

Neurotic, Stress Related  
and Somatoform  
Disorders

**E Book**

# ANXIETY DISORDER

*Tulasi Healthcare*

*Saving Lives & Restoring Families For Over Two Decades*



# index

---

- *Chapter I: What is Anxiety?* 03
- *Chapter II: Characteristic Symptoms of Anxiety* 05
- *Chapter III: Causes of Anxiety Disorders* 08
- *Chapter IV: Neurotic, Stress related and somatoform disorders* 10
- *Chapter V: Treatment* 17
- *Chapter VI: Ways to Control Anxiety* 23
- *Chapter VII: How to Help Your Loved Ones Experiencing Anxiety?* 25
- *Chapter VIII: General Guidelines for Managing Anxiety* 28



## CHAPTER 1

# WHAT IS ANXIETY?

Anxiety is a state of mind, body, and behavior brought on by an actual or potential threat to one's existence or well-being. Increased alertness, expectation, autonomic and neuroendocrine activation, as well as particular behavioral and cognitive patterns, are its defining characteristics.

Anxiety is a common occurrence that is defined by a feeling of apprehension or discomfort that results from the expectation of potential harm. It's common to distinguish between anxiety and fear since anxiety is characterized by a threat that is mostly unknown (or internal), whereas fear is an apprehension in reaction to an external danger.

An instinctive, neurophysiological state of alarm known as fear is represented by a fight-or-flight reaction in response to a cognitive assessment of impending or actual danger.

## CHAPTER 1

# WHAT IS ANXIETY?

Anxiety, which is related to fear, is characterized as a future-focused mood state that includes a sophisticated cognitive, affective, physiological, and behavioral response system linked to being ready for the situations or events that are expected and viewed as dangerous. When there is an incorrect assessment of the situation's risk or an overestimation of the perceived threat, pathological anxiety is set off, resulting in excessive and inappropriate reactions.

When anxiety significantly impairs an individual's functioning or produces severe subjective distress, it is considered unhealthy.

Two types of anxiety are distinguished:

**1. Trait anxiety:** "I often feel anxious" is an example of this characteristic, which is a habitual tendency to be anxious generally.

**2. State anxiety:** "I feel anxious now" is an example of this type of anxiety, which is felt at the current, cross-sectional moment (state).

Many of us experience concern occasionally. We worry about our money, have anxiety before job interviews, or experience anxiety before social events. These emotions may be common or even beneficial. They could assist us focus or provide us with an energy boost. However, they can be too much for those who suffer from anxiety disorders.

People who suffer from anxiety disorders often experience persistent anxiety that may worsen with time. The symptoms may make it difficult to carry out regular tasks including relationships, employment, and schooling.

Among mental disorders, anxiety is one of the most prevalent in the general population. GAD affects 5.8% of the Indian population. With a prevalence rate of 12.1% over a 12-month period, specific phobia is the most prevalent. The next most prevalent, with a prevalence rate of 7.4% during a 12-month period, is social anxiety disorder. With a prevalence incidence of 2.5% during a 12-month period, agoraphobia is the least common anxiety illness. There is an approximately 2:1 ratio of female to male prevalence of anxiety disorders.



## CHAPTER 2

# CHARACTERISTIC SYMPTOMS OF ANXIETY

**Cognitive symptoms** include: an inability to maintain control; fear of physical harm or death; fear of "going crazy"; fear of being judged by others; frightening ideas, visions, or memories; a sense of detachment from self or surroundings or unreality; difficulty speaking; poor memory; poor concentration; confusion; and hypervigilance for threats.

The following **physiological symptoms** can be identified: palpitations, elevated heart rate, sweating, hot flashes, chills, nausea, upset stomach, diarrhea, trembling, shaking, tingling or numbness in the arms and legs, weakness, unsteadiness, faintness, tense muscles, rigidity, blurred vision, dry mouth.

**Behavior symptoms** include avoiding circumstances or cues that could be dangerous; running away or escaping; seeking reassurance, becoming restless, agitated, or pacing; hyperventilating; frozen, and having trouble communicating.

## CHAPTER 2

# CHARACTERISTIC SYMPTOMS OF ANXIETY

**Affective symptoms** include feeling anxious, tense, coiled up; scared, afraid, or jittery; as well as irritable and frustrated.

