

About Anxiety

- Anxiety is a normal response to stress experienced by everyone.
- In its milder form, anxiety can energize and motivate you.
- In its more extreme form, anxiety prepares you for action (i.e. to fight or flee).
- Anxiety becomes problematic when it is
 - too intense
 - persists
 - interferes with life

Evaluating Your Own Anxiety

Below is a list of some of the reasons that University of Saskatchewan students seek assistance at Student Wellness Centre. Use this list to help you evaluate your own anxiety.

- | | |
|---|--|
| <input type="checkbox"/> Frequent procrastination | <input type="checkbox"/> Avoiding certain social or performance situations |
| <input type="checkbox"/> Persistent fears of failure | <input type="checkbox"/> Intrusive thoughts and/or repetitive behaviours |
| <input type="checkbox"/> Insisting on perfection | <input type="checkbox"/> Family and/or friends notice something is wrong |
| <input type="checkbox"/> Difficulty relaxing | <input type="checkbox"/> Depending heavily upon others because of anxiety |
| <input type="checkbox"/> Excessive worrying | <input type="checkbox"/> Substance use to manage anxiety |
| <input type="checkbox"/> Overwhelming spells of panic | <input type="checkbox"/> Missed classes and/or unmet deadlines |
| <input type="checkbox"/> Avoiding places or situations from which escape might be difficult or embarrassing | <input type="checkbox"/> Poor or declining grades |
| <input type="checkbox"/> Fearing something catastrophic will happen | <input type="checkbox"/> Performing below potential |
| <input type="checkbox"/> Persistent concern about having anxiety attacks | <input type="checkbox"/> Lost relationships because of anxiety |
| <input type="checkbox"/> Significant changes in behavior as a result of anxiety | <input type="checkbox"/> Concern about own level of anxiety |

Treating Anxiety

- Problematic anxiety affects approximately 15% of the population (Bourne, 2000).
- Suffering from intense anxiety can feel overwhelming and depressing.
- Within the mental health profession, anxiety is generally recognized as a very treatable problem. It is quite possible to overcome your anxiety.
- Remember, a “quick fix” doesn’t exist. Overcoming anxiety requires effort.
- There are effective strategies that individuals can use to decrease or eliminate problematic anxiety.
- To overcome anxiety, you will need to work on several skills at once.
- As you address problematic anxiety, predict a temporary increase in anxiety. You can learn some skills to help you manage this.
- Many practitioners who specialize in working with anxiety disorders rely on a cognitive-behavioral approach because of its proven effectiveness. This approach is primarily educational in nature and teaches strategies that, with regular practice, help reduce anxiety.
- Key treatment strategies include the following:
 - shifting your attitude about anxiety
 - identifying and eliminating catastrophic thinking
 - exposure therapy
- Cognitive-behavioral therapy is likely to remain an effective treatment for anxiety problems well into the future.

How To Manage Anxiety

1. Get a medical examination. Have your physician rule out cardiovascular (e.g., heart arrhythmia), respiratory (e.g., asthma), hormonal (e.g., hyperthyroidism), and drug-related (e.g., side-effects of drugs) problems.
2. Learn the facts about anxiety.
3. Understand your symptoms.
4. Understand potential causal factors.
5. Develop a new perspective (i.e., face and embrace your anxiety).
6. Use effective anxiety-management strategies such as the following:
 - a. Respiratory training
 - b. Healthy lifestyle:
 - Diet
 - Exercise
 - Sleep
 - Substance Use
 - Leisure Time
 - Support
 - c. Cognitive strategies
 - d. Behavioral strategies
7. Work to better understand, accept and express all of your feelings.

Some Types Of Anxiety

Panic Attacks

- Sudden episodes of intense fear and desire to escape
- Distressing physical symptoms (e.g., pounding heart, shortness of breath, sweating, nausea, trembling)
- Can be accompanied by a fear of dying, losing control or going crazy
- Anxiety peaks in approximately 10 minutes then subsides
- Occur in situations that do not involve real danger
- Worry about having additional attacks and the temptation to avoid feared situations

Agoraphobia

- fear of having a panic attack in a place where escape may be difficult or embarrassing/help unavailable
- avoidance of anxiety-provoking situations (e.g., in the mall, on a bus, being away from home)

Social Anxiety

- persistent fear of particular social or performance situations (e.g., dating, public speaking)
- intense fear of negative evaluation by others – fear of being humiliated or embarrassed
- avoid feared situations or endure with intense distress

Generalized Anxiety

- excessive worry (most days) about everyday events or activities
- difficulty controlling worry
- difficulty relaxing, sleep disturbance, difficulty concentrating, irritability
- procrastination
- worry interferes with life

Obsessive Compulsive Disorder

- characterized by recurring, upsetting thoughts
- (e.g. “I’m going to stab someone”, “The house is going to burn down”) = obsession.
- attempts to deal with distressing thoughts are called compulsions (e.g. hand washing, arranging items in a particular order, counting) – temporarily relieves anxiety

Specific Phobias

- intense, persistent and excessive fears of things such as particular animals, seeing blood, flying, being in enclosed places
- treatment involves gradually increasing exposure to the feared object or situation

Posttraumatic Stress Disorder

- occurs after a person experiences a traumatic event (e.g., witnessing a fatal car accident, sexual assault) - recent or past event
- increased physical reactions experienced (e.g., disturbed sleep, hyper-vigilance, easily startled)
- reminders of the trauma may be avoided

Some Common Symptoms of Anxiety

Take some time to consider how anxiety shows itself in your life. Check the symptoms you experience.

