading emotional health disorder for women and are second only to substance abuse among men. Within any given year, it has been estimated that fifteen percent of the population suffers from one of the anxiety disorders – yet only a small portion of those who suffer receive treatment. Fortunately, treatment is available and generally effective.

**S**tress can be helpful when it prompts us to take action to solve a problem. We can use our perceived stress as a clue, in fact, that there is a problem, and that we need to confront it. Public speakers, athletes, and entertainers have long known that stress can motivate them to perform much better. When we don't recognize our anxious feelings or don't have the tools to deal with them, we may continue to expose ourselves to the stress, which leads to more problems.



**Harold D. Duncan, Ph.D.**  
*Licensed Professional Counselor*  
*Licensed Marriage and Family Therapist*

12700 Preston Road  
Suite 150  
Dallas, Texas 75230

972-233-9199  
[www.haroldduncan.com](http://www.haroldduncan.com)

Dr. Duncan has provided private practice psychotherapy since 1981. For 15 years, he was an Instructor in Psychology at the University of Texas at Dallas. For 10 years, he served as Behavioral Medicine Coordinator for the Baylor Family Practice Residency Program at Garland.

In his private practice, Dr. Duncan specializes in:

- Depression
- Anxiety
- Grief and Loss
- Individual Identity
- Divorce Recovery
- Stress Management
- Anger Management
- Self Esteem
- Addiction Recovery
- Marriage and Family Therapy

*Call 972-233-9199 for an appointment.*

---

Prolonged stress is demanding on our bodies and our lives in general. The constant state of “fight or flight” may cause heart palpitations, dizziness, trembling or shaking, increased blood pressure, sweating, choking, high stomach acidity, nausea, chest discomfort, or muscle spasms. We may feel detached or out of touch with reality or think we are dying or going crazy. There is evidence that prolonged stress can lead to heart disease and a compromised immune system. Stress depletes our energy and interferes with concentration. We may become abrupt with other people and engage in emotional outbursts or even physical violence. Our relationships and job security may be jeopardized. People who experience prolonged stress are more prone to self-destructive behaviors such as drug and alcohol abuse.

## The Anxiety Disorders

An anxiety disorder is longer lasting than normal anxiety, is more intense and can lead to fears that interfere with the ability to function in daily life. Here are some of the more common types of anxiety disorders –

**Generalized anxiety disorder** occurs when a person has endured for at least six months a state of being excessively worried, feeling on edge continually, having sleep difficulty, and finding it hard to experience pleasure and relaxation. The symptoms include restlessness, irritability, difficulty concentrating, feeling easily fatigued, and muscle tension. This diagnosis is not accompanied by phobias, obsessions, or panic attacks.

**Agoraphobia**, which affects about five percent of the population, is the most prevalent of the anxiety disorders. People who suffer from agoraphobia are afraid of finding themselves in situations where escape would be difficult or help might be unavailable. They suffer from panic disorders in certain situations and then, over time, develop a fear of finding themselves in these situations. Common situations include using public transportation (subways, airplanes, trains), being at home alone, crowded public places (such as restaurants, grocery stores, etc.), and enclosed or confined places such as tunnels, bridges, or classrooms.

**Post-Traumatic Stress Disorder** can happen if a person has been through a serious, life-threatening event, such as a natural disaster, terrorist act, a car or plane crash, rape, assault, or other violent crime.

Those with PTSD may for months or years afterward experience repetitive thoughts about the event with an attempt to avoid thinking about it, nightmares, emotional numbness, feelings of detachment, flashbacks, an attempt to avoid activities associated with the event, a loss of interest in pleasurable activities, and other symptoms of increased anxiety.

**Obsessive-Compulsive Disorder** happens when stress or chaos in one’s world causes a person to think and worry repetitively about something (these are called *obsessions*) or else to engage in repetitive behaviors, like hand-washing or checking on things excessively (these are called *compulsions*). Obsessions are recognized by the sufferer as irrational, but they continue to intrude in the sufferer’s thoughts for extended periods of time. Examples of obsessions include images of violence or doing violence to somebody else and insecure thoughts about leaving the lights on or leaving the door unlocked. Compulsions are behaviors that are performed to reduce the anxiety of the obsessions. Examples include excessive hand washing, checking the lights or the stove time and time again, or ritualistic behavior such as counting steps while walking.

**Social Phobia** involves fear of embarrassment in situations where others scrutinize or evaluate your behavior. This usually causes the sufferer to want to avoid these situations, although many simply endure the anxiety associated with these experiences. The most common social phobia is speaking in public, but other forms of this phobia include fear of writing in front of others, fear of crowds, test-taking phobia, fear of spilling food or choking in restaurants, fear of blushing in public, or fear of using public restrooms.

**Phobias** are intense fears and avoidances that occur when a person is exposed to a certain type of situation. These fears are specific to the sufferer and are sometimes unexplainable. Common examples include airplane phobia (fear of flying), elevator phobia, fear of thunder and lightning, animal phobia, acrophobia (fear of heights), doctor or dentist phobia, blood injury phobia, and illness phobia.

