

Dr. Tracey Marks

Why Am I So Anxious?



Powerful Tools for
Recognizing Anxiety and
Restoring Your Peace

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Acknowledgments

I chose electrical engineering as my college major mainly because I've always been more skilled at math than language arts. But a secret reason was that I wanted a major that required a minimal number of books to read and papers to write. I've never been a good reader, and I loathed writing assignments. I fell asleep during the SAT reading comprehension section.

If you told me then that 30 years after making that decision, I would script online educational content and write a book, I would say you've mistaken me for someone else.

My introduction to psychiatry changed my life trajectory and set me on a path that I could not have foreseen when I chose medicine as a career. I want to acknowledge a few key people and experiences that shaped me into the psychiatrist I am today.

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CHAPTER 1

Understanding Different Aspects of Anxiety

The Biology of Anxiety

Everyone has experienced anxiety at some level. Even if you are the calmest, most nonreactive person in the world, you have been anxious. It's a physiological fact. We all are wired to experience a hyperarousal state in response to an environmental stressor. When we perceive a threat, we instinctively respond with apprehension and caution.

This apprehensive response is why some people think of anxiety as being synonymous with fear. After all, fear is scary and being afraid causes distress. But fear is only one aspect of anxiety. Fear is your emotional response to a perceived threat that is imminent. The threat may be hypothetical, like something you imagine happening, or it can be real and forthcoming.

On the other hand, anxiety is the anticipation of a future threat. This threat can be real or imagined, but it's not immediate. An example

of anxiety triggered by a nonimminent threat is worrying that you may lose your job if your company doesn't generate enough business.

The physiological reaction your body has to a threat is not pathological anxiety. It's a normal hyperarousal state. Typically, once the threat has passed, the hyperarousal state subsides. But for some people, the vigilance can develop into fear and trepidation and persist beyond the threat. Or worse, it can appear in the absence of any recognizable threat. This persistent fear creates pathological anxiety.

A Brief Tour of the Brain

Scientists refer to the normal hyperarousal state—your automatic stress reaction—as the flight, fight, or freeze response. These responses originate deep inside the brain and help you mobilize the energy you need to deal with a dangerous situation.

Imagine that your brain is a theater. It has an upper level, a lower level, and an orchestra pit. The lower level houses the subcortical structures, like the amygdala and thalamus, which handle instinctual drives (safety, sexual needs, etc.). They are encased inside the brain and out of view. Some people call this your “lizard brain,” as it acts on instinct and learned memories rather than logic. Your subcortical structures also store emotional memories.

In the upper level, you'll find the cortex. This includes the outer surface of the brain, which you see in pictures as wrinkled grey matter. Just as you get a higher-level view of a performance from this level, the cortex handles higher-order functions, like thinking and interpreting the emotions created by subcortical structures.

In the orchestra pit sits the conductor and the musicians. This is your midbrain: a conductor coordinating complex signals from the cortex and subcortex down through the brain stem, spinal cord, organs, and periphery.

Before I was old enough to go to school, my grandmother would watch me while my parents worked. Her style of punishment was to spank me with a flyswatter when I misbehaved. I wasn't one to misbehave defiantly; I just kept myself occupied by taking things apart. (How else do you find

out how something works?) She never told me ahead of time that she didn't want me to touch her sentimental trinkets. I only learned that my curiosity was unacceptable when I saw her stomping in my direction with the flyswatter in hand.

The rubber end of the swatter wasn't hard enough to hurt much, even when my grandmother hit my bare legs. But my disgust at being touched by something that had smashed an insect dwarfed any pain I felt. She never cleaned the swatter, so it always had at least one crushed fly stuck in a hole. The sight of the swatter alone was enough to keep me in line.

Today, I live in the South. Even with the most diligent door-closing, we need to rid our home of flies sometimes. After all these years, I still have trouble looking at our flyswatter without feeling a couple of seconds of angst.