PHYSICAL

- Trembling
- Muscle Tension
- Shortness Of Breath
- Accelerated Heart Rate
- Heart Palpitations
- Sweating
- Cold, Clammy Hands
- Dizziness
- Dry Mouth
- Easily Startled
- Fatigue
- Frequent Urination
- Trouble Swallowing
- Reduced Appetite/Nausea/Diarrhea
- Headaches

BEHAVIOURAL

- Avoidance
- Disturbed Sleep
- Not Attending Classes
- Procrastination
- Increased Alcohol Use
- Increased Caffeine Use
- Distractibility
- Restlessness

COGNITIVE

- Repetitive Thoughts
- Negative Self-Talk
- Disorientation
- Thoughts Of Dying
- Thoughts Of Going Crazy
- Thoughts Of Being Out Of Control
- Persistent Worries
- Difficulty Concentrating
- Frightening Images

The Stories Of Students With Anxiety

THESE FICTITIOUS ACCOUNTS WERE CREATED BASED ON CLINICAL EXPERIENCE WITH STUDENTS WHO HAVE DIFFICULTIES WITH ANXIETY.

A STUDENT WITH PANIC

Jennifer was a 22-year-old Education student who had her first panic attack during the first week of classes. While making her way through a crowded hallway between classes, she began to feel trapped in the rush of students. She noticed how hot and dizzy she was feeling and that her heart was starting to beat more rapidly. Very quickly she felt an intense urge to escape the situation for fear of passing out and embarrassing herself. She struggled to catch her breath and frantically pushed her way through the crowd toward the exit. Close to tears, she rushed for the bus stop and went home. Jennifer was reluctant to return to school the next day and booked an appointment with her doctor to discuss what had happened. Although her physician explained that Jennifer had likely experienced a panic attack, she remained fearful of crowds and often left her classes early to avoid being caught in the rush of people. Nonetheless, she experienced several more panic attacks before the end of the term. In term two, she reduced her course load and switched one of her classes to a night class to avoid crowds. She decided to take as many classes as possible at night or during spring and summer session.

A STUDENT WITH SOCIAL ANXIETY

Jeff was a 19-year-old, first year Commerce student who described himself as being “more of a loner” since elementary school. Although he was well-liked by others and had a small group of close and lasting friends, he often avoided socializing with people he didn’t know, going to parties and dating. Jeff maintained that he didn’t know how to make “small talk” and described persistent worries about being perceived in a negative way by others. He expressed concerns about being viewed (especially by peers) as boring, unintelligent and “a loser.” Once he began university, his friends developed new interests, began dating and welcomed new friends into the circle. Jeff withdrew, preferring to spend time alone or with his old friends. Gradually, he became more isolated and less and less able to initiate and maintain casual conversations. He also found himself unable to ask questions in class, speak to his professors, or to feel satisfied with his class presentations. Jeff was convinced that others in his classes and the professors would be negatively evaluating him in these situations. Jeff wished for a satisfying academic and social life but found himself increasingly depressed and unsure of how to overcome his anxiety.

A STUDENT WITH WORRY

Kathryn was a 20-year-old Psychology major who spent a lot of time worrying about getting her assignments done, failing her classes, disappointing her family, keeping her friends and finding a boyfriend. When she worried, she noticed that she was unable to concentrate and remember things. Sometimes in her classes, her worrying interfered with listening to her professor and taking good notes. Often, after a class, she realized how much she had been distracted. Kathryn would have liked to spend more time with her friends, but because she was so worried about her classes, she often stayed home to study. During the term, Kathryn started to have trouble sleeping, frequent headaches and tension in her shoulders and neck. She began to worry that she had some serious medical problem and decided to book an appointment with her doctor. Also, her midterm marks were lower than she thought they would be, given how much she had studied. She started to worry about her choice of major, her career and her future. Kathryn booked an appointment with an academic advisor for reassurance. When she talked to her friends, they told her that she worries too much and were concerned about how she was doing. They also told her that her expectations of herself were too high. By the end of the term, Kathryn felt quite down and was losing her motivation to study and meet with her friends.

What Causes Problems With Anxiety?

LIKELY A COMBINATION OF FACTORS

Family experiences

Early loss of a parent, overprotective parents, highly critical parents, growing up in a chaotic family or one where emotion is discouraged or abuse occurred can contribute to anxiety problems (Bourne, 2000).

Stressful life events

Problems with anxiety can develop following periods of significant loss (e.g., serious illness or death of a family member), during periods of life change (e.g., starting university, having a baby) or after experiencing traumatic events (e.g., assault, car accident) (Bourne, 2000).

Heredity

Having relatives who suffer from depression, alcoholism or other anxiety problems may leave you more susceptible to anxiety (Beckfield, 1994).

Temperament/Personality

Were you born shy, cautious or introverted? Being born with a temperament characterized by discomfort with unfamiliar situations may increase your vulnerability to anxiety later in life. In addition, personality features, such as the following, are typical of anxiety sufferers:

- Attach deeply to others; extra-sensitive about separation
- Frequent worries about death and disaster
- Excessive concerns about illness
- Strong need for control
- Feelings of inadequacy
- Lack of assertiveness
- Avoidance of emotion (Beckfield, 1994)

Biology

Symptoms of anxiety can arise from certain medical conditions (inner ear problems, hyperthyroidism). Also, research shows that people with problematic anxiety have sensitive and reactive nervous systems. They tend to have “anxiety sensitivity” (perceive anxiety as harmful) and have heightened awareness of, or ability to detect, bodily sensations of arousal (Craske and Barlow, 2001).