**Panic Attacks** are described on the back page.



This newsletter is intended to offer general information only and recognizes that individual issues may differ from these broad guidelines. Personal issues should be addressed within a therapeutic context with a professional familiar with the details of the problems. ©2004 Simmonds Publications: 5580 La Jolla Blvd., #306, La Jolla, CA 92037 Website ~ [www.emotionalwellness.com](http://www.emotionalwellness.com)

# Taking Charge of Anxiety

Those who deal with anxiety in a positive way usually have:

- a sense of *self-determination*
- a feeling of *involvement in life's experiences*, and
- an ability to change negatives into *positives*.

**S***elf-determination* refers to a personal ability to control or adapt to the events of everyday living. A great deal of anxiety is perpetuated by how we think about stress itself, and ourselves. Is the anxiety in control of us, or, conversely, can we learn to control the anxiety?

Rather than seeing ourselves as helpless in trying to overcome obstacles, we can begin to define ourselves

as problem-solvers. We can remember specific times when we have been successful in solving problems and then define ourselves in those terms. We can learn to trust that we will have success in meeting life's difficulties. When we take this approach, we begin to face problematic situations as challenges which, when resolved, can bring new and exciting opportunities into our lives.

**I***nvolvement* means opening ourselves up to the world around us and defining ourselves as active participants in life. It means letting friends and family members into our personal lives and sharing our private experiences with others when appropriate. Cultivating a social network serves us well when we are dealing with stressful situations. Talking our way through a crisis in the presence of a supportive listener, rather than holding it in alone, is one of our best ways of gaining helpful feedback, putting the situation into perspective, and sensing that we are not alone. When we lack involvement with others, we often feel vulnerable and may question whether we have the resources to cope with stressful experiences.

**A***positive approach* toward life is one of the main attributes of those who deal well with anxiety. The life process is one of loss and gain – it's as natural as night and day. When we trust that our losses will give rise to new gains and life experiences, the anxiety and worry associated with loss need not be devastating. For example, the loss of a job can open the door to more satisfying employment and the opportunity for more fulfilling life experiences. The clue is to change our negative thoughts about situations into more positive thoughts – and positive *feelings* will usually follow a change in *thinking*. For example, if a close friend moves away, rather than thinking negatively about how lonely and devastated you will feel, think about the good memories you will always have, how your friendship will leave a positive legacy that will always touch your life, how you can still keep in touch and visit, and how you can now spend your time in new and positive pursuits. There really is no need for overwhelming anxiety in this situation. We can choose to move toward the open doors of life rather than futilely knocking on closed ones.

WE CAN CHOOSE TO MOVE TOWARD  
THE OPEN DOORS OF LIFE  
RATHER THAN FUTILELY KNOCKING  
ON CLOSED ONES.

The clue to handling stress and anxiety well is to acquire the skills we need to feel empowered. This requires a good, honest exploration into our lives. We need to explore the strengths that we already have for coping with stress,

as well as to learn new skills. A professional therapist has a number of specific techniques for the treatment of stress and anxiety, as well as overall life strategy plans for dealing with these problems and other life experiences. We need to be able both to comfort ourselves and to let others nurture us as well. All of us can learn, with some healthy exploration, to manage anxiety successfully.

## Book Recommendations:

Bassett, Lucinda. *From Panic to Power*. HarperCollins, 1997, 263 pages, \$13.95. ISBN: 0-06-02758-5.

Bourne, Edward J. *The Anxiety and Phobia Workbook* (Third Edition). New Harbinger, 2000, 437 pages, \$19.95. ISBN: 1-57224-223-X.

## WHAT ABOUT PANIC ATTACKS?

One of the most debilitating manifestations of stress is the *panic attack*. These dramatic episodes of anxiety seem to come out of the blue and happen even when there is no real danger. They are usually intense for a few minutes and then subside. The sufferer may experience chest pains, the feeling of smothering, dizziness, heart pounding, depersonalization, hot and cold flashes, sweating, numbness, or nausea. These symptoms may be accompanied by fears of dying, going crazy, and losing control. Those who experience panic attacks often live in fear of their next attack, and this may prevent them from leaving the house, being alone or driving. Panic attacks are not triggered by a specific phobia. They seem to come spontaneously and unexpectedly.

One of the factors that seems to perpetuate panic attacks is the fear of having another one. The perception that a panic attack is coming on can magnify an awareness of symptoms and then the person begins to tense up and harbor thoughts of doom – just the conditions that drive a panic attack.

If you feel a panic attack coming on, it is helpful just to let it happen, as uncomfortable as this may seem. As is true of any phobia, you have to expose yourself to the feared situation in order for the fear to decrease over time. If you don't tense up, the symptoms will generally subside within a few minutes. Tensing up will perpetuate the episode. You may feel faint, but you won't really faint (blood is going to your muscles as you tense up and not to your brain, and this may bring on the sensation of fainting – but your blood pressure and heart rate have increased, so you're actually less likely to faint). During a panic attack, try to contain your thoughts. Challenge your negative thinking (you are not having a heart attack; you will not suffocate; you are not going crazy; you will not die). Trust that this will end soon. Tell yourself the following: "Well, here it is again. Let me watch my body respond to this, just like I've done before. I will survive this and I can handle it. This may be unpleasant, but it's only anxiety and it will pass. Let me flow through this."

---

**Harold D. Duncan, Ph.D.**

12700 Preston Road, Suite 150

Dallas, TX 75230