



Lifeline

anxiety disorder newsletter

A quarterly newsletter for people – and the families of people – who suffer from the panic brought about by fears, anxieties and phobias.

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Economic hardship and employment difficulties for women with social anxiety disorder

Women with social anxiety disorder have a great risk of economic hardship.

A University of Michigan School of Social Work study to investigate how much of an obstacle social anxiety disorder is to successful employment of women receiving welfare found that it was far more difficult for them to work and get off welfare than it is for women without the disorder. Data used was on 609 respondents who completed four annual interviews from the Women's Employment Study which included questions to measure social anxiety disorder and other mental health diagnoses in the respondents.

Anticipation in generalized anxiety disorder

Anticipation of something terrible happening can be worse than the event itself for people with anxiety disorders. Researchers at the University of Wisconsin-Madison Waisman Laboratory for Brain Imaging and Behavior used functional magnetic resonance imaging to study how the brain responds to anticipation in patients with generalized anxiety disorder (GAD).

The participants were shown pre-image cues, several seconds before viewing the images themselves, of a circle before a neutral image and a minus sign before a negative one. In comparison to a control group, the GAD patients showed no difference in brain activation in response to the pictures themselves, but amygdala activity was unusually high in response to both the anticipatory cues. This suggests that the patients are hypersensitive to the anticipation even when they know that it is not signalling a negative event. The disproportionately large response to the possibility of a negative event happening in the future suggests that there are differences in anticipatory brain processing in people with anxiety disorders. The research also showed that patterns of brain activity also indicate how patients will respond to treatment for their anxiety.

A subsequent eight-week course of treatment with venlafaxine showed clinical improvement to be associated with higher levels of pre-treatment brain activity in the anterior cingulate cortex – the regulatory brain region important for modulating emotional responses proven to predict clinical outcome in patients with depression– during anticipation of both the neutral and negative images.

Welfare recipients with social anxiety disorder were found to work only six of twelve months, women with depression about eight of twelve months and women with neither disorder worked nine of twelve months. Few of the social phobic women received any treatment to help them to get a job and get off of welfare. Their social fears increase the risk of their being laid off, create difficulty in making phone calls and being interviewed and generally undermine their efforts to find employment.

The research team is developing and testing a treatment program designed to increase job success for people for whom social anxiety contributes inability to acquire jobs and remain employed.

Fewer adverse effects experienced...

Acute and long-term treatment with clonazepam is equal in efficacy to paroxetine for people with panic disorder and has significantly fewer adverse effects.

The three-year evaluation of the efficacy of the benzodiazepine as compared to the selective serotonin reuptake inhibitor, paroxetine, was conducted at the Institute of Psychiatry, Federal University of Rio de Janeiro. 120 panic disorder patients, with an average age of 34.8, were randomized with 63 patients being treated with clonazepam and 57 with paroxetine for eight weeks. After this initial 8-week phase, 47 and 37 patients respectively were followed up over three years, the patients who did not respond being switched to a combination treatment. During the three years the two treatment groups continued to show parallel improvement. The paroxetine group, however, had significantly more adverse effects than the clonazepam group, including sexual dysfunction, appetite/weight change, diarrhoea/constipation, excessive sweating, shaking/trembling, headache, and nausea, dry mouth, insomnia/nightmares, and paraesthesias.

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The current issue is always available for viewing or download from our website at: <http://www.designandcopy.ca/lifeline>.

Putting pen to paper (or keyboard to computer) and writing away fear and anxiety

Putting feelings into words helps the brain to better control the areas where fear is processed.

Scientific research proves that writing about a traumatic experience, a panic attack or other fear reaction can reduce stress by actually changing the way the brain deals with the negative emotions involved. It is even said that in writing – whether a journal, a poem or the story of one's life – the primary motivation is the fact that it brings about peace of mind. The act of writing clarifies and renders feelings less stressful both emotionally – and physically, too, since such conditions as asthma and arthritis have been shown to improve with writing about fears, anxieties and worries. The consciously going over of the panic/anxiety-related events and reactions to those events seems to reduce the intensity of the reactions.

The full benefit, however, is derived not just by the writing about emotions but in trying to make sense of them and learning from them. Additionally, writing about negative emotions in this way helps to develop a greater appreciation of life after the bad experience. It can improve personal strengths, spiritual development and relationships with other people.

Trauma

Studies in which trauma victims have participated in writing about their thoughts and feelings for about twenty minutes a day show that such a written description of these emotional reactions has a positive impact on the writers' mental and physical health. It is not known exactly why but the writing is, obviously, relieving stress and possibly decreasing the overall bodily stress which is often associated with immune system vulnerability to poor health and disease. In a study where participants were shown very shocking films, some were asked to suppress emotional response while others were asked not to. The group suppressing their emotions were found to have significantly higher heart beat and reduced immune function. Expressing emotions, including writing about them, on the contrary, was shown to improve the immune systems of those who did so.

