

# Calm Anxiety

*Taking Back Control*



TERRY

DIXON

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# Calm Anxiety: Taking Back Control

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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 30 pages of:

**Calm Anxiety: Taking Back Control**

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## INTRODUCTION

“I HAVE ANXIETY, I have a mental illness.” We’re not quite at this stage yet but we are getting there..

The speeding heart and rapid breathing, the sweating, trembling, feeling ‘on-edge’ and that sense of impending danger are all extremely powerful. They descend upon us without warning and we cannot seem to stop them. These thoughts, feelings and behaviours, over which we have virtually no control, affect us deeply – and they are supposed to, for if we had to consciously prepare for fighting or fleeing it would be too late.

Anxiety is a vital part of being human. Indeed, every living organism on the planet has its own form of anxiety, its very own built-in self-protection instinct. Essentially to help us survive, to keep us alive, it sits quietly in the background waiting to spring into action when needed in times of danger. We all have anxiety; it’s with us to some extent for most of the time and we can see examples of it in action daily:-

- Without anxiety over being knocked down we wouldn't be careful when we crossed the road.
- Without anxiety over losing food and shelter we wouldn't continue to go to a job we hate each day.

Such powerful feelings and so little control – it's no wonder that anxiety can be seen as an awful problem, a terrible weakness, something that has to be eradicated from our lives at all cost. But it can't be. It's part of us.

It was Mark Twain who said, "Courage is resistance to fear, mastery of fear – not absence of fear." We cannot remove fear from our life. Similarly, self-confidence and feelings of security come from the mastery of anxiety, resistance to anxiety – not the absence of it.

*"He has not learned the lesson of life who does not every day surmount a fear."*

... Gaius Julius Caesar (100-44 B.C.)

When we understand and accept our anxiety we begin to take control. Rather counter-intuitively: acceptance controls anxiety, fighting it makes it worse. Mastery of anxiety enables us to live life to the full and most of us start out this way... until life takes hold.

Once anxiety starts to control us, things change. It can lead to a whole host of serious debilitating problems – problems classified as 'anxiety disorders' today.

The start of these problems is often a period of prolonged increased anxiety, seemingly without cause. Numerous research studies have shown that the one thing most people suffering from long-term anxiety disorders remember about

the start of their problem is: “being too nervous for a long time”.

This book is about just that: ‘being too nervous (or too anxious) for a long time without good reason’. It is to help you understand why this happens and how to deal with it – how to take control of such anxiety rather than letting it control you – and in doing so nip any potential future problems in the bud.

In Part I we’ll look at the current beliefs and theories about anxiety-related problems and how they influence everything we think about anxiety.

In Part II we’ll explore anxiety through the lens of human evolution and survival. What is it? Why do we have it? How does it work? Here, you’ll discover the real reason for that increased anxiety that plagues so many of us today.

Part III will teach you how to take control of anxiety and master it. This can make the difference between a life ruled by fear or one lived with confidence, so let’s get started and take a look at how we think about anxiety today...

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PART I

**ANXIETY TODAY**

## **The Medical Model**

TODAY, ACROSS THE world, millions and millions of people struggle valiantly with problems involving anxiety. Ranging from increased nervousness through to crippling anxiety disorders and severe depression, these problems are fast becoming the number one health concern in many countries.

It is estimated that in America alone over 40 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 (GAD). Around one in thirty to fifty people suffer from obsessive compulsive disorder (OCD) and one in ten are reported to have a specific phobia. This doesn't include vast numbers of people who have depression or those living anxious lives ruled by shyness or stress.

Many people feel they are working well below their potential and are unhappy and frustrated, more people are unhealthy and overweight than ever before, greater numbers of teenagers are depressed and problems involving anxiety and stress account for the majority of visits

to doctor's surgeries. In a world of better food, hygiene, education and healthcare – emotionally, society is crumbling.

The Oxford English Dictionary defines anxiety as: '*a feeling of worry, nervousness, or unease about something with an uncertain outcome*' but it is more than just a feeling. It also involves our thoughts and the way we act. The list below reflects this.

## **Anxiety Symptoms**

These are associated with avoiding and/or dealing with danger and involve our body, mind and behaviour.

### **Our body:-**

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

### **Our thoughts:-**

- We feel frightened.
- We may tell ourselves that we are physically ill, having a heart attack or a stroke or going mad.
- We think people are looking at us.
- We worry that we may lose control or make a fool of ourselves in front of others.
- We feel that we must escape and get to a safe place.

**Our behaviour:-**

- We make excuses to avoid going out or doing things.
- We hurry out of places or situations where we feel anxious.
- We walk to avoid buses or cross the street to avoid people.
- We may have a drink or take a tablet before doing something we find stressful.

Anxiety is a part of being human; we all have it. And to get anxious in certain situations is normal, everyone does. Most people even experience increased anxiety frequently. Things like tests, interviews, public speaking, first dates and competitive sports can make anyone pretty anxious.

But for some of us things change, our anxiety grows stronger. It comes on more and more and seems to happen for no apparent reason.

Many people live like this, in a state of heightened anxiety, feeling apprehensive and 'on-edge' frequently, often getting 'too-scared' in various life situations. Physical symptoms due to anxiety may appear.

For others, over time, this increased anxiety can lead to whole host of more serious problems if not resolved – awful problems such as excessive and uncontrollable worrying, anxiety attacks or panic attacks that come 'out of the blue', irrational fears and phobias (particularly social phobia), obsessive thoughts and compulsive behaviours even severe depression... problems we know today as anxiety disorders.

The medical definition of a disorder is: *'an illness that disrupts normal physical or mental functions'*. Anxiety

disorders are characterised by significant feelings of anxiety and fear and there are five main types classified today:-

### **1. Generalized Anxiety Disorder**

Generalized Anxiety Disorder (GAD) involves long-lasting exaggerated and unrealistic worry, mainly over things pertaining to the health and personal safety of our self and family members. It is often accompanied by general feelings of apprehension and being 'on-edge' for much of the time.

Having generalized anxiety disorder is like being in a constant state of 'what if...?' We experience increased, persistent anxiety (seemingly for no apparent reason) and so live in a constant state of apprehension and fear over something bad happening.

Physically, we frequently feel 'on-edge' and 'jittery' and live in a state of increased tension. Our senses, heart rate and blood pressure are higher than normal. Over time this state of increased physiological arousal often leads to fatigue, lethargy and feeling generally 'run down' which can result in constant colds, flus and illness. After a while, being in a state of constant tension can cause numerous aches and pains in our body.

Mentally, the excessive feelings of anxiety result in constant worrying ("we are so anxious... why? What's going to happen? What can I do about it?") and we start to obsess uncontrollably about bad things that may happen. This worry can be over many things: bad things that may happen in the future or may happen because of something we have done in the past. A common worry revolves around the greatest fear that almost everyone has deep down, that is the fear that something awful may happen to our loved ones.

## **2. Obsessive Compulsive Disorder**

Obsessive compulsive disorder (OCD) is characterised by persistent, upsetting thoughts that we cannot control (obsessions) and actions that we feel compelled to do, seemingly against our own will (compulsions). In most cases we are driven to do the compulsive behaviours in order to alleviate the anxiety caused by the obsessive thoughts. For example, if we just can't get it out of our mind that something is dirty (even if it isn't really) we will clean it incessantly no matter how clean it actually is.

In the early 16th century, '*obsession*' referred to a siege or 'laying siege to' and that's just what our intrusive thoughts do to us. They besiege us.

Constantly intruding into our mind against our will, we cannot prevent them, change them or make them go away and it can be extremely distressing. Common obsessions include: blasphemous thoughts, harming a loved one, obscene thoughts and exaggerated fears over such things as contamination and dirt, aggression and violence or religion and sex.

The thoughts themselves can make us feel bad but we also feel really bad because we cannot control them.

Often the obsessive thoughts lead to compulsive behaviours and again, as with the obsessions, we feel a total lack of control while performing the compulsive act. We know that what we are doing is wrong and that we're blowing the fear out of all proportion but we cannot stop. We cannot stop even though our actions may be hurting us and feel compelled to continue with the behaviour at all cost, because if we stop doing it the thing that we dread happening might just happen.

### **3. Post Traumatic Stress Disorder**

Post traumatic stress disorder (PTSD) is characterised by the re-living of traumatic events through such things as flashbacks or nightmares. It involves not only extreme anxiety but also emotional numbing as we try and deal with the stress induced by the traumatic event(s).

Whether experienced personally or as a witness, traumatic events can have a very powerful effect on us. They hit home in a very real, imminent and shocking way just how vulnerable we really are. Commonly associated with war veterans (with good reason) we don't have to experience the horrors of war to develop PTSD. Anything that induces hurt, fear and shock can do the same. Constant abuse (both physical and mental) can be a very common cause.

With such a threat to our existence, flashbacks and nightmares represent our mind trying to deal with the situation, to re-live it and come to some peace over it. Unlike many anxiety disorders where the dangers are usually generated in our mind, with PTSD the danger is real (we have actually experienced it) and it is out there. A very real threat to our survival remains unresolved. This is why it is so intolerable.

### **4. Social Anxiety Disorder (Social Phobia)**

With social anxiety disorder we fear situations where we have to do things in front of others and there is the possibility that they may judge, ridicule or reject us. It's not about being a bit shy or a bit embarrassed about it or that we feel apprehensive about doing things in front of others, it's that we are panic-stricken. Indeed, we can often feel as

scared about doing some task in front of other people as if we were going to face a firing squad.

Social anxiety disorder is also known as social phobia and like all phobias it involves anticipatory anxiety, fear and panic when facing the object or situation that scares us.

Imagine someone who has a phobia of spiders and panics whenever they have to face one. Replace the spider with people and having to face them (or do things in front of them) – this is what it feels like to have social anxiety disorder.

Rooted in the deep and real instinctual fears of our primitive ancestors, where a fear of strangers was necessary for survival (for they may attack us, steal from us or kill us) and rejection from the tribe could lead to isolation and death, the main focus of modern day social anxiety disorder is rejection.

## **5. Panic Disorder**

The focus here is on attacks of panic that appear to come on without cause. Involving a racing heartbeat (palpitations), chest pain, sweating, trembling and shaking, many people fear that they are having a heart attack or stroke, dying or going mad.

Our heart beats so fast that our chest shudders; we can hear it, we can feel it. We are breathing rapidly and our shoulders are raised and tense. Our legs feel like jelly and our arms and hands tremble, we can't keep them still. What's wrong with us? Why is this happening? We feel sick and want to go to the toilet, our mouth is dry, it's hard to swallow and we are sweating. Feelings of dread consume

us and we have an overwhelming urge to run, to flee, to get away.

All of this and out of the blue... no wonder we feel that there is something radically wrong with us.

\*

The preceding five types of problem reflect the current classification of anxiety disorders as it stands today. However, when we fully understand anxiety we come to realise that it doesn't stop there. Indeed, virtually everything we know as a mental 'disorder' can be traced back to find anxiety at its root.

Body dysmorphic disorder and personality disorders, bipolar disorder and eating disorders, over-eating (comfort eating) and yo-yo dieting, increased sensitivity to stress at home, at school or in the workplace... an undercurrent of unresolved anxiety flows through all of these problems and more.

And there is another problem in particular, one that has reached almost epidemic proportions and also has anxiety at its core. That problem is depression and it really should be included in the list.

## **6. Depression (Severe)**

It's important to realise that, like anxiety, depression in itself is not an illness. Depression is an integral part of being human; everybody gets depressed to some degree at certain times in his or her life.

Life throws many things at us that give us a good right to become depressed. Such things as the death of a loved one, prolonged illness or incapacity, relationship and work problems bring home to us our lack of control. This lack of control makes us feel helpless and hopeless and that there's

nothing we can do to change things. This is normal depression.

However, there is a situation where depression goes much deeper and becomes associated with something more than just those awful life events that are uncontrollable and happen to everyone. Yes the same bad things happen, but they become related to our very self, our 'weakness' and the belief that there is nothing we can do about it. With severe depression, nothing sounds good and nothing feels good, thinking processes slow down and are replaced by a lack of concentration, indecisiveness and rumination, and dullness descends over us such that even colours can appear faded.

Depress means '*to press down*' and deep depression results from a 'pushing down' of emotions and feelings, particularly anger. Our mind and body symbolise this dullness and 'pressing down', and make it real to us through physical sensations such as 'a weight on our shoulders' or 'a thick fog surrounding us'. Depression involves tiredness and body aches, lethargy and procrastination, and our depressed immune system often results in constant colds, flus and viruses. In chronic depression the only real things we do feel include anxiety and fear, worthlessness, helplessness, hopelessness and guilt.

\* \* \*

The medical model (from which this definition of a disorder: '*an illness that disrupts normal physical or mental functions*' derives) considers the problems described above to be just that... an illness. It views anxiety disorders and depression as something going physically wrong (in the brain) and the answer lies in 'fixing' the thing that has gone wrong – usually with medication.

In itself, the term ‘illness’ suggests something that just happens to us, some awful thing that we were just unlucky enough to fall foul of. Nothing could be further from the truth.

As you know, we don't simply wake up one day with these problems. They start off slowly and get stronger and stronger over time. Few of us, if any, had anxiety issues as a child. It's usually just the opposite. Yet something happens that turns the confidence we had as children into anxiety. Something happens that takes away our confidence and fills us with insecurity, so much insecurity that anxiety (our self-protection system) kicks in.

There is no real mystery to anxiety disorders. Their development follows a logical psychological progression and we can map out what happens every step of the way. Yet the prevailing worldview continues to promote them as ‘something going wrong’ (that needs fixing) and proposes a number of ideas and theories about what it is that has actually gone wrong.

Although unproven, these ideas and theories have become widely accepted as fact and often form the basis of treatment for many anxiety disorders today. Let's examine them more closely:-

### **Perhaps it's because our brain is different or works differently to other people's?**

PET (Positron Emission Tomography) brain scans of people with OCD show increased energy use in the orbital cortex of the brain compared to those who don't have OCD. This has led to the assumption that people have obsessive compulsive disorder because their brains are different (larger, more active) in certain areas than people who don't have the disorder – an assumption that has progressed to

many disorders and possibly even anxiety problems in general.

Well, brain scans of violinists show the area of the brain devoted to his or her left fingers (the right primary motor cortex) to be 2 or 3 times larger than that of non-violinists. Constant use of these fingers in playing the violin have formed and embedded the associated pattern of connections in the musician's brain making it larger and more active in these areas.

There can be little doubt that constant obsessive thinking and frequent episodes of acting compulsively will embed the associated neural patterns in our brain, altering it in respect to both size (the strength and number of connections) and activity. OCD causes the change in our brain – it's not the other way round.

### **Maybe we have a chemical imbalance in our brain?**

Synapses are connections between the neurons in our brain; there are around 10,000 for each neuron. They are tiny spaces that are occupied by chemical messengers called neurotransmitters that carry information between neurons.

The chemicals serotonin and dopamine are two main neurotransmitters regularly mentioned with regard to many anxiety and depression problems. And a chemical imbalance, usually referring to deficiencies of these neurotransmitters, is often proffered as a reason for these problems. This is despite there being a lack of any real evidence to support it.

Anxiety and depression deplete our body of many resources, including such things as energy, vitamins, minerals, electrolytes and no doubt neurotransmitters. Surely, any chemical imbalance is the result of these

problems not the cause. Balancing chemicals in the brain through the action of prescription drugs may alleviate some of the symptoms temporarily but doesn't address the underlying reason for the problem.

[Looking at the chemical imbalance situation from this perspective may offer an explanation for one of the most terrible aspects of taking medication for depression... suicide, a known side-effect for some anti depressants. Mercifully rare, considering any chemical imbalance as being a result of depression (not the cause of it) offers an answer to this.

If we accept that serotonin is associated in some way to feeling good, then, when life throws awful things at us that makes us depressed our body (and mind) will use more of it to try and make us feel better. This will result in over-usage and a diminished amount of serotonin in our system. Prescription antidepressants such as SSRIs, in an attempt to keep the serotonin levels higher, prevent us from using it (reabsorbing it) possibly when we really need to, maybe desperately. Perhaps a better way would be to increase serotonin levels by making more (naturally) rather than keeping levels high by preventing its usage?]

Anxiety and depression are inextricably interlinked and antidepressants are often prescribed for anxiety. However, whatever the reason, balancing chemicals only deals with symptoms and never touches the actual cause.

Before we go on, I'd like to reiterate a very important point made at the beginning of this book. With respect to the previous section and the upcoming section on beta-blockers... *Under no circumstance should anyone stop taking prescription medication without full medical supervision.*

### **Or is it all in our genes?**

Human beings are very complex. If all of the DNA (deoxyribonucleic acid) in your body were laid end to end it would reach to the sun and back over 600 times.

Genes are pieces of DNA passed from parent to offspring that contain hereditary information. A parent and child share 50% of their genes as do siblings. Identical twins share 100% of their genes.

Once the human genome was mapped (the entire DNA sequence that makes up humans) it was hoped to be able to identify and cure the genetic cause of almost any problem. But that didn't happen. Whilst ground has been made identifying DNA mutations or variations that may be associated with a higher risk for certain diseases, the actual situation is a great deal more complex. The position of the genes in relation to other genes and the interactions between them may exert as great an influence as the genes themselves. It's the structure as a whole, the system, not just its constituent parts that is important. Anxiety and depression problems are the same, it is the whole system that counts – our mind and body and the environment they are in.

If a person has survived in life despite an existence racked by worry, compulsions or depression, it's not unreasonable to assume that these survival 'tactics' will be passed to his or her offspring in order to increase their chances of survival. A lifelong depressive, no doubt, passes genetic information appropriate to having depression to any offspring.

However, DNA is our past and not our future. Information that is passed between a parent and child does not result in actual behaviours, but predispositions, not fixed behaviours but ways of behaving we are susceptible to develop given

the right stimulation. A parent cannot pass on fixed behaviours for the environment the child is born into is unknown and the knowledge we inherit has to be flexible to enable us to adapt and survive. Reacting with extreme anxiety to unconditional love would not be adaptive.

We all come predisposed to learn language, but the main language we eventually learn to speak depends on where in the world we are born. Racehorses are bred to be good runners but they still have to be groomed and trained. Any genetic information that we receive from our parents can only be put into practice if the appropriate environment exists.

Complex interactions between predisposition and environment probably influence the development of many anxiety-related problems (and the strength of the problem) but it's the environment, our experiences, that holds the upper hand. Genetic influence sits quietly in the background waiting to develop and flourish given the right circumstances or wither and die if not called upon.

There is also evidence to suggest that genes can be altered through learning.

The popular belief among scientists has been that although the environment influenced natural selection, mutation was random. This is to say that environmental changes may favour certain characteristics of a species such that only those members that possess such characteristics survive to pass on their genes, but genetic changes were purely random. It happened by chance and may or may not confer benefits for survival.

However, experiments by Barbara McClintock in the 1950's showed vast changes in the DNA of plants occurring when they were stressed. A stressful environment actually resulted in whole sequences of DNA moving from one place

to another, even inserting themselves into active genes. Not random behaviour, there was a method to their shifting and it was triggered by outside influences, changes in the environment such as extreme heat or drought, that threatened the survival of the plant. Initially ignored by her peers, McClintock received a Nobel Prize for her work some thirty years later.

Genes were changing due to experience in plants – imagine what may be happening within the complexity of humans.

Intuitively, we would expect this to be the case. Life is about growing, learning and evolving; genes shape our reaction to experiences and our reaction to experiences and learning must shape our genes. We need not be slaves to our genes!

\* \* \*

To accept anxiety problems as ‘disorders’ relies solely on the medical definition, which is based on the premise that they are illnesses. And the word itself: ‘dis-order’ leads to the acceptance that something is out of order and that we are behaving illogically and irrationally.

But this just isn’t the case. Anxiety increases for a reason: to protect us. It serves to warn us that something is not right in our life and we need to change it or get away from it. Our mind and body are perfectly ordered in what they are trying to do and we develop these problems for the most rational reason there will ever be... for our survival.

Anxiety-related problems develop from our survival instincts trying to protect us from being hurt (or worse) and, given individual life experiences, the minds of most people who struggle with these problems are working perfectly

normally and rationally – but they are not working appropriately.

Anxiety is a very powerful instinct since our survival depends on it. And it does indeed make us feel awful, weak and scared. Being frightened feels bad, it has to, in order to keep us away from danger.

When we experience anxiety inappropriately (or so it seems) it's perfectly understandable that we may start to think, "What is wrong with me?" and "Why is this happening?" Anyone would think the same.

However, if the answer to these questions involves labels such as 'disorder' and 'mental illness' and theories about causation over which we have little or no control, it's easy to become drawn into a self-defeating belief system about anxiety problems – one that shapes not only the problem but also our entire life.

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## 2

### **“What We Think, We Become”**

(Buddha)

A MAN FOUND an eagle's egg and put it in a nest of a barnyard hen. The eaglet hatched with the brood of chicks and grew up with them.

All his life the eagle did what the barnyard chicks did, thinking he was a barnyard chicken. He scratched the earth for worms and insects. He clucked and cackled and would thrash his wings and fly a few feet into the air. Years passed and the eagle grew very old.

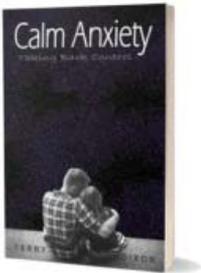
One day he saw a magnificent bird above him in the cloudless sky. It glided in graceful majesty among the powerful wind currents, with scarcely a beat of its strong golden wings. The eagle looked up in awe. "Who's that?" he asked. "That's the eagle, the king of the birds," said his neighbour. "He belongs to the sky. We belong to the earth – we're chickens." So the eagle lived and died a chicken, for that's what he thought he was.

This great little story from 'Awareness' by Anthony de Mello makes a very powerful point. Often what we believe to be true isn't, even though everything around us appears to support it.

(End of Preview)

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