### The biology of anxiety

In order to help cope with an unfamiliar or unfavorable scenario, anxiety is a mental and physical condition of negative anticipation. It is psychologically defined by elevated alertness and negative expectancy twisted into fret; and it manifests physically as the activation of numerous physiological systems.

It is a defensive mechanism controlled by fear-related neural circuits and triggered by an incorrect or exaggerated perception of danger coming from the outside world, within the body or the mind. The discomfort that anxiety causes is intended to draw attention to the threat and stimulate a defensive reaction. Anxiety is an expected response to danger. However, far too frequently, the anxiety is uncontrollably high, persistent, or out of proportion to the trigger, interfering with day-to-day activities or triggering unhealthy habits like substance abuse or avoidance of circumstances that pose a hazard. Anxiety is influenced by several different brain regions, but the amygdala is the region of the brain that is involved. The prefrontal cortex is a thinking, reasoning brain region that is in charge of determining the nature of a danger and planning how to react. The threat is also perceived by other brain regions, and the signals these regions produce trigger the stress response and prepare the body for either fighting or fleeing.

**Different neurotransmitters involved are:**

### GABA and Anxiety

The inhibitory neurotransmitter GABA ( $\gamma$ -aminobutyric acid) is crucial for the anxiety response in both normal and pathological anxiety, particularly in the brain circuits of the amygdala. Anxiety and stress disorders, acute as well as persistent, are linked to low amounts of GABA or reduced GABA activity.

**CHAPTER 2**

# CHARACTERISTIC SYMPTOMS OF ANXIETY

## Serotonin and Anxiety

The chemical 5-hydroxytryptamine (5-HT), often known as serotonin, is crucial for controlling our emotions. Our nerve cells communicate with one another via serotonin. It might assist in controlling a variety of bodily processes, such as mood, bowel motions, and sleep. Anxiety, depressive disorders, and other psychological illnesses are assumed to be primarily caused by decreased or inefficient serotonin action.

## Norepinephrine and Anxiety

A neurotransmitter and hormone implicated in the "fight or flight" response is norepinephrine, also referred to as noradrenaline. Anxiety states are linked to the production of norepinephrine into the bloodstream and cerebrospinal fluid, and it alters the activity of brain regions related to anxiety, such as the amygdala





## CHAPTER 3

# CAUSES OF ANXIETY DISORDERS

### 1. Biological Factors:

**Genetics:** Family members having a history of anxiety are likely to increase the risk.

**Neurotransmitter Imbalance:** A dysregulation of dopamine and serotonin, among other neurotransmitters.

**Brain Structure:** Deviations in areas of the brain linked to the control of fear and emotions.

### 2. Triggers in the Environment:

**Traumatic Events:** being the victim of assault, abuse, accidents, or natural catastrophes.

**Stressful Situations:** Conditions with a lot of strain, significant life changes, or ongoing stress.

**Childhood Adversity:** Neglect, parental divorce, or bullying are examples of early-life events.



## CHAPTER 3

# CAUSES OF ANXIETY DISORDERS

## 3. Psychological Factors:

Perfectionism, neuroticism, or a tendency to overanalyze are examples of personality traits.

**Cognitive Patterns:** Maladaptive ways of thinking, including black-and-white or overgeneralization.

**Learned Behaviors:** As a result of prior experiences, people may associate specific stimuli or situations with dread.

## 4. Medical Conditions:

**Chronic Illness:** Disorders such as thyroid issues, diabetes, or heart problems.

Alcohol, narcotics, or prescription pharmaceuticals that can intensify or mimic anxiety symptoms are examples of substance abuse.

**Hormonal Changes:** Anxiety may be exacerbated by hormonal imbalances that occur during menopause, puberty, or pregnancy

