

Stress and Anxiety Podcast Episode 3

Podcast 3 – Anxiety – 21 minutes

In Podcast 2, we thought briefly about different ways of categorising stress from more of a physiological perspective and about some of the experiences at Oxford that might be currently causing you stress. In this third podcast, we'll be thinking about different types of anxiety and how they might be categorised according to two different perspectives – a medical perspective on the one hand, and a psychoanalytic perspective, on the other. A medical perspective can be particularly useful where a diagnosis might be helpful for thinking about medication or for managing symptoms. A psychoanalytic perspective – that is, one that considers thoughts and feelings of which we are fully aware as well as those of which we are not - can be helpful when we want to understand more about why we might be feeling anxious, or when we are aware that the trigger we have identified is not really the underlying cause of our anxiety. So in this podcast, as well as thinking more prosaically, we'll also be reflecting more conceptually about ideas of where anxiety might come from in the mind, and you'll be asked to think about your current anxieties and to reflect on the previous experiences you think they might relate to in your life.

But first, let's try another breathing exercise – this time, if you'd like to, you can have a go at the aptly named 'belly breathing', which involves breathing from your diaphragm – so with your hand on your tummy, breathe in through your nose for a count of four, hold for two, then breathe out through your mouth for a count of four, and pause for two, making sure that when you breathe in, your tummy goes out, and when you breathe out, your tummy goes in. Feel free to pause the podcast now while you try this, remembering to repeat the pattern for around 10-12 breath cycles [demonstrate].

So to start off briefly with the medical approach to anxiety, some of the ways in which anxious feelings are categorised from this perspective include generalised anxiety disorder, social anxiety, separation anxiety, health anxiety, panic disorder, specific phobias – for example of flying or spiders, and agoraphobia. Related conditions might also include post-traumatic stress disorder, complex post-traumatic stress disorder, acute stress disorder, and obsessive compulsive disorder. This medical way of categorising anxiety and related conditions focusses very much on symptoms and diagnoses, and can be useful when what we want is a medical name for what we are experiencing, a medical explanation of our symptoms, or medication or a particular treatment plan to manage the specific symptoms. The approach here, then, usually involves what is known as a bio-psycho-social model, including, for example, whether other members of your family have

similar difficulties, emotional factors, and socio-economic factors, and will probably also consider predisposing, precipitating, and perpetuating factors, that is, for example, genetic factors, initial triggers, and what is maintaining the anxiety. This approach will then usually aim to reduce physical symptoms, and possibly also consider how to control anxious thoughts and behaviours. If the anxiety you are experiencing is mild to moderate, you might be offered guided self-help or some psycho-education and symptom management techniques. If the anxiety is moderate to severe, you might also be prescribed anti-anxiety medication or an anti-depressant, which can also help with anxiety by altering your brain chemistry. Whilst these approaches can be effective, they don't work for everyone, or they might work temporarily but then stop working, so if you have tried these and not found them helpful, then it is worth asking your GP what else might be available in your local area.

Sometimes, however, rather than managing the symptoms of anxiety or understanding it at a conscious level, you might want to understand what it is that is making you feel anxious at a deeper, unconscious level, especially if you're aware that you might have pinned your worries to a particular event or situation, such as your upcoming exams, attending a specific formal, or speaking in a tutorial, but realise that something else is bothering you at a more fundamental level which you can't quite pin down. Or you might be experiencing a more pervasive and perplexing form of anxiety that doesn't seem to be linked to anything in particular, or which might have been puzzling you over a longer period of time. In these situations, it can be difficult to work out what the underlying causes of your anxiety might be, especially if, say, you've done well in exams before, know you've been to such things as family weddings or other formal events and survived, that you used to speak quite happily in class at school or until recently, or that you just don't usually feel that anxious, and can't identify from recent events why you might be feeling this way now. So, rather than just managing the symptoms, you might want to resolve them by getting to the bottom of what might be causing the anxiety and by understanding it at a deeper level. This kind of approach can require us to find the mental space, energy, and courage to reflect on and tolerate some emotional discomfort, as we allow our minds to let us know what it is that might really be troubling us. This way of doing things can feel anxiety provoking in itself, but often, it's not nearly as bad as we think it's going to be, if we give ourselves permission to switch off for a bit, perhaps making ourselves comfortable in a safe space, going for a gentle walk in a favourite location, settling ourselves into a comfortable chair, or doing something else that isn't screen based or work related which we usually find relaxing, so as to enable our minds to unwind a bit, and to let us know what's going on. If reflecting at a deeper level in this way and allowing your unconscious mind to let you know what's going on feels too difficult on your own, you might want to consider getting some psychodynamic

