

ANXIETY DISORDERS

Mental Illness or Normal?



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Anxiety Disorders: Mental Illness or Normal?

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It is strongly recommended that anyone who is thinking, feeling or behaving in a way that they don't understand, any way that is debilitating or is causing pain and unhappiness should consult a medical professional, and that a medical doctor should always be consulted for any persistent physical or bodily function problem to rule out physical causes before psychological reasons are explored.

And that, under no circumstances, should anybody stop taking prescribed medication without fully qualified medical supervision.

This preview contains the first 24 pages of:

Anxiety Disorders: Mental illness or Normal?

CONTENTS

Introduction	1
Anxiety: Our Survival Instinct	5
Anxiety Disorders: The Medical Model	21
Anxiety Disorders: Mental Illness or Normal?	48

INTRODUCTION

ANXIETY IS AN essential part of human make-up. A survival instinct honed over millions of years of evolution, it involves a series of responses and reflexes that help us to avoid or deal with dangerous situations. We all have anxiety and we all need anxiety to prevent us from getting hurt.

However for many of us, something changes: our anxiety no longer sits quietly in the background waiting to spring into action should a potentially dangerous situation arise. It appears more often, more easily and seems to come to us for no reason – intangible anxiety that can feel just too powerful to deal with.

Persistent anxiety causes us to watch ourselves in everything we do and it's not difficult to appreciate how this self-absorption can lead us to believe that we are the only one with such a problem. This, in itself, strengthens the "*what's wrong with me*" beliefs, yet nothing could be further from the truth.

Millions of people across the world suffer from anxiety-related problems. It's been estimated that in America alone, over fifty million people suffer from some form of anxiety

disorder. The most common one is social anxiety disorder (also called social phobia), closely followed by post traumatic stress disorder (PTSD) and generalized anxiety disorder. Around one in thirty five to fifty people suffer from obsessive compulsive disorder (OCD) and one in ten are reported to have a specific phobia. This doesn't include the vast numbers of people who have depression or those living anxious lives ruled by shyness or stress.

Adding to this, many people feel they are working below their potential and are frustrated; more (and younger) people are unhealthy and overweight than ever before; greater numbers of teenage boys and girls are severely depressed, and problems involving anxiety and stress account for the majority of visits to a doctor's surgery. In a world of better education, food, hygiene and healthcare... emotionally, society is crumbling.

Yet anxiety is essential to the survival of every human (indeed, every animal) on the planet. If we didn't have anxiety, we wouldn't be scared when confronted by a knife-wielding maniac. If we didn't have anxiety, we wouldn't avoid dimly-lit alleys and underpasses in the dead of night. Without anxiety, we wouldn't take extreme care when crossing the road with our children.

But what about anxiety-related problems?

Excessive worrying and nervousness, obsessive and compulsive behaviour, irrational fears and phobias (particularly those relating to social interactions and having serious health problems), post-trauma stress... current beliefs about these problems (and treatments based on these beliefs) are based on the 'medical model', which views them as illnesses, where something has gone wrong (in the

brain) and the answer lies in 'fixing' the thing that has gone wrong – usually with medication.

As such, these problems are named, defined, placed in categories and placed in sub-categories in an attempt to control them – a nicely ordered list of problems with a neat set of symptoms. And while some argue that this offers a more accurate diagnosis and subsequent better treatment, others argue that it's inaccurate, misleading and totally overlooks the bigger picture.

That's what this book is about... the bigger picture. The whole point of having anxiety in the first place is to protect us, and it is this self-protection, rather than 'mental illness', that can better explain those problems we know as 'anxiety disorders' today.

In part 1 we'll look at anxiety through the lens of human evolution and survival – what is it, why do we have it and how does it work?

Part 2 describes anxiety disorders in relation to the dominant worldview (the medical model) and shows how they are defined and diagnosed.

Importantly, we'll also explore the medications that are used to treat these problems based on this belief and explain what they do to our mind and body.

In part 3 we'll consider whether the medical model is indeed the best way to understand and deal with anxiety disorders... or is there a better solution?

