

# Transcript Talking Therapies Episode 7:

## ‘Why am I feeling anxious?’

Suzy: Hello, and welcome to Talking Therapies – a podcast made together with Psychologies Magazine, and the UK Council for Psychotherapy, or UKCP for short. I’m Suzy Walker, and I’m the editor-in-chief at Psychologies. Each month on Talking Therapies we will be talking to a UKCP therapist about a range of topics. In this episode we will be discussing anxiety and how it can impact a person’s life.

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Preview clip: But it is vital to say that tragically the majority of people suffering from profound anxiety never seek help at all and they suffer in silence. So, when I’m asked what is the most common treatment administered for anxiety in the United Kingdom today people expect you to answer well drugs or talking therapy, but in fact, the most common treatment for anxiety is no treatment at all, complete and utter neglect.

Suzy: That was psychotherapist Professor Brett Kahr. Brett has worked in the mental health field for more than 35 years. He is a Senior Fellow at the Tavistock Institute of Medical Psychology, as well as Senior Clinical Research Fellow in Psychotherapy and Mental Health at the Centre for Child Mental Health. Brett has also published 12 books, lectured at clinical and academic institutions, as well as cultural organisations and is the former resident psychotherapist of the BBC.

Shortly, Brett will be talking to Sarah Niblock, the CEO of the UKCP, to discuss what causes anxiety?

But first here are some comments about anxiety from people we spoke to on the street.

Music

Street comments

Comment 1: Yeah I have definitely experienced anxiety, I’ve worried about most things. I would say the thing I have probably worried about the most is my health. But the beauty about anxious people is that as soon as

they stop worrying about one thing, they're very good at finding another thing to worry about instead.

Comment 2: One person might react to something completely differently, they might just keep thinking about that and let them self-down in that emotion in how their feeling and someone else might just kind of deal with it say, 'ok that cool move on' and think about it later.

Comment 3: I am not sure if women suffer more from it, it could also be that men don't express it, so it could be the same amount.

Comment 4: Yeah in that I think there is broadly speaking a bit of a taboo around talking about anxiety, although unlike other mental health conditions sometimes people talk about their anxieties in quite a conversational way, which perhaps covers up the fact that it is something that is causing them a lot of distress.

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Suzy: Anxiety can affect anyone no matter what their age or background. According to the Mental Health Foundation, in 2013 there were 8.2 million cases of anxiety in the UK and in England, women are twice as likely to suffer with anxiety than men. Untreated anxiety can affect employment, income and the stability of relationships in adult life.

So, let's find out more about anxiety.

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Sarah: Brett I think this is a topic that is going to chime with anyone listening, I think we've probably all had some experience of this. What are the symptoms of anxiety? We're used to having flutters in the stomach and moments when we're feeling quite sort of anxious, but what is anxiety? How do we know we are feeling anxious as opposed to just having that just a bit of mild nerves?

Brett: Anxiety is a universal human experience. Having worked in the mental health profession for over 40 years now I have never met a single person who does not have the capability to struggle with anxiety. We all have the capacity to experience stress, but when stress becomes too unbearable, too painful, too unmanageable, then we would refer to that as anxiety. Now, the best description I have ever heard of anxiety had been shared with me by a patient who had suffered very severely with anxiety and this person said, 'imagine having a washing machine in your head going round and round and round and then somebody

plugs your fingers into an electric socket, that is anxiety.’ And I think that that description is hugely poetic, very heartbreaking, but I think it is actually a brilliant literacy encapsulation of what the anxious person is experiencing. In more formal technical language we would describe anxiety symptoms, there are a cluster of symptom which would contribute to the formal psychopathological diagnoses of anxiety and these would include for example, tremendous restlessness, irritability, difficulties concentrating, there would many somatic complaints, so people in high states of anxiety often feel dizzy or light-headed, they may suffer from migraines or nausea or have cramps in their tummy or feel their heart beating very very fast indeed. It really is almost as though somebody has plugged your body into an electric socket, you become very very hyper vigilant and the ordinary stresses and strains of every day life become very very persistent. You know if you had to go on stage to give a performance of Hamlet or Lady Macbeth in a theatre, probably in the two or three minutes before you went on you would feel a sense of stress, you would think ‘oh my goodness will I remember my lines, have I got my costume on in the right way.’ But then once you’re into it you’d be absolutely fine because you wouldn’t be doing it that unless you were a consummate professional. That’s stress, that’s just the ordinary stress and burden of every day life. But if you felt that every moment of everyday of your life was rather like waiting in the wings, about to go on stage without knowing your lines at all that is daily anxiety and that cripples’ people and causes immense personal distress, deep unhappiness and makes life feel very ugly and look very ugly.