counselling to help with the process, or for more complex, enduring, or severe difficulties, you might consider more specialised psychoanalytic psychotherapy or more intensive psychoanalysis.

There could be a specific event or series of events about which you have some very clear and conscious memories, but which happened so long ago that you might not have made the connection with recent events, until you really allow your mind to reflect on what might be bothering you. So, for example, speaking in a tutorial in front of a new tutor might remind you of being shouted at by a teacher when you got something wrong at primary school, or experiencing a break-up might remind you of feeling rejected by one of your parents as a child.

But whilst there might be some events or experiences that we remember quite clearly, enabling us to make a link with things that are happening to us now relatively easily, some of our more fundamental anxieties might be related to our very earliest childhood experiences, when we were toddlers, infants, tiny babies, or even in some cases, possibly pre-birth. These events and experiences will have happened long before we were able to create conscious memories of them – an ability which, for most people, tends to start from around the age of 3 or 4. Such memories are therefore likely to be difficult to access without at least some external help. So, for example, if you felt extremely anxious when you started at Oxford and you can't think of a reason as to why this might be, on talking to your parents or carers, you might find that you had a very traumatic birth when you nearly died, or that you were left in a nursery for many hours at a time when you were a very small baby, which you might have found extremely frightening, perhaps feeling that you had been abandoned, even though this was not actually the case.

A third possibility is that there might also have been things that happened to you when you were older which were so difficult or upsetting that you are now unable to remember them consciously. This might be because you have repressed them – in other words, because they are so painful or unacceptable to you, that your conscious mind has dispatched these memories to your unconscious mind so you are no longer able to recall them easily. So, for example, if you were severely bullied as a seven year old at primary school for months on end during the lunch breaks, you might have repressed this very painful memory and have no conscious memory of it now, but find yourself feeling suddenly terrified and breaking into a cold sweat every time you go to the College dining hall.

In short, there might be all sorts of events or experiences you do or don't remember from childhood which can get triggered, whether you realise it or not, by contemporary situations, such that you are either taken straight back to the time the experience happened, as if you are almost reliving the experience at a bodily level now, or you become

fearful that the previous event or situation could repeat itself, and that the way you felt then is the way you are going to feel now. This can happen even if, thinking about it consciously, you can recognise that the two situations then and now are very different, and happening in what might feel like entirely separate and distinct periods of your life.

With a psychoanalytic approach, then, thinking about our most basic, underlying fears and anxieties in relation to some of our earliest experiences, or to experiences that we might have repressed because they are too painful or difficult for us to remember easily, is not something to be avoided or managed, but is seen as something that, approached with care, can ultimately become very helpful. You might have noticed yourself repeating certain patterns in relation to specific sorts of events, experiences, or kinds of relationship, and this might be your mind trying to resolve issues from the past by having another go at them in the present, in an attempt to get a different, more satisfactory outcome this time than might have been possible previously. Or you might even recognise an ongoing pattern across several similar situations or relationships, and notice that you tend to take up the same position and repeat the same mistakes, even though, at a conscious level, this is not something you want to do. With a psychoanalytic approach, then, when you feel anxious your mind is, as it were, either reacting directly to a traumatic situation by which you are feeling overwhelmed (known as ‘automatic anxiety’), or it is putting you on the alert for the possibility that the same upsetting situation might be about to happen again (known as ‘signal’ or ‘anticipatory’ anxiety). ‘Automatic anxiety’ is often ultimately considered to be an anxiety about death and dying, and ‘signal’ or ‘anticipatory anxiety’ a kind of early warning system that a traumatic experience might be about to re-occur. Both of these kinds of anxiety might be very familiar to you if you have ever experienced a severe anxiety or panic attack.

