

## Praise for *In Stillness Conquer Fear*

'Your book had such a profound impact on my life... I wonder how I would have survived without it.'

Jill, South Australia

'I've just finished reading your book... I can now see the light at the end of the tunnel. Thank you.'

Rob, Surfers Paradise

'Stillness is the compass to intuition. A universal solution to a universal problem. Thankyou.'

Michael, Maine, USA

'Your book is the best book I have found on the subject of agoraphobia and panic attacks.'

Jenny, Edinburgh

'Your book has proved to be the turning point in what has been a very eventful year in my life.'

Damien, Dublin

'I just wish to say that your book *In Stillness Conquer Fear* inspires me to carry on.'

Patricia, Essex

'Thank you for your book... it touched me so deeply I have translated it into my mother tongue.'

Insa, Germany

'You are the first person to really make me feel that I can look forward to being my outgoing happy self again. It has been such a relief to read that there is an end to the dark tunnel.'

Liz, Essex

'I just know your book is the lifeline that I was searching for.'

Janet, Westport, Connecticut

'I read your book and felt like it was about me... I practice with your voice on audio and noticed the effects after a week... It was a big help to be instructed by the person who understands how I feel.'

Kasia, Poland

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SAMPLE

# **In Stillness Conquer Fear**

How to Break Free from  
Anxiety and Phobias

Pauline McKinnon





Published in Australia by  
Garratt Publishing  
32 Glenvale Crescent  
Mulgrave Vic 3170  
[www.garratt.com.au](http://www.garratt.com.au)

SAMPLE

First published by Newleaf, Dublin, 1999.  
First published in Australia by Collins Dove, Melbourne, 1983.  
Revised edition published by John Garratt, Melbourne, 2008.  
This edition published by Garratt Publishing, 2016.  
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1983, 1989, 1994, 1999, 2001, 2008, 2016.

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A catalogue record for this book is available from the National Library of Australia  
ISBN: 9781925073140 (pb)

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*To my husband, my friend*

*To my family, my life.*

The Soul sits waiting  
she is poised, waiting.  
Ever patient, she waits for man or woman  
to know her truth;  
the truth that frees him or her  
from all pain wrought by fear.

The Soul never fears.

Strength is her trademark,  
peace is her presence,  
wisdom the arrow that flies from her bow.

The Soul is love.

Deep as the core of a precious fruit  
she nestles within us.

Yet wide as thunder and wind  
her wings of change embrace the world.

All powerful,

all mild,

she is our own –

our whole and special self.

# Foreword

1983 EDITION

Pauline McKinnon has done it. It is those who have done it, rather than those who theorise about it, that we should listen to. By great courage and persistence, trying one approach and then another, she has overcome a distressing fear. She writes with great naturalness, letting us share her frustrations, despair and inward humiliation. Then comes the joy of relief, and the full participation in the life of her family, which her phobia had made difficult.

But this book has a wider significance than simply an account of someone who escaped from eight years of fear. It indirectly expresses her own values – what is worthwhile, what life is all about – with a charming openness ringing through and through with sincerity. The book gives hope to those whose lives are crippled by anxiety and agoraphobia; an equally important aspect of the book is that it gives relatives and friends some idea of the suffering of those afflicted in this way, and what they might do to help.

In the text, Pauline makes several references to me. For this I thank her. As with the rest of the book, these are part of the spontaneous expression of what has been in her mind.

I have not read a better account of the symptoms of agoraphobia than this story, beautiful in its simplicity, and penetrating in its clinical accuracy.

*Dr Ainslie Meares  
BAgS, MD, BS, DPM  
July 1982*

# Foreword

1994 EDITION

In business, it is the successful people who are studied. Who sold the most fridges? Who achieved the best results? And how did they do it? What did they do differently, what did they learn, what did they develop that produced their success?

It seems curious, then, that in recent times medicine often has appeared to study what on one level would appear to be the 'losers'. In a hospital setting, the person who is studied is usually the one with the most obscure illness, the one who takes the longest to diagnose, the one who takes the longest to recover.

In medicine, the successful ones, the ones who recover quickly, are usually off and out of the hospital or waiting room before anyone even notices. Surely these are the very people we should chase down the road and demand answers from. What did you do? How was it that you recovered? What can we learn from you that will help others? Pauline McKinnon is one of those successful patients who did it. She recovered. She even knows how and why she recovered. More importantly, Pauline has the ability to articulately share her experience and knowledge with others – in a way that can help them directly and effectively.