My logical mind (the upper level) knows that a flyswatter is harmless to humans, but my emotional mind (the lower level) remembers my childhood disgust, it and won't let me forget.

The Physiology of Stress

The amygdala is an almond-shaped structure in your lower brain. There is one on each side of the brain. Most people refer to both as “the amygdala.” Your amygdala is constantly scanning the environment to help you detect even the slightest threat. Once it does, it sends messages to other brain structures. The brain chemicals norepinephrine, acetylcholine, dopamine, and serotonin are used as the messaging system.

The activation of the other structures, like the hippocampus, hypothalamus, and pituitary, triggers a cascade of body reactions called *sympathetic activation*. This response increases your heart rate, blood pressure, and breathing. It also shuts down your digestion and releases glucose stores from the liver. (This is why it's not a good idea to engage in strenuous activity soon after eating; it diverts resources away from your digestive tract.)

As your body gets ready for action, the prefrontal cortex and other higher-level cortical structures gather more information about the threat.

If this analysis yields a false alarm or the threat has passed, your parasympathetic nervous system slows everything back down and returns you to your resting state.

How does your amygdala identify a threat? We instinctively interpret certain things as threatening, like snakes or insects. Other threats are taken from things we're taught, like not walking into the street without looking both ways. Through life experiences, the amygdala creates a database of emotional memories that it draws upon in stressful times.

As you can see from this process, your amygdala mobilizes your body's emergency response before you even know what the emergency is about. Therefore, your first response to a threat is unconscious. Knowing that the initial sympathetic response is an automatic process becomes relevant later, when you'll begin to determine how to address your anxiety.

Here's how anxiety develops from this automatic process.

The amygdala is a central structure in emotional expression. It's connected to the prefrontal cortex, which gives it feedback on whether the threat is real. Early exposure to highly stressful experiences (e.g., parental neglect, abuse, or bullying) alter the connection between the amygdala and prefrontal cortex. Some people are born with disrupted connections in this circuit and have overactive amygdalae. When this happens, the amygdala gets less feedback from the prefrontal cortex on whether it's overreacting. It can sound the alarm on something it perceives as a threat and keep you on alert even when it's unnecessary.

The Role of the Default-Mode Network (DMN)

There's another area of the brain that contributes to anxiety. This area is a group of brain regions called the *default-mode network* (DMN). The DMN communicates through direct channels, sort of like being in a group messaging chat. If you're neuroanatomically inclined, know that the primary brain structures that chat with each other are: medial prefrontal cortex, posterior cingulate cortex, precuneus, and lateral prefrontal cortex.

The DMN works like this: When you are not actively thinking about something, your brain's default state is to think about things from the past and present. Letting your mind wander in this way is called stimulus-independent thought. It's like having a video running in the background that doesn't get your attention but fills your mental space. When you turn your attention to something, the default thoughts turn off while your mind processes your intentional thoughts. This automatic process turns on and off throughout the day.

People with a very active DMN spend lots of time daydreaming and otherwise letting their mind wander. They might also excessively rehash the past or worry about the future. This is called *ruminating*. The literal definition of ruminate is to chew repeatedly. If you've ever watched a cow chew the cud, you've noticed its jaws move up and down in a slow rhythm. Similarly with rumination you chew on thoughts for a long time in slow contemplation.

Researchers have found that people with anxiety have an overactive DMN, though it's not clear which comes first: the anxiety or the overactivation. We do know that brain structures in the DMN bring about self-reflection and emotional appraisal. Emotional appraisal is the forming of judgments about particular situations. Therefore, a common rumination theme is forming judgments about yourself or your performance. If this takes an adverse turn, your overactive mind creates and perpetuates distress as you overfocus on these negative themes.

An uncontrolled amygdala and overactive default-mode network are two of the biological bases of anxiety. Some people are genetically predisposed to these issues, while others endure highly stressful experiences that make them more likely to be anxious. The good news is that you can change your wiring no matter what created it. The ability of the brain to remodel itself over time as we learn new things is called *neuroplasticity*.