Anxiety:

Our Survival Instinct

WE ARE ALL kept alive each day by some part of us about which we are essentially unaware. Our unconscious regulates the majority of the activities necessary for living – it transforms the food we eat and oxygen we breathe into tissues and energy; regulates our body temperature, heartbeat and breathing; coordinates all the activities of the heart, lungs, liver, kidneys and stomach, and oversees all necessary repairs such that broken bones knit together and torn flesh heals.

Deeper areas of our brain warn us about danger and threats to our survival through the fight-or-flight response, often before we are even conscious of them.

It is this fight-or-flight response (our very own self-protection instinct) that 'kicks in' whenever there is any chance of us being injured or worse. Comprising a series of mind and body reflexes and reactions, it is this automatic response to danger that makes us feel scared. And it is this 'being scared' that we know today as anxiety.

*

You're walking down the street, humming to yourself, carefree and totally relaxed.

Suddenly, in the distance, you hear it... and two seconds later you see it... a large dog. It's snarling and growling viciously... and it's running straight towards you.

In an instant, everything changes.

Your heart starts beating harder and faster and you are breathing rapidly. You feel scared and all of your senses are heightened. Sight and hearing have become more sensitive, allowing you to pinpoint the slightest movement or sound. You feel light-headed and dizzy and want to go to the toilet or throw up. Your limbs are shaky and your whole body is now charged with energy, full of anxiety, ready to fight or flee, possibly for your life.

Anxiety and the fight-or-flight response have 'kicked in'... automatically. By-passing the higher, more logical and intelligent parts of the brain, the primitive brain springs into action to protect you. And it has to be like this for if we had to think about fleeing from a wild dog before we took action it would be too late.

The reflexes and reactions of the fight-or-flight response represent the physical 'symptoms' we come to associate with anxiety, they are:-

- Heartbeat speeds up
- Breathing becomes more rapid
- We feel dizzy and light-headed
- We feel sick and/or need the toilet
- We get 'butterflies' in our stomach
- Our mouth becomes dry and it feels difficult to swallow
- We sweat more
- We tremble, and feel 'jittery'/'jumpy'/'on-edge'

These well-recognised signs of anxiety make us feel bad, and they're supposed to, in order to keep us away from harm. However, they feel even worse when we cannot understand them or control them, so let's look into them a bit deeper to see what's happening and why:-

Heartbeat speeds up

A speeding heart is one of the defining symptoms of anxiety. We cannot be anxious with a calm, slow-beating heart.

Every year in the United Kingdom, tens of thousands of people visit hospital emergency wards fearing they are having a heart attack... only to discover they were having an anxiety or panic attack. The strong, rapid heartbeat really did make them fear the worst.

Why does our heart speed up so?

Anxiety and panic prepare us to deal with danger, either to stand and fight or run away (the 'fight-or-flight' response). The heart beats faster to pump oxygen (fuel) more quickly to the major muscle groups (arms, legs, chest) to provide them with an energy boost for fighting or fleeing. The greater the danger, the quicker we need energy to take action so the faster the heart pumps.

With long-term anxiety and stress our heart generally beats faster than normal at rest and it doesn't take much for it to increase into the first stages of panic (a harder, faster beat), which we notice as heart palpitations.

Breathing becomes more rapid

In an effort to provide the extra oxygen (fuel) that our muscles need to take immediate action we breathe faster to take in more air.

In a truly dangerous situation this is exactly what we need: extra oxygen to keep our muscles supplied as we use it up rapidly in working them hard to fight or flee.

However, if we are breathing faster, drawing more oxygen into our blood, but not using it quickly by fighting or fleeing – that is we are anxious but not taking any physical action – then our self-protective behaviour actually makes things worse for it disrupts the normal oxygen-carbon dioxide (O₂-CO₂) balance that exists in the blood.

In the normal breathing cycle we take in O₂ and expel CO₂. During exercise we take in O₂ faster and expel CO₂ faster as needed. However, breathing faster without any corresponding increase in action leads to a build up of oxygen in the bloodstream, which has negative effects.