Reading *In Stillness Conquer Fear* could change your life; free you to live fully, in ease, comfort and joy. It is a pleasure to be able to recommend something that I know works so well.

*Dr Ian Gawler OAM*  
*Founder*  
*The Gawler Foundation*



# Foreword

2016 EDITION

This book seems to me an exceptionally lively human document. Here is the story of a thinking mind, allied with generous affections and acute powers of observation launched on the stream of life to find more fulfilling ways of being. The tale is told too, with a touching simplicity and direct and vivid penmanship.

We have each known someone who is integrated and at ease and who seems to have their life together, with an air of extraordinary calm, grateful for simply being alive. What is happening here? I suspect it is the positive outcome of experiencing quiet stillness within.

The search for order through silence is evident throughout the ages, from a range of religious practices to the influence of the Quakers in their bid to assist the penitentiary system. Likewise, numerous counselling and meditation methods where cognition, emotion and conation are involved may assist in making changes and bringing order to people's lives. But is there another way?

The application of Ainslie Meares' work by Pauline McKinnon offers us a way of living whereby we can experience more order and ease with less effort.

Dr Meares developed and taught a way of going straight for the desired outcome of calm by specifically addressing physiology – not via the secondary processes of many other meditation techniques or therapies. In other words he offers a natural short cut and direct route to change, which can have extraordinary results.

I have personal testimony of this. Shortly after commencing practice as a dentist, I encountered Ainslie Meares when he came to visit Dr Alan McCay the principal dentist for whom I then worked. Dr Meares had already taught his method of dealing with pain to Dr McCay to enable

the dentist to continue working long hours, standing in difficult postures despite severe back pain. I was impressed, but even more so when Ainslie Meares arrived to have a tooth surgically removed, and elected to have this done without any form of anaesthetic or pain killing drug.

He sat in the chair, and after a few moments of quietness, signalled us to start. The procedure was uneventful. Everything went well. The patient did not stir or react at all, and at the end, sat up and described everything that had happened. In his relaxed frame of mind he had noticed and remembered everything, but reacted to nothing. This was all described by Dr. Meares in his book *Relief without Drugs* and also in the *Medical Journal of Australia* of June 1963. It was a remarkable experience to witness and a privilege to encounter such a person as Dr. Meares.

In these pages, Pauline McKinnon as a student and 'disciple' of Meares, demonstrates how his approach to mental rest can bring relief not only for physical pain but also for the pain of dealing with the range of fears and anxieties that beset human life.

I strongly recommend this book.

*Dr Lloyd G. O'Brien AO  
BDSc, LDS, FPEA, FACD, FICD, FADI  
Melbourne, 2016*

# Preface

'Thoughtful lightness can make frivolity seem dull and heavy.'

Italo Calvino

I once read a reflective passage that has stayed with me always. It went something like this:

If you want to help me, please don't teach me what you have learned from others. Teach me something you have learned yourself.

In these pages I hope to teach you, seriously but with a touch of lightness, what I have learned about fear and anxiety. As a young married woman my life was 'crippled' for eight years with unrelenting chronic anxiety. I travelled many paths in my search for healing, as you will read throughout these pages. However, I did find lasting relief and published this life-transforming story in 1983.

I now present a new edition to mark more than 30 years since its first publication, the same number of years as a professional therapist specialising in anxiety disorders, and 40-something years of personal freedom from anxiety. That's quite a lot of experience to communicate to you.

My personal recovery brought about my desire to assist others and that was also the trigger for first telling my story. It took some courage to do this. But having taken the plunge, I was soon rewarded with the assurance that mine was not a solitary experience.

Letters of appreciation and, later, many emails from across the globe affirmed the truth that anxiety is a shared human experience. These letters have also come with a message of relief, gratitude and hope at having found comfort in the account of another's journey into the anxiety condition. Most have felt alone or embarrassed by the stigma that surrounds fear, yet now it is certain that anxiety, expressed in many ways, is experienced by millions of others throughout the world.

When this book was first published I wrote as a recovered anxiety sufferer. While of course my story has not changed, my personal understanding has long been developed via my extensive professional experience. My story has therefore deepened and consequently has expanded.

