

THE ANXIETY MYTH

5 LIES WE BELIEVE ABOUT ANXIETY

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FEW GIFTED individuals suffer from hippopotomonstrosesquippedaliophobia, the fear of long words. In fact, they tend to love them. Some of you are probably breaking that word apart and committing it to memory now. Reading lists of common phobias can be entertaining, but sometimes the same fears we all experience slip across the invisible line from “normal” to an anxiety disorder, interfering with the ability to live a normal life.

Let’s break down the word *disorder*. *Dis-* is a prefix meaning apart or away. *Order* is the root word from the Latin *ordo* or *ordin*, meaning a row, series or arrangement. The word *disorder* fairly accurately describes what is going on in the mind. The anxious person is separated from the typical arrangement of worries and lives instead in a world dominated and controlled by fear and dread.

As with many mental health issues, misperceptions are common and myths abound. Assuming you don’t have quintaphobia (fear of the number five), here is a list of five common myths about anxiety disorders.

MYTH 1: ONLY WEAK PEOPLE GET ANXIETY.

If that were true, we’d have to redefine weak because an estimated 40 million adults in the United States, or 18 percent, struggle with anxiety,

and approximately 8 percent of children and teenagers experience the negative impact of an anxiety disorder. The National Alliance on Mental Illness reports that anxiety disorders are the country’s most common mental health concern.

It is possible that this myth originates in gender bias. Women are 60 percent more likely than men to be diagnosed with an anxiety disorder, perhaps leading to the myth that anxiety disorder is a problem of only the weaker sex and, by association, weaker individuals.

Statistically, certain mental health conditions are more common in one gender than the other. For example, women are more likely to be diagnosed with borderline personality disorder, while men are more likely to be diagnosed with antisocial personality disorder.

Of course, both men and women experience trauma, and while the level of stress caused by the trauma does not necessarily vary by gender, its manifestation can be defined by gender stereotypes. Women may be diagnosed with anxiety disorders more often than men because it is more socially acceptable for women to seek treatment. Even evolutionarily, if you’re a scared woman, that’s socially acceptable. If you are a scared man, you are going to get killed by a saber-tooth tiger – or your tribe, if you are lucky enough to escape the tiger.

The reverse myth is also false: If you are strong, you will feel no fear. We often hear the terms “brave and fearless” paired together. And men who are fearful are often socially ostracized, even as boys. The exception to this is our social acceptance of men with post-traumatic stress disorder (PTSD), which affects approximately one-third of combat veterans.





So, anxiety is not reserved for the “weak,” whatever that means, and it can affect even the most mentally and physically tough individuals.

MYTH 2: ALL ANXIETY IS BAD.

A little anxiety can be a good thing. Taken to the extreme, a completely relaxed, extremely *laissez-faire* attitude can result in losing one’s job or relationship. If you feel no anxiety at all about who’s paying the mortgage, the mortgage may not get paid. It’s also normal to feel anxious from time to time, especially if your life is stressful.

Mentally healthy individuals also experience what is called “signal anxiety,” which is your body telling you that you’re facing danger. That’s good anxiety, sometimes called “fight or flight,” intuition or gut instinct.

Additionally, short-term anxiety is designed to improve performance. All kinds of chemicals rush through the body, preparing it for its big moment. Heightened alertness, quicker reflexes and a surge of dopamine all combine to help you perform your best.

These truths make it even more difficult to recognize when normal anxiety morphs into an excessive, irrational and ongoing worry or dread that interferes with day-to-day activities. For many people, garden variety worry can shift

into a more severe form and become diagnosable as generalized anxiety disorder (GAD).

One form of anxiety, obsessive-compulsive disorder, is superstition gone wild. You know your thoughts are irrational, but you can’t fix them. You can’t stop the thought process nor get yourself to ignore the compulsion. Like GAD, it’s on a continuum that stretches from accepted superstitions, such as carrying a lucky rabbit’s foot, to more intense superstitions, as when a professional athlete doesn’t wash his or her socks for a season.

Is worry about a job bad? Is having a pre-game ritual mentally unhealthy? Are pre-speech jitters a sign of danger? Not as long as they don’t interfere with your ability to live your life in an effective way.

MYTH 3: MEDICATION IS ALWAYS THE BEST TREATMENT FOR ANXIETY.

Medications often have positive effects and can help many people lead more productive lives. People with anxiety disorders, for example, can benefit significantly from neurotransmitter support. It’s important to be mindful consumers because all medications have side effects, contraindications and correlated issues. One problem is that many people try to self-medicate, reducing the opportunity for prescribed medications because many anti-anxiety drugs cannot be given to individuals with a dependency problem.

Adding to the complexity of this scenario is that both antidepressants and sedatives are used in the treatment of anxiety, and these drugs behave very differently. Antidepressants, specifically a family of them called Selective Serotonin Reuptake Inhibitors, or SSRIs, are most often prescribed for daily use, while sedative-hypnotics, such as Xanax, are used for short-acting surges of anxiety.

Unfortunately, sedatives can be habit forming, causing both physical and psychological dependence. Physically, they affect the brain by enhancing the effect of gamma-aminobutyric acid, slowing down the signals traveling among neurons, thus decreasing brain anxiety. The brain literally calms down. This feels good when you have anxiety, yet the brain can quickly adapt and react negatively to cessation of the drug use in the form of serious withdrawal symptoms.

Sedative-hypnotics are shockingly effective at relieving anxiety. Alcohol is perhaps the most popular self-prescribed anti-anxiety medication in history. Sedative-hypnotics are so good that they can give users the feeling that they cannot function without the drugs. Thus, sedative-hypnotics pack a powerful one-two addictive punch: They’re good at what they do, and they’re good persuaders, too.

What alternative treatments are effective? Certain types of psychotherapy show tremendous results in helping people with anxiety. Studies indicate that a genre of therapy called cognitive behavioral therapy (CBT) is particularly

useful in treating anxiety disorders. The CBT genre includes dialectical behavioral therapy and acceptance commitment therapy, and while research shows they're the most effective, there are multiple methods of dealing with anxiety.

Although the natural human reaction for survival is to avoid things that are scary or dangerous, with anxiety it is often helpful to do the opposite, within reason and with care. Systematically engaging in a scary activity can help a person become more confident in all areas of his or her life. This is because if you're scared, you feel vulnerable, even if it's in only one aspect of your life that you feel anxious.

It's empowering for children to fail in safe places, such as in loving homes. For example, children who are anxious about speaking in front of people can practice presentations for school in the living room first. For adults as well, systematically desensitizing oneself works somewhat like allergy shots – expose yourself to micro doses of the thing you fear and build tolerance.

We can do quite a bit of self-help when it comes to anxiety. It doesn't require professional counseling to determine what you are afraid of and if that fear is rational or irrational, protective or restrictive.

The best help for anxiety depends upon the person's history and the type and severity of the anxiety. Likely, a combination of therapy and medication will be recommended. Remember, medication does not cure; it only controls. So therapy is needed to gain the skills to manage anxiety.

MYTH 4: ALL PEOPLE WITH ANXIETY HAVE PANIC ATTACKS.

Panic attacks are sudden feelings of terror, sometimes striking repeatedly and without warning. Often mistaken for a heart attack, a panic attack causes powerful, physical symptoms such as chest pain, heart palpitations, dizziness, tunnel vision, shortness of breath and an upset stomach. Many people will go to desperate measures to avoid having an attack, including increasing social isolation or avoiding going to specific places.

People who experience panic attacks that affect their ability to function in their lives may be diagnosed with panic disorder. Like other aspects of anxiety, this represents a misfire of a normal phenomenon, in this case fight or flight. Surges of adrenaline course through the body, and we feel the physical symptoms of the panic in our ultimate, primitive brain – our gut.

While in the anxiety family of mental health conditions, not everyone with anxiety will have panic attacks.

MYTH 5: CHILDREN DON'T GET REAL ANXIETY. WHAT DO THEY HAVE TO WORRY ABOUT?

The idea of childhood as a bucolic, prelapsarian paradise is a holdover from the Romantic age. In reality, most people develop symptoms of anxiety disorders before they're 21, and a large, national survey of adolescent mental health reported that about 8 percent of teens 13-18 have an anxiety disorder, with symptoms commonly emerging around age 6.

Although perhaps not frightened by long words, adult conversation or particle physics, many gifted children are scared of death and natural disasters. This makes sense because with high cognitive ability, young children can think about advanced topics that really are scary. Death and natural disasters are both extreme forms of unknowing because no one knows when, or sometimes even how or why, they strike.

Bright kids understand at very young ages that a massive natural event can shake the very fabric of society, and they see the connection between natural disaster and broad civil disorder. Not easily placated with a pat on the head and a flippant, "Oh, it will all work out," gifted kids (and adults) can be paralyzed by fear of these overarching unknowns. They know it could just as easily *not* work out.

Recent studies conducted at Emory University and at Mount Sinai demonstrate that trauma can be carried in genes to future generations through a process called "epigenetic inheritance." Though the idea that environment can alter genes is somewhat controversial, the research is robust that environmental factors can cause genetic alterations.

We see this in everyday experience as chemical tags attach to our DNA and turn the genes on and off. This is why you won't necessarily be overweight, even if both of your parents are. This area of research explores the idea that these tags are passed on to subsequent generations, trauma among them. This may help explain why someone can suffer from trauma-related mental health challenges without suffering a trauma himself or herself.

Beyond the myths surrounding anxiety are some truths that can help us all because most of us either know someone who suffers from anxiety or have felt its cold reach. Anxiety is not neutral. It captures people in a web of fear and worry, leading them to avoid aspects of life that make it enjoyable and worth living. Through effective, consistent counseling, medication as needed and daily practices such as meditation or prayer, time outside, good nutrition, and exercise, anxiety sufferers can break free from its grasp and live the lives they've imagined for themselves. ✨

IS WORRY ABOUT A JOB BAD? IS HAVING A PRE-GAME RITUAL MENTALLY UNHEALTHY? ARE PRE-SPEECH JITTERS A SIGN OF DANGER?