When we are breathing far too fast (called hyperventilating) it can feel as if there is not enough oxygen, which may make us panic more. However, the reverse is true – we actually have too much oxygen, for although carbon dioxide is a waste gas that we breathe out, we need a certain amount of it in our bloodstream to be able to use up the oxygen we do have. Paradoxically, when we hyperventilate we end up with an excess of oxygen that we cannot actually use. Hence it can feel like we don't have enough oxygen.

This is why people who are hyperventilating are often told to breathe into paper bags – to breathe in the CO₂ they are breathing out, which redresses the O₂-CO₂ balance. It also shows us why exercise and deep breathing (diaphragmatic breathing) can help alleviate anxiety.

We feel dizzy and light-headed

When we are anxious or panicky many of us feel light-headed and dizzy. We often become confused and find it

difficult to think straight or concentrate. Some people think they are about to faint... but why?

In part, once again, it boils down to that diversion of resources to those things we need to survive. Blood is diverted from the higher regions of our brain to the areas we need most in the moment, such as vision and hearing. We don't need time to think, just time to be ultra aware and act. If we had to think about jumping out of the way of a speeding car it would be too late.

Hearing and vision become more acute when we are anxious and it's interesting to note that one of the side effects of many beta blockers (which essentially prevent adrenaline from doing its job) is blurred vision.

Too much oxygen in the bloodstream (related to the O₂-CO₂ balance we covered earlier) can also make us feel light-headed and dizzy.

We feel sick and/or need the toilet

It takes many hours and numerous body resources to extract the nutrients and process the waste from any food that we have eaten – time and resources we can't spare in an emergency.

As such, any half-digested food needs to be got rid of quickly, either from the mouth or the other end. It probably depends on where the food is sitting in our system (the top half or bottom half) as to which way is possible to expel it.

This fight-or-flight response also explains why we often have no appetite or feel sick at the thought of food when we are anxious.

We get 'butterflies' in the stomach

No longer needed to process any food (that we expel, as above) blood is quickly diverted from the stomach to the major muscle groups causing the fluttering sensations.

Our mouth becomes very dry and it feels difficult to swallow

Again, as we are no longer interested in food, other 'energy-wasting' systems (unnecessary in times of danger) are shut down. Saliva production stops, which gives us a dry mouth and makes it difficult to swallow.

We sweat more

Sweating too much (from the armpits, hands and often the face) is a very common anxiety symptom.

Sweating (excessively) usually happens during physical exertion, such as exercise, or when we are too hot. It's the body's way of helping us to cool down. The warm sweat reaches the body surface where it evaporates, taking heat away from the body.

We all know that we sweat during vigorous exercise and in high temperatures, but why do we sweat more when anxious?

Again, it's due to the fight-or-flight response and adrenaline, which causes the body's metabolic rate to increase in preparation for action. This increase in metabolism produces heat and to counteract this, adrenaline also stimulates the sweat glands to cool down any heat produced. As such, even small amounts of anxiety may cause us to sweat more. Indeed, many people experience 'sweaty palms' even though they are only mildly anxious.

We tremble and feel ‘jittery’ / ‘jumpy’ / ‘on-edge’

Often, when we approach anything threatening or dangerous, we feel ‘jittery’ and shaky. Our muscles are trembling since they are primed and ready to spring into action in a split second. Adrenaline has flooded our system to energize us, which make us feel shaky.

Shakiness (or trembling) is extremely common and is one sure fire way to tell when someone is anxious.

Also, many people who appear outwardly calm often feel shaky inside when anxiety strikes.

*

Initiated by the release of adrenaline from the adrenal gland the moment we perceive danger, the fight-or-flight response (involving the re-direction of body resources to those things vital for survival) can explain virtually all of the physical symptoms of anxiety and panic that we experience. Some of these symptoms may be enhanced by our thoughts, for example: a dry throat with a subsequent perceived difficulty in swallowing may be built up into feeling we are choking, but in essence everything that is happening to our body is a result of it being prepared (energized) for action.