Further types of anxiety from a psychoanalytic perspective might include ‘paranoid anxiety’ – a fear of something awful happening to us as retaliation for feeling aggressive or hostile emotions towards others, and ‘depressive anxiety’, where we feel anxious that we have somehow done damage to the significant others we love, and fear that we might lose their love as a result. And of course, there is also ‘performance anxiety’, a type of anxiety which is very familiar to many Oxford students, which includes a fear about not being good enough or of being undeserving of studying here. At heart, this kind of anxiety can be understood as a fear of not being loved if we do not meet someone else’s expectations, or if we have internalised someone else’s expectations or demands as our own, which can result in a fear of being judged, or found to be fraudulent, or of somehow letting others or ourselves down.

So if, for example, you feel jealous of your best friend for getting higher marks than you, you might unconsciously become anxious that you are going to do very badly in your exams as a kind of 'retaliation' or 'punishment' for what you might feel are your own mean feelings. Or if you have always felt jealous of your older sister because when you were teenagers, you felt that she was allowed to do things that you were not, you might find yourself feeling particularly worried that something awful is going to happen to her when she goes out for the evening now, even though you know this isn't logical. Or perhaps when you were at primary school, your parents got cross with you if you didn't come top of the class, and you became terrified that they wouldn't love you as much as they loved your clever little brother, so that now, you might find yourself getting unaccountably anxious about getting an essay back from your tutor, even though you know you've actually done a good job, or you might feel very anxiously competitive if they praise your tutorial partner's work, even though you know you're not actually competing with them.

And of course, there is also a kind of anxiety that relates to a fear of feeling insignificant or of being deprived of a sense of potency. This in turn can result in feeling anxious about not being good enough or of being in some way undeserving, and can also lead to performance anxiety, or worrying about achieving a particular standard or grade in an activity that we feel is important to us.

So perhaps you were top of the class at school, and this made you feel pretty unique, but when you came to Oxford, you found that lots of people had been top of the class at school, and this might have resulted in your feeling rather small and insignificant. You might have felt you didn't deserve to be here, or got worried that someone would find out that you weren't as clever as you felt you ought to be. This might, for example, relate to your feeling very special when you were a small child, then realising that, although your parents or carers loved you, they also loved each other or had other things to which they devoted their attention, such as their work or careers.

Another type of anxiety we might consider from a psychoanalytic perspective is related to what is known as a 'lack of containment' – that is, an absence of feeling that our emotions are being taken in, thought about, made sense of emotionally, and verbalised for us in ways that we can manage, especially when we are very young children or babies. If we experienced a lack of containment when we were small, most usually in relation to our primary carers or significant others, and particularly if this experience was an ongoing one, then when we are experiencing overwhelming situations now, we might have fears of our emotions spilling out uncontrollably all over the place, or of not being able to manage them. You might have come across this idea, for example, in the context of 'separation anxiety' – that is, a fear of losing or being abandoned by an emotionally significant other or

others, when you might recognise that your feelings of abandonment are way in excess of the actual event or situation which appears to be triggering them currently, and might perhaps be more related to feeling a lack of containment from a long time ago. So for example, when your friends go home after you've all spent an evening out together, rather than feeling that you've had a good time, you might end up feeling bereft and abandoned because at some level, it reminds you of the time when your parents were late picking you up from your after school club, and maybe then as a five year old, you thought they were never coming back ever again.

You might also have come across the idea of 'attachment', which is our basic internal model and fundamental blueprint of how we form emotional bonds with others, based on our earliest relationships with our primary carers. So that if, when we were tiny, our primary carers were unable to relate to us in a way that we found predictable and dependable, then we might have become quite clingy and might now doubt that others will show us consistent attention or affection unless we ensure that we are constantly in their minds, which might indicate anxious attachment. So for example, if when you were tiny, your Mum or Dad or the carer who looked after you when you were a baby suffered from post-natal depression, then even if they were always physically present when you needed them, through no fault of their own, they might not have been able to take in your feelings as much as you might have needed when you were feeling really upset or distressed, and they might not have been able to think about these feelings with you, or to say or do something soothing to help you in the way that you might have needed. So now, when you feel your partner or friends are distracted by work and you feel they aren't really listening to what you are saying, rather than being understanding, or perhaps feeling temporarily a bit fed up with them, you might find yourself starting to feel inexplicably abandoned or terrified that they might suddenly leave you. Or maybe you've noticed that you feel you constantly have to message or see your friends, because you fear that if you don't, they will forget about you and you will fall out of their minds.