Think of the brain as a complex electrical circuit comprising a network of linked nerves. From my days of taking apart objects in my grandmother's house, I learned that a circuit won't activate if a wire isn't twisted tightly to the adjacent wire. Similarly, the tighter the connections between the nerves, the better the nerves transmit information. Some anxiety states cause loose connections, while others cause overly tight connections. Both result in overactivation states.

Medication, diet, and meditation are a few interventions that improve the quality of nerve connections through the neuroplasticity remodeling process. We'll delve more into these interventions in Part 2 of this book.

Why Are Some People Anxious and Others Not?

In the previous section, I explained what happens in the brain when you experience anxiety. But what is normal anxiety, and what makes it pathological?

Normal Anxiety

Everyday anxiety is usually adaptive—that is, it's a reasonable response to a stressful situation, and it resolves once the stressor has passed.

For example, if I hear that my neighborhood has had a rash of home invasions, I might become terrified that my home will be next. I could have trouble sleeping for several nights.

This fear will motivate me to have an alarm system installed in my home. Once we install the system, I'll experience significant relief, but I still might be vigilant about checking the doors at night and ensuring the alarm is active before I go to bed. If weeks pass without another home invasion, my vigilance will subside. Even better, if I hear that the police securely locked the culprits away, I might feel that I'm no longer at risk. This response is an example of normal reactive anxiety.

Pathological Anxiety

If your anxiety response is abnormal, it isn't proportional to the stressor, lasts well beyond the stressor, and has some effect on your personal life, relationships, and/or ability to function at work.

An example of an abnormal response to the home invasions would be if my worry about being the next victim extended past the point of getting an alarm. In this scenario, I develop a nightly routine of checking the alarm three or four times before bed. If I notice that my husband is still awake watching television, I can't fall asleep until he comes to bed and reassures me that he turned on the alarm. Even with that reassurance,

I'm still only able to sleep 5 hours a night. The sleep loss makes me cranky, and I lash out at my family. My body feels tense most of the day, and I have headaches, which I remedy with four glasses of wine each night. Because I'm always on edge, I now wake up every time the neighbor's dog barks. I don't feel rested on most days, and I forget important work deadlines.

Anxiety like this rarely results from a single threat. It's a pattern responding to a variety of threats. Normal anxiety will produce a reaction proportionate to the threat. But an anxious person can expect threats or feel anxious when faced with a minor threat. Today, it's news of a possible home invasion; tomorrow, it might be a presentation at school or work. Next week, it's the possibility that you won't get the promotion you've been wanting.

Stressors are a part of daily life, and there will always be another one. The person prone to anxiety can have a continuous experience of angst that becomes unmanageable. If exposed to enough stressors, the person who is not prone to anxiety can cave under pressure and develop anxiety that persists past their usual experience.

The Genesis of Anxiety

How does one become prone to responding to life anxiously?

Anxiety starts early, usually in childhood. Many children don't recognize that what they feel is anxiety. It's not until they get older and see that other people around them don't feel or think the same way that they realize what they had was anxiety all along.

Anyone can be predisposed to anxiety. We call this predisposition *trait anxiety*. In contrast, *state anxiety* is your current anxiety experience. Everyone is born with a temperament which is genetically hard wired. Twenty to fifty percent of people inherit an anxious temperament from their parents.

The way you view the world and how you react to it depends on your temperament. Personality and temperament are similar and are often used interchangeably. You can think of temperament as the emotional core that stays with you throughout your life. Several factors influence your personality, including your temperament, your upbringing, your parents' personalities, and your life events. People commonly refer to this

concept as *nature versus nurture*. Your temperament is your nature, and your early life experiences are how your caretakers nurtured you.