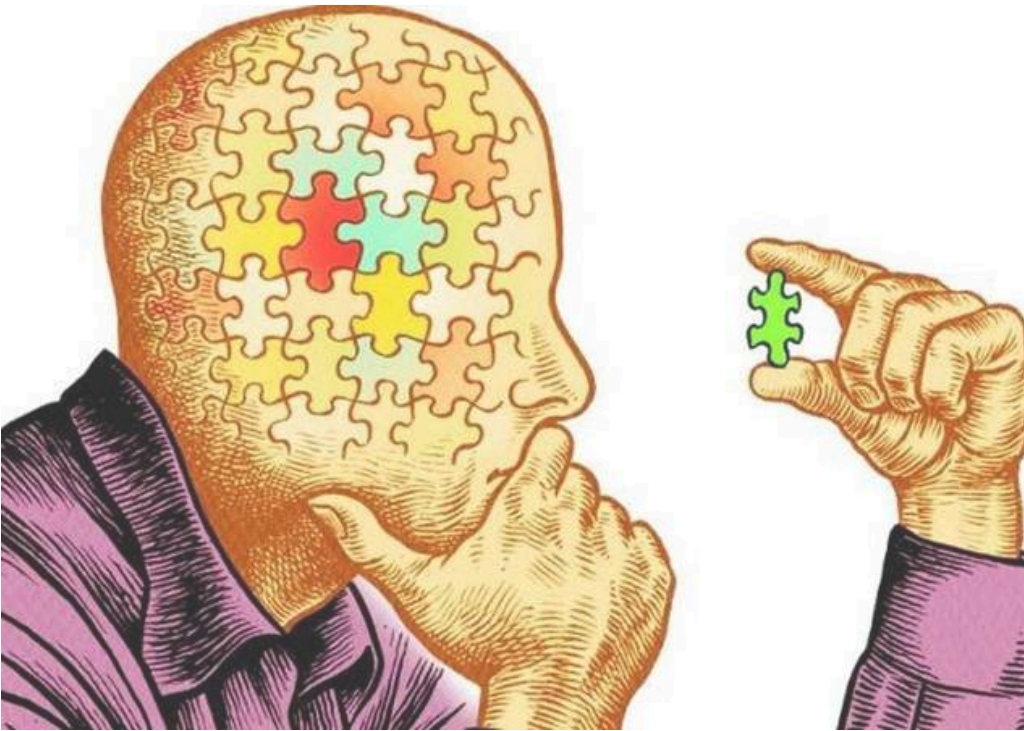
## 5. Social and Cultural Factors:

**Family dynamics:** a lack of emotional support, conflict in the family, or overly protective parenting.

**Cultural norms:** Cultural attitudes, stigmas, and beliefs around mental health.

Each person's anxiety disorder may be caused by a different combination of these causes.





## CHAPTER 4

# NEUROTIC, STRESS RELATED AND SOMATOFORM DISORDERS

Anxiety is a common symptom and occurrence in anxiety spectrum and stress related disorders.

### Generalized anxiety disorder

A persistent sense of dread or anxiety that interferes with day-to-day functioning is typically associated with generalized anxiety disorder (GAD). It is not equivalent to periodically feeling anxious or worried about things because of unpleasant situations in life, it is rather a condition that is persistent and prevails for long time periods and disables their functioning in life. The duration of symptoms should be for atleast 6 months. Anxiety is a common occurrence for people with GAD lasting months or even years. Similar to other anxiety disorders, the predominant symptoms might vary greatly; nonetheless, persistent sensations of anxiousness, shaking, tense muscles, perspiration, dizziness, palpitations, and sensation of vomitting and nausea are frequently reported.

**CHAPTER 4**

# NEUROTIC, STRESS RELATED AND SOMATOFORM DISORDERS

**Panic disorder**

An example of a fear response is panic attacks. They are an overabundance of your body's typical reaction to stress, anticipation, or threat. Panic episodes occur frequently and without warning in people with panic disorder. Even in the absence of a clear threat or trigger, panic attacks are characterized by brief but intense moments of terror, discomfort, or a sense of losing control. Not every person who has a panic episode goes on to have a panic disorder.

These symptoms can include: a rapid or thumping heartbeat; lightheadedness, dizziness, or faintness; extreme heat or cold, chest or abdominal discomfort; shivering or shaking; nausea ; difficulty breathing, or a feeling of choking.

Individuals who suffer from panic disorder frequently worry about when they will have another attack and make a conscious effort to avoid triggers such as circumstances, locations, or behaviors. Attacks of panic might happen sometimes, like once a year, or regularly, like multiple times a day. Specific locations, circumstances, or activities appear to precipitate panic episodes.

