

# Anxiety management

Whether you use your drug to mitigate against feeling fear, or the use of your drug has caused chronic anxiety, research has found that anxiety is one of the leading emotions associated with addiction. Therefore, anxiety management is one of the key strategies for recovery.

## What is anxiety?

Fear or panic is a physiological response that involves activation of the 'fight-flight' response in your sympathetic nervous system, and the 'freeze' response in your parasympathetic nervous system.

When the fight-flight-freeze response occurs too often, or inappropriately, it may develop into an anxiety disorder. Anxiety is a general feeling of apprehension fuelled by thoughts of *possible* danger. It is made up of thoughts, emotions, bodily sensations and behaviours, and is more orientated to the future.

## The physiological fight-flight-freeze response

The hypothalamus is a small part of the brain located in the base of the brain. It's vital to maintaining your body's overall biological balance.

To produce the fight-flight-freeze response to danger, the hypothalamus activates two systems: the autonomic nervous system (ANS) and the adreno-cortical system. The ANS is composed of three nervous systems: the sympathetic, the parasympathetic and the enteric. The ANS normally works by getting your nerves to instruct your body organs to work behind the scenes to promote biological balance. The adreno-cortical system prompts the cortex of the adrenal glands to release about 30 different hormones into the bloodstream, also to help regulate your biological body systems. Together they regulate your heart rate and blood pressure, breathing, electrolytes, metabolism, digestion, pupil size, bladder control, immune system and sex drive.

They usually chug along at an unconscious level, keeping your major systems moving in sync toward your general health and wellbeing. They are also geared to respond rapidly when your senses become alert to perceived or real danger through what's called The Limbic System. When this happens, the hypothalamus jumps to attention and prods the systems to combine their efforts and perform the fight-flight-freeze response.

So, when the hypothalamus is tipped off, the body typically revs up, becoming tense and very alert. All your biological systems prepare for the impact of the danger. You may become toey, restless, energized, and ready for a fight, or ready to bolt for safety, or you may become rigid and 'frozen', depending on your lightning speed automatic assessment of the threat and your capacity for protection at the time.

The flight-flight-freeze response causes changes in the body, including:

- Feeling hyper-alert.
- An increase in heart rate and blood pressure to supply the big muscles in your body and give you the ability to go into battle or run fast.
- Rapid shallow breathing and relaxation of the smooth muscles in your respiratory system, to allow more oxygen into the lungs.
- Dilation of the pupils to increase your eyeball capacity for the intake of light, so you can see more.
- Feeling cold, which happens because all your warm blood is being redirected to your larger muscle groups to help them move faster.
- An increase in your blood glucose level, to give you energy to deal with the threat.
- Adrenaline and glucose inundate, energize and tighten your muscles — even the teeny-weeny muscles attached to the hairs on your skin, causing “goose bumps”. You could use your muscles to fight, run away, or you may feel stuck and rigid, and feel like you can’t move.
- Energy that would normally be used for digesting your lunch or bolstering your immune system is blocked and funnelled to the areas of the body that will better support your emergency survival skills.
- Logical thinking, emanating mainly from the pre-frontal cortex of the brain, goes offline, to allow for full attention to surviving the threat. So you can’t concentrate or problem solve in a conscious way. You can’t “think straight”.
- Something that can also happen is that you may become a ‘people pleaser’, where you try to placate others so that you stay safe, and you may even fawn over the real or perceived oppressor. This is known as the “fawn” response.

An aspect or result of the flight-flight-freeze mechanism that has been relatively untapped but has gained more interest from the research community in recent years is trauma induced anxiety or stress. This is when the threat is chronic or continues for some time or cannot be resolved and you may think you or someone else may die from the threat. You could get to the point of collapse, where all your bodily functions will slow down under the instruction of your parasympathetic nervous system.

If the threat isn’t, or can’t be resolved with the responses listed above, and/or the threat continues, you may end up in a state of shutdown or collapse. This is when the parasympathetic system becomes the dominant system, and your body may experience the following changes in response to ongoing trauma:

- You feel ‘foggy’ in the head, not taking in your surroundings, not alert.
- You stare blankly.
- You can’t make sense of what’s happening because sensory information does not reach your cortex.
- Your muscles lose their rigidity and become loose and weak.
- Your heart rate decreases.
- Your blood pressure decreases.
- You can’t speak.
- You feel numb (endorphins released).
- You feel dissociated or detached from your body (dynorphins released).
- You feel faint, or you faint.

Symptoms of trauma response and anxiety are often lumped in together. The symptoms of trauma response will not be interrogated in this module but are useful for you to know so you can begin to work out your particular brand of anxiety.

While fear is an uncomfortable emotion, it is crucial to our survival. Anxiety, however, is a result of fear, plus what the human mind does with that fear. Human brains are very complex, and we also have thought processes that are different from the animal kingdom. We have the capacity for lateral thinking and all sorts of in-depth philosophizing, appraisal and interpretations.

Arguably, you could say our 'minds' have evolved way faster than our primitive brains. Perhaps our minds have devolved, while our primitive brains lumber along, keeping our bodies alive and thriving as a species. It's our minds that trip us up. Let's explore this. While anxiety can be explained as a physiological response to real or *perceived* danger, it is the *perceived* danger that causes the psychological distress associated with chronic anxiety.

You may relate to some or all of the listed symptoms in both lists above. If so, can you see how your drug has provided some sort of artificial salve for your anxiety or trauma response? It probably worked quite well in the beginning. However, because you have over-used your drug, perhaps initially to relieve your anxiety, it has worn out its welcome, and most likely has turned on you to in fact create more anxiety. This is the typical cycle of addiction. The Cycle of Addiction Module will elucidate this further.

Let's explore the contributory factors to unresolved anxiety. From this we can deduce an array of healthy solutions to it, other than using unhealthy and unhelpful means to relieve it that create more anxiety in the long run. The major contributors to anxiety that we discuss in depth throughout our programs are flawed thinking patterns, and avoidance behaviors, created to avoid or reduce your uncomfortable feelings in life.

### ***Flawed thinking patterns***

Physical symptoms of fear are meant to be uncomfortable so that we are motivated to act quickly for our survival. However, what happens for humans is that we try to work out ways to manage or avoid feeling uncomfortable. Knowledge of more natural ways to reduce discomfort created by anxiety has been lost over time, especially in the age of pharmaceuticals and other quick fixes. Firstly, our thinking requires examination.

As humans, we fall into three common thinking traps that cause anxiety:

- We tend to overestimate the likelihood of something going wrong.
- We overestimate how bad it would be if it did go wrong.
- We underestimate our ability to cope with whatever happens.

### ***Avoidance behaviours***

The most unhelpful behavior for anxiety is avoidance. We engage in avoidance behaviors when we repeatedly avoid the thing we're scared of, thus never dealing with the specific experience and therefore exaggerating the perception of the threat over time, causing increasingly damaging anxiety. The most typical avoidance behavior is

using alcohol, drugs or another compulsive behaviors (the *need* to over-do something) to reduce uncomfortable anxiety.

### **Solutions for Anxiety**

It's the age-old 'chicken and egg' argument when it comes to feelings, thoughts and behaviors. Which comes first? Does your thinking cause unpleasant feelings and unwelcome behaviors? Do your feelings skew your thinking and behaviors? Do your behaviors create distorted thinking patterns and unwanted feelings? Nobody knows for sure, but we do know that all three are intertwined and a bit of a mess for people with drug problems. Whichever is the case, we do know that anxiety can be attacked successfully on all flanks by instituting regular cognitive behavioral therapy (CBT) ('top-down' approach) and relaxation strategies ('bottom-up' approach).

We explore CBT strategies at length in our CBT modules. Unhelpful thinking patterns are challenged through cognitive restructuring techniques (CBT), and avoidance behaviours are addressed with exposure to dealing with life without your drug, and social skills training.

This module concentrates on commonly used, evidence-based solutions to the physical symptoms of anxiety, including relaxation strategies, such as progressive muscle relaxation (PMR) and diaphragmatic breathing ('Belly Breathing'). We also have a whole module dedicated to mindfulness, which is also known as a fabulous technique for anxiety and troubled feelings.

### **Relaxation strategies**

As discussed, anxiety has a strong physiological component and relaxation skills can counter our physical arousal and thus increase well-being.

Two useful ways to manage the physical symptoms of anxiety are **progressive muscle relaxation (PMR) and diaphragmatic breathing (DB)**.

### **Progressive Muscle Relaxation (PMR)**

PMR focuses on reducing muscle tension (remember muscles become rigid when your flight-fight-freeze system fires up) and it can also reduce the cardiac and respiratory discomfort associated with anxiety (remember your increased heart rate and rapid, shallow breathing). Among many other issues, it has been proven to be a really effective strategy for insomnia also. What it effectively boils down to is the progressive tensing or stretching of your muscles, one set at a time, holding for a few seconds, and then relaxing that muscle set (both sides of the body), until you complete your entire body scan.

It's advisable that you always get into a comfortable position, lying down if you can, and begin and end these exercises with deep breathing; at least six deep breaths before and after the PMR. Then tense and relax your muscles, muscle set by muscle set, from your feet to your head. For example, feet first — scrunch up or stretch out your toes, hold in that position for a few seconds, and relax both feet, then move onto your calves, thighs, buttocks, abdomen, chest, back, neck and throat, jaw, and face muscles, including the muscles around your eyes.

Or you may start from the head and work your way down to your feet. You may go up and then go back down, or down and back up. You can try any combination that works for you. You can find guided PMR sessions on the internet. The Miracles programs also provide guided breathwork and meditations for you to use as you wish.

## **Breathing**

**Diaphragmatic breathing (DB) or belly breathing (BB)** is an easy strategy for calming the body and activating your ventral vagal system (mitigates against uncomfortable anxiety, trust us). It can also help to control many other uncomfortable physical states. Breathing is a great way to relax, as you can take it anywhere, do it any time and you don't have to worry about any equipment or people watching you. It's fabulously versatile and you carry it with you 24/7.

Breathing is usually an automatic behavior, regulated by the ANS. However, you can control it consciously through the diaphragm. Remember the rapid shallow breathing that happens when you're anxious? This is part of the fight-flight-freeze system. Your diaphragm contracts and pushes your breathing into the upper chest and shoulder area. The aim of belly breathing is to consciously engage the diaphragm to expand and contract with each breath, forcing your system to read a message of relaxation and follow suit.

### **Diaphragmatic breathing practice**

- Loosen tight clothing.
- Sit up straight in your chair or sit or lie down on the ground.
- Place one hand on your chest and the other on your abdomen, near your bellybutton.
- As you breathe, the hand on your abdomen should move and your shoulders and chest should remain still. Use a mirror if you are unsure. Make sure your shoulders do not move when you are breathing. It can feel counterintuitive and uncomfortable for some people but keep practicing and you should get it eventually.
- Once you can breathe mostly through the belly, take six to 10 slow belly breaths per minute, making sure that the out breath is longer than the in breath.
- Focus on your hand movement, in and out, in and out, and sensations of relaxation while letting other thoughts and images go.
- Practice is vital to get the hang of belly breathing and should be done multiple times a day to build this very helpful skill.

**AN EXERCISE TO PRACTICE:** Count the number of normal breaths you take in one minute. Use a timer or stopwatch to measure 60 seconds while you count the number of breaths you take. Now practice slow diaphragmatic breaths and then count again the number of breaths you take in one minute. You may find that you are taking fewer breaths. Good work!

### **Self-soothing strategies**

Without getting too technical, there is a theory called ‘The Polyvagal Theory’, founded by a fellow called Dr Stephen Porges, which in essence can help you work with your body and mind when experiencing symptoms of anxiety. Porges’ Polyvagal Theory suggests many of the practices we have already suggested, as well as kick-starting the social nervous system (part of the parasympathetic nervous system) that helps you unfreeze and recognize you are not actually in danger. It’s partly about embracing immobilization with safety, so you can access the nourishment of the relaxation response of the parasympathetic nervous system.

Dr Ariel Schwartz (2017) recommends that ‘you can engage your social nervous system by rubbing your hands together vigorously and making physical contact to your own face, neck, upper chest, arms, and legs. You can also explore physical movements that feel safe and grounding such as going for a walk or shaking your arms and legs to release stress.’ Once you feel safe, Schwartz continues, ‘we can engage our social nervous system to use the energy of the sympathetic nervous system to dance, play, and laugh.’

It is also important to practice the habit of nurturing and engaging with friends, caring partners, or even pets that you love. It might start with simple eye contact or calling someone you trust to listen to the sound of their voice. This is part of the rationale behind our suggestions to have connections with people in recovery, so you can reduce anxiety by just making a call. Visualizing all these connections can also go some way to feeling connection and reducing anxiety symptoms.

Expressing your feelings through talking, writing, drawing, or movement is useful. Allow yourself to play or get creative. Notice beauty around you. Snuggle with your pet. Even engaging your sense of smell with an essential oil that brings a positive association or feeling will help restore your biological and psychological equilibrium.

Practice loving self-touch — place your hand over your heart (try it now). Leave your hand there for a few seconds until you start to feel warmth build up. Offer yourself kindness and support. Say to yourself: “*This is hard, but I am OK right now*” or: “*This anxiety feels terrible, but I can breathe through it.*”

If it is hard to think of something kind to say to yourself, think of what you would say to a child or a close friend who is feeling anxious and scared. Try speaking to yourself in the same strong, kind way you would speak to them. Close your eyes and, with your hand on your heart, practice this now.

Gargle, hum or sing, making sure the out breath is longer than the in-breath. This stimulates the ventral vagal system of the parasympathetic nervous system. Reduce jaw tension. Whenever you can remember, say to yourself “How’s my jaw feeling?” and reduce tension in the jaw, stretch and wriggle it around a bit, if it’s tense. Let it slacken a little. Do this whenever you can remember to check in with your jaw.

Sit quietly in a familiar relaxing space. Imagine a safe space, using all your senses. Use grounding strategies, such as the 5-4-3-2-1 technique and practice

compassionate self-talk (introduced in the Mindfulness Module). Your mind needs something real to anchor itself to, rather than its scary imaginings. Bringing your mind and body back together into the present moment is an immensely powerful way to signal safety to your nervous system and reduce anxiety.

Other self-soothing strategies might be drinking a cup of tea or sitting quietly in your yard or the bush. You could wrap yourself in a blanket, have a lovely bath or ask someone for a hug. Remember, it's OK to be kind to yourself. We all tend to do a lot better with kindness than with criticism.

All these new practices can take time to start working and require patience with the process and with yourself. You are not failing when you feel anxious. It is perfectly normal for you to feel anxious when you perceive a threat. These strategies will help you recognize that you are safe and bring your body into a safe physiological space in a natural and effective way, without having to even think about using your drug. Then you can work on your mind, your automatic thoughts, beliefs and past triggers more easily.

We have introduced some of the physiological management of anxiety in this module. We cover further psychological management of anxiety in your CBT modules.

## Recommended videos

*The Fight-Flight-Freeze Response.*

[https://www.youtube.com/watch?v=jEHwB1PG\\_-Q](https://www.youtube.com/watch?v=jEHwB1PG_-Q) (3:06 mins)

*How to Turn Off the Fight-Flight-Freeze Response: Anxiety Skills.*

<https://www.youtube.com/watch?v=agdpFsKGdOE> (6:46 mins)

*TED Talk: How to Cope With Anxiety | Olivia Remes.*

<https://www.youtube.com/watch?v=WWlolAQpMcQ> (15:15 mins)

*Symptoms of Anxiety One-on-One Live | Dr Anna Georgiopoulos.*

<https://www.youtube.com/watch?v=1f7gn46yUvA> (0:49 mins)

*TED Talk: How to Stop Feeling Anxious About Anxiety | Tim Box.*

<https://www.youtube.com/watch?v=ZidGozDhOjg> (18:17 mins)

## References

Dr. Arielle Schwartz (2014) *Polyvagal Theory Helps Unlock Symptoms of PTSD*  
<https://drarielleschwartz.com/polyvagal-theory-unlocks-symptoms-of-ptsd-dr-arielle-schwartz/#.YFB2CJ0zaUk>

Dr. Arielle Schwartz (2017) *Complex PTSD Workbook: A Mind-Body Approach to Regaining Emotional Control and Becoming Whole*. USA: Althea Press.

## Reflective Questions: Anxiety management

1. Do you identify with any of the symptoms of anxiety?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, identify the common thoughts and body sensations you experience with anxiety.

2. Did you ever notice you used your drug to help reduce anxiety?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If so, describe when you did this and if it worked. Did it stop working at some point?

3. Have you felt uncomfortably anxious in your recovery so far?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If so, describe how this feels in your body and what thoughts you are having. If not, you are lucky!

4. Everybody has a default setting when experiencing a threat. Which do you identify with mainly? If it differs a lot in different situations, describe a specific situation and identify yourself as the fighter, runner or freezer in that situation or dynamic.

5. Describe what your response to a threat looks like. For example, fighting may be in the form of sarcasm, physically fighting or throwing things; running might be in the form of literally moving away physically, or withdrawing into fantasy, and freezing might be the inability to speak or actually move.

6. Do you identify with any of the following common thinking traps when you're anxious?

Over-estimating the likelihood of something going wrong.

a. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Over-estimating how bad it would be if it did go wrong.

b. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Under-estimating your ability to cope with whatever happens.

c. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

7. Identify any avoidance behaviors you engage in when you're anxious, or to prevent yourself from feeling anxious.

8. Do you practice any self-soothing strategies? List them here.

Do they work for you?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you practice them regularly?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If not, why not?

9. Have you ever used CBT for anxiety or depression?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, do you use it nowadays?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If so, list the benefits of using CBT in your life.  
If not, why don't you use it anymore?

If you haven't used it yet, you learn all about CBT as part of our program.  
Hang in there!