Researchers have developed several models to describe temperament, each with their own terminology. All the models have terms that describe the trait of anxiety-proneness. Harm avoidance and neuroticism, which are discussed below, come from two popular temperament theories.

Harm-Avoidance Temperament

Harm avoidance refers to the tendency to worry about negative outcomes. A high harm-avoidance individual worries and expects failure or harm. Generally, they're anxious and uncomfortable in unfamiliar situations, and they're shy around strangers. They're also unassertive, which means they don't make their needs clear. People who score high on harm avoidance also struggle with mental toughness and resilience. Because of this, they decompensate easily and have trouble recovering after hardship.

The lack of mental toughness even extends to how you respond to physical illness. Some people get sick and can't move for weeks. They might miss school or work because they're sick. Someone else who gets the same illness can manage to get through their workdays despite feeling sick. This same person seems to bounce back quickly after getting sick.

When you have trouble recovering from an illness or setback, it can affect your self-esteem and self-concept. If you don't recover from adversity quickly, you can feel weaker than other people. This is especially true if you have a sibling who isn't harm avoidant. You might hear your parent or siblings say: "What's the matter with you? Johnny's not complaining. Why can't you pull it together?" And if you're an adult, you might hear, "Stop acting like a baby."

Let's say you're the opposite of harm avoidant. If that's the case, you tend to feel more confident and secure in most situations, are more assertive in your relationships, and recover from problems faster. Fast recovery makes you resilient.

Neuroticism Temperament

Neuroticism is similar to harm avoidance but also includes general negative thinking. It's how vulnerable you are to negative emotions like

anxiety, depression, and anger. People high in neuroticism tend to be tense, excessively worry, have trouble handling stress, and get upset easily.

You've probably heard the saying, "What doesn't kill you makes you stronger." That may be true for some people, but it's not always the case for people with anxious temperaments. Because you're more likely to decompensate under stress, trying times can beat you down and leave you scarred. Less intense stress that is repeated or persistent can have the same effect. Not being able to return to your usual state or elevate to a stronger normal can leave you feeling inadequate.

A person with a harm-avoidance or neurotic temperament is more likely to develop an anxiety disorder later in life. While it's not definite, it's as if you have the groundwork for an anxiety disorder if you're faced with difficult circumstances.

The Effects of Your Environment

Think back to the way your primary caregivers dealt with stressful situations. How did they respond to their own stress? How did they respond to you when you were stressed?

You can learn to be anxious from your primary caregivers. Children model their parents' behavior as part of their development. Observing how your parents deal with stressful situations may teach you to be fretful or fear the unknown. Fearing the unknown conditions you to become intolerant of uncertainty.

Parenting style is another way our parents affect how we experience anxiety. How our parents react to our feelings shapes how intensely we experience and manage anxiety. Cold, critical, controlling, and overprotective parenting styles tend to cause anxiety in children.

When a parent is warm, they respond to their children positively, such as with praise, smiles, and terms of endearment, like "sweetie." A parent who suffers from anxiety may be stifled from expressing warmth. You can experience them as cold because they don't (or can't) reciprocate your positive emotions.

Consider this example. A young boy, Tim, comes home and is excited to tell his father about his school award. A warm response would be "That-a-boy, Tim! I knew you could do it. Show me the award." A cold response is

“That’s nice. Hey, you’re getting mud all over the carpet. I told you to check your shoes before you come in the house.” In the second scenario, Tim’s father has a lot on his mind and doesn’t have time to talk to him about school. He may even be frustrated about something that happened earlier that day, and the dirty carpet becomes the final trigger to release his feelings. Tim is superexcited about his award, but his dad isn’t and won’t even look at him. In Tim’s mind, his dad’s comment means the carpet is more important than his achievements.

Constant criticism and disapproval can lead children to feel insecure and incompetent. Feeling insecure can make one feel as if the world is unsafe. Parents can be controlling in many ways. They make too many decisions for you, are overprotective, discourage independent thinking, or don’t let you express yourself. If you’re raised with a parental style like this, it can be hard to develop your sense of mastery and autonomy.