Another benefit of writing about a trauma is the fact that the victim can reprocess the experience in safety, developing control over the memories and reducing the intensity of the reaction to the trauma. It is this connection with the traumatic memories, derived from writing or expressing feelings, that is probably the stimulus for the improvement in overall health. In a study where one group of trauma victims was encouraged to record both factual and emotional detail and compared to a group told to write only factual information about their experience, those incorporating all the personal detail into their descriptions of the event

were found to experience less anxiety.

Researchers agree on the usefulness of writing about trauma as therapy but apply such parameters as performing with limits on time and subject matter and only doing so at such time as a victim is ready to and has the support he or she needs during the undertaking. It is a therapy which allows the trauma to be confronted with a self-directed approach, involving personal perceptions to be developed and custom solutions found. It is also a valuable means of treatment for people who would not be likely consider undertaking more formal therapy.

Phobia

Some recent research done with having people with fear of spiders express their negative responses in words while undergoing exposure therapy, demonstrated greater reduction in fear over time. Brain scans, using functional magnetic resonance imaging, demonstrate that this act of writing about the trauma activates the right ventrolateral prefrontal cortex, a kind of control centre. The desirable effect on fear through words results from the fact that activity in the amygdala, which processes negative emotions, is suppressed when the right ventrolateral prefrontal cortex is activated.

While, on a conscious level, writing about feelings appears to have little to do with regulating emotion, looking at the brain definitely indicates otherwise.

Expressive writing

"Expressive writing" is a new form of journaling, developed to assist people coping with both trauma and illness, by James W. Pennebaker, an eminent researcher in the links between language and trauma. His studies of the subject for many years demonstrate that people who discuss their traumatic experiences are far more likely to be physically healthier than those who hide them.

His advice on how to write: once you begin writing, write continuously. Spelling and grammar are not important. If you run out of things to write about, just repeat what you have already written.

His advice on where to begin: write about something that you are thinking or worrying about too much, something that you are dreaming about, something that you feel is affecting your life in an unhealthy way, something that you have been avoiding for days, weeks, or years.

His advice on what to do with your writing: your writing is for you alone. Be completely honest with yourself. Plan to throw it away or keep it and edit it. Or keep it to read many times over to see how you have changed.

You can find out more about James W. Pennebaker and "expressive writing" in *Lifeline's Media Review*.

From one reader to another...

A Challenge

Sometimes you know you have to do something but it seems impossible. You don't have enough strength. You don't have enough courage. This is how Jodi felt when she told me she needed surgery. It wasn't an emergency but it was certainly necessary. I had met Jodi when she came from a neighboring town to my anxiety support group. Her agoraphobia was now severe, and she was pretty much housebound. She knew I had been just as limited, just as fearful, but that I'd had surgery several times. Her question was, "*How did you do it?*"

Before I tried to answer her question, I asked a few of my own. I wanted to find out if her concerns were really what I assumed they would be. I learned that the hospital's surgical unit was on the second floor. Jodi said as soon as she stepped into an elevator, she would feel trapped. As she spoke, I also discovered that Jodi had learned to avoid practically every aspect of this challenge. The drive to the hospital, walking down hallways, and waiting to register all frightened her and that was *before* the surgery would begin. She had been told she would be in the hospital for eight hours. The operation had been scheduled once, and she had cancelled it.

Wanting to give her some help and some hope, I listed every type of support I had used. I wished she had a supportive husband like I did, but I knew she had no one like him in her life. She was the client of an excellent therapist. I urged extra visits with her therapist and a frank conversation with her surgeon. Only her doctor could reassure her about medical matters such as when and how she would be sedated. He needed to know that if his patient was having one panic attack after another, she might disconnect her I-V and leave.

For some of Jodi's non-medical fears, we talked about using stairs instead of elevators. I suggested phoning the hospital to see which staff members or volunteers could provide information and possibly a brochure with floor plans. Since she was going to be in places that were unfamiliar, I recommended taking something from home to hold in her hand while she waited.

She would be overwhelmed by all the strange sights and smells. During my surgeries which were done with local



anesthetic, I kept my eyes closed. I definitely felt that seeing all those barbaric instruments would make my anxiety worse. However, I couldn't prevent myself from hearing what the doctor and nurses said. So I tried to turn this to my advantage. While one nurse was preparing me, I asked her to encourage me by saying, "*You're doing fine*", and I added, "*Feel free to lie.*" She laughed but during the operation, she remembered to tell me that I was doing fine. It helped a lot. I was also very encouraged when the doctor would tell me, "*I'm one-third done ...*"; "*Half done ...*"; "*Almost finished*". From beginning to end, I prayed calming prayers.

The evening before Jodi's rescheduled surgery, I phoned her. She described a special office visit with her surgeon. She thought the talk went well, but he had not offered her much in the way of extra care. But her therapist had been not only professional but also very kind. She went with Jodi to all the relevant parts of the hospital. Jodi agreed to ride with her several times on the elevator to and from the second floor. I was impressed. I told Jodi that for people with panic disorder the night before the surgery was often the worst part. I did not expect her to sleep, just resting was more realistic. She was so afraid.

