

Stress Surfing: Harnessing the Power of Stress

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Introduction to this CD

Welcome. I'm Dr. Bonnie Cleaveland, a psychologist in Charleston, SC who specializes in anxiety disorders. This audio brochure is designed to give you a working knowledge of stress and anxiety, as well as its treatment. We'll talk about types of anxiety disorders, why anxiety tends not to go away on its own, and why we have stress and anxiety. We'll then talk about simple techniques to help control anxiety, some books that may help, and how to seek professional help if you need it. Finally, there will be an actual relaxation technique to help you control anxiety and stress! So let's get started.

What is anxiety?

Fight or flight

The fight or flight response is the body's natural response to impending threat. You've heard of someone lifting up a car to pull out an injured person - something we could never do without the fight or flight response. Our pupils dilate (probably to help us see contrast better), our digestion slows down, our heart rate increases to get more oxygen and nutrients to our muscles, we begin to sweat in anticipation of getting overheated, our muscle tension increases, and fats and sugars pour into our muscles from our organs. Also, stress hormones such as adrenaline and cortisol pour into our systems, giving us an energy boost. In a time when we had to chase our food and escape wild animals, the fight or flight response was more frequently adaptive. However, most of the things that cause us stress these days are more mental. Interestingly, one aspect of the fight or flight response is that our rational, thinking brain is overtaken by our more primitive brain. That's why, under stress, we often have a hard time concentrating and remembering! It's why when something stressful happens suddenly, we may freeze.

Fear and procrastination

Fear and procrastination affect us negatively perhaps more than anything else in life. You see, we're "wired" to avoid pain - a great adaptive response. If I put my hand on a hot stove, reflex will withdraw the hand well before I have time to think about it. It's instinct. And it keeps us safe! So we avoid pain. But the pain we avoid is not just physical pain. We avoid emotional pain. We avoid rejection. We avoid failure.

But in avoiding pain, we also avoid positive risks. For example, we may be afraid to ask out someone we'd really like to get to know. Or afraid to raise our hand in a meeting to express an innovative idea. And all this prevents our growth.

Have you ever heard people talking about fear of success? It doesn't seem to make much sense. The people who are most successful, whether they're beautiful, or wealthy, or talented, get the most praise. But they also get the most criticism. When asked if they'd want to run for president of the United States, most people say, "no way." And the reason is that, although there's money and power and respect, there's also more criticism and other stress than most people want to handle. So one reason to deal with anxiety is to be able to take increased positive risks in life. And with increased calculated risk comes increased success!

Anxiety can really keep you from reaching your full potential. Taking risk is important for challenging yourself. People with excessive anxiety often fear taking risk, and they so restrict their lives that they don't meet their potential.

Symptoms

Each of the anxiety disorders has unique symptoms. However, there are some symptoms common to many of the anxiety disorders. Fear and dread, a sense of doom, and physical symptoms of the fight or flight response, like a pounding heart, may be present. You might experience digestive problems like stomach aches, nausea, diarrhea or constipation. Perhaps you get sweaty, or feel dizzy. You may experience muscle tension, pain or headaches. Your memory or concentration may be poor, sleep may be disturbed. Chest pain or tightness is not uncommon. Under stress, some people lose their appetites, and some people eat too much. And stress is the number one factor returning us to our previous bad habits. So if you've quit

drinking or smoking, or gotten your eating under control, managing stress can help you keep your new, healthier habits.

You can print and score an anxiety test on my web site: www.workpotential.com

Long term consequences of stress

During the fight or flight response, our body is in overdrive. Running it consistently in overdrive, like driving 50 miles per hour in first gear in a car, is destructive to the system. Chronic anxiety puts us at risk for high blood pressure and, therefore, stroke and heart attack. Furthermore, when chronically stressed, our immune systems don't function well, and we have a greater tendency to get sick. In a recent analysis of a number of personality studies, people with less anxiety tended to be happier and more satisfied with life (DeNeve & Cooper, 1998 cf. Twenge 2000). A recent study in mice (Soreq et al 2001 or 2002) showed that even short periods of trauma leave the brain "on edge" and more sensitive to further stress. So anxiety begets anxiety; that's another good reason to manage stress as well as possible.

What are anxiety disorders?

The most common behavioral disorder

Types

Generalized Anxiety Disorder

General anxiety and worry occurring more days than not for more than six months may be generalized anxiety disorder. The worry or anxiety is about more than a single situation – e.g., worrying about just work, for example, wouldn't meet the criteria. The worry of GAD is difficult to control. There are six symptoms that also occur with the worry, but only three are needed for the diagnosis. Those symptoms are: restlessness or feeling on edge, feeling easily fatigued, difficulty concentrating, irritability, muscle tension, or sleep disturbance. Generalized anxiety causes a lot of distress and disturbance in social relationships, work or school, or other important areas of functioning. Sometimes, medical conditions can mimic generalized anxiety, so it's always important to get a thorough medical examination when you're having significant anxiety. We'll talk about those medical conditions later. Sometimes anxiety associated with other disorders can seem like generalized anxiety disorder, but if another diagnosis is met, generalized anxiety is probably not present. Let's go through those other disorders.