These are a few of the ways your home environment can make you vulnerable to anxiety. Other factors include exposure to trauma, neglect, and extreme poverty.

Being predisposed to anxiety doesn’t have to mean that you will be overwhelmed by anxiety for the rest of your life. It simply means that you may anxiously react to things by default, but you can still learn how to manage those reactions. Understanding the source of your anxiety is part of the process of overcoming it. We will discuss techniques to manage your anxiety later in the book beginning in Chapter 5.

Recognizing Anxiety

Anxiety is an intense emotion that takes many forms, but most find it easy to recognize the more common physical symptoms:

- Rapid heart rate
- Chest pain
- Choking or difficulty swallowing
- Sleeping problems
- Sweating
- Tremors
- Nausea

- Decreased appetite
- Heavy breathing
- Lightheadedness
- Numbness and tingling
- Heat sensations or chills

These symptoms directly result from an overactive sympathetic nervous system. A rise in epinephrine speeds up your heart and breathing leaving you ready to fight, run, or freeze. Although you can experience these symptoms with other physical conditions, if they follow a stressor, it’s easy to associate them with the stressor and conclude they are part of your stress response.

However, there are also less obvious physical symptoms, like headaches, visual changes (such as flashing lights or spots), and skin or finger picking. Let’s take a closer look at some of the less common symptoms.

Brain Shocks

These are a common side effect of discontinuing an antidepressant, especially if you do so abruptly, without tapering it down. The sensation can feel like the brain is turning on and off or like a surge of electricity through your head. Some describe this experience as “brain shivers,” because it feels like their brain is shaking. The experience rarely lasts long, but it can happen several times in a row. There is no specific frequency for brain shocks. You may experience a series of shocks in one day and not have them again for weeks or even months.

Brain shocks can be highly distressing when they first start, and many fear that they have developed seizures or a tumor. Rest assured that although the symptom is distressing, it doesn’t cause brain damage. It is, however, a scary experience, and that alone can add to your anxiety.

Hyperventilation

Breathing too quickly is common in people who suffer from anxiety. When you hyperventilate, you exhale lots of carbon dioxide, lowering your calcium levels. Low carbon dioxide and calcium can cause muscle spasms in your hands or feet. The clinical term for this is carpopedal

spasms. The nonclinical term is “claw hand.” These spasms can be painful, and if severe enough, can look like the hand of someone who’s had a stroke. I have personal experience with this frightening symptom....

Claw Hand

My son sets very high expectations for himself and becomes overwhelmed if he believes he won’t have enough time to finish his schoolwork. This work ethic became a problem when he transitioned from the light workload of elementary school to the nightly homework of middle school.

One day, I heard a gasping noise from his room. I dismissed it, thinking he was being overly dramatic—sometimes I hear him screaming one minute and laughing the next. But a few minutes later, I heard a choking sound that sent me running up the stairs. I could barely breathe. *Has he swallowed something? How long has he been without oxygen?*

I found him sitting stiffly upright, staring straight ahead. His arm was bent at the elbow, his hand bent at the wrist. His fingers were spread apart and fixed like claws. *Oh my God, my child has had a stroke! Or maybe a seizure? But he’s not moving. What’s going on? Is he dead?* I called his name, and he slowly looked up at me, only moving his eyes. *Okay, he’s not dead.*

I moved closer and massaged his stiff arm. It slowly straightened, with some resistance. It took at least 5 minutes for him to respond to me as I rubbed his back and tried to soothe him. After he relaxed, he told me that he didn’t understand a school assignment and feared he would fail his test. After hearing this, I concluded that he’d had a very severe panic attack.

Because of my medical training, I knew about tetanic muscular contractions that follow hyperventilation. Reading about that phenomenon in a textbook is one thing, but it was quite another to witness it in a loved one. I later felt guilty for dismissing his cry for help as “adolescent drama,” and the image of him sitting in that chair with a claw hand remains hauntingly etched in my mind. (Thankfully, he has no recollection of it.)