Within these pages as I share my own experience, you will learn about a level of fear and anxiety that manifested as agoraphobia, the chronic fear of leaving the safety of home. I also offer a deeper understanding of the manifestation of many other anxiety disorders and give practical advice and suggestions to assist you in your own healing.

I discuss symptoms and reactions, the fear surrounding them, how people's lives are affected and how disorders arise. I address the life issues that may contribute to anxiety, the journey of seeking help and how to manage setbacks if and when they occur.

Very importantly I address the topic of perseverance throughout the process of healing, the significance of support from family and friends and the discovery for me of the unique Stillness Meditation Therapy (SMT®) and its fundamental role in facilitating recovery.

I have threaded throughout the book a potpourri of real stories from sufferers who have sought my help. The anecdotes of others as they make their way successfully through anxiety could be likened to lamps burning in the darkness to light the path and ease the journey. Storytelling is an important form of sharing that can reassure, guide and assist as we grapple with the inevitability of our personal passage. Also included are a variety of definitions and statistics relating to anxiety.

Contrary to when this book was first published, these days anxiety disorders are commonly recognised. For this I believe I have earned some credit. To the best of my knowledge, *In Stillness Conquer Fear* was the first book published which openly discussed these matters at a personal level while also offering a solution for relief.

Today, awareness has dramatically increased: professional diagnoses are made, people are given ‘stress’ leave, and a variety of treatments are available as these conditions appear under the banner of mental illness. Yet despite all this, anxiety continues to flourish within society.

My most earnest reason for writing this book has always been to reach, reassure and assist those whose lives are impaired in this way. My even greater motivation in this work is to continue to raise the profile of Stillness Meditation Therapy as a distinctive modality for effective and lasting recovery from anxiety conditions, as well as a magnificent life skill for anyone seeking general health and well-being.

SMT is not *just* meditation, and it has nothing to do with the ubiquitous *mindfulness*. It is of great importance that readers understand that this is a specific approach to meditation developed in the 1950s by the eminent Australian psychiatrist Ainslie Meares M.D. (1910-1986). Meares designed his concept of meditation from his original theory of *atavistic regression*, the purpose of which is to restore balance to the *autonomic nervous system* through natural mental rest, a simple but by no means *simplistic* concept.

With the telling of this story and the renewed life I gained through ‘stillness’, I was invited by Dr Meares to offer my services to others as an exponent and teacher of his unique approach. I have always seen this invitation as a great honour and have dedicated my professional practice, the SMT Centre in Melbourne, to the expansion and wider recognition of Meares’ work. Hence I’ve been privileged over all these years to have witnessed the positive life change and emotional recovery of many thousands of people.

You can learn more about Stillness Meditation Therapy and the SMT Centre at [www.stillnessmeditation.com.au](http://www.stillnessmeditation.com.au). We welcome your contact

by email or phone at any time. However, if you are unable to experience SMT with us personally, a section of this book will assist you to commence the practice on your own.

Because my story reflects the stories of others, some may find parts of it difficult to read. As fear breeds fear, anxiety breeds anxiety, so it often seems preferable to avoid or run from what we believe may make us feel uncomfortable. Such can be our human vulnerability – and inevitably, such can be our loss. But please allow me to gently encourage those who feel apprehensive to read on, trusting that the story, its outcome and its message will lead you to the ease you wish for. There will also be some elements of repetition which at times you may find tedious. This is purposeful because an understanding of anxiety requires reiteration.

In sharing my story I hope that this book will bring greater understanding to the partners, spouses, families and friends of sufferers. It is they who support the anxious person, out of love and loyalty, often without realising just how desperately needed they are. I want to speak also to those who do not understand another's human fear and will make statements such as 'stop feeling sorry for yourself' or 'pull yourself together', advice that is useless and insensitive. Believe me, the sufferer has no wish to be distressed in this way – if it were so straightforward that pulling *anything* together were the solution, he or she would willingly do so.

As anxiety and its accompanying symptoms are manifested in the form of physical or mental distress of some kind, the obvious course of action is to seek medical help. Consequently, I ask for the attention of the many medical doctors who hear the plea of the person in fear, yet may not really answer it. Some do not have adequate information or understanding; many are too busy, while others may respond with indifference or impatience. Unfortunately the inclination in these circumstances is to prescribe anti-depressants or tranquillisers and perhaps offer little empathy, hope or an alternative solution. To all health professionals I would like to say: there may be a better, life-enriching way to solve some of those anxiety problems you find before you.

