



# The Mulberry Report

Solutions For Life

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## **ANXIETY: Sometimes It Can Attack How We Function**

By Ralph Nichols, LCSW, Executive Director

T.S. Eliot wrote, “Human kind cannot bear very much reality.” This seems to fit the environment we find ourselves facing in today’s world with all the complexities of just trying to keep our heads above water. Certainly, this is not meant to convey a “gloom and doom” message, but rather, to help us better understand the physiological and psychological basis of anxiety and some ways to not let “it” take over.

There are a variety of diagnostic categories descriptive of anxiety particularly when our functioning becomes impaired. Five categories stand out: (1) panic disorder; (2) social phobia; (3) post traumatic stress disorder (PTSD); (4) acute stress disorder; and, (5) generalized anxiety disorder.

**Panic disorder** (actually called panic attack) is a discrete period in which there is a sudden onset of intense apprehension, fearfulness, or terror, often associated with feelings of impending doom. During these attacks, symptoms such as shortness of breath, palpitations, chest pain or discomfort, smothering sensations or fear of losing control can be present.

**Social phobia** (also know as social anxiety disorder) is a marked and persistent fear of social or performance situations in which embarrassment may occur; and exposure to the social or performance situation will almost invariably provoke an immediate anxiety response. High on the list of triggering events is fear of public speaking and being in crowds. A close second to public speaking phobia is other forms of performance anxiety often experienced by musicians, singers, actors and actresses when performing in front of live audiences. Carly Simon and Barbara Streisand have publicly acknowledged their anxiety associated with live performances. Road tours for Carly Simon were rare because of her level of performance anxiety. It is not unusual for persons giving speeches to have a bottle of water available to counter dryness of mouth or to experience sweating. I recall a psychiatrist giving an excellent presentation on post combat stress; however, it was necessary for him to have as many as six bottles of water at the podium which he consumed during the course of his presentation.

**Post traumatic stress disorder** is also in the category of anxiety disorders and was originally associated with veterans of military combat. Prompting the development of this diagnosis was the delayed stress reactions of Vietnam combat veterans. This specific form of anxiety was formalized by the American Psychiatric Association in 1980. The onset of symptoms are associated with an extreme traumatic event involving direct personal experience of an incident that involves actual or threatened death or serious injury or other threat to one’s physical integrity; or

### The Mulberry Report

The Mulberry Report is a publication of Mulberry Center, Inc. for our patients and area companies served by our Employee Assistance Program (EAP).

If there is a topic that you’d like to see covered in a Mulberry Report issue, please contact Ralph Nichols, executive director, at [eap@mulberrycenter.org](mailto:eap@mulberrycenter.org) or 812-423-4700.

Visit our website at [www.mulberrycenter.org](http://www.mulberrycenter.org).

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## Anxiety Reduction Tips

- Don't panic. Your symptoms may actually be a normal reaction to a very real stressor.
- Don't sweat the small stuff. If managed well, it's all small stuff.
- Be willing to endure some discomfort (none of us are immune to feeling anxious at times).
- Try some "self-talk". This can be our best friend or our worst enemy. Understand that we see with our brain and not our eyes. Life events (inclusive of traumas) do not create the anxiety or stress; our brain causes the reaction to the triggering event(s).
- Acknowledge that, "My thinking can affect the way I feel." Then ask yourself the question, "Is my thinking realistic, or, am I making an event bigger than what it is?" Then, say to yourself, "If I don't like the way I'm feeling, then I need to change the way I'm thinking."

## References

Visit the following websites for more information on anxiety:

[www.help-treat-anxiety.com](http://www.help-treat-anxiety.com)  
[www.AnxietySymptomRelief.com](http://www.AnxietySymptomRelief.com)

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witnessing an incident or series of incidents that involves death, injury or a threat of death or injury of a family member or close associate. PTSD can occur with persons who have experienced long term exposure to domestic violence and bullying. It can also occur with persons who have been victims of a crime or in response to having been a witness to or a victim of an accident.

**Acute stress disorder** can occur within one month of exposure to a traumatic event and would precede the diagnosis of PTSD until after a three month period and only if the symptoms persist. Symptoms include re-experiencing the traumatic event with the person making every effort to avoid any stimuli that may arouse recollections of the trauma. However, symptoms have the potential of interfering with normal levels of functioning. It is not unusual for persons with acute stress disorder to experience a decrease in emotional responsiveness, often finding it difficult or impossible to experience pleasure in previously enjoyable activities. I recall seeing a victim of a bank robbery finding it difficult to get back into a "normal routine" of enjoyable family activities and being very apprehensive of returning to work for fear of another robbery attempt. Generally, a course of symptoms should diminish within a four week period.

**Generalized anxiety disorder** is present when symptoms occur in response to any number of events or activities. The person finds it difficult to control the worry and is often accompanied by restlessness, being easily fatigued, difficulty concentrating, irritability, muscle tension and disturbed sleep.

**Treatment** is available and almost always very helpful with a team approach consisting of a well trained therapist and physician. In some instances psychotherapy combined with appropriate medication can bring about a lessening of symptoms and enable the individual to work through the trauma history and to develop healthy coping mechanisms to counter their anxiety.

We at Mulberry Center acknowledge this is a very simplified approach to confronting anxiety and stress. Certainly there are traumatic events that in no way come close to being viewed as "small stuff." Exposure to a history of domestic violence; traumatic accidents; job loss; unexpected loss of a loved one are huge traumas and are not easy to overcome in a matter of a few days, weeks or even months.

At Mulberry Center we are ready to help. Monday through Friday please call us at 812.423.4700. If you have an emergency after our normal office hours, please call Mulberry Center and you will be directed to our emergency number of 812.598.0850 or you may call this number directly. Visit our web site at [www.mulberrycenter.org](http://www.mulberrycenter.org).

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