Common Mental Symptoms

Not everyone experiences anxiety physically. Anxiety is predominantly an emotional experience, with common mental symptoms like these:

- Feeling on edge
- Worry
- Concentration problems
- Memory problems
- Catastrophizing (assuming the worst)
- Fear

Anxiety can produce many fears. You can become preoccupied with the thought that something terrible will happen, even if you can’t pinpoint it. Sometimes, this can be a nonspecific sense of foreboding. For example, some fear that they’ve missed a deadline even though they have none looming. Another common fear is thinking that you’re losing your mind.

The Airport

While I’d like to think of myself as a seasoned traveler, in reality, I’m not. I find the preparation for travel very stressful, but the worst part for me is the trip to the airport. Living in the suburbs of Atlanta, the drive can vary between 45 minutes and infinity, depending on traffic. We usually leave 3 hours before boarding time to give ourselves 1 hour of travel and 2 hours to park and get through security.

During our last trip, to a family wedding, we traveled to the Atlanta airport in the rain. Rain often means longer, unpredictable driving times, so this triggered my travel anxiety. And it was already pretty high.

My husband knows that I don’t like to spend the 45-minute trip hearing his ominous predictions about missing our flight and other unpleasant consequences. So wisely, he elected to keep his thoughts to himself. I also kept my angst to myself, but I just couldn’t stop envisioning a 10-car pileup that would make us miss our flight.

After sailing through the drive without incident, the next issue involved figuring out a way to stay dry so as not to end up sitting in a cold airport wearing wet clothes. We decided not to park our car in the long-term economy parking lot, which would require us to walk 10 minutes in the rain. But naturally, we weren't the only ones with this bright idea. After seeing the long line of cars turning into the parking deck, my husband couldn't contain his worry any longer. He said, "I bet the only spots available will be the ones on the roof that aren't covered, and we'll get wet anyway."

Like a flower blooming in time-lapse, his version of our future unfolded before us. We'd have to sit at the airport gate for 2 hours, shivering, our clothes stuck to our skin. We'd catch the flu on the trip, and since we were staying with family, they'd also get sick. My older, immune-compromised family members would end up hospitalized. No one would be able to go to the wedding, the whole point of the trip.

As ridiculous as this trail of calamities seemed to me, it's a practical example of just how far catastrophic thinking can go. Here, one afternoon of rain would cause an entire extended family to miss my nephew's wedding, and vulnerable relatives would end up on life support.

Other Mental Symptoms

Mental symptoms that you may not associate with anxiety include irritability, indecision, perfectionism, and reassurance seeking. People with anxiety can also have intrusive thoughts: unpleasant or otherwise unwanted thoughts that unexpectedly pop into your head. A prime time for them to appear is when you're trying to sleep or are fully awake but alone with your thoughts. The default-mode network plays a role in inserting these thoughts into your awareness when you're not actively thinking about something else.

Some people with anxiety experience dissociation, a broad term that refers to mentally separating from the present moment. Traumatic experiences can often trigger dissociation as a response to anxiety. These are two types of dissociation:

1. **Depersonalization:** a feeling of detachment from your thoughts, sensations, and actions

This feels as if you're observing yourself and your thoughts from a distance—a fly on the wall. Here are a few examples:

- Looking in the mirror and not recognizing yourself.
- Seeing yourself as if you're an observer in the room.
- Feeling numb all over.
- Feeling like your body isn't real.

2. **Derealization:** a feeling of detachment from your environment

You might feel as if you're looking at the space around you through a glass window, or as if you're in a dream. Time might feel like it's passing unusually fast or slowly. You might have trouble seeing things in your periphery (tunnel vision). Some people have told me that the world seems a little off-axis or that colors aren't as bright.