Jodi did not cancel the surgery this time. She called the same night to tell me that she had done it. She explained that she was still "*drugged*" which made me smile. There was such relief in her voice. She was pleased that she had been given a room next to a stairway. She thought she had done better than expected. Of course I told her that I was proud of her, because I was.

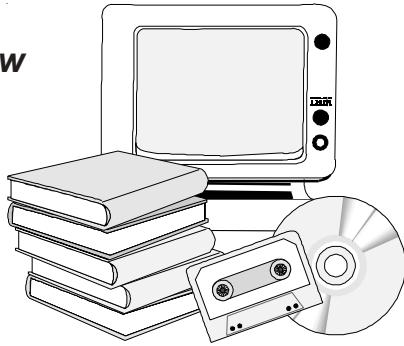
One of the hardest parts of Jodi's struggle had been her feeling of being alone, facing this challenge by herself. She had the determination to seek out people who could help. Then she made good use of every source of support. For future challenges. I hope she will realize that she has enough strength and plenty of courage.

Colette Carner.

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Submissions for inclusion in From one reader to another... should be mailed to: Lifeline, 431 Victoria Street, Shelburne, Ontario L0N 1S4 or emailed to lifeline@designandcopy.ca. By-lines are used only with the permission of the contributor. The identity of writers can remain confidential, but intent for publication must be clearly established. Articles cannot be accepted from anonymous contributors.

LIFELINE'S Media Review



Writing to Heal: A Guided Journal for Recovering from Trauma & Emotional Upheaval by James W. Pennebaker. New Harbinger Publications. January 2004.

James W. Pennebaker, who is recognized by the American Psychological Association as a top researcher on trauma and expressive emotions therapy or EET, has developed a form of journaling called "expressive writing" to assist people coping with both trauma and illness.

In this book, he guides readers through writing exercises designed to allow them to explore their feelings about their bad experiences. He explains what each journal exercise will accomplish and provides space in the book itself to use as a

journal. This allows for continual reference to what has been written and, subsequently, for the journaler to learn more about his/her fears and reactions. He offers advice designed to inspire increased capacity for self-expression in the writing.

The ability to understand and the facility to cope with fears, anxieties and other difficulties that comes from telling a story is accomplished through completing the exercises and acquiring a greater appreciation of life

As the first book incorporating expressive emotions therapy, *Writing to Heal* is, in essence, a step-by-step guide in "expressive writing" journaling. Pennebaker brings its effective techniques for healing to readers in an accessible form, which guides them in understanding their traumatic and/or disturbing experiences by writing about them in a way that has been clinically proven to lead to recovery.

James W. Pennebaker Ph.D. is a professor of psychology at the University of Texas at Austin and the author of *Opening Up: The Healing Power of Expressing Emotions*.

Attention training: a new approach in relieving anxiety

Attention-training sessions offer as much anxiety relief as psychotherapy or medication, according to two new studies. They help people to learn not to focus on real or perceived threatening words, faces or behaviour.

The study leaders believe that a habitual focus on potentially threatening events or situations causes the pervasive fear typical of anxiety disorders so that correcting such distortions lessens anxiety. In a San Diego State University study brief sessions enabled a majority of patients diagnosed with generalized anxiety disorder to achieve remission while, in a Florida State University study, it was demonstrated to be effective among patients diagnosed with social anxiety disorder.

Attention-training requires minimal professional supervision, causes no side effects and can be provided over the Internet. Fourteen patients with generalized anxiety disorder received 15 to 20 minute attention-training sessions twice a week for eight weeks. Each was briefly shown a neutral and a threatening word on a computer screen, then told to identify either a letter E or F which replaced the words, usually the neutral one, on the screen. By doing this, they unknowingly practised diverting attention from the threatening word. A control group of fifteen patients were shown letters replacing the two words

on a 50/50 basis, thereby not receiving this training. Four months later, seven of fourteen patients had recovered from generalized anxiety disorder, compared with only two of patients in the control group. In the study of 36 patients diagnosed with social anxiety disorder, half the participants were trained to look away from images of disgusted-looking faces to identify letters replacing neutral-looking faces while for the other half, letters replaced disgusted and neutral faces equally often. Four months after attention training, 13 of the eighteen patients had recovered, compared with five of the eighteen in the placebo group.

Anxiety, depression and migraine

Anxiety, depression and other disorders affect 83 percent of people who suffer from migraine headaches according to University of Manitoba research of 4,181 participants in the German National Health Interview and Examination Survey found. Two theories were presented: 1) a factor common to both, such as low activity of enzymes neutralizing or reducing the effect of chemical messages sent to the brain, impacting both conditions or, 2) a causal relationship.

Both this study and others have found that migraine is often preceded by anxiety and, itself, may precede depression.