Obsessive Compulsive Disorder

Obsessions are recurrent thoughts, while compulsions tend to be behaviors. Let's talk first about obsessions. Obsessions are distressing, repetitive, intrusive thoughts. Worries about real-life problems don't count – the obsessions must be about things that don't make sense or that are exaggerated. The person having obsessions recognizes them as a product of his own mind. People attempt to ignore or suppress the obsessions with some other thought or action.

Compulsions are repetitive behaviors that a person performs to neutralize or decrease an obsession or to prevent a dreaded situation. However, these behaviors are not realistically connected to the outcome. OCD causes a lot of distress and impairments in home, work, social, or school functioning, and are typically time consuming. For example, Jim has constant worries about germs and contamination. Although he knows, rationally, that there are not likely to be harmful germs on most objects, he has a constant feeling that his hands are dirty. To feel better, he washes his hands, but it only helps for a brief time. Anytime he touches anything, he gets strong anxiety and a desire to wash his hands. He avoids business meetings because people shake his hands and he can't excuse himself to wash. His hands are very dry and raw as a result of so much washing, and he has been less successful in his career than he could have been.

Other common obsessions, other than germs or contamination, have to do with putting objects in order (for example, having extremely organized closets or cabinets, with extreme distress if something is moved),

checking things over and over, such as the stove or locks, obsessions against one's religious beliefs, distressing thoughts of violence or having hurt someone, counting or performing actions a certain number of times, having to touch objects a certain number of times or in certain ways, or sexual obsessions. Over three million Americans suffer from OCD, men and women equally. Symptoms often appear during childhood, and, like most disorders, the symptoms can come and go over time.

Panic disorder

A panic attack is a very intense bout of panic. Many people who have a panic attack think they're having a heart attack or that they'll pass out. For that reason, people often end up in the emergency room. Panic symptoms come on quickly. To be qualified as a panic attack, someone must have at least four of the following symptoms, starting quickly and peaking within 10 minutes: increased heart rate or heart pounding, sweating, trembling, shortness of breath, feelings of choking, chest pain or discomfort, nausea or abdominal distress, feeling dizzy or faint, feelings that things around you aren't real or that you're detached from yourself, fear of dying, feelings of losing control, numbness or tingling, and chills or hot flushes. About 10% of the population has a single panic attack in any given year (Barlow, 1988; Klerman et al., 1991 both cf. NIMH anxiety pamphlet). You can see that the panic response is essentially the fight or flight reaction – and, therefore, is a normal, adaptive reaction to stress. However, panic attacks tend to come out of the blue and, if they occur frequently, are not normal. Panic disorder is not just panic attacks. In panic disorder, someone gets afraid of the fear itself, and afraid of having another panic attack. In panic disorder, a person experiences recurrent and unexpected panic attacks. At least one of the attacks is followed by a month or more of worry about having another attack, worry about the implications of the attack (such as having a severe medical disorder or losing control), or a change in behavior related to the attacks. Over 2-1/2 million Americans have panic disorder. It usually begins in adolescence or early adulthood, and women are twice as likely to have panic disorder as are men (National Institute of Mental Health).

Agoraphobia

Agoraphobia typically goes with panic disorder. In agoraphobia, one experiences anxiety about being in a variety of situations in which leaving the place might be difficult or embarrassing. Fears typically involve situations such as: being in public alone, being on a bridge, being in a crowd or a line, or traveling in a vehicle. Some people with panic disorder start developing agoraphobia, restricting their activities to attempt to prevent panic. Some people with severe agoraphobia never leave home alone.

Social anxiety

Social anxiety includes a persistent fear of one or more social or performance situations. People with social phobia fear showing anxiety or acting in a way that's embarrassing. Most exposures to the social situations must cause the anxiety, and the fear is recognized as excessive or unreasonable. People with social anxiety avoid those situations, and therefore, important work or social functioning is impaired.

Specific phobia

A specific phobia is an irrational fear of some specific object or situation. Typical specific phobias include fear of flying, blood-injury phobia, heights, animals, or injections. Just having a fear of something is not necessarily a phobia: the fear must usually lead to an immediate state of heightened anxiety or a panic attack. The person must recognize the fear as excessive or unreasonable.

Post traumatic stress disorder / Acute Stress Disorder

Some anxiety results from traumatic events such as combat, rape, childhood sexual or physical abuse, or other severe trauma. Within the first six months after the trauma, this reaction is called acute stress disorder. If the reaction lasts more than six months, it's called post traumatic stress disorder (PTSD). Symptoms of post traumatic stress include: trouble feeling close to others, reexperiencing the trauma through nightmares or "daymares", being easily startled, having trouble trusting others, trouble sleeping, and other similar symptoms. Depression often accompanies the acute or post-traumatic stress disorder.