Here, anxiety forms the basis of problems such as general nervousness, social phobias (in fact, almost all phobias) and panic disorder.

However, there is another aspect of anxiety that is vitally important to understand. The fight-or- fight response is not only initiated by the actual presence of a threat or danger, but also by the mere thought of it. This causes us to plan ahead for any potential dangers and how to deal with them –

an excellent survival strategy (it's better to deal with a danger or avoid it before we get into the situation) – but an unfortunate effect of this is that we can get very anxious just thinking about certain situations. It leads to apprehension and doubt and involves vague thoughts that something bad may happen.

A main ingredient in many anxiety problems, this is reflected in symptoms such as excessive and obsessive thinking, planning and worrying, and it underlies those 'intrusive thinking' problems like obsessive compulsive disorder, generalized anxiety disorder and severe depression.

Excessive Worrying

Worrying too much represents one of the main cognitive (thinking) symptoms of anxiety.

We all worry about bad things that could happen, to some extent. It's usually about things we cannot fully control such as falling ill, accidents happening, losing our job, financial troubles and being attacked.

Worrying causes us to consider these things and what the consequences may be. It guides us into taking pre-emptive action to avoid them. This level of worry is normal and in a sense it may be better described as planning.

Planning reflects attempts to be in control. Armies plan and re-plan for possible future events in order to have some idea of what to do if they arise. To man, planning does indeed instil a sense of knowledge and competence in the face of unforeseen events. And an appropriate amount of planning and worrying is adaptive and conducive to survival. Excessive worry is not.

Excessive worrying results when our planning doesn't make us feel any more secure and it cannot allay our

anxiety. It's one of the main symptoms of generalized anxiety disorder.

Here, when our anxiety is great, we believe that we are anxious (prepared) because something bad is going to happen – but what? We don't know, so we imagine various bad things that could happen and start planning to avoid them. But the planning is not real control; it doesn't help the future and it doesn't make us feel any better or safer. It is illusory, only secondary control, and it doesn't work so we plan more, feel even worse and need to plan even more.

Now we are no longer planning carefully about what to do, just worrying excessively about a myriad of things that could happen. And we cannot stop doing it because we feel this *is* the answer. We believe it is the only way to get some control and prevent potentially bad things from happening.

Anxiety, Fear and Survival

Carl Rogers, perhaps one of the most influential psychologists in American history, founder of the Humanistic Psychology movement, based his client-centered therapy approach on the concept that everything in life strives to 'be', to exist as best it can, given the circumstances. In his book, *'A Way of Being'*, he describes one of his boyhood memories, that, to him, clearly demonstrates this 'drive to exist' in all things.

'The family used to store their winter's supply of potatoes in the basement, in a bin that was several feet below a small window. The conditions were unfavourable, but the potatoes would begin to sprout – pale white sprouts, so unlike the healthy green shoots that they sent up when they were planted in the soil in spring. These sad, spindly sprouts would grow two or three feet in length as they reached

toward the distant light of the window. To Rogers, these sprouts that would never mature and never become plants were striving to become. In their futile, bizarre growth they were fighting to survive and flourish, even under the most adverse circumstances’.

And it’s the same for every living thing on the planet – all driven from somewhere deep inside to ‘be’, to exist and grow, to survive.

We are all the product of millions of years of evolution, designed to survive at all costs. The child in the womb competes with her mother’s body for resources, newborn pups in a litter fight to get to the mother first. From first conception, we fight to survive.

Basic survival needs and drives include the need to eat, to eliminate waste and to have shelter, (also the sex drive to ensure the survival of our genes). However, what interests us here is the need for self-protection; that innate drive/instinct, residing deep inside that serves to keep us away from anything that may harm us.

Fear drives all anxiety; it is an emotional reaction to the threat of being hurt. Dangerous situations (or the thought of them) cause reactions in our body (surges of adrenaline and the fight-or-flight response) and it’s these bodily responses as much as the threat itself that guide our behaviour. We don’t have to stand up close to a mad dog and see its teeth and claws to be afraid – one far off in the distance can cause enough anxiousness in our mind and body to keep us well away from it.