Most panic episodes last five to twenty minutes. They may appear suddenly. Usually, the symptoms will reach their peak in less than ten minutes. It's also possible to have panic attack symptoms for an extended length of time. This might occur as a result of an additional panic attack or other anxiety-related symptoms. For a diagnosis, it is important that several panic attacks should have occurred within a period of 1 month.

**Phobia-related disorders**

An extreme aversion to or fear of particular things or circumstances is known as a phobia. While anxiety is understandable in certain situations, the dread experienced by those who have phobias is disproportionate to the true threat posed by the event or object. The symptoms are persistent and should last for 6 months or more.

## CHAPTER 4

# NEUROTIC, STRESS RELATED AND SOMATOFORM DISORDERS

Individuals who suffer from phobias may exhibit the following symptoms:

- Intense, immediate anxiety upon coming across the feared object or situation.
- Irrational or too much worry about coming across the feared challenge or situation.
- Active avoidance of the feared object or situation.
- Extreme anxiety when enduring inevitable objects and situations.

## Various forms of phobia are:

•**Specific phobias:** Individuals with a particular phobia experience extreme worry or fear in response to particular kinds of things or circumstances. Among the fears that are instances of distinct phobias are flying, heights, particular creatures, like dogs, snakes, or spiders, blood etc.

•**Social phobia**, which is also known as social anxiety disorder refers to individuals suffering from typically extreme fear or uneasiness in social or performing contexts. They fear that by acting or behaving in ways that are connected to their anxiety, people will judge them poorly and make them feel ashamed. People frequently avoid social situations as a result of this concern. Social anxiety disorder can show symptoms in a variety of contexts, including the workplace or school setting

The following symptoms may be present in people with social anxiety disorder: flushing, perspiration, or shaking; thumping or racing heart; indigestion; rigid posture or excessively soft voice; difficulty establishing eye contact or being around strangers, feeling self-conscious or fear that others might view them unfavorably

•**Agoraphobia** is the extreme fear of two or more of the subsequent circumstances:

Traveling by public transit; Being in enclosed or open areas; Being in crowded places; Leaving the house alone.

Individuals who suffer from agoraphobia frequently avoid these circumstances, partly due to their fear that they won't be able to escape in the event that they experience embarrassing symptoms or panic attacks.

**CHAPTER 4**

# NEUROTIC, STRESS RELATED AND SOMATOFORM DISORDERS

## Obsessive-compulsive disorder (OCD)

OCD is characterized by an individual experiencing recurrent, repetitive, intrusive, uncontrollable thoughts (called obsessions), compulsive activities (called compulsions), or both. OCD sufferers experience protracted symptoms that can be extremely upsetting or interfere with day to day activities. Obsessions and compulsions can coexist in patients with OCD. Obsessions means that person experiences repetitive thoughts, desires, or mental representations, which they recognise as their own thoughts and they understand that they are useless. These thoughts cause anxiety and distress. In order to avoid the anxiety, individuals perform repetitive actions known as compulsions. The duration of symptoms should be at least 2 weeks.

Typical obsessions are:

- Fear of getting dirty or infections
- Anger towards oneself or others;
- Unwanted, taboo, or forbidden ideas related to sex, religion, or injury;
- Need for symmetry in things;
- Fear of omitting, losing, or misplacing anything;
- Fear of losing the ability to regulate one's conduct;

Common compulsions include: ordering or arranging things in a certain, methodical manner; praying or quietly repeating words; compulsive counting; excessive cleaning or handwashing; checking frequently that objects are off; putting things in order or cleaning excessively.

## 5. Acute stress reaction

Acute stress reaction is a transient mental health condition which appears following a traumatic or stressful event, typically lasts for minutes to days, maximum being 72 hours.

## CHAPTER 4

# NEUROTIC, STRESS RELATED AND SOMATOFORM DISORDERS

It involves reactions to stress, such as:

- fear and anxiety
- extreme powerlessness or terror
- having nightmares or flashbacks
- sensation of being numb or cut off from one's body
- avoiding locations, circumstances, or other reminders of the traumatic incident
- a distorted perception of reality, such as the impression that time is moving slowly
- memory loss pertaining to significant elements of the distressing experience
- attempts to suppress upsetting memories, ideas, or emotions connected to the incident.