Perfectionism

Perfectionism, in itself, isn't an anxiety disorder. However, lots of people with anxiety do seem to have feelings of wanting to control most things. Often, they feel they must overwork in school, at work, or with housework, making at least one of those areas "just right." People often resist the label of perfectionism, because they can't keep **every** area of life under great control. But no one could do that! If you must have everything neat or clean, or if you fear negative evaluation from others so much that you do a lot to avoid it, making yourself sick and tired, you might have perfectionism.

Perfectionism is hard to break, because others love a perfectionist! If you're a perfectionist, you're likely to get lots of praise, and avoid lots of criticism. On the flip-side, though, it's pretty emotionally draining to be a perfectionist. We all have good days and bad days, and it's really hard to keep up on the bad days. When you get so used to praise and avoid any criticism, it's hard to take when the criticism occurs. Self-esteem often becomes based on never being criticized. Of course, we all get criticized, anyway, and then criticism can be crushing. Perfectionists often spend lots of time anxious, and even dreading situations in which they must perform.

If you're a perfectionist, you'll have to make a conscious decision to make some mistakes. Experiment! See what happens if you make a few mistakes. Don't make excuses for your mistakes - simply apologize. And work on NOT going to great lengths to avoid mistakes. For example, if you spell-check all your e-mails, quit! Do some deep breathing and challenge your thinking about how awful it would be if you made a spelling error in an email. Challenging your fears by figuring out what will realistically happen if you make a mistake is very likely to help.

Why do I have anxiety?

Genetics

Anxiety disorders run in families. If a biological relative has an anxiety disorder, you are more likely to have an anxiety disorder.

Learned behavior

We learn ways of coping from those we're around growing up. If a parent doesn't have good coping skills, we may not learn coping skills ourselves.

Learned ways of thinking

How you think about things is very important in determining how anxious you'll be. For example, your car breaks down beside the road. Let's look at two scenarios. In scenario # 1, you think, "Oh, my God. What if I'm mugged? I hope no one stops. I'll call the highway patrol. What if something happens to me before they get here? Now I'm late - it's awful to be late." In that case, your thoughts will agitate your body, and you're likely to feel quite anxious. Your heart may start to race, you may get sweaty, and you're probably looking out for threats. As a car pulls up, your anxiety will probably intensify.

In scenario 2, you think, "Ugh, the car broke down. This is really inconvenient. I'll call to let the boss know I'll be late after I call the highway patrol. Luckily, I have the newspaper with me, so I'll kill time waiting for the tow truck." As you might imagine, the anxiety would be significantly less in scenario 2. The situation is the same, but your thoughts are different.

So you can see the chain of events. In our society, we tend to have a belief that events CAUSE our emotions. It's a simple, yet revolutionary, idea, that an event doesn't cause our emotion. Instead, there's an event, then our thoughts, then our emotion. And, interestingly, our emotion then helps determine our thoughts. We tend to think thoughts that are consistent with our emotion. So if our emotion is anxiety, we tend to think anxious thoughts. So your body reacts, and then your mind keys into that bodily reaction. "Oh, no, this must be a really dangerous situation - my heart is pounding." Because of this spiraling relationship between thoughts and emotion, it's important to learn to think more rationally!

Environmental stress

A psychologist I know very well was seeing clients on the hour every hour for 45 to 50 minute psychotherapy sessions. After the session, there was business to discuss with the client, several phone calls to return, insurance paperwork to complete, and all in 15 minutes! This psychologist, who works with anxiety disorders, started to be stressed out, and started to wonder if she should be trying to help people overcome anxiety disorders when she, herself, wasn't handling stress so well! What she did, though, was change her schedule so that she has 30 minutes between sessions. This intervention made all the difference in her stress level.

Why don't anxiety symptoms go away?

Avoidance

Like other animals, we're pretty smart. If something causes us pain or anxiety, we avoid it! Let's say getting a big project done at work is stressing you out. You are likely to avoid it (unless you're close to the deadline!). You might make a phone call that's on your "to-do" list but that's not as pressing. You might eat or smoke to avoid the project. During our avoidance, the anxiety is less than that moment of getting started on the project. You may only do the project when you absolutely have to. Then, you have a ready excuse when the project isn't as great as your potential: "I could have done a really great job, but I only had a few hours. It's as good as can be expected." That way, we don't have to face the fact we may not be the very best.

Let's take someone with social phobia, for example. He might avoid eating in front of other people for fear that he'll be messy and others will notice. He's expected to be at a business luncheon. Although his fear of eating in front of others is a strong fear, he also wonders what others will think if he **doesn't** eat. But he gets to the banquet, getting more and more nervous. He gets a plate of food, which makes him even more nervous. His heart is racing, his palms are sweating, and he looks around to see who's looking. The anxiety is too much. He tells others his stomach is upset and gives his plate to the waiter. Because he's not faced with eating in front of others, his anxiety starts to decrease and he soon feels much better, having narrowly escaped eating in front of others. The problem is that the next time he thinks about eating in front of others, he thinks about how horrible he felt - the intense panic. So he's even more anxious this time, and he's even more likely to avoid eating in front of others. Gradually, he starts to avoid more and more situations: for example, he skips the business lunch entirely. Although by doing this, his anxiety is less, his self-esteem suffers, as he feels controlled by the world, rather than feeling in control of himself. And he gets new anxiety, anyway, about not fitting in on the job due to his fears.