It is also important that the public be kept aware of the influence of anxiety within the community. At great cost to society, much productivity can be lost – by employers and employees alike; so awareness and action that can assist should be of prime consideration. Similarly, and just as importantly, general public awareness can inspire people to recognise and minimise anxiety in their own lives and thus contribute to a more relaxed and healthy society.

Incidentally, as the World Health Organisation has predicted that depression, a close companion to anxiety, is likely to be the number one ‘killer’ by the year 2030, society is clearly in great need of anxiety management – perhaps a price we are paying for modern progress?

There is also a group of anxiety sufferers I need to single out. Though this book is primarily addressed to adult readers, there are countless children and adolescents whose lives are spoiled by anxiety. If parents, teachers, counsellors, doctors and other interested adults want to help our young, I believe you may discover here some useful clues for the benefit of future generations. As you would recognise, anxiety does not differentiate between age groups and many young people are suffering greatly too.

And so I offer this book again to all anxiety sufferers so that they may swiftly find relief. I offer it in gratitude to all those people I have known or am yet to know who have or will in some way contribute to my life journey. I especially offer it as a thanksgiving for my own recovery and for the fulfilling life I have been able to lead. Telling my story has always given meaning to my own unpleasant encounter and I continue to do so with the conviction that there is a reason for everything. It is a great joy to know that out of pain we can find peace and almost accidentally be of help to others. That is especially so if that help can contribute to a greater connection between people – a drop of unification within the ocean of humanity.

It is also timely, here, to give thanks to all those who have supported me along the way. Firstly, to my ever-patient and loving husband Donald McKinnon, whose own life has inadvertently changed direction several

times because of events coloured by this story. To our four children and their partners and children, who bring great love and happiness into our lives; and to my fantastic team at the SMTC as well as numerous special friends and colleagues who shall remain anonymous but who surely know how much their encouragement has meant to me.

I also sincerely thank my publisher Regina Lane of Garratt Publishing and my editor Katie Evans for their visionary attitude to this refreshing adaptation of the original book and their joyful support along the way. To those who have already gained from reading this work previously, my wish is that this edition will take you further up the stairway to success. To new readers, I firstly wish you the hope of personal peace. And then I wish you the contentment that comes with the letting go of fear and the discovery of yourself. I would be pleased to hear your story and learn of your progress.

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*Pauline McKinnon*



# Part One

**SAMPLE**  
My Personal Encounter

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## Chapter 1

# The Power of Fear

'Why do I remain thus in constant fear and apprehension?'

Woodward, F, L, (Tr) 1925-1960 *Some Sayings of the Buddha*,  
Oxford University Press.

This is a book about understanding and managing fear and anxiety with a view to helping sufferers live a better life. To some extent the current prominence of anxiety is assumed to have become so because of the pace of 21st century living and a general heightened awareness of a range of personal and societal challenges.

Yet, sometime between the sixth and fourth centuries (BCE), Gautama Buddha, 'the enlightened one', spoke those opening words. It's quite probable, then, that anxiety as a human reaction has been ignored, derided, 'swept under the carpet' in the belief that to claim recognition of fear is, in short, socially unacceptable.

The probability of such a belief or attitude is quite marginalising. None of us likes to admit to fear of any kind, probably because of the fact that we are really afraid to be afraid. But if fear and its effects are so widespread, why worry? Let's talk about it – let's open up the topic of fear and anxiety and explore its minutiae in a positive, inclusive and constructive way.

So perhaps right now it's time to snuggle into your favourite chair, settle down with these pages and allow me to offer my angle on this insidious problem.

To bring recognition of anxiety up to date, here's an anecdote from my personal recovery story:

He was a bachelor of 86, who could well have passed for 68; a colourful, interesting character, with many a tale to tell from his long and varied years of living. We shared an old-fashioned carriage on a country train, and the three-hour journey through endless pastures, green and flood-strewn, flew by very quickly in animated conversation. As the train clattered to a halt at our destination, he looked at me earnestly and said very seriously: 'It's been great to have someone to talk to. Usually the others in the carriage hide behind their magazines and pretend you're not there. People are scared, you know! It's a pity . . . but people are scared.' A generalisation, of course, but oh so true.