Society

The rise in anxiety over recent decades may be partially attributable to an increase in “environmental threats” and the decline in “social connections” (Davidson, 2003). There can be an increase the amount of stress people feel with heightened uncertainty about the safety of our world. For some people, this heightens anxiety symptoms.

Why Me?

DIFFICULTIES WITH ANXIETY ARE TYPICALLY THE RESULT OF A COMBINATION OF FACTORS, INCLUDING LIFE EXPERIENCES AND GENETIC MAKE-UP. ANSWER THESE QUESTIONS TO IDENTIFY FACTORS THAT MAY HAVE CONTRIBUTED TO YOUR ANXIETY STRUGGLE.

1. **Family or childhood experiences** – such as the early loss of a parent, overprotective parents, overly critical parents, abuse, lack of support for emotional expression, bullying or rejection by peers, death of a friend or childhood illness.
2. **Stressful life events** – such as a significant loss (e.g., death of a family member) or life change (e.g., starting university, moving away from home).
3. **Heredity** – In general, individuals with relatives who have anxiety difficulties have a greater chance of developing anxiety problems themselves.
4. **Temperament/Personality** – Each of us is born with traits that influence our behavior. Several of these traits may be associated with susceptibility to anxiety (e.g., excitability, discomfort with change, cautiousness, sensitivity to sensory stimulation). In addition, certain personality features (such as feelings of inadequacy and avoidance of emotion) are typical of panic sufferers.
5. **Biology** – Symptoms of anxiety can arise from certain medical conditions (e.g., inner ear problems, hyperthyroidism, inner ear disturbances) and a highly sensitive and reactive nervous system.
6. **The impact of our society** – How has living in the world we do impacted you?

Bourne (2000)

Question: What maintains anxiety?

Answer: Anxious thinking

HOW PEOPLE THINK HAS A SIGNIFICANT IMPACT ON ANXIETY. BELOW ARE SOME EXAMPLES OF COGNITIVE DISTORTIONS THAT CONTRIBUTE TO INCREASED ANXIETY.

All-or-nothing thinking

Seeing things in black and white or right and wrong categories.

Example: Only 85% or better is acceptable.

Disqualifying the positive

Rejecting positive experiences because they “don’t count” for some reason.

Example: He did talk to me at the party, but it wasn’t until the end.

Jumping to conclusions

You draw a negative conclusion even though there isn’t sufficient evidence for it.

Example: My prof yawned during my presentation. I’m sure I failed.

Mind reading

You arbitrarily decide you know what negative conclusions someone else has made about you.

Example: I was late for the group meeting to work on the project. I doubt they want me in their group now.

Catastrophizing

You assume extreme and horrible consequences of events.

Example: I made a mistake at work. I’ll get fired and never find another summer job.

“Shoulds”

You try to motivate yourself by telling yourself what you “should” do.

Example: I should be able to decide on a career by now.

Mental filtering

You focus on a single negative detail and dwell on it.

Example: I just keep thinking about that exam question that I couldn’t answer. Now I’m really worried about how I did.

Burns (1999)

Question: What maintains anxiety? Answer: Avoiding

How Avoiding “Works”

- Avoiding anxiety-provoking situations “saves” people from re-experiencing anxiety.
- Avoidance behavior is reinforced (so continues to happen) because it “works” (i.e., it reduces anxiety).

- HOWEVER, avoidance works ONLY in the short-term.
- Avoidance robs people of the opportunity to learn that:
 - anxiety can be tolerated
 - anxiety will diminish over time
 - disasters rarely occur

- Without an opportunity to learn that one can cope and that anxiety will decrease, anxiety problems are perpetuated.

AVOIDANCE DOES NOT WORK.

Eliminating Avoidance Through Exposure

- When you repeatedly remain in feared situations long enough to allow your anxiety to subside, your anxiety WILL decrease and disappear.
- Exposure works automatically. You don’t need to do anything but stay and let yourself feel anxious.
- The effectiveness of exposure has been confirmed repeatedly and powerfully in research and clinical settings.
- The process of exposure is extremely predictable. You’ll see for yourself.

THE MOST EFFECTIVE WAY TO OVERCOME ANXIETY IS TO

face & embrace it

Developing A New Perspective

AS YOU LEARN ABOUT SPECIFIC STRATEGIES TO BETTER MANAGE YOUR ANXIETY, IT WILL BE IMPORTANT TO UTILIZE THESE TECHNIQUES. A SECOND AND **EQUALLY IMPORTANT** TASK WILL BE DEVELOPING A NEW ATTITUDE TOWARD ANXIETY. YOUR BELIEFS ABOUT ANXIETY ARE **KEY** TO MAKING LASTING CHANGE. CONSIDER THE FOLLOWING:

- Many individuals who experience problems with anxiety hide this from others, feeling ashamed or embarrassed. These feelings erode self-esteem and make you even more vulnerable to anxiety. When anxiety is no longer a secret, you can better make decisions to help yourself (instead of working to protect yourself from the opinions of others) and access the support you deserve. This strengthens self-worth and guards against anxiety. Anxiety does not need to be a secret. You can tell people about your anxiety.
- It is natural to want to fight against the anxiety that disrupts your life and makes it difficult for you to live more peacefully. However, rejecting and resisting anxiety requires your time and energy. Ultimately, it increases feelings of tension and frustration, making you more vulnerable to anxiety. Tension is reduced and a sense of calm can develop when you acknowledge and accept your anxiety as a legitimate part of your life experience. Instead of investing your energy into fighting anxiety, you are freed up to better use your coping strategies. Anxiety is not the enemy. You can welcome anxiety.
- Individuals who experience difficulties with anxiety are vigilant and on-guard for something to go wrong. This constant surveying consumes time and energy, causes stress and increases feelings of anxiety. Letting down your guard and paying less attention to what **might** happen frees you to better enjoy your life. In addition, you are better able to focus on what you need in the moment if you aren't worrying about the future. You don't have to watch and wait for anxiety. You can move forward with your life.
- As you know, one of the most successful ways of overcoming anxiety is to directly face the physical symptoms and situations you fear. Avoidance reinforces anxiety. By choosing to attend to frightening symptoms and to enter feared situations, you ask for anxiety to happen and discover you can cope. When you invite anxiety instead of running from it, the balance of control shifts to you. By consciously choosing to face fears, you increase your sense of self-confidence and build your resistance to anxiety. You do not have to hide from anxiety. You can choose to face anxiety.
- Problems with anxiety often relate to a fear of uncertainty. Much time and energy can be consumed in attempting to predict and control the outcome of events. Worrying about the possibility of negative outcomes increases tension and promotes chronic anxiety. The truth is that living involves risk. Certain circumstances are beyond your control. Accepting the uncertainty that comes with daily life puts you in a strengthened position to deal with what actually occurs. You can accept that some events are predictable and some are not, and that some events will have a positive result and others will not. You can accept risk.
- Sometimes, people who learn specific anxiety management techniques become convinced that their strategies must work each time they are used in order for them to cope. In reality, life is complicated and **magical solutions don't exist**. While the techniques you learn are effective, they are not perfect. It is likely that there will be times when you feel less successful in your efforts to manage anxiety. This, however, does not mean that you have failed or are unable to cope. Accepting the likelihood of minor setbacks (and choosing to see these as learning experiences) will release you from the pressure that comes with believing that the techniques **SHOULD** work and that you **MUST** always cope. You can accept imperfection.

Wilson (1996)

Living with some anxiety is better than living in constant dread of anxiety.

(Davidson, 2003, p. 145)

You've mastered anxiety when your symptoms no longer matter to you.

(Wilson, 1996)

Examining My Attitude

GAINING A BETTER UNDERSTANDING OF YOUR OWN ATTITUDE TOWARD ANXIETY IS A USEFUL STEP IN STRENGTHENING YOUR COPING ABILITY. CONSIDER THE FOLLOWING BY ANSWERING "TRUE" OR "FALSE."

- | | |
|---|--|
| T / F I hide my anxiety from others. | T / F I can tell people about my anxiety. |
| T / F I feel ashamed of my anxiety. | T / F Anxiety can be a legitimate part of my life experience. |
| T / F I am embarrassed when people find out about my anxiety. | T / F I can welcome anxiety. |
| T / F I spend time rejecting and resisting my anxiety. | T / F I can let down my guard and pay less attention to what might happen. |
| T / F Anxiety is my enemy. | T / F I don't have to watch and wait for anxiety. |
| T / F I am vigilant and on-guard for something to go wrong. | T / F I can move forward with my life. |
| T / F I worry about the possibility of negative events. | T / F I can choose to face my fears. |
| T / F I find it difficult to accept that some events are unpredictable. | T / F I can accept some risk. |
| T / F I want a magical solution. | T / F I can accept the likelihood of setbacks. |
| T / F I often want things to be perfect. | T / F I can accept imperfection. |

How Anxiety Helps Me

USE THIS SHEET TO IDENTIFY THE WAYS IN WHICH YOU BENEFIT FROM EXPERIENCING ANXIETY.

Protection from danger (e.g., I don't walk to my car alone at night.)

Motivation for preparation (e.g., I study before exams.)

Energy to perform (e.g., I feel energized for the big game.)

Something needs attention (e.g., My relationship with my girlfriend doesn't feel quite right.)

Something needs to change (e.g., I need to let him know that his behavior isn't ok with me.)

Respiratory Training

When you become anxious you automatically breathe in a more rapid and shallow way.

“Over-breathing” results in a decreased proportion of carbon dioxide to oxygen in the blood. The heart pumps faster, muscles feel weak and shaky, you start to feel dizzy, hands become clammy and tingling sensations occur in the hands and feet.

Many of the physical symptoms of anxiety can be a direct result of rapid and shallow breathing.

Anxiety symptoms can be reversed or prevented by altering your breathing.

How to practice abdominal breathing:

- While sitting, lean back and find a comfortable position
- Place one hand on your upper chest and the other on your abdomen
- Imagine that your stomach is a balloon that you want to fill with air
- Take a long slow breath through your nose as if to fully inflate the balloon
- The hand on your abdomen, not chest, should rise
- Take four full seconds to inhale
- Hold for one second
- Exhale slowly and gently through your mouth
- The hand on your abdomen, not chest, should fall
- Take four full seconds to exhale
- Continue this process for a least four minutes
- Practice at least twice/day

Guidelines For Successful Relaxation

- Plan ten to twenty minutes in your DAILY routine for relaxation (preferably not after a large meal and never while you are driving).
- Minimize distractions (e.g. let the dog out, turn the phone off).
- Find a comfortable position (i.e., reclining instead of lying down).
- Before you begin, take time to scan your body from head to toe. Notice any feelings of tension.
- If distracting thoughts come to your mind, say to yourself “Oh well.” Attempt to gently redirect your thinking back to relaxation.
- Stay awake so that you can note how relaxed your muscles feel once your relaxation exercise is complete. This will help improve your ability to discern the difference between relaxed and tense muscles.
- Relaxation skills are learned. Your skills will increase over time.
- Take time for relaxation even when you do not feel particularly stressed.
- Different people find different relaxation strategies helpful. Since there is no one “right” way, discover what works best for you.
- Occasionally, people who try a relaxation method for the first time find that it actually makes them more anxious. This is not a common occurrence, and is easily addressed. For example, some people experience a loss of control when they close their eyes. If this happens for you, leave your eyes open. Some people find the suggestion of “letting go” in order to relax as anxiety provoking. Remember that you are in charge of the relaxation exercise. You can slow down or stop it at any time.