Reinforcing property of worry

Another reason worry doesn't go away on its own is that worry is rewarding! What, you say? I hate my worry. We believe that, if we don't worry, we'll forget something or do poorly. And, in fact, sometimes in our worry we think of something important. Let's say you're worrying and studying for an important test. You have a nagging feeling you've forgotten something. Suddenly, you realize that a chapter's worth of your notes are in your car! Certainly you would have lost at least a letter grade if you didn't review those notes. Voila - your worry is reinforced. What you don't realize is that you probably would have remembered the notes while studying even if you weren't anxious!

Serious medical conditions with anxiety as an effect

Some medical conditions have anxiety as an effect. If you're having anxiety, it's important to let your physician know and have a physical exam and, perhaps, testing. Some of those conditions include: hyper- and hypothyroidism, hypoglycemia, pneumonia, heart problems, hyper and hypo- parathyroidism, Cushing's disease, and menstrual irregularities ("Psychiatry" 6th edition, 1999, D. A. Tomb, chapter 14: medical disease).

Medications with anxiety as a side effect

Some medications have anxiety or nervousness as a side effect. If you're taking medications, you might consider doing some research on their side effects. Always talk to your physician before increasing or decreasing your medication!

What can I do about my anxiety?

Self-monitoring

The first step in improving your anxiety is understanding it thoroughly. You can use a monitoring sheet on my web site, at www.workpotential.com, to monitor your anxiety. It's important to monitor how severe your anxiety is, when it's most likely to occur, and what your thoughts are before and during your anxiety.

Self help

For people with mild to moderate anxiety, self-help books and tapes can be helpful. If you plan to use self-help, make sure you have a reputable book with research to back up the approach. Give yourself a time limit to try the techniques. If they don't start working in about six weeks, consider seeking help from a psychologist. You can find a reading list at the website workpotential.com.

Cognitive behavior therapy

One of the best treatments for anxiety is cognitive behavioral therapy (CBT for short). Cognitive-behavioral therapy has two components. Let's discuss each in turn. We talked previously about how people with anxiety tend to have irrational thoughts and irrational worry. The cognitive part of cognitive-behavioral therapy works on that irrational thinking.

One technique is called cognitive challenge. Cognitive challenge is used for any intense negative emotion. In fact, it's the emotion that tells you it's time to do cognitive challenge. That emotion might be anxiety, sadness, frustration, fear, or anger, for example. So you start by writing down the emotion. Next, you just jot down the situation. The next part is a bit more challenging. Automatic thoughts are those thoughts which come pretty immediately when we get in a situation or are experiencing an emotion. For example, when someone cuts you off in traffic, you might think, "you jerk!" So you write down the automatic thoughts. Once you have the automatic thoughts down on paper, the difficult part is next: writing challenges to the irrational thoughts. You will ask several questions to help come up with challenge. The first question: "Is this thought rational?" And the second question, "Is this thought useful?"

Some people resist writing it down. But writing it down is pretty important. We tend not to think well when we have a lot of emotion. Instead, our thoughts spin around and around like clothes in a washing machine. When we talk out our thoughts, or when we write them out, we then get some good problem-solving done.

So cognitive therapy helps you think in calmer, more reasonable ways. Remember the event-thought-emotion chain. If you think calmer, you'll be calmer!

Exposure and response prevention

One pair of techniques within cognitive behavioral therapy is called exposure and response prevention. Exposure therapy is used for post-traumatic stress disorder and specific phobias. In exposure therapy, a person is exposed to the feared object or situation. For example, someone who has an elevator phobia may ride the elevator for several hours until the anxiety decreases. Interestingly, our bodies are wired for the anxiety to decrease when we're not in true danger. For example, someone who has an elevator phobia may have a strong physical reaction to just thinking about going in an elevator. Exposure therapy is used for fear that's irrational (like an elevator phobia) or is related to a past traumatic event (like rape or childhood sexual abuse). So if you get in the elevator and ride for a long time (it may take hours), the anxiety will decrease. The next day, when you ride again, you may have a very strong reaction, but it's likely to

decrease. Exposure only works if you stay in the feared situation until the anxiety is just about gone. This is why people who face their fears (but get out of the situation as soon as possible) may have worse anxiety over time rather than getting better. Exposure therapy is best done with the supervision of a psychologist or counselor experienced in exposure therapy. And, it's best done every single day. Therefore, the treatment is difficult. However, it is very effective.