Some instances of traumatic experiences are tornadoes, fires, floods, major life stress and other natural catastrophes

## Posttraumatic stress disorder (PTSD)

An individual's mental health is greatly impacted by posttraumatic stress disorder (PTSD), a common and complicated psychiatric condition that develops in reaction to exposure to stressful and traumatic experiences.

Though they can occasionally appear later, PTSD symptoms often start to show after weeks to months, typically within 6 months of a stressful event. An individual must have symptoms for weeks to months and have severe enough symptoms to interfere with daily activities like relationships and employment.

PTSD symptoms include the following: reliving the frightening incident through flashbacks, which can include physical symptoms like sweating or a racing heart; having disturbing thoughts; and avoiding situations, people, or things that bring back memories of the traumatic experience, having trouble focusing; being quickly frightened; sensitive, alert, or on edge; experiencing persistent unpleasant emotions, such as dread, wrath, guilt, or humiliation; having difficulty recalling important details of the traumatic experience; thinking negatively towards oneself or the world. Substance use, risk of suicide and depression is not uncommon.

**CHAPTER 4**

# NEUROTIC, STRESS RELATED AND SOMATOFORM DISORDERS

## Adjustment disorder

States of emotional disturbance and subjective distress that typically interfere with social behavior and performance and develop during the period of adjustment to a major life transition or the fallout from a stressful life event (which may include the possibility or presence of a serious physical illness). The symptoms often appear one month after a stressful incident or life transition, and they usually last no longer than six months, except in a prolonged depressive reaction.

This occurs when someone experiences an unpleasant occurrence or situation—whether brief or prolonged—that is extremely threatening or catastrophic and is likely to cause widespread distress in nearly everyone. Examples of such situations include disasters that are either man-made or natural, combat, serious accidents, migration and loss of a loved one.

## Dissociative disorders

Dissociative disorders are characterized by a lack of connection between one's identity, surroundings, ideas, memories, and feelings. Among these situations is the unwelcome and unhealthy escape from reality.

Some dissociative episodes are relatively transient and sudden; they may occur closely in time with a traumatic event and go away on their own in a few short weeks or months. Other episodes may have a far longer duration.

Dissociative disorder symptoms can vary, but they can include things like feeling cut off from the outside world and from yourself; forgetting specific dates, occasions, and personal details; being unsure of who you are; having multiple distinct identities; and experiencing little to no physical pain.

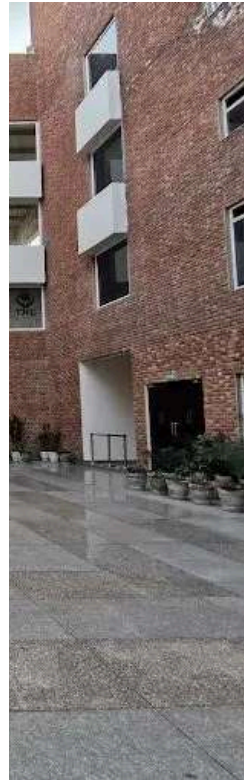
Pseudo seizures can occur in certain dissociative disorder sufferers. These might range from dizziness to anything more akin to a condition which mimics an epileptic fit. The mind uses dissociation as a coping mechanism for excessive stress.

## CHAPTER 4

# NEUROTIC, STRESS RELATED AND SOMATOFORM DISORDERS

## Somatoform disorders

Somatoform disorders are characterized by severe anxiety connected to health and a preoccupation with ongoing physical complaints along with constant requests for healthcare checkups, medical tests, despite repeated negative results and clinician assurances that the symptoms are not physical in nature. The symptoms should be present for at least 2 years.







## CHAPTER 5

# TREATMENT

Anxiety disorder can be treated with help of pharmacological and non pharmacological methods. Treatment options for chronic anxiety include medication, psychotherapy, or a mix of the two.

### Pharmacological Treatment

A benzodiazepine may be necessary for the treatment of acute anxiety. Pharmacotherapy is used to treat anxiety disorders. It includes benzodiazepines, tricyclic antidepressants, light tranquilizers, beta-blockers, and selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs).

SSRIs, also known as selective serotonin are widely used as first-line therapy for anxiety disorders and are successful in treating all types of anxiety disorders.

SNRIs, such as duloxetine and venlafaxine, are first-line treatments for generalized anxiety disorder (GAD) and are thought to be just as effective as SSRIs.