The Benefits Of Relaxation

RESEARCH HAS DOCUMENTED THE BENEFITS OF PRACTICING RELAXATION STRATEGIES ON A REGULAR BASIS. INDIVIDUALS WHO EXPERIENCE DIFFICULTIES WITH ANXIETY MAY ESPECIALLY BENEFIT FROM THE FOLLOWING:

- reduction in overall level of anxiety
- prevention of the build-up of stress
- improved ability to identify and then more easily address anxiety and tension in one’s body
- less frequent anxiety attacks
- increased energy level and productivity
- improved concentration and memory
- increased self-confidence

Some common ways to promote relaxation include:

- respiratory training (also called abdominal breathing)
- guided imagery
- progressive muscle relaxation
- meditation
- visualizing a peaceful scene

Lifestyle Changes To Improve Anxiety Management

Eating

- Eat regularly (don't go longer than 4-6 hours between meals) (Whitney and Rolfes, 2002).
- Have mixed meals that include protein, carbohydrate and fat (i.e., include foods from at least three of the four food groups at each meal). This helps meet the body's nutritional needs and keeps you feeling full/satisfied (Whitney and Rolfes, 2002).
- Avoid dieting (women need between 1900-2200 kcal/day and men between 2300-2900/day, depending on activity level) (Whitney and Rolfes, 2002). Mood may be affected even with modest restriction (Somer, 1999).
- Limit caffeine (as little as 1 cup of coffee can bring on anxiety in an anxiety-prone individual) (Bourne, 2000).

Exercise – How much is enough?

- 30+ minutes of moderate exercise on most, preferably all days of the week.
- 10 minute segments count! (e.g., walking across campus, walking home) (Health Canada, 1998).
- See www.paguide.com for more information.

Get a Good Night's Sleep

- Keep a regular sleep schedule (go to bed and wake up at same time each day, including weekends).
- Only use your bed for sleeping and sex.
- If you can't sleep after 15 minutes, get up and do something quiet (e.g., read a book); when tired, go back to bed; repeat as many times as necessary. Don't nap the next day.
- Count random numbers (e.g., "1, 27, 67, 14..."). This distracts from worries, but is not demanding enough to keep you awake.
- Don't watch the clock.

Drug and Alcohol Use

- **Marijuana** – increases heart rate & can distort senses; some people feel paranoid and less in control when "high"; heavy use can lead to feelings of depersonalization (Addiction Research Foundation, 1997).
- **Alcohol** – can be a form of avoidance; for some, the lack of personal control associated with intoxication may increase anxiety.
- **Ecstasy** – increases sweating, heart rate, blood pressure, nausea, blurred vision; can result in panic attacks (Addiction Research Foundation, 1996).

- **Cocaine** – increases heart rate, respiration rate, blood pressure and body temperature; can lead people to feel anxious or panic-stricken (Addiction Research Foundation, 1997).
- Using substances to cope with anxiety will perpetuate anxiety problems and make it more difficult to focus on and utilize anxiety management strategies. Talk to a counsellor or contact Addiction Services at 306-655-4100 if you require assistance in this area.

Leisure Time

- Students who experience difficulties with anxiety often feel that they cannot afford time away from studying for leisure activities. However, engaging in enjoyable activities on a regular basis promotes relaxation, reduces stress and lowers susceptibility to anxiety. Having fun everyday is a legitimate and important self-care activity.

Support

- Seeking and accepting the support of trusted family and/or friends is key to better managing anxiety. Everyone needs someone who will listen, cheer them on, offer ideas and care.

Exercise and Anxiety Management

ONE OF THE MOST EFFECTIVE METHODS FOR BETTER MANAGING ANXIETY IS REGULAR EXERCISE. EXERCISE HAS A DIRECT IMPACT ON PHYSIOLOGICAL FACTORS THAT FORM THE BASIS OF ANXIETY RESPONSES.

Exercise:

- Reduces muscle tension. This helps you feel less tense and uptight.
- Brings about the more rapid metabolism of excess adrenaline. As a result, the arousal and vigilance associated with anxiety are diminished.
- Enhances the oxygenation of your blood. Increased oxygen to your blood and brain increases concentration and alertness.
- Stimulates the production of endorphins. In turn, this promotes a sense of well-being, leaving you less likely to feel anxious.
- Lowers the acidity of the blood. This increases energy levels.
- Helps you to discharge pent-up frustration. Releasing this emotion can help alleviate feelings of anxiety.
- Increases subjective feelings of well-being. This buffers you from feelings of anxiety.
- Reduces insomnia. When you sleep better you feel better and have more energy available to devote to anxiety management strategies.
- Helps increase self-esteem. When you feel better about yourself you experience improved confidence in your ability to overcome anxiety.
- Challenge excuses for not exercising (e.g. "I don't have time", "I'm too tired to exercise").
- Reward yourself for maintaining your commitment to exercise.
- Some individuals are reluctant to exercise because the physiological arousal (e.g. increased heart rate) that accompanies it reminds them of anxiety symptoms. If this is the case, very gradually build exercise into your routine. Use self-talk techniques and/or develop an exposure hierarchy to help you overcome your anxiety of exercising.

Consult with your physician if you decide that you would like to incorporate more exercise into your weekly routine and/or have questions about how much you should exercise.

Bourne (1995)

- Remember to approach exercise gradually.
- Set limited goals at the outset.

Substance Use and Anxiety

WHAT YOU CONSUME HAS A DIRECT AND SIGNIFICANT IMPACT ON HOW YOU FEEL. CERTAIN SUBSTANCES TEND TO PRODUCE OR AGGRAVATE FEELINGS OF ANXIETY, OR INTERFERE WITH YOUR ABILITY TO BETTER COPE. THE FOLLOWING ARE SOME EXAMPLES:

CAFFEINE

Research shows that caffeine intake typically increases when individuals are in their twenties. While there are individual differences in sensitivity to caffeine, caffeine can produce the same physiological arousal that is triggered when you are experiencing excessive anxiety. Too much caffeine can leave you feeling nervous and restless, and can contribute to insomnia, gastrointestinal disturbance, increased heart rate and muscle twitching.

If you conclude that caffeine use is contributing to or exacerbating your anxiety, you may decide to reduce the amount of caffeine you consume. If you choose to reduce your caffeine intake, do so gradually. An abrupt reduction can produce unpleasant withdrawal symptoms (e.g. fatigue, headaches). Experiment to find out what your own daily caffeine limit is in order to help reduce feelings of tension.

For many people, this is approximately 100 mg/day.

Drip coffee	146 mg per cup
Tea bag (5 min. brew)	46 mg per cup
Coca-Cola	65 mg per cup
Pepsi	43 mg per cup

NICOTINE

Nicotine is a strong stimulant that increases physiological arousal and stresses the cardiovascular system. Cigarette smoking causes an increase in blood pressure and raises your heart rate (as you know, a common symptom of anxiety). While some smokers report that cigarettes help to calm them, research actually indicates that smokers tend to be more anxious than nonsmokers.

If you decide to quit smoking, speak to your family doctor or contact the Lung Association about strategies to assist you in doing so.

ALCOHOL

Alcohol acts on the central nervous system very much like a sedative. Some individuals with anxiety problems may attempt to utilize alcohol to promote relaxation or to increase self-confidence in social situations. Over time, however, problematic use of alcohol results in increased anxiety, reduced self-confidence, physical health problems and stress related to relationship, academic or work difficulties. In turn, these problems serve to further increase anxiety.

If you think you are experiencing difficulties with drugs or alcohol, speak to a counsellor at Student Wellness Centre, or call Addiction Services at 655-4100.

A Lifestyle To Reduce Anxiety

TAKE STOCK OF HOW YOU ARE MANAGING YOUR LIFESTYLE. WHAT ARE YOU DOING TO HELP REDUCE YOUR ANXIETY? ARE THERE SOME THINGS YOU COULD BE DOING (OR DOING MORE OF) THAT WOULD HELP YOU FEEL MORE RELAXED?

Eating

- T / F I eat regularly (don't go longer than 4-6 hours between meals)
- T / F I have mixed meals that include three of the four food groups at each meal
- T / F I avoid dieting
- T / F I limit caffeine

Exercise

- T / F I exercise moderately 30+ minutes on most, preferably all days of the week OR
- T / F I exercise in 10 -minute segments throughout the day (e.g. brisk walking across campus)

Sleep

- T / F I keep a regular sleep schedule
- T / F I don't nap
- T / F I only use my bed for sleeping and sex
- T / F If can't sleep after 15 minutes, I get up and do something quiet (e.g., read a book); when tired, I go back to bed; I repeat this as many times as necessary until I fall asleep
- T / F I use a strategy such as counting random numbers (e.g., "1, 27, 67, 14...") to help me fall asleep
- T / F I avoid watching the clock when having trouble falling asleep

Drug and Alcohol Use

- T / F I avoid using drugs and alcohol to cope with anxiety
- T / F I am seeking assistance with drug or alcohol problems

Leisure Time

- T / F I make time for the activities I enjoy
- T / F I have some fun everyday
- T / F I believe stress management and self-care are legitimate strategies to promote health

Support

- T / F I talk about my anxiety with a trusted family member or friend
- T / F I ask for the support I need
- T / F I am seeking assistance for relationship problems that increase my anxiety

Other Important and Helpful Lifestyle Strategies for Me:

Medications For Anxiety Management

MEDICATIONS USED TO TREAT PANIC, SOCIAL ANXIETY AND GENERALIZED ANXIETY INCLUDE THE FOLLOWING:

Antidepressant Medications

- Paxil
- Zoloft
- Luvox
- Prozac
- Effexor
- Celexa

Anxiolytics (anti-anxiety medication)

- Xanax (panic, social anxiety)
- Rivotril (panic, social anxiety)
- Valium (generalized anxiety)
- Ativan (generalized anxiety)
- Buspar (generalized anxiety)

Antony, Martin. (29 & 30 Apr. 2004). "Assessment and Treatment of Anxiety Disorders in Adults and Children." Psychological Society of Saskatchewan 2004 Spring Institute, Saskatoon, SK.

Medication can be useful (Bourne, 2000):

- when symptoms of anxiety are so frequent and severe that they impair your ability to go to school, work, engage in primary relationships, or participate in anxiety treatment.
- when a crisis (e.g., diagnosis of a serious medical condition, death of a loved one) has precipitated significant acute anxiety.
- if serious depression accompanies the anxiety disorder.
- if you suffer from social anxiety and have to manage a high performance situation (e.g., audition, important job interview).

Generally, however, **evidence does not support the long-term use of medication to manage problematic anxiety**. Some studies suggest that:

- medication can interfere with cognitive-behavioral treatment,
- there is not necessarily a benefit to combining medication with cognitive-behavioral treatment, and
- there may be a higher relapse rate with medication.

Antony, Martin. (29 & 30 Apr. 2004). "Assessment and Treatment of Anxiety Disorders in Adults and Children." Psychological Society of Saskatchewan 2004 Spring Institute, Saskatoon, SK.

If you are wondering about the use of medications to assist you in better managing your anxiety, talk to your doctor about the following:

- the frequency and severity of your symptoms
- the potential benefits and side-effects of medication
- your previous response to medications
- the response of any family members who have tried antidepressant/anti-anxiety medication
- possible interactions with other medications
- substance use issues (e.g., anti-anxiety medication should not be mixed with alcohol)
- discontinuation issues (e.g., some anti-anxiety medication medications are habit-forming)

In addition, **carefully consider whether medication is a form of avoidance** behavior for you (i.e., a way of avoiding fully experiencing anxiety symptoms).

What Do Feelings Have To Do With Anxiety?

- Sometimes anxiety masks other feelings (particularly anger and grief)
- Dealing with underlying or unresolved feelings may decrease anxiety
- When anxious, learn to ask yourself, "What else am I feeling?"
 - Look for one-word descriptors such as: sad, angry, resentful, embarrassed, humiliated, frustrated, etc.
- If you are not sure what feelings might be behind your anxiety, ask:
 - "What just happened?"
 - "What's going to happen?"
 - "How might someone else in this situation feel?"
 - "What might be affecting me that's not so obvious?"
 - "Am I feeling stressed about something?"
 - "Did something just happen to trigger a painful memory/feeling?"
- Find healthy ways to deal with feelings (e.g., let yourself have the feelings, go for a walk, talk to a friend, seek therapy if necessary)
- Seek help if you are struggling to better identify, accept and express your feelings

My Feelings and Anxiety

When I think carefully about my anxiety I realize that, in anxious situations, I also feel:

<input type="checkbox"/> angry	<input type="checkbox"/> confused	<input type="checkbox"/> overwhelmed	_____
<input type="checkbox"/> sadness/loss	<input type="checkbox"/> guilty	<input type="checkbox"/> jealous	_____
<input type="checkbox"/> disgusted	<input type="checkbox"/> frustrated	<input type="checkbox"/> enraged	_____
<input type="checkbox"/> lonely	<input type="checkbox"/> ashamed	<input type="checkbox"/> resentful	_____
<input type="checkbox"/> exhausted	<input type="checkbox"/> depressed	<input type="checkbox"/> humiliated	_____

Does my anxiety sometimes show itself as one of these other feelings (e.g. I look sad when inside I feel nervous, I sound angry when really I'm scared)?

Would it be helpful to more often ask myself, "what else am I feeling?"

Would it be helpful for me to address feelings underlying anxiety? What would this take?

If I'm not sure about what feelings I'm having, would it be useful to ask some of the following:

- "What just happened?"
- "What's going to happen?"
- "How might someone else in this situation feel?"
- "What might be affecting me that's not so obvious?"
- "Am I feeling stressed about something?"
- "Did something just happen to trigger a painful memory/feeling?"

Could I use some practice at better identifying my feelings?

Have I learned to accept all of my feelings as a legitimate part of my experience (or do I categorize feelings as either "good" or "bad")?

Could I benefit from better managing my response (i.e. behavior) to some of my feelings?

Successfully Managing Anxiety

- Make a decision to take charge of better managing your anxiety.
- Get a medical screen.
- Understand your symptoms.
- Understand factors that may contribute to your vulnerability to anxiety.
- **DEVELOP A NEW ATTITUDE TOWARD YOUR ANXIETY.** Remember that the most effective way to overcome anxiety is to experience it.
- Open yourself to taking risks.
- Learn anxiety-management strategies (e.g., respiratory training).
- Practice the strategies you learn.
- Attend more sessions!
- Make adjustments to your lifestyle to reduce stress.
- Avoid expecting perfection.
- Work to better identify, accept and express all of your feelings.
- Seek assistance for difficulties (e.g. relationship problems, substance abuse) that increase anxiety.
- Expect a temporary increase in anxiety as you begin to address it.
- Expect setbacks.
- Seek and accept support.
- Be patient. Lasting change usually takes time.
- Remember that some amount of anxiety is normal.
- Imagine your success.
- Give yourself credit.

Reading For Anxiety Management

- Babior, S. & Goldman, C. (1996). Overcoming Panic, Anxiety and Phobias: New Strategies to Free Yourself from Worry and Fear. Duluth: Whole Person Associates.
- Bourne, E. (1995). The Anxiety and Phobia Workbook. Oakland: New Harbinger Publications.
- Bourne, E. (2001). Beyond Anxiety and Phobia: A Step-By-Step Guide to Lifetime Recovery. Oakland, CA: New Harbinger.
- Bourne, E. and Garano, L. (2003). Coping With Anxiety: 10 Simple Ways to Relieve Anxiety, Fear and Worry. Oakland, CA: New Harbinger.
- Davidson, J. (2003). The Anxiety Book: Developing Strength in the Face of Fear. New York: Penguin Putnam.
- DuPont, R., Spencer, E. & DuPont, C. (1998). The Anxiety Cure: An Eight-Step Program for Getting Well. New York: John Wiley & Sons.
- Greenberger, D. & Padesky, C. (1995). Mind Over Mood: A Cognitive Therapy Treatment Manual for Clients. New York: The Guilford Press.
- Handly, R. (1993). Anxiety and Panic Attacks: Their Cause and Cure. Random House.
- Jeffers, S. (1987). Feel the Fear and Do It Anyway. New York: Ballantine Books.
- MacFarlane, M. (2001). The Panic Attack, Anxiety And Phobia Solutions Handbook. United Research Publishers.
- Miller, F. (2002). How to Calm Down: Three Deep Breaths to Peace of Mind. New York: Warner Books.
- Montgomery, & Morris, L. (2001). Living With Anxiety: A Clinically Proven Step-By-Step Plan For Drug-Free Management. Perseus.
- Peurifoy, R. (1995). Anxiety, Phobias And Panic: A Step-By-Step Program For Regaining Control Of Your Life. New York: Warner.
- Antony, M. & Swinson, R. (1998). When perfect isn't good enough: Strategies for coping with perfectionism. Oakland: New Harbinger Publications.
- Weekes, C. (1978). Hope and Help for Your Nerves. Toronto: Bantam Books.
- Weekes, C. (1984). More Help for Your Nerves. London: Angus and Robertson.
 - The Anxiety Disorders Association of Canada: <http://www.anxietycanada.ca/English.htm>
 - The Anxiety Disorders Association of America: <http://www.adaa.org/>
 - The Anxiety Disorders Association of BC: <http://anxietybc.com/>
 - The Anxiety Disorders Association of Manitoba: <http://www.adam.mb.ca/>

Where To Go From Here

Whether you believe you can do a thing or not, you are correct. *Henry Ford*

Give yourself credit for seeking assistance.

Review the material given and work through the handouts.

Remember the foundations:

- Understanding your anxiety (e.g., symptoms, causes)
- **SHIFTING YOUR ATTITUDE**
- Using respiratory training
- Lifestyle management
- Managing underlying feelings

Don't stop now! Attend more sessions!

- There will be a room full of people who have identified themselves as having similar concerns.
- You'll learn about specific cognitive and behavioral strategies to manage your anxiety.
- There will be opportunities to ask specific questions.
- You don't have to talk if you don't want to.

Managing anxiety is work. Keep practicing what you learn.

Remember, managing anxiety works. Don't be surprised at how quickly you are able to make some changes for yourself.

Where I'm Going From Here

AS YOU THINK ABOUT ALL THE DIFFERENT WAYS THAT PEOPLE CAN BETTER MANAGE ANXIETY, USE THIS SHEET TO PLAN YOUR NEXT MOVES! CHECK THE ITEMS THAT YOU ARE INTERESTED IN TRYING OR THAT APPLY TO YOU.

- | | |
|---|--|
| <input type="checkbox"/> I have made a clear decision to better manage my anxiety. | <input type="checkbox"/> I'm going to work to better understand, accept and express my feelings. |
| <input type="checkbox"/> I will give myself credit for my efforts. | <input type="checkbox"/> I'm going to attend more sessions. |
| <input type="checkbox"/> I will review the material given. | <input type="checkbox"/> I'm going to remember that anxiety management strategies work. |
| <input type="checkbox"/> I will work through the handouts given. | <input type="checkbox"/> I'm going to practice what I learn. |
| <input type="checkbox"/> I plan to work on shifting my attitude about anxiety. | <input type="checkbox"/> I'm going to avoid expecting perfection. |
| <input type="checkbox"/> I'm going to use respiratory training. | <input type="checkbox"/> I'm going to get my questions answered. |
| <input type="checkbox"/> I'm going to assess how my lifestyle may be contributing to anxiety. | <input type="checkbox"/> I'm going to expect setbacks. |
| <input type="checkbox"/> I'm going to make changes in these areas: | <input type="checkbox"/> I'm going to seek and accept support. |
| <input type="checkbox"/> eating <input type="checkbox"/> substance use | <input type="checkbox"/> I'm going to be more patient with myself. |
| <input type="checkbox"/> exercise <input type="checkbox"/> leisure time | <input type="checkbox"/> I can do this! |
| <input type="checkbox"/> sleep <input type="checkbox"/> support | |

References

Addiction Research Foundation, 1996 and 1997, pamphlets.
American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders. (4th ed.). Washington, DC: Author.
Beckfield, D. (1994). Master Your Panic and Take Back Your Life: Twelve Treatment Sessions to Overcome High Anxiety. San Luis Obispo: Impact Publishers.
Benson, H. (1993). The relaxation response. In D. Goleman & J. Gurin (Eds.), Mind and body medicine (pp. 233- 257). New York: Consumer Reports Books.
Bourne, E. (1995). The Anxiety and Phobia Workbook. Oakland: New Harbinger Publications.
Bourne, E. (2000). The Anxiety and Phobia Workbook. Oakland: New Harbinger Publications.
Burns, D. (1999). The Feeling Good Handbook, Revised Edition. New York: Plume.
Craske, M. and Barlow, D. (2001). Panic Disorder and Agoraphobia. In D. Barlow (Ed.), Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual. New York: Guilford Press.
Davidson, J. (2003). The Anxiety Book: Developing Strength in the Face of Fear. New York: Penguin Putnam.
Health Canada. (1998). Canada's Physical Activity Guide to Healthy Active Living. Author.
Somer, E. (1999). Food and Mood: The Complete Guide to Eating Well and Feeling Your Best (2nd ed). New York: Henry Holt and Company.
Whitney, E. & Rolfes, S. (2002). Understanding Nutrition (9th ed.). Belmont, California: Wadsworth/Thompson Learning.
Wilson, R. (1996). Don't Panic: Taking Control of Anxiety Attacks. New York: Harper Perennial.