Dissociation is a psychological defense mechanism used to ward off unconscious anxiety. It's your mind's way of keeping you from being aware of the disturbing thoughts that make you anxious.

We will go over psychological defenses and unconscious anxiety in Chapter 4.

The Negative Effects of Anxiety

A birth deformity of my leg delayed my ability to walk. At around 18 months old, doctors broke my leg and reset it. I still have the tiny, 10-inch cast that covered my entire leg, from hip to foot. I spent several years wearing ugly corrective shoes to keep my feet straight. I was like Forrest Gump without the metal braces. When I was four years old, my parents enrolled me in ballet classes to help me become more graceful.

I excelled in ballet and advanced to a role in the performing company. Although I enjoyed performing, I found the preparation very stressful. Most afternoons after school and every Saturday, I went to dance practice. This busy schedule left little time for me to complete the crush of work from my advanced classes, so I stayed up late to finish my assignments.

There were two or three performances a year, and I would always catch a cold a few days before each one. My ballet instructor put it together when she saw me taking cough medicine in the changing room.

“Are you sick again?” she once asked me. “It seems like you’re always sick.” Her comment stung a little; it didn’t feel very compassionate. I didn’t understand what she was trying to accomplish with her observation, but in the end, it prompted me to reflect on the connection between my stressful schedule and my physical health.

We discussed earlier how anxiety causes a wide range of physical symptoms. But chronic anxiety can cause even more serious health problems. Here are some long-term effects:

- Trouble concentrating
- Headaches
- Fatigue
- High blood pressure
- Increased resting heart rate
- Lower immune system
- Worsening of respiratory problems
- Insomnia
- Body aches
- Low sex drive
- Irritability
- Gastrointestinal problems
- Depression

Concentration Problems

Anxious people have a hard time concentrating. If anxiety makes it difficult to focus, you may mistakenly believe that you have attention deficit disorder (ADD). To remember something, you have to focus on it long enough to encode it in your memory. Because of this, anxiety can lead to forgetfulness and disorganization.

Compromised Immune System

Your immune system is your first line of defense against infections and illnesses. When anxiety strikes, your body produces high levels of cortisol, which suppresses your immune system, making you more susceptible to infection.

Problems Related to Muscle Tension

When you’re anxious, you tense your body muscles—typically without realizing it. Tension in your face, head, and neck can cause headaches.

Tension in your jaw muscles can cause you to grind your teeth. Sometimes, you may notice yourself clenching your jaw. But the grinding can also happen while you’re asleep, so you don’t realize you’re doing it. You can sleep with a mouth guard to protect your teeth, but it doesn’t always prevent you from clenching your jaw. Chronic jaw clenching can lead to temporomandibular joint problems.

Tension in your neck and back can leave you feeling exhausted at the end of the day. If you spend the day sitting at a desk, you may feel tired from this type of muscle tension. When muscles contract for a long time or remain still, they secrete lactic acid. You can experience muscle pain if you accumulate excessive lactic acid, such as after a strenuous workout. Stiff or contracted muscles can cause similar muscle pain as strenuous activity.

Cardiovascular Disease

Cardiovascular disease and anxiety are closely linked. In the short term, anxiety increases heart rate and blood pressure, but continuously elevated blood pressure can weaken the heart muscle. Anxiety also increases chemicals in the body that cause inflammation. The coronary arteries, which are the blood vessels that supply blood to the heart, may suffer damage from inflammation.

Anxiety also affects your cardiovascular health by reducing your heart rate variability, which is how much your heart rate changes based on what you’re doing. If you’re sitting comfortably and reading in a chair, your heart rate will be close to your regular resting rate. If you hear your phone ring or receive a text message, your heart will beat faster as you grab your phone. When you return to your reading, your heart will slow back down. When the heart is beating efficiently, it will speed up to meet increased energy

demands and slow down as soon as possible to conserve energy—that is, your heart only works as hard as it has to. Anxiety causes your heart to beat more rapidly at rest, decreasing your variability and reducing your ability to conserve energy. Low heart rate variability increases the risk of heart attacks.

Although there is no timeline for these cardiovascular effects, it generally takes months, if not years, of chronic changes to see the more serious consequences. You can take steps now to reduce your anxiety and improve your cardiovascular health.

Respiratory Problems

When you're anxious, your breathing becomes shallow and rapid. Because of this, you don't exhale enough carbon dioxide compared to your oxygen intake. Excess carbon dioxide constricts blood vessels, causing breathing problems for people with asthma or chronic obstructive pulmonary disease (COPD). As a result, someone with COPD who is anxious could end up in the hospital more often.

Low Sex Drive

A high cortisol level can lead to low libido or low sex drive. This low sex drive happens because cortisol suppresses testosterone, which controls sex drive. Testosterone is primarily a male hormone, but women produce small amounts of it as well. It's not just cortisol that suppresses libido, but angst and fear can also kill your desire. It's hard to feel intimate if you can't relax.

Insomnia

Insomnia involves trouble falling asleep or staying asleep at least three nights a week for at least 3 months. Preparing for my ballet performances didn't cause insomnia. Instead, I self-imposed a poor sleep pattern because I needed more hours during the day to finish my work.

Anxiety can make it difficult to relax and fall asleep. Many people manage to ignore their anxiety during the day because they have a busy, distracting schedule. The problem comes when they're alone with their thoughts at bedtime.

Another sign of anxious insomnia is a broken sleep pattern. You may have no trouble falling asleep within the usual 15 to 20 minutes but then wake up several times and fail to fall back asleep. Your body acts like it's on alert and won't let you sleep.

Gut Problems

Irritable bowel syndrome (IBS) and gastroesophageal reflux disease (GERD) are the two most common bowel disorders associated with anxiety. IBS causes chronic abdominal pain, gas, bloating, and irregular bowel movements. An irregular pattern can range from having a bowel movement several times a day with loose stool to going several days without a bowel movement and feeling constipated.

Even if you don't feel anxious all the time, a single episode of anxiety may aggravate existing GERD and IBS symptoms. Studies show that anxiety traits like neuroticism, catastrophizing, and somaticizing (a tendency to focus on physical problems) worsen IBS. We will discuss the effect of anxiety on gut health more in Chapter 9.

Depression

Anxiety and depression are highly comorbid—that is, they occur together much of the time. In fact, it's estimated that almost half of people with generalized anxiety disorder will also have depression at some point in their lives.

Anxious depression can present itself in many ways. Consider a person with generalized anxiety. They throw up every morning, and all day, they feel like a heavy weight is pressing on their chest. There isn't any obvious reason for this, which leads them to constantly think things like *What's wrong with me?* and *Why don't I feel normal?* They feel shame about being unable to control their anxiety symptoms and start to lose hope for their future. Eventually they develop depression as a result of persistent anxiety.

Some people experience anxiety symptoms concurrent with their depression. Their symptoms may not reach the level of a full-blown anxiety disorder like panic disorder or generalized anxiety disorder, but the anxiety alters the quality of the depression. Clinicians call this combination “depressed with anxious distress.”

The Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5) defines anxious distress as experiencing at least two of the following symptoms for most of the day while depressed:

- Feeling on edge or tense.
- Having unmanageable restlessness.
- Worry that makes it difficult to concentrate.
- Fear that something terrible may happen to you.
- Fear that you may lose control.

Being anxious can make you feel as if you have lost control or are losing your mind. You can also lose control in more subtle ways, such as being unable to hold back from insulting someone who has made you angry.

Anxiety combined with depression makes both conditions more difficult to treat. As a result, you will probably need the help of a health-care professional, such as a primary care doctor or psychiatrist, to address your symptoms. To fully recover from anxious depression, most people need more than one medication. In Chapter 5, we will discuss anxiety medications.