Sarah: And, is there a single cause of anxiety? I mean you’ve described a situation that does seem, you know, all-consuming, 24/7, is there a typical cause for that or could it be a multitude of things?

Brett: If you ever want to stimulate a series of fights among mental health professionals ask a group what causes anxiety and and no two psychotherapists or counsellors or psychologists or psychiatrists would have quite the same answer. There’s a range of theories as to the causation of anxiety, there are some who would adopt a much more biomedical approach and there is a small amount of evidence which suggests that a certain gene might predispose someone towards anxiety or make them more vulnerable. Some have researched and written about particular areas of the brain such as the amygdala, which may play a role, as well as the neurochemistry of the brain, for example, distorted levels of neurotransmitters such as serotonin or norepinephrine, for example, might play a role.

But speaking from my own extensive clinical practice and I think the majority of my colleagues, most of us would agree that the predominant cause, whether there is a biological vulnerability or biological achilles heel, I think most practicing mental health professionals would agree that anxiety is caused by external stressors and external traumata, for which the person has not received any help at all over a sustained period of time. So we do know from the very extensive longitudinal research, research following individuals over a long period of time, that if you have been victimised in childhood by either physical abuse, repeated psychological abuse or repeated sexual abuse you would be much more likely to suffer from a generalised anxiety disorder as an adult than if you had a safe experience with your body. If you had been bullied persistently in childhood, once again you are more likely to experience formal symptoms of anxiety in later life than

someone who hasn't been bullied. So, it is these external traumata, we we know for example that in addition to just the ordinary kinds of abuse and torment that can happen in in traditional British families, we know that in situations of outrageous stress, for example, war zones, we know now the letters PTSD which were once used only professional now virtually every educated man, woman, and child knows that PTSD stands for post traumatic stress disorder and a huge core of that is the anxiety that comes from having had to watch people being blown up in war zones.

In 2007 a very very intelligent group of psychiatric researchers in Germany, a team headed by Dr. Udo Reulbach published an important study. They followed up a very very large percentage of people who had been inmates in the Nazi concentration camps in the world war and approximately 73.5% of the survivors of whom Dr. Reulbach and his colleagues interviewed met the formal diagnostic criteria for severe anxiety disorder. Now there we have a direct connection between Nazi concentration camps and this very very powerful psychological syndrome that that really spoils people's lives.

Sarah: And I think that a lot of listeners to this would take, I mean obviously not all of us are confronted with situations of abject horror that you've described, but I think that there is a tendency, an automatic tendency to think there is something wrong with us, to think we are not strong enough to deal with life's stresses and maybe we think there is just something fundamentally wrong with our makeup and our chemistry, but you've done is actually shown there is much peer-reviewed evidence that actually it's it's stuff that happens to us and that we need to find through adequate, highly qualified support, perhaps the mechanisms for for addressing that. I think for me the question is well we do face every day stresses now, I just think back to my journey into work this morning and and prod and poked and squashed into trains and there's always challenging meetings, there's family difficulties. What's the difference between stress and anxiety? How do we know things have got bad and that we are suffering from something serious?

Brett: It is a very very good question what is the difference between stress and anxiety. I think the primary differentiation between these two categories is the length of endurance. If if you said to somebody 'ok right now jump up on that table and do a brilliant tap dance, better than Fred Astaire' the person would would go into a state of great stress. But if you then said 'well sorry I shouldn't have really put you on the spot, you don't really have to do a tap dance for us immediately' or 'you don't have to give us your brilliant PowerPoint presentation with only five minutes preparation' then the healthy person would just breathe a sigh of relief and just relax. But the person in a state of anxiety has, for the last six months or more, one needs to demonstrate these symptoms for a period of minimum of six months before you can receive an official psychiatric diagnosis of a generalized disorder. These people feel they are on watch the entire time and that there is no respite, so there is a very profound phenomenological difference just the pressures and stressors of every day life which we all have to navigate and then feeling that we're constantly on display, we're constantly on the backfoot, we're going to be fires, we are full of self-loathing and self-pity. Whereas I think a competent, healthy, resilient, stressed person would say 'ok I am stressed because I have agreed to do 17 PowerPoints by end of business, but I have done PowerPoints before and I know that if I just put my mobile