## CHAPTER 5

# TREATMENT

## Non-Pharmacological treatment

### Psychotherapy

#### Cognitive-behavioral therapy

Cognitive-behavioral therapy is one of the most beneficial types of psychotherapy. It is a methodical, goal directed, and didactic type of therapy with an emphasis on assisting clients in recognizing and altering recurring, maladaptive thought patterns and beliefs that both cause and sustain anxiety symptoms. Building behavioral skills is the main goal of this type of therapy, which helps patients respond and behave in more adaptive ways in situations that cause anxiety. Exposure therapy is used to help people confront the stimuli and circumstances that they usually avoid. As a result of this exposure, their anxiety symptoms decrease because they realize that their anxiety is making them experience false warnings and that they can deal with stressful situations by not being afraid of them or their stimuli.

Cognitive therapy is problem-oriented therapy focused on the difficulties that the client identifies as their main concerns and is usually time-limited to no more than 20 sessions.

Although CBT for anxiety disorders uses a variety of behavioral methods, **exposure therapy** is the main one. Learning theory is used by exposure approaches to explain how long-term fear is sustained. In particular, increased anxiety and fear cause people to avoid situations, people, and ideas that they think will have disastrous consequences. Prolonged anxiety is maintained in part by persistently avoiding fearful stimuli and occurrences. The goal of exposure exercises is to get a patient to face their fears head-on without resorting to avoidance or safety behaviors, which involve taking action to lessen the intensity of a situation that makes them anxious. The client will learn that a feared circumstance is less likely to result in catastrophic events after being exposed to it repeatedly without exhibiting avoidance or safety behaviors. Additionally, fresh perspectives of safety will be strengthened. By exposing themselves to the situations they have been avoiding, patients may evaluate their incorrect assumptions about the likelihood of a bad outcome through exposure exercises.

**CHAPTER 5****TREATMENT**

Different techniques are used in CBT such as:

- Cognitive restructuring
- Behavioural activation
- Journaling
- Thought challenging
- Behavioural experiments

**Systematic desensitization**

Systematic desensitization is an exposure treatment that typically begins with exposure to a scenario that is only minimally scary and goes up from there, as opposed to confronting your greatest fear head-on, which can be extremely distressing. By gradually facing the feared situations, an individual tends to gain confidence and learn skills to control anxiety.



**Dr. Gorav Gupta**

CEO, Senior Consultant Psychiatrist, Tulasi Healthcare

## CHAPTER 5

# TREATMENT

Different techniques are used in CBT such as:

- Cognitive restructuring
- Behavioural activation
- Journaling
- Thought challenging
- Behavioural experiments

### Systematic desensitization

Systematic desensitization is an exposure treatment that typically begins with exposure to a scenario that is only minimally scary and goes up from there, as opposed to confronting your greatest fear head-on, which can be extremely distressing. By gradually facing the feared situations, an individual tends to gain confidence and learn skills to control anxiety.

Three components make up systematic desensitization:

- **Learning calming techniques:** Initially, you will learn a relaxation method from your therapist, like deep breathing or progressive muscle relaxation. You will practice both independently at home and in treatment. Using this relaxation technique, you can lessen your bodily anxiety response (such as trembling and hyperventilating) and promote relaxation once you start facing your worries.
- **Putting together a detailed list of fears or anxiety provoking situations:** You can make a fear hierarchy by recognizing the things or circumstances that make you feel afraid, once you've mastered the relaxation techniques that work best for you. You can achieve this by working with a therapist to identify the circumstances that make you feel the most and the least afraid. Situations that cause the greatest amount of dread are assessed as a "10," while those that cause the smallest degree of fear are ranked as a "1." Determining the intermediate levels is also crucial.
- **You will work with a therapist to determine how to begin exposing yourself to the anxiety provoking situations and handling your distress along the way once you have completed your fear hierarchy.** The first step in systematic desensitization is to confront your underlying anxieties. Thus, begin with the "1" and progress to the "10." You may control thoughts, feelings, and sensations that arise when you are introducing yourself to frightening situations by practicing relaxation techniques.

**CHAPTER 5****TREATMENT**

- Your body gradually learns that the threat it has been expecting won't materialize, and you can stop using avoidance as a way to stop the uncomfortable emotions. The techniques can be applied as often as necessary to help you feel less anxious.