Little did that gentleman know that a few years earlier in my life that conversation could not have taken place. I, too, would have been scared; not because I was conversing with a stranger on a train, but of being on a train, so insecure was I at that particular time of my life.

During that period and in my desire to conquer that haunting fear, I read a great many books dealing with emotional issues. Feeling alone and afraid, I longed for something written by someone who had known what I was experiencing, someone with whom I could identify and who really understood my predicament. At that time I never found such a person or such a book – and so, in due course, I knew I must fill that gap myself.

But before I begin my own story, I feel it is necessary to introduce the journey of the mind from fear to phobia and beyond. I would like to allow you some insight into the paradoxical simplicity and complexity of anxiety and I would like you to consider my thoughts surrounding reactions, diagnoses, treatments and potential change.

## The Reality of Fear

**Fear** is a powerful feeling induced by perceived danger. People may react with fear to a specific object or stimulus or in anticipation of a future risk or threat.

When we observe fear and react accordingly, the 'fight or flight' mechanism swings into action due to changes in metabolic and organ

functions. This is a natural physiological reaction to the feeling imposed: *the need for action by running away from or fighting the perceived threat*. In some instances, the reaction is so powerful that the individual becomes ‘paralysed’ by fear, a ‘freeze’ situation, rather than one of action.

Childhood sets the scene for the fears we carry into adult life and most learned fears serve the valuable purpose of self-protection. However, human beings may also learn irrational fears that actually pose no immediate threat. Irrational fears can then convert to anxieties, chronic anxiety conditions and/or phobias – any of which can disturb personal contentment.

## The commonality of fear

Fear is evident across all human nature as countless people express all kinds of mini-fears. How often do we hear the casual comment from young or old: ‘I hate crowds’, ‘Busy roads frighten me’, ‘Oh, no, not a thunderstorm’, or, ‘Don’t expect me to make a speech!’. The gentleman on the train was absolutely right; we are all scared and our fears – even if they are only minor – can take much of the pleasure from life.

Why are people so scared? Why do so many of us harbour personal fears even though we are not necessarily facing obvious danger? Or has the modern world *really* arrived at a state of constant anxiety as distressing as the threat of impending disaster?

The answer to these questions lies in the word ‘survival’ and the need to feel secure. All human beings crave security – and security, at both a personal and global level, is always threatened by the fears arising from situations we perceive. The powerful influence of the media touches many, many people across the life span, primarily with extreme stories that cannot fail to disturb. In almost every news bulletin we become party to incidents of personal frustration or violence, or road rage and random killings. As well as that list of social problems we learn of the broader issues of genocide, nuclear threat and many other horrific events that may further incite fear on a global scale, for example, fear of the threat of terrorism.

So fear and anxiety is, and always has been, a universal human condition. Fear is the opposing force to *love*. Love – and the responses it generates – brings positive outcomes while fear continues to breed fear. Regrettably, either force can underpin our personal values and our judgements, decisions, ambitions and future aspirations.

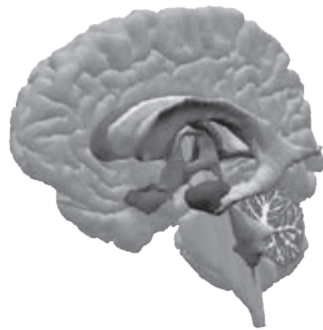
Fear at best can protect us from harm. But powerful fear can also become the dominant reason for our actions and a strong contributing factor in the shaping of each personality.

Fear may coerce and pretend to bring success as people meet and master challenges and realise ambitions. But fear can also result in a drive for excessive power. At its worst it can lead to hatred, anger, control, violence and warfare – but, most importantly, on a local level fear creates limitation and prevents many ordinary people from happily fulfilling their lives.

## The amygdala and its allies

The amygdala is an almond-shaped structure in the brain; its name comes from the Greek word for 'almond'. As with most other brain structures, you actually have two amygdalae (shown in the drawing here). Each amygdala is located close to the hippocampus, in the frontal portion of the temporal lobe.

Your amygdalae are essential to your ability to feel certain emotions and to perceive them in other people. This includes fear and the many changes that it causes in the body. If you are being followed at night by a suspect-looking individual and your heart is pounding, chances are that your amygdalae are very active!



Source: University of Washington  
Digital Anatomist Program

So fear is a biological response. When fear is stimulated, those tiny almond-shaped sections of our brain release the natural ‘fight or flight’ hormone, adrenaline, to produce within the nervous system the energy our body thinks we need to fight or flee from an emergency. The purpose of this physical reaction is to stimulate action. Anthropology confirms that this reaction was useful aeons ago, but in the modern world where extreme danger is more removed from our ancestral heritage, our innate fear becomes intellectualised and appears as anxiety.

## Fear translated to anxiety

And so fear gets the upper hand and can readily control people’s lives. In the guise of anxiety, despite concerns about matters that may never directly impact upon us, fear largely produces personal feelings of inadequacy which may range from frustration, anger, and the desire to control, to timidity, shyness, helplessness, lack of confidence, apprehension and loss of a strong sense of self.

Within these anxious feelings lies a warning of danger and the need for self-preservation at a level of consciousness that we cannot readily access. We can therefore live with anxiety for some time before it increases to the extent of arousing physical or mental symptoms of distress. *It is those symptoms, persisting and intensifying, that lead to the diagnosis of an anxiety disorder.*

It’s important to recognise that fear and anxiety are natural defence mechanisms experienced by all people. The body is responding just as it should if facing an emergency – some will *fight* while others will *run!* However, when anxiety levels rise uncontrollably *and for no external threat*, chronic problems develop – problems that may stick. This outcome will depend of course upon factors surrounding each life and the way each person has or *has not* managed the range of challenges put before them.

‘The acutely anxious patient shows the cardinal signs of overactivity of the sympathetic division of the autonomic nervous system: the increased action of the heart; the deep, rapid respiration; and the dilated pupils. All are manifestations of the alerting response to meet external danger; and they are

accompanied by a shunt of blood to the muscles, an increase in blood glucose and other appropriate changes in blood chemistry.'

Furthermore . . .

'... we are accustomed to the fine balance between sympathetic and parasympathetic activity in the autonomic nervous system. In some circumstances, to maintain this balance, overactivity in one system calls forth activity in the other system in an attempt to re-establish homeostasis . . . a compensatory reaction.'

– *The Management of the Anxious Patient*: Ainslie Meares MD, W.B.Saunders Co. Phil and London (1963)

In the years following the original release of my story, gradually others have ventured into the area with welcome books on anxiety and panic disorders bringing their own personal or professional views. Depression, too, one of many anxiety symptoms with obvious risks, has taken on new supportive meaning, particularly as public figures or glamorous identities confess to their emotions. So today, health professionals diagnose these likely conditions:

- Generalised anxiety disorder*
- Panic disorder*
- Panic disorder with agoraphobia*
- Sleep disorder*
- Social anxiety disorder*
- Obsessive-compulsive disorder*
- Post-traumatic stress disorder*
- Depressive disorder*
- Eating disorders*
- Post-natal depressive disorder*
- De-realisation disorder*



- *Separation anxiety disorder*
- *Numerous phobic disorders including agoraphobia*

these diagnoses may be useful for some people. However, experience has taught me to view all of these conditions simply as the progression of escalating anxiety – and the individual’s way of coping with its symptoms.

In their effects, most of these categories overlap each other and most sufferers of any one diagnosis will be familiar to some extent with the effects surrounding any other diagnosis. Unfortunately, anxiety does not simply slot into a category just because an expert has, by definition, told it to do so.

I am sure that if you have been diagnosed with any one of those ‘disorders’ you will certainly recognise yourself as you read on. And since I personally experienced sufficient escalating anxiety to lead to agoraphobia, the life-crippling fear of leaving the safety of home, I can well appreciate the misery of those people enduring any kind of anxiety reaction.

‘It is thought that about 5% of the population experience generalised anxiety. Females tend to be affected more than men, with some research showing a ratio as high as 2 to 1. Many more people experience symptoms of generalised anxiety yet are never formally diagnosed.’

– ADAVIC: Anxiety Disorders Association of Victoria (Inc)

## Anxiety and Its Relationship to Stress

Though we will look at this further, it is important now to focus on stress. People readily say that they are ‘stressed out’, or unwell because of stress. But I’d like to re-frame that assumption.

‘Stress’ is about our response to the demands of living – the difference between what is happening in our life and how we are handling it all. ‘Stressors’ are those things that are happening. The way we cope with all those issues can be in either a positive or negative manner. If we’re positive about life’s events and if our autonomic nervous system is relatively balanced, we won’t feel unduly stressed and will cope well with

the ‘stressors’. But if overwhelmed by negativity and functioning primarily in fight or flight mode, this will most certainly result in anxiety. Unless we do something to correct that imbalance, left untended anxiety will continue to rise. *That* is when we feel ‘stressed’.

So stressors are a trigger that may heighten anxiety and bring about the kind of discomfort we refer to as ‘stress’. By way of managing stress, therefore, *some* people may be more susceptible to worry and to rising anxiety than others – most likely because ‘stress management’ has never been high on the list of educational priorities.

The stress response:

‘A signal from the hypothalamus through sympathetic nerves prompting the adrenal glands to pump the stress hormones epinephrine and norepinephrine, a chemical message via the blood from the pituitary gland so that adrenal glands release cortisol and other steroids, the production of the stress hormone cortisol from the adrenal gland and the production also of epinephrine and norepinephrine from the medulla.’

— *Melbourne Age and LA Times*, 2004

Typical examples of the many physical manifestations of stress would include migraines, IBS, asthma, and eczema. And a ‘stress’ response can also manifest psychologically and can trigger acute or chronic anxiety conditions, phobias and depression so commonly found in society today. In many cases people will experience both the physical and psychological symptoms simultaneously.

## Conditioning, Perception, Temperament and Personality

As touched upon earlier, we must also bear in mind that anxiety reactions are conditioned by our beginnings. Early life influences involve individual upbringing, parental competence or incompetence, the influence of culture and religious interpretation and the general growing-up environment. Next comes the helpful or unhelpful influence of teachers or mentors along with the weight of the peer group, early life trauma and the many and varied

factors that take place throughout the developing years. Conditioning contributes to the person we gradually become – even our vocabulary and our body language are a reflection of early life conditioning.

Our perception of life and of these many conditioning factors is our personal view-finder. Perception is the way we interpret and understand who we are and where we fit into our environment. Needless to say, anyone who has been significantly exposed to negativity in early life may have gleaned a false and negative perception of themselves and their place in the world, whereas a more confident early life is usually reflected in a sense of personal security. However, early life influences don't have to keep us trapped forever. As living and ever-developing human beings, we are all gifted with the ability to adapt – to literally 'change our minds' as I hope to demonstrate further within these pages.

Then comes the matter of temperament, which, according to the dictionary is '*the individual peculiarity of physical organisation by which the manner of thinking, feeling, and acting of every person is permanently affected; natural disposition.*' In my experience those people who become too anxious are more likely to lean towards the introverted temperament; they are organised, sensitive, talented, busy minded, creative and imaginative, and they live to a large extent in their heads.

However, due to conditioning and perception, extroverts who are naturally more interested in external stimuli may, none the less, know the distress of anxiety at some time in their life. If unduly pressured, worried or *stressed*, any person can be subject to anxiety, and consequently can become a likely candidate for an anxiety *disorder*.

And so the personality or *character* develops. From some of that mix of conditioning, perception and temperament, a shy or more reserved personality may evolve; or by contrast, coping strategies may produce an outgoing or flamboyant personality. Once again, from our beginnings, we learn, we grow, and we can change: so the outcome of personality cannot really be categorised. A suspect example of limited thinking around individuality can be seen when the word *spectrum* is used to loosely define

a range of emotional conditions. For a person is never really so fixed that movement of some kind cannot transform.

While anxiety is part of being human, its influence can become excessive to the extent that people need relief – and desperately. To achieve that relief we need guidance, for unfortunately we are not usually taught to deal with these matters as students, and such information is hardly ever handed down to us effectively by our elders. So we don't really know how to care for ourselves in this regard.

When confused, frustrated, frightened and in need of direction, we instinctively attempt to fight those feelings – perhaps externalising them, for example, in explosions of anger, or internalising them to the distressing extent of immobilisation. Many, of course, may seek respite in dependency upon alcohol, cigarettes or drugs – always temporary, often destructive, and filled with the risk of leading to further distress.

To this point I have outlined fear and its progression to anxiety. In the next chapter we will look at the greater outcomes of anxiety as this emotional reaction becomes entrenched.