Exposure therapy is also used for obsessive compulsive disorder. Let's say you have an irrational fear of germs. Exposure therapy might involve not washing your hands (or severely minimizing hand washing) until the fear decreases. This exposes you to feared situations (for example, shaking hands with people). The second part of the treatment for exposure therapy is called "response prevention". In response prevention, you keep from performing the compulsion. In this case, the compulsion is hand washing.

What counseling is like

Most people are quite nervous seeing a psychologist for the first time. That's normal! You should feel at ease once you arrive. There will be some paperwork to fill out at your first visit, and insurance often covers a substantial part of your visits.

You may see your psychologist weekly to start, and you should enjoy your time there. Of course, some sessions will be difficult, and you can expect to hear truths from your psychologist that may be difficult to hear. However, you will find a psychologist's objective feedback extremely helpful.

The approach discussed here is *called cognitive behavior therapy*. It's the most effective and most researched set of interventions for anxiety and depression.

Who can help?

A psychologist has a doctoral level degree: typically a Psy.D (spelled Psy.D.), a Ph.D., or an Ed.D. Therefore, his or her title is "doctor." Having a doctoral degree means typically five to six years of training after the college degree. Clinical and counseling psychologists are trained in diagnosing and treating behavioral and brain disorders such as anxiety disorders and depression. A psychiatrist is also a doctor, having gone to medical school and usually focusing more on prescribing medication. Psychiatrists and psychologists frequently work together, the psychiatrist prescribing medication if it's used and the psychologist working with the client in counseling. Psychologists also work with other physicians, such as family physicians, internists, and gynecologists, when a patient needs medication. There are also masters level counselors such as social workers and licensed professional counselors. They may be able to help with anxiety disorders, as well.

The best way to find a psychologist to help is to ask people you trust, including your physician. State licensure boards and professional organizations can also help with referrals. In South Carolina, for example, the SC Psychological Association can offer a referral.

Cost/benefit

Counseling is an investment in time. Weekly sessions are typical, and there are often homework assignments that take time between sessions. Many cognitive behavioral therapists see patients for short-term counseling, perhaps 8-12 sessions.

Most insurance plans do cover behavioral health treatment, and you can find out what is covered by calling the phone number on your insurance card and asking about your outpatient mental health benefits. Some insurance plans cover a greater percentage of your counseling if you see an "in network provider," someone who has a contract with your insurance plan. However, seeing a good psychologist experienced in treating anxiety disorders is not important.

In the first session, your psychologist is likely to talk with you about what symptoms you're having, how long you've had them, and what you've tried to decrease the symptoms. He or she will also probably get a good, thorough history, including your medical history and medications, school and work history,

description of current relationships with family and friends, use of nicotine, alcohol, and drugs, and any other relevant history. Most people are nervous about their first visit but find counseling enjoyable. Psychologists are usually pretty gentle and accepting people!

Medications

There are a number of medications that are helpful for anxiety, and more coming out every year. You can get the best information on medications for anxiety from a psychiatrist or other physician. Some medications that help with depression also help with anxiety. Antidepressants are not addictive. Some medications for anxiety, however, are addictive and have side effects like drowsiness, and they should be used with caution.

Herbals

It's tempting to believe that something in the health food store can't be harmful. But there have been several natural supplements that have caused serious problems for people. **Examples.** If you think an herbal remedy might help your anxiety, please check with your physician and your pharmacist first!

Valerian & Kava Kava

Both Valerian and Kava Kava have been effective at treating anxiety in several studies. If you decide to take one of these herbs, consult your physician and pharmacist first. Both herbs do have significant drug interactions and should be used with care. Some significant health problems have been found in people using Kava Kava. Research on both is relatively new, so long-term side effects may not be evident. Before taking either, explore the current research. The National Institutes of Health web site (www.nih.gov) is a great place to do research on medical topics - you can search PubMed by following links on the NIH web site.

Massage

Massage is very effective in relieving anxiety and helping your body adjust its anxiety mechanism so that it's less likely to experience future anxiety. And the good news is that it probably doesn't have to be a professional massage. If you have someone who will give you a good, deep tissue massage, that'll do! It's natural to be nervous about your first professional massage. Get recommendations on a good massage therapist and then call to ask any questions you have. An hour-long massage is recommended when possible for anxiety relief.

The relaxation response

The relaxation response is a physical condition in which the body and mind are relaxed. You might get to the relaxation response through meditation, prayer, rest, biofeedback, progressive muscle relaxation, hypnosis, imagery relaxation, massage, or a variety of other ways. Though there are many paths to the relaxation response, the response itself is the same. The brain wave patterns change from a pattern signaling full alertness to one signifying relaxation (but not sleep). The heart rate decreases, metabolism decreases temporarily so that the body needs less oxygen, the skin becomes less moist, and so on. You can see that the relaxation response is, in many ways, the opposite of the fight or flight reaction. To find out more about the relaxation response, read Dr. Herbert Benson's book, called The Relaxation Response. There are two main factors you need in order to get the relaxation response. First - you must focus on something repetitive. That might be a prayer, a mantra, or your breathing or heartbeat. The second thing you need to get the relaxation response is a passive attitude. This means you're letting whatever happens happen, without judging yourself or the procedure. Relaxation is a learned skill. When you practice daily, you'll get better and better at the technique. You'll get to the point that, if you've been using a structured technique, you don't always need it. Some people get relaxed the first time they use a technique. For others, it takes more practice. But everyone can learn to relax!