phone away and stop texting my friends, I can get it done.’ That’s a healthy person whose stressed, that’s not necessarily an anxious person. The anxious person would say ‘oh my god I’ve got seven years in which to do this PowerPoint presentation, but I am worthless and I can’t concentrate,’ that is the sign of a person really experiencing a profound anxiety disorder and my hope would be that if somebody is in that state that they would reach out to their doctor, their primary care physician, their general practitioner, to a qualified mental health professional, a psychotherapist or a related mental health colleague or indeed to a good friend, one does not always need to be helped by a senior professional. Sometimes a dear family member or a dear friend can be a wonderful, wonderful source of support.

But it is vital to say that tragically the majority of people suffering from profound anxiety never seek help at all and they suffer in silence. So when I am asked what is the most common treatment administered for anxiety in the United Kingdom today, people expect you to answer ‘well drugs or talking therapy.’ But in fact, the most common treatment for anxiety is no treatment at all, complete and utter neglect. So, I think if this podcast interview accomplishes nothing else, I hope that people will take up the message and hear our plea and if actually, you are suffering, if your life feels absolutely ravaged by these chronic stresses, which we would refer to as anxiety, please do reach out, these nothing to be ashamed about, every human being has been anxious, will be anxious again, it’s part of being human. I remember one of my old teacher years ago said, ‘the moment you are a human being you are subject to love and you are subject to lose,’ you cannot be a human being without falling in love and without being disappointed in love., whether it’s between a parent and child, two adults or when you become a parent yourself or with colleagues, so just by the fact we have to navigate a world populated by other people who have vulnerabilities we all run into trouble. So, if you have an anxiety disorder there’s nothing to be ashamed about, zillions of people do, and one should really reach out because actually, it is a really treatable, very helpable condition.

Sarah: And I want to get onto that with you in terms of how that help can be achieved but also what that might look like. But you are talking there about the scale of this and I understand that women are twice as likely to suffer with anxiety than men, why do you think that is?

Brett: I think that is a really really profound and provocative question and you are absolutely right; the research evidence does reveal that women are ALMOST twice as likely to be diagnosed with a generalised anxiety disorder than male counterparts and it raises huge questions. Are women less resilient than men? I am not sure that is the case, I think many men would say women are far more resilient. I think that being a woman presents enormous challenges because although men have the responsibility of looking after families, men do not have the responsibility of caring babies inside their bellies and often being the primary caregiver and that is both a great potential pleasure for so many women but also an enormous burden. Women are caring centuries, a millennia, I suppose, of denigration and hatred in male-dominated societies, I don’t think that helps. But I would be very interested if we could review that data in 100 years’ time, because whether women are REALLY almost twice as anxious as men or actually, as I secretly suspect, whether women are BETTER and more able to reveal their vulnerabilities and share their vulnerabilities and talk about

their vulnerabilities, that might well be the explanation. I don't have a sense from the daily psychological work I facilitate in my consulting room that women are more ill as a rule than men. I have worked with some outstanding, robust, creative, phenomenal, wonderful women and men who have those characteristics. But I do think that on average women feel a greater sense of authorisation to reveal that vulnerability and they don't wake up having to pretend to be Hercules.

Sarah: That's matched with another podcast we've done that looked at specifically men and encouraging men to talk about their own anxieties and some of the feedback there was that actually there are some even just professional discourses or environments that prevent men from being able to speak. And sometimes the world of work is just not set up very well for these things.

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Sarah: What kind of impacts can anxiety have if left unaddressed? How does it manifest itself in someone's every day life?

Brett: I think that the consequences of neglecting anxiety can often be severe. Some people do seem to have found a way to manage it, but in my experience, well of at least the people with whom I work, who leave their anxiety untreated, unattended to, they often describe their lives as completely lacking in colour. Several patients have said to me over the years, 'being anxious is rather like somebody has just turned the volume down on your stereo or just turned the volume down on your television and you can't really hear what is going on in the rest of the world.'