**Mindfulness-based interventions**

When used as stand-alone treatments or in combination with cognitive behavioral therapy (CBT), mindfulness-based interventions are helpful for clients with anxiety and related disorders. The practice of being present in the moment and having a nonjudgmental awareness of the experience of the present moment is known as mindfulness. Reduction of emotional instability and responsiveness to stressors is the goal of these therapies. Mindfulness-based stress reduction (MBSR), a group skill development program, and mindfulness-based cognitive therapy (MBCT) are common examples of mindfulness-based therapies. Eight two to three-hour classes with a therapist, a one-day retreat, regular tasks for homework, and practice sessions are all part of the MBSR program. The purpose of the modules is to teach participants how to recognize automatic stress reaction, practice sustained attention, practice mindful meditation, and communicate with others. Similar in structure to Mindfulness-Based Stress Reduction (MBSR), mindfulness-based cognitive therapy teaches patients to identify and break negative habitual thought processes.

**Acceptance and commitment therapy (ACT)**

The foundation of acceptance and commitment therapy (ACT) is the belief that uncomfortable ideas and emotions are a natural part of being human and that attempting to suppress or ignore them would only make matters worse. ACT can help you become more psychologically flexible by educating you on how to acknowledge your challenging emotions and thoughts without passing judgment. Additionally, even in the face of uncomfortable emotions, you learn to act in accordance with your principles. Behavior-changing tactics and a variety of mindfulness methods are employed by ACT therapists. ACT can be given in group or individual settings and is frequently used in conjunction with other types of therapy. It can be applied for a longer amount of time or as a short-term intervention.

## CHAPTER 5

# TREATMENT

## Dialectical behavior therapy(DBT)

DBT is a widely recognized, scientifically supported therapy that can assist patients in managing and lowering their anxiety. The four modules of DBT skills are: mindfulness, emotion regulation, distress tolerance, and interpersonal skills. Different emotional and physical signs of anxiety are addressed in all four modules. DBT for anxiety usually entails six months of combined individual and group therapy sessions. In order to manage anxiety, a person can learn coping mechanisms and identify the triggers of their anxiety with the aid of dialectical behavior therapy (DBT). Though therapists trained in DBT can apply DBT principles to any type of anxiety disorder, most research has concentrated on how well DBT works in treating generalized anxiety disorder.





## CHAPTER 6

# WAYS TO CONTROL ANXIETY

### 1. Grounding Techniques

- Grounding techniques are useful activities meant to assist people in grounding themselves in the here and now, therefore lowering anxiety and detachment. The following are thorough grounding methods:

#### 5-4-3-2-1 Exercise

Goal of the grounding exercise: Focus on the here and now by using your 5 senses.

#### Actions:

- 1) **Sight:** Identify five objects in your field of vision.
- 2) **Touch:** List four objects that you can feel, such as the fabric of your clothing or the chair you're sitting on.
- 3) **Hearing:** Pay attention to three audible sounds (such as the chirping of birds or the ticking of a clock).
- 4) **Smell:** Name two items that you can smell (if nothing is accessible right away, think back to two of your favorite smells).
- 5) **Taste:** Identify one taste (you can concentrate on the taste in your mouth, or you can keep a tiny snack close at hand).

**CHAPTER 6**

# WAYS TO CONTROL ANXIETY

**2. Mindfulness** - Goal: Bring awareness to the present moment.

This also includes breathing exercises. By triggering the body's relaxation response, breathing techniques assist in the management of anxiety. These are some thorough breathing exercises:

- Deep Breathing
- Box Breathing (Square Breathing)
- JPMR

**3. Journaling & thought diary**

Objective: Use journaling to help deal with anxiety by understanding feelings, finding what triggers them, challenging negative thoughts, and learning how to cope better.

**4. Guided imagery**

To create a mental image of a peaceful scene or scenario. Make visualization a regular part of your anxiety management routine. Set aside time each day to engage in visualization exercises, gradually increasing the duration as you become more comfortable with the practice.

**5. Practice Affirmations**

The main goals of anxiety affirmations are to strengthen emotions of resilience, tranquility, and confidence. They can assist in reframing negative thoughts and feelings, which lowers anxiety levels.