Meditation

Meditation is being used increasingly in medical settings, especially for people with chronic and / or stress-related illnesses and for pain management. Meditation may not be what you think. Meditation can be associated with religion, but, in itself, is not religious. The most common form of meditation is sitting meditation, in which you focus primarily on your breathing for a period of time, noting and then releasing distracting thoughts. The concept is so simple and yet is difficult for most people. If you plan to try meditation, read Jon Kabat Zinn's books: Full Catastrophe Living or Wherever You Go, There You Are. The citation is at the end of this recording. And consider, for guidance, seeking out others who meditate. If you'd like to try a basic meditation, start by sitting in a chair or, if you can tolerate it, cross legged on the floor. To sit on the floor, you may want to put a pillow or folded blanket just under the back part of your buttocks. This helps you sit up very straight, allowing your spine to support you. Breathe naturally, and focus your mind on your breath without changing it. If you have other thoughts or physical sensations that distract you, just note them, without judgment or excessive involvement, as if you're objectively studying them. Start with just five minutes; meditation is much more difficult than it seems. Sometimes it helps to smile just a bit at the beginning; this will help you enjoy your meditation a bit more.

Meditation is not just sitting, however. Any activity in which you're fully engaged in the present moment can be meditative. For example, you can meditate by washing dishes. You will want to minimize distractions, such as the television or radio. Wash the dishes, and really pay attention to the dishwashing, noting the sensations and your feelings about them. You could do meditation with just about any activity, including walking, as long as your mind is fully on the activity.

Biofeedback

Biofeedback uses a machine that measures physiological responses such as heart rate, blood pressure, respiration, and the amount of moisture in your skin. The machine gives you tangible feedback, such as a blip of light with each heartbeat, that you can then use to control your physiology. Do you think your heart rate is out of your control? It's not. How about the level of moisture in your skin (a measure of anxiety)? It's in your control, too. Biofeedback is one way to change physiological responses and to have proof that you're changing them!

Prayer

Prayer is another path to the relaxation response. Prayer to get to the relaxation response must have the two factors: it must be repetitive. A well-known, over learned prayer you could practically say in your sleep, said repetitively, may get you to the relaxation response. And you must have a passive attitude.

Rest

Simply resting calmly can get you to the relaxation response. For example, we get to the relaxation response just before falling asleep. Just resting won't work so well, though, if your mind is preoccupied with worry!

Hypnosis

People are fascinated with hypnosis. Hypnosis gets many people to the relaxation response. There is nothing magical about hypnosis. Some people are certainly more hypnotizable than others, and they may be more suggestible at those times. Relaxation hypnosis capitalizes on this suggestibility. Hypnosis is repetitive and droning - like other forms of relaxation, suggestions are repeated numerous times in a very calming voice. In hypnosis, as in other forms of relaxation, your sense of time may be distorted - 20 minutes may seem more like five. Hypnosis is quite relaxing!

Imagery relaxation

Think about the last time you had a nightmare. Your brain conjured up sights, sounds, smells, feelings, and thoughts, and it convinced your body all that was really happening! As a result, you may have gotten the fight or flight response in your sleep. This demonstrates the brain's power over your body. You can use that same power to create a relaxing scene. In imagery relaxation, you may imagine a calming scene, making the sights, sounds, feelings, and smells as vivid as you can. You can purchase imagery relaxation

recordings, but the best scene is one you create yourself. A mental health professional can help you make a customized imagery relaxation tape.

Progressive muscle relaxation

In progressive muscle relaxation, you focus on tensing and releasing different muscle groups. Have you ever lifted something heavy, and, when you put it down, your muscles were fatigued? This is a similar feeling to progressive muscle relaxation. Progressive muscle relaxation helps you learn to detect and release muscle tension, a major effect of anxiety. Once you've practiced muscle relaxation a while, you'll be amazed how often, during your daily life, you tense up. Relaxing these muscles can make a huge difference in how calm you feel.

Exercise

[Exercise is wonderful at decreasing anxiety](#). In general, getting your heart rate up during your exercise is probably most helpful. One way to ensure that you get exercise is to make plans with others to exercise. For example, you might plan to start walking with a coworker at lunchtime. A second way to make sticking to your exercise plan more likely is to monitor your progress. Consider keeping a graph of your exercise with number of minutes of exercise on the left side and the days of the month on the bottom. That way, if you make too many excuses not to exercise, at least you'll see that on paper. It will motivate you to quit making excuses and get out there! Start slow. And know that walking at a brisk pace is probably the best exercise for you because it's sustainable over the long term.

Another great exercise for anxiety is yoga. Yoga involves fluid movements to improve flexibility, as well as mental focus and breathing practices. Most people find yoga very relaxing. Once you learn the basics of yoga in a class with a certified instructor, you can do it on your own, inside, anywhere you have just a little floor space. It's, therefore, a wonderful, portable, inexpensive way to exercise. And the increased flexibility yoga encourages is very important for people as we age, [as lack of flexibility contributes to most injuries in the elderly](#).

Of course, check with your doctor before implementing any exercise program.

Slow down!

When we're anxious, we tend to rush around. Rushing around increases our muscle tension, and often increases our mistakes! One great way to cope with anxiety is to slow down. Move more slowly; speak more slowly. It sounds simple, and it is. But it works! Try it. Don't rush; it doesn't get you anywhere much faster. Notice how many more mistakes you make when you're rushing, and quit! If you tend to be late, and your lateness makes you rush, try leaving a bit earlier, and spending some time not being "productive" but simply being.

Social support

One of the best ways to cope with anxiety is to get help from others. Call a friend. Or, spend time with an animal! Helping others is often a great way to cope, so consider volunteer work.

Humor

Humor is a great way to cope with anxiety. Watch a funny show, read a book of comics, or call a friend who makes you laugh.

Journaling

Journaling is so simple and yet so powerful. In a study published in 2000 in [the Journal of the American Medical Association](#), there were two groups of medical patients: those with asthma and those with rheumatoid arthritis. They took each of those groups and divided them into two groups: an experimental group and a control group. The experimental group wrote for 3 days, just 30 minutes per day, about something traumatic that had happened to them. The control group wrote for 3 days at 30 minutes about innocuous topics. In three months, that small intervention of journaling about traumatic events, but not about innocuous topics, had improved the physical outcomes of the medical patients. The rheumatoid patients had greater ability to move their limbs freely and the asthma patients were able to breathe more

freely! Journaling, as you can see, is very powerful. Furthermore, the participants who wrote about traumatic events felt better, too.

Ruminating means going over and over the same thing in your mind. Ruminating makes anxiety worse, and it puts people with anxiety at greater risk for depression. It puts people with depression at risk of more depression now and in the future. Journaling about worry helps you solve problems instead of just ruminating. Ruminating typically is not productive - when ruminating, you're not likely to get to solutions.

You can journal on the computer or on paper or both. There are some great internet sites and books that'll give journaling formats and tips. You can buy fancy journals, which are nice, but not necessary. And you can keep your journal or you can throw it away if you're worried someone will find it. Keeping it is nice, and it gives you some perspective when you look back on it. But keeping it is not necessary - only writing it is necessary!

Cognitive challenge

Cognitive challenge is a very specific journaling technique. Most of the time when we get anxious it's because our thoughts are irrationally fearful. For example, a woman leaves the gym in her car just a few minutes after her husband leaves the gym on his motorcycle. Ambulances and police cars speed by her with sirens; she takes an alternate route home. From the car, she calls her husband at home, since he should be there already. He doesn't answer, and she keeps calling. When she arrives home, he's not there. She jumps to the conclusion that he must have been in an accident, and she gets panicked.

In cognitive challenge, she would start by writing out her emotions - fear. Then, she jots down the situation (husband not home, accident on the way home, he left before me). Then, and most importantly, she writes down her anxiety -producing thoughts. They may be like this:

- A. "He left 15 minutes before me. He should already be home."
- B. "He's probably dead."
- C. "EMS wouldn't have had time to call me yet."
- D. "How will I live without him?"
- E. "Who will I call first to tell he's been killed?"
- F. "Why doesn't he call me to let me know he's OK?"

The next step in cognitive challenge is to challenge those thoughts. What's irrational about them? She can take each one and challenge them.

- A. "Perhaps he stopped to pick up dinner to surprise me, or he stopped for gas, or he got stuck behind the accident. Any number of things could have delayed him, and I'm jumping to conclusions."
- B. "This is jumping to conclusions. I'm worrying myself over something that hasn't yet happened. I'll breathe deeply, and relax my muscles. When I get home, I'll take a shower, and then if he's not home, I'll deal with it then."
- C. "I'm jumping to conclusions. Right now, there's no reason for him to have come straight home; he still thinks I'm at the gym. If he's not home in 1/2 hour, that'll be out of character, and I'll take action then."
- D. "Now I'm really getting ahead of myself. Even if he was in an accident, it may be minor. Even though it seems I can't live without him, many people have grieved the deaths of people they love and survived it."
- E. "Let's not focus on this unless it's really happened."
- F. "I left the gym earlier than he thought I would; there's no way he could know I'm worried."

You can see that the second set of thoughts is much more reasonable. Sometimes you'll be able to do cognitive challenge on your own, and, other times, you'll need help from others challenging your negative thoughts.

Specific instructions and a worksheet for cognitive challenge are on the web site (workpotential.com).

Self care

Taking a hot bath, doing some yoga, listening to relaxing music, or participating in a hobby you enjoy can all help with stress. Since we don't think clearly under stress, make a list of the activities that are relaxing for you, and keep it handy.

Distraction

Distraction is one way to deal with anxiety. If you can get away from it for a while, you may be better able to deal with the anxiety later. Of course, distraction does not deal with the source of the anxiety, so facing the anxiety, with some of the techniques we've talked about, is important.

Problems related to anxiety disorders

Depression

Depression and anxiety often go together. Overlapping symptoms include sleep and appetite disturbance, fatigue, and feelings of dread. In depression, however, energy may be consistently lower, there are more likely thoughts of death or suicidal thoughts, and, in general, thoughts focus around guilty and hopeless feelings about self, the world, and the future rather than fear and dread.

Fatigue

As we talked about before, having chronic anxiety is like running a marathon. Your body is physically exhausted even if you're sitting in one place! It's a vicious cycle, because fatigue makes it hard to think clearly and hard to get things done. As you fall further behind on what you need to get done, your anxiety increases! And the cycle continues.

Work problems

Remember the symptoms of anxiety: decreased attention and concentration as well as avoidance? Both really get in the way at work. People with anxiety tend to miss work, and they tend to make a lot of mistakes because of impaired thinking abilities related to anxiety (Seipp, 1991 cf. Twenge 2000).

Pain

[Anxiety makes pain worse](#), and, alternately, relaxation improves pain. Much pain, such as headache pain, is caused by anxiety. Therefore, managing stress, and using a relaxation technique when you have pain, is a great pain management strategy.

Illness

Anxiety suppresses immune functioning, making it harder for your body to fight off illness. People with anxiety are more likely to have a number of illnesses, including asthma, coronary heart disease, irritable bowel syndrome, and ulcers (Edelmann, 1992 cf. Twenge, 2000). Stress also makes us more sensitive to infections and viruses, such as colds.

Substance Abuse

When anxious, a drink or two can be very relaxing. However, we're at more risk for addiction when we're suffering from anxiety or depression. Furthermore, using alcohol or drugs during stress may create other stress - like anger from friends or family. Whereas alcohol use for stress management has negative side effects (like drowsiness, impaired thinking and motor skills, weight gain, increased potential for addiction, hangovers, unrestful sleep), positive coping strategies like relaxation techniques help us feel more in control and can be used when alcohol or drugs can't be.

Summary

Even if you're "high strung" or have suffered with anxiety for a long time, you can change! The treatment of anxiety and stress is somewhat of a secret in our culture. But now that you know the secrets, practice stress management daily for health and happiness!

Using the relaxation scripts

A relaxation script is an excellent way to get to the relaxation response. To get there, two elements are necessary. First, a focus on a repetitive stimulus. In this case, it's the sound of my voice and the flow of your breath. Second, you must have a passive attitude. This means not judging yourself or the process - and not expecting anything in particular to happen! It's perfectly natural for other thoughts to enter. Don't fight with them - simply let them float away again. The more you practice the relaxation, the easier it will get.

Practice at least once daily. When you practice, sit in a comfortable chair. Turn off the phone and minimize other distractions. Dim the lights, since the brain responds to light to determine alertness. Don't cross your arms or legs, as this increases blood pressure. And breathe deeply into your lower belly, with long, slow exhales about twice as long as your inhales.

Many people complain that they don't have time to relax. Realize that when you say this, it's a substitution for the real issue. Of course you have 20 minutes per day to relax, if you choose. The real issue is that relaxation is different, and paying attention to your thoughts can be difficult. So make a commitment to trying a relaxation script for 4 weeks, and then make a decision about whether or not it can help!

You can order a relaxation CD from Dr. Cleaveland (e-mail bonniec@workpotential.com) or from the back of Dr. Kabat-Zinn's books. You may also get relaxation tapes and CDs in your local record store.

Reading List

- Allen, J. (1999). Coping with Trauma: A Guide to Self-Understanding American Psychiatric Press, Inc.
- Antony, M., Swinson, P. (1998) When Perfect Isn't Good Enough: Strategies for Coping with Perfectionism. NY: New Harbinger.
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- Kabat-Zinn, J. (1994). Wherever you go, there you are: Mindfulness meditation in everyday life. NY: Hyperion.
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Sapolsky, R. M. (1998) Why Zebras Don't Get Ulcers: An updated guide to stress, stress-related disease, and coping. New York: Barnes and Noble Books.

Weil, A. & Kabat-Zinn, J. (2001) The Andrew Weil Audio Collection : Breathing: The Masterkey to Self Healing/Meditation for Optimum Health. Sounds true audio.

Contact information

To make an appointment with Dr. Cleaveland or to schedule a stress management workshop for your company, call Dr. Cleaveland at 843-571-4005 or contact her at bonniec@workpotential.com.

Contents: Stress surfing: Harnessing the power of stress.