If when we were children, our primary carers were very strict, emotionally distant, discouraged us from expressing our feelings, or insisted on our being tough and independent, we might by now have learned to become aloof and cut off from close emotional contact with others, possibly suggesting avoidant attachment. So if perhaps your parents or carers didn't have close family relationships themselves growing up and were then quite emotionally distant with you when you were a child, you might find it hard to make close relationships now because you don't trust others to be there for you.

If your primary carers were emotionally available at one moment, but preoccupied or withdrawn the next, you might now be confused and erratic in how you relate to others,

which could suggest ambivalent attachment. So for example, if you had a parent who misused alcohol, it might be that they were very much present and able to respond to you sensitively when they were not drinking, but could then become unavailable emotionally when they were, such that you might find yourself inadvertently repeating this pattern yourself with your friends or other loved ones, on the one hand wanting to be close and craving emotional intimacy, but at other times, finding it hard to trust them and perhaps rejecting them when you feel they get too close.

And if our primary carers were aggressive, hostile, or even frightening towards us, we might sometimes feel rather chaotic, controlling, or even at times somewhat aggressive or hostile ourselves, or we might conversely become hyper-vigilant, rather desperately self-reliant, or compulsively caregiving as adults, possibly indicating potential disorganised attachment. So perhaps you were left with a childminder who, unbeknownst to your parents, had an untreated, serious mental health difficulty, and you were not well cared for or might even, at times, have been neglected, such that you might have noticed that you can be controlling in relationships yourself or conversely, perhaps try to look after others all the time, even when they don't need or want you to look after them, because what you feel you really need to do is to look after the baby or young child part of yourself.

So in this podcast, then, we've briefly considered a medical approach to anxiety and outlined the main ways in which anxiety is categorised from this perspective. This often involves using a bio-psycho-social model and involves considering predisposing, precipitating, and perpetuating factors and can be helpful if what we want is a diagnosis and in some cases, possibly medication, or a brief treatment that might help us to manage our symptoms on a temporary basis.

We've also thought about a more conceptual, psychoanalytic approach and how anxiety might be understood in terms of our previous and often unconscious experiences. This way of thinking can be helpful if we have begun to recognise patterns in our relationships or ways of handling things and want to understand our feelings at a deeper level. We've also thought briefly about the idea of emotional containment and about attachment patterns. This is not to say that everything is pre-determined, or that difficult previous experiences can't to some extent be compensated for by subsequent, more benevolent experiences later on, but rather, that it is by understanding and working through these earlier experiences and the impact they might have had on us, that we can have more choices about how we interact with ourselves and others in future.

Whilst the medical and psychoanalytic approaches might sound very different, what they have in common is their understanding of how early experiences can have an impact on the neural pathways that get laid down in our brains and that, whilst these remain

malleable at least to some extent throughout our lives, some of our ways of responding to contemporary events, situations, and relationships are likely to have been impacted by factors over which we had little or no control as infants or small children.

So how does all this come about as we grow up, and how can an understanding of our early development as children help us when we feel anxious now? This is something we'll go on to explore in Podcast 4, but as this podcast comes to a close, you might want to take a few moments to jot down some thoughts and feelings about what it might have brought up for you about your own childhood experiences, and how they might relate to any current anxieties. If doing this makes you feel particularly anxious and you feel you want some help with thinking about these feelings, do consider making an appointment with the University Counselling Service, or if you are finding your feelings really unmanageable, arrange to see your GP or College doctor. And in case of life threatening emergency, please go to Accident and Emergency at your local hospital.