Some fears are programmed into us for survival. It probably didn’t take too many attacks by wild animals on our distant ancestors for them to realise the danger and learn to avoid such animals or be prepared when facing them. An

inner 'preparedness' for such dangers increases the chances of survival for the species. Generally, fears pre-programmed for survival include the following categories:-

- Potentially dangerous animals, insects and people.
- Naturally dangerous environments such as heights and darkness.
- Dangerous situations (eg. being trapped in confined spaces).
- Infection and disease / blood and injury.

Like much of our genetic information, even survival-promoting fears are mediated by learning. Indeed, today, most of our fears come to us not through direct experience but from what we learn. Almost everyone fears snakes, yet few people have actually seen a real snake or been threatened by one. Our fear of snakes comes from what we have learned about them (usually from others, via such things as books and television, or at school) coupled with innate predispositions.

In one experiment demonstrating this, young rhesus monkeys were introduced to a large, harmless snake. The snake moved freely around the primates and they showed no fear. The monkeys were then shown other monkeys reacting in terror to a large snake. Once they had witnessed this, no snake could again be introduced to the rhesus monkeys without them being terrified, even a toy snake.

Another way we learn fear is by conditioning. Through conditioning, repeated exposure to situations (and importantly, things associated with them) can elicit responses in our mind and body that become 'ingrained' in us. In effect, we become 'programmed' to react in certain ways to certain things.

In a classic experiment in the early 1900's (the forerunner of virtually every experiment on conditioning) Ivan Pavlov, a Russian physiologist, demonstrated how this works. Hungry dogs were presented with food and they would salivate, a natural response elicited by the smell of the food. Then a light would be turned on just before the food was presented. This was repeated a number of times and eventually the light would be turned on without any food being presented to the dogs. They would salivate at the light alone.

Light does not induce salivation in dogs, food does. The light had become associated with the food and in itself could produce the body response of salivation. Of course, the properties of the light itself did not cause the salivation, it was the connection to what was coming next (the food).

Perceptions of what is going to happen next, and 'what could happen', underlie all fears. With the wild dog example earlier, we don't have to go any closer to it for we know what could happen.

This fear of 'what might happen' can be clearly seen in those 'persistent thinking' problems such as generalized anxiety and obsessive compulsive disorders. (It is also true for severe depression).

And so, our fears (and anxiety over those fears) essentially come from a combination of three main things: pre-programmed survival drives/instincts, learning and conditioning.

Anxiety disorders are all about anxiety and fear.

Anxiety Disorders:

The Medical Model

ANXIETY IS PART of being human, we all have it. And to get anxious in certain situations is totally normal, everyone does. Indeed, most people even experience increased anxiety frequently, as things like tests, interviews, public speaking, first dates and competitive sports can make anyone pretty anxious.

However, for some of us, things change; we start to get anxious more often or become too anxious in certain situations.

Many people stay like this and live with feelings of apprehension and being 'on-edge' for much of the time. For others, these feelings increase and soon 'symptoms' associated with anxiety begin to appear.

We may notice that we are shakier, sweating more, experiencing heart palpitations, tightness across the chest, feeling dizzy or blushing – any symptom related to anxiety can develop. And worrying about these symptoms only makes them worse for it increases the anxiety.

Over time, if not resolved, increased anxiety can lead to a number of more serious problems such as uncontrollable worrying, panic attacks that come out of the blue, obsessive

thoughts and compulsive behaviours, various irrational fears and phobias (particularly social phobia) and, in some cases, even severe depression.

Today, problems with anxiety at their heart are classified as anxiety disorders and there are five main types. Before we go any further, let's see how these are defined and diagnosed:-

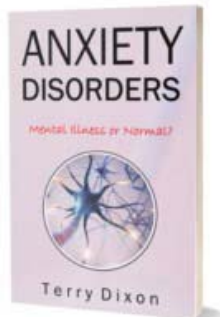
1. Generalized Anxiety Disorder (GAD)

Generalized anxiety disorder involves feeling very anxious about...

(End of Preview)

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