## CHAPTER 7

# HOW TO HELP YOUR LOVED ONES EXPERIENCING ANXIETY ?

Here are a few actions you can do:

### 1. Become Informed about the illness and symptoms

Acquire knowledge of anxiety's symptoms. Being aware of what your loved one is going through can enable you to support them more effectively. Learning the practical coping mechanisms and techniques that your loved one is employing is another method to assist someone who is experiencing anxiety. In this way, you can support them in helping themselves become calmer in times when they feel their anxiety is getting worse by encouraging them to apply some of those methods when they are feeling nervous. For example, you could work with them on "grounding exercises," which help them shift their attention from the source of their anxiety back to the present moment.

**CHAPTER 7**

# HOW TO HELP YOUR LOVED ONES EXPERIENCING ANXIETY ?

**2. Pay attention and interact**

Pay attention to others. Give them space to communicate their emotions without passing judgement or interjecting.

Promote candid dialogue. Assure them that discussing their anxiety is acceptable.

**3. Provide encouragement and acknowledge their emotions**

Offer reassuring words on a regular basis without being condescending. Acknowledge their emotions even if you don't comprehend them completely. Avoid using phrases like "just calm down" and "it's not a big deal," as they are unlikely to be beneficial.

**4. Support treatment**

Encourage them to see a therapist or counselor for assistance if they haven't previously. If they feel comfortable it, offer to help them find a professional or go with them to appointments.

**5. Be calm and avoid judgement**

Recognize that conquering anxiety is a procedure that may require some time. Remain calm and don't put any pressure on them to get better right away. Acknowledge and commemorate minor accomplishments along the journey

**6. Encourage for healthier lifestyle options**

Promote healthy eating, regular exercise, and enough sleep, as these factors can all help lower anxiety. Engage in mindfulness or relaxation methods like yoga, meditation or deep breathing exercises together.

**7. Establish a relaxing atmosphere**

Assist them in setting up a comfortable and safe environment. This could entail clearing clutter, applying calming scents like lavender.

**CHAPTER 7**

# HOW TO HELP YOUR LOVED ONES EXPERIENCING ANXIETY ?

## 8. Urge Them to Concentrate on Things They Can Modify

Those who suffer from anxiety frequently perceive little obstacles as enormous, even unsurmountable ones. Don't dismiss their concerns if you want to provide them some clarity and perspective. Admit that there are probably some components of the problem they can manage, even though they may not be able to control the entire thing. Talk about what can be controlled and what can't.

## 9. Remember to look after yourself

Understand that helping someone is more important than curing them of their illness or easing their anxieties. Assuming excessive responsibilities can be a sign of anxiousness, so be careful not to let yourself fall in the trap.





## CHAPTER 8

# GENERAL GUIDELINES FOR MANAGING ANXIETY

### 1. Changes in lifestyle

**Regular Exercise:** Exercise has the power to elevate mood and lower stress.

**Healthy Diet:** Consuming a well-balanced diet can impact energy levels and general well being.

**Adequate Sleep:** Consistently getting good sleep is essential for maintaining mental wellness.

### 2. Organisation and time management skills

**Setting Priorities:** Divide work into smaller, more manageable steps and concentrate on one task at a time.

**Calendar and To-Do List Utilization:** Aids in organizing daily tasks and lessens feelings of overload.

**CHAPTER 8**

# GENERAL GUIDELINES FOR MANAGING ANXIETY

## 3. Social Interactions

**Establishing Relationships with Friends and Family:** Keeping up social ties can offer emotional support.

**Joining Support Groups:** It can be consoling and beneficial to share experiences with like-minded people.

## 4. Developing healthy coping strategies

**Participate in hobbies:** Engage in enjoyable and relaxing activities.

**Creative Outlets:** Expressing yourself through writing, art, or music can be healing.

**Volunteering:** Giving back to the community can help people feel relevant and divert their attention from their own anxieties.

## 5. Reducing Alcohol and Stimulants

Limiting consumption of stimulants such as alcohol, caffeine, and other substances that can intensify symptoms of anxiety.

## 6. Making realistic objectives

Setting attainable objectives can help you feel accomplished and less anxious about the future.

## 7. Seeking expert assistance when required

Acknowledging when self-help techniques are insufficient and contacting a therapist or counselor for expert advice.