So, I think when you are crippled by anxiety, it diminishes you, it gives you a very psychologically anorexic state of mind, where you're really starving and not able to feel sufficiently comfortable in your mind, sufficiently comfortable in your body to sit down at the banquet of life if you like. So, I think the consequences can be quite severe and not only the psychological consequences but also the physical consequences. We do have a growing body of evidence from psychosomatics and physicians who work on psychological medicine, that people in states of anxiety are much more likely to suffer from cardiac disease for example. So, the potential physical consequences are enormous. The only physical benefit that I have come across in the research literature and, this is a very, very interesting finding, is that people who are highly anxious are less likely to die in accidents, such as bike riding, or mountain climbing, or something potentially dangerous.

Sarah: Hypervigilant

Brett: Which is good that they're that they're not putting themselves in those in those potentially endangering positions. But the reason that they don't put themselves in those endangering positions is that they're frightened to put themselves often in any position, so not only will they not go mountain climbing, but in severe cases they won't go to the shop to buy a pint of milk, they won't go to a friend's dinner party because they have a social anxiety or social phobia and are petrified of having to sit next to somebody and think 'oh well I have nothing to say to this person.' So, I think we know from other bodies of literature that social isolation is very very deadly for people. We know that actually, you lead a slightly shorter lifespan if you're socially isolated than if you are plugged into rich, full networks, whether they are familial networks, social networks or occupational networks. So, the physical consequences of bearing untreated anxiety alone can be devastating.

Sarah: It's quite remarkable to hear the extent to which anxiety can affect people in everyday life and those relationships around them. It's hard to imagine where, how a psychotherapeutic relationship can even begin to address such such a profound experience in somebodies' life. Could you tell us a little bit more about what somebody might expect if they were to consider therapy to address this?

Brett: Psychotherapy as you well know and as many of our listeners may well know is an enormous broad, overarching term to describe a multitude of different psychological therapies and many of our colleagues in psychotherapy specialize in quite time-limited, short-term interventions, particularly those who work in our overstretched, but often wonderful National Health Service. It may be that your GP recommend you to the local department of psychology or psychotherapy and you might be given three sessions with a therapist, or six sessions with a therapist, which is great, it's three sessions or six sessions more than you would have had otherwise, but I must say as somebody who had been doing this work for a very very long time I don't think that a very short-sharp-shock is always particularly helpful for a lifelong, deeply, characterologically-entrenched anxiety.

Most of the people who come to see me for what is called 'open-ended psychotherapy' need to come for at least a year, sometimes two years, a lot of my colleagues are reluctant to actually verbalise numbers because we don't want to scare people off. But if you, let's say you weighed 10,000 pounds, you were overweight and you went to a personal trainer at your local gym and the trainer said 'ah don't worry you weight 10,000 pounds, we'll have you in the Olympics in just, you know, three weeks of training sessions,' you would not believe that person. If you, if you weighed 10,000 pounds and you want to participate in the Olympics you need train and work out and exercise and eat well and look after yourself every single day for many months. And I often refer to psychotherapy as the gym for the mind. If you want psychotherapy to really help you, you've got to go regularly, and you've got to go regularly over a period of time. There's no quick fix for a deep-seated anxiety disorder, there's no short-sharp-shock. One must attend on a regular basis and I think most of the people that I've worked with who've really made profound strides, I would say profound strides,



have come once a week as a minimum over a period of one to two years and after that investment of time and hard work, really trying to talk through and get to the roots of the anxiety, they make often huge strides, tremendous progress. So, I do want people to know that this is highly, highly treatable, but it's not immediately treatable and it's not magically treatable.

Sarah: I love your comparison with personal training, because I see psychotherapy as something that once you're experiencing that, once, perhaps you've had a cycle of psychotherapy it is, in a sense, it isn't something you do because you're too far gone, I think somebody, some people have this impression that psychotherapy is very very serious and there must be something wrong with you to need that. But I think what you're explaining is that actually, it can help prevent disorders, for want of a better term, it can actually prevent people's experiences of anxiety as well, and certainly halt them at a point where you can prevent them from worsening and becoming as serious as you have described, which I think is hugely heartening and I just wish people would see it as part of the way that people look after themselves as the way we look after our bodies.

Brett: Very nicely put.

Sarah: Inevitably there are going to be, I would have thought many listeners who are currently experiencing this for themselves or may of perhaps family members, loved ones, colleagues, who may be experiