



THE NEW CALM COURIER

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Anxiety Or the Thrill Of Victory?

By the Happy Panicker

We've all experienced limitations in the physical activities that we participate in as a result of our anxiety disorders. For some, it's the inability to enjoy a casual day of shopping at the mall. Others would love to take a leisurely jog through the park or play a round of golf. Often it is these limitations that lead to our greatest sense of failure, frustration, anger or depression. We realize that we are missing out on the joyful activities that life has to offer, but the fear of anxiety attacks is greater than our desire to embrace the world.

My earliest avoidance behavior, and the most difficult to overcome, has involved physical exertion. Activities that increase heart rate, lead to feelings of being winded, or leave the muscles feeling weak or quivering have always triggered immediate heightened awareness of my body functions and reminded me of my mortality. As time has passed, and as I have reinforced my avoidance of such activities, it has only become more difficult to be active. In fact, just the thought of certain activities would cause me to break out in a sweat or suddenly become aware of my heart beating.

To put this in perspective, let me explain that I have not been a life-long couch potato. As a youth, I was athletically active year-round and participated at a high level. I ran, wrestled, played football and baseball. I was a person with athletic talent, an all-star.

Yet, even in my athletic prime, I knew there were situations that made me feel worried, even panicky. I would become acutely aware of my heart pounding during track workouts. If I found myself trying to avoid a pin in wrestling, I would be distracted by thoughts that I "couldn't breathe right" beneath my opponent. I didn't recognize the pattern of catastrophic thoughts at the time, and I certainly didn't talk to anyone about them. What would the coaches think? Besides, I assumed everyone had those thoughts and fears. If they didn't then what did that make me? Some kind of sissy? And so I endured it...

...at least until I got a little bit older. I didn't start out with a plan to avoid physical exertion. But, as an adult, if I had shortness of breath or a heart palpitation, I could go to the doctor myself. It didn't seem to matter that the tests always came back negative. If I experienced another frightening episode (which I always did since I was anticipating one before I started), then I just gave up the activity. Patients with OCD may take too much time doing things. Their worries and repetitions cause them to become slow.

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editor's note

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Understanding Anxiety Part Two

By Lawrence Glanz

In the first part of this article I described anxiety in general, and I examined one specific type of anxiety, namely panic disorder. In this article I would like to tell you about some other forms of anxiety, because anxiety can affect people in a variety of ways.

One form of anxiety that may not be recognized as an anxiety disorder by the average person is obsessive compulsive disorder. In this disorder, the individual may become obsessed by repetitive thoughts, perform repeated actions and behaviors, or engage in some unusual behaviors. On the surface this does not appear to be a disorder connected with anxiety. In fact many patients who have this problem say that they do not feel anxious. They complain of the effect on their lives that their repetitive habits or thoughts have, but they may not be aware of any subjective sense of anxiety.

In fact, obsessions and compulsions are manifestations of serious anxiety. They often serve to mask the underlying problem. One way to see this is to ask a person to suspend their repetition. When they make the effort to do this, they often report that they are becoming very anxious. Obsessive thoughts are themselves anxiety provoking. They may take the form of nagging doubts, guilt, or sense that something is unfinished or imperfect. They provoke anxiety and may lead to the compulsive behaviors.

A common example of obsessive compulsive disorder is the person who has a fear of germs. They may wipe surfaces repeatedly, avoid doorknobs, worry that they may have infected someone else, feel guilty about shaking hands, and wash or shower until the hot water runs out. As a result, they may have difficulty keeping a job that has deadlines, they may be late for appointments, and they may keep others waiting. People may believe that the person is doing these things deliberately, but it is not so. The doubts, the worry, the anxiety of it all, keeps them paralyzed.

In mild cases, OCD may be unrecognized. The person may experience only mild problems or be thought of as a character. In the most severe cases, the person may be unable to function. Most cases are somewhere in between these extremes. OCD is a great hindrance to many people, and their families. Fortunately it does respond to treatment. In many cases a combination of medication therapy is effective. The therapy may include education about the disorder itself as well as instruction on how to gradually resist their compulsive behaviors and regain a sense of control.

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MY STORY

By anonymous

My anxiety story is probably not that rare, but I wanted to tell it to you. I never thought I had a problem. It wasn't something I thought about. I was always the strong one in my family, the one everyone came to with their problems. It was the same way with my friends. They thought of me as so calm and level headed. I always had time for everyone and I always had the energy too. There was nothing I wouldn't do and nowhere I wouldn't go. I was a real whirlwind.

One day I was at work. I knew I was under stress, but I had always handled stress well. In this case, my mother had been sick, my younger child was having school problems, and my husband was out of town. I felt stretched to the limit, but what else is new? I had been living with stress like this for a long time. This was just another day. Only it wasn't.

I had been a little sick earlier in the week, and maybe I was still a little under the weather. The boss was even in a worse mood than usual. She told me that Gloria was quitting because her husband found a job in another city, and there was no one to replace her. That meant another set of responsibilities for me. So what else is new, I thought. But this time it was just too much for me. I started feeling panicky. My heart started pounding. I felt like I would throw up. I couldn't breathe. I felt so sick.

I told the boss I was sick, and she had no sympathy. I guess she was having a bad day herself, but when she said I couldn't leave unless it was an emergency, I really felt trapped. I felt that I would let her down by leaving, but I knew my body was going haywire, and was afraid it might be something serious. So I left anyway and went to the ER.

They were surprisingly nice at the ER. Even though they did not find anything wrong with my heart or anything else, they did not make me feel I was crazy. They told me that it was probably a panic attack. They gave me some anxiety medicines and told me to see my own doctor. I did see him and he gave me some information about anxiety. He said that it is very frequent in his practice, and it is not a sign of being a weakling or something.

Today, I do some things differently. I take things just a little slower. I set some limits on what I will agree to. I got some help with my mother, and I told the boss I would not be able to do some of the new things she asked of me. I do some regular relaxation exercises, and I talk to myself when I start getting bent out of shape. It really helps. I know I will always have a tendency to get too uptight, but I watch myself and I think I am going to be ok. Maybe things really do happen for a reason. Anxiety isn't so good, but I think my experience made me a better, stronger person in the long run.



THE INTERNET GUY

All these months, we have looked at Web pages about anxiety topics. Let's do something very different this issue. But first, let me say that I like Web pages because there is a certain amount of effort necessary to publish a Web page and I'd like to believe that this effort represents a degree of credibility of the source.

Even before there was the Web, even before the Internet, there was a way to pass information between computers. This led to mail. It also led to a bulletin board like service, where people could post their thoughts and others could read them and either respond directly to the poster or just participate in the conversation. This system was called UUNET and still exists today.

Now, the service is usually called news or netnews; it is used by people all over the world to communicate. When I was installing the service on one computer, it registered over 3000 separate discussion groups. Most of this article will discuss just how to set up a news reader. In order to be specific, I will discuss "news" as seen by a Microsoft Outlook user. I will also assume (for now) that you already have "news" mostly installed and set up.

To read a new news group, you will click on "Go" on the menu bar and select "news". This will take you to a new window. One of the menu items on the second line is "news groups". You click here and a long table appears (perhaps slowly) of all the news groups that your ISP (Internet Service Provider) keeps for you. In the slot marked, "Display newsgroups which contain:", type the word, anxiety. The list will be whittled down to three entries; one is "alt.support.anxiety-panic". Double click and a mark will appear to indicate that you are subscribed to this newsgroup. If you want to experiment you might lookup the newsgroups for "recovery", or "music" or "cats" or ... (You type the word in a the "Display newsgroups ..." field and subscribe as above.) When you are done, click on "OK" at the bottom of the screen.

Now, you are back in the main newsgroup window. There are two columns indicating the newsgroups that you have subscribed to. In each newsgroup, there are hundreds perhaps thousands of messages that have been exchanged earlier. You probably do not want to read all this history, so click on "Edit" and then click on "mark all as read".

(continued next column)

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Now wait a while for some new messages to appear. To get the new messages, click on "Tools" and then select "Download ALL". (On Outlook 2000 this activity is called Synchronize and has a tab on the main window.) A new window will appear that shows you data as it reads the messages. For each individual newsgroup, first it reads the message headers and then it reads the message bodies.

When the messages are transferred to your computer, you can read them and respond. So click on "alt.support.anxiety-panic". The right panel of the window will split into a top (that shows the message headers) and a bottom that shows the message text. So find an interesting header and click (or you can even double click). You will notice that at the very top of the window there are now two icons: one that lets you reply privately to the author of the message and another that lets you add your two cents to the newsgroup.

Some people are serious and looking for help, others are not. Some people are on topic, others are not. You be the judge. It is probably wise for you to read the topics a while before you enter into the fray. We will discuss more of what we can learn from newsgroups, next time. You can explore on your own for now.

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UNDERSTANDING ANXIETY

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Anxiety can also take a form of excessive worry. In generalized anxiety disorder, the person worries about things incessantly. Their worries predict disasters about many things. When someone is a few minutes late, when they get a B instead of an A on a test, when a friend fails to say hello, they are worried. When asked about their tendency to worry, they often acknowledge this problem, but they think of it as a personality trait which cannot be changed. They often say that they have been this way as long as they can remember. This may or may not be true, but what is true is that this form of anxiety is mental torture. The person is always on edge, always waiting for the worst. They are often so accustomed to this state that when they have nothing to worry about, this stimulates them to scan for new worries. As with other forms of anxiety, this can be treated, but often people do not come for help, because they believe that there is nothing that can be done.

Treatment for anxiety is widely available and often very effective. No two people are alike, and each must be assessed individually. When people ask for help and stick with it, they generally respond well. When I see patients, I tell them not to give up. Anxiety can be a stubborn thing, but the rewards of feeling better are many, and the effort is worth it.

THE INTERNET GUY

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I skipped an important detail earlier. When you first click on "go" and "news", you will be asked a number of questions. The first is for your name and email address - which will be used if you send messages. Then you will be asked for the name of the computer that you get your messages from. Your ISP (Internet Service Provider) has arranged to get all these interesting newsgroups transferred onto his computer(s). So all you have to do is tell the Outlook news processing program where his computer is. If your ISP is foo.com, he will probably name the news computer, news.foo.com or netnews.foo.com. So if he does not tell you what name to use, try one of these two.

(A couple of tips to make your experience better: At the top of the newsgroup header display, are the column titles. If you click on the title, the headers will be sorted on that field. [Try clicking twice.] If you right click on a newsgroup name, and then click on "properties" on the menu that appears, you can select how Outlook copies data from your ISP to your machine. I prefer to have Outlook get the new messages: headers and bodies. I just get some coffee, before I "download all". Also, note that Outlook 2000 is a bit more flexible and has more features than I have indicated here, but this should get you started.)

Anxiety or the Thrill of Victory?

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Eventually, I experienced panic attacks, sought treatment, and battled back. Then, one day, I realized that there weren't any activities anymore. I had totally abandoned the athletics that I loved. And I had reached an age where regular activity was important for my general health, not just as a competitive outlet. Slowly, and with great apprehension, I dipped my toe back in the athletic pool.

I have a daughter who is an avid judo student, so I decided to get on the mat myself (something that I had abandoned twenty years earlier). There were periods of anxiety, just as in the old days, but now I had cognitive behavioral coping tools to deal with them. I was out of shape, so the whole process felt threatening, but the doctor had checked me out thoroughly and given me the green light. The threat, I knew, was in my mind. Gradually, the anxiety episodes became less frequent.

Three weeks ago, after years of watching my daughter compete, I entered my first judo tournament. Competition time approached and I felt anxiety attack feelings building. I knew I'd have to withdraw from the competition. I explained my physical sensations to my daughter, who had noticed my nervousness. Her casual response: "Oh, that's how I feel every time. It goes away when you get on the mat." what I was certain was the onset of an anxiety attack was nothing more than normal nervous anticipation. Everybody feels it! And, so, I competed; not entirely without anxiety, but I survived. I even placed third. And, when it was over, I couldn't recall the last time I felt so good about myself.

Do yourself a favor...participate in your life again. Exhilaration may feel like anxiety, but it's a lot more fun!

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FAMILY-TIME ANXIETY

By Sandra Poole

One day recently I was watching a television news broadcast when the topic of family time anxiety came up and caught my attention. The segment focuses on the quality and amount of time that parents and their children spend together. With all of the after school and sports activities that fill a child's day, sometimes it seems a wonder that we see each other at all.

Many parents have now decided that the 'family time' spent with one another such as family dinners, or church activities on Saturday and Sunday have priority over the sports and after school activities. As you can imagine, or perhaps know all too well, this often leads to some conflicts of interest. The anxiety involved, then, is related to deciding which activities are to be allowed, who gets to do what, and the various time frames for them all.

The family featured on the news broadcast had three children. Each child was limited to one extracurricular activity each during the weekdays. On weekends, however, church and family time came first. From the brief glimpse into their lives that we were provided with, it looked like it was working great for them. Obviously, though, this plan of balancing family time against the children's play is only one possible method of dealing with family time anxiety.

What I would like to do is invite our readers to share with us their way of dealing with family time anxiety. How do you determine the number of activities your children are involved in, and what priority do they take over spending time with the family? How often do you share meals and the conversations around the dinner table? With most sports competition game times scheduled on the weekends, do you have time for synagogue or church? Please send in any tips or suggestions you might like to share with other readers. You can address your responses to CDTA 155 N. Craig Street Suite 170 Pittsburgh PA 15213, Attn: Calm Courier or email at CDTA@hotmail.com. We look forward to hearing from you and will publish a few of the responses in the next issue of the Calm Courier.

Anxiety has many forms and affects our lives in so many ways. Learning to adjust to the many types of anxiety is one of the focuses at Cognitive Dynamic Therapy and we invite you check out our interactive website at www.CogDyn.com. At the site you can access specific information about our available services, or request CDTA's brochures, or view publications by Lawrence M. Glanz, PH.D. and Robert M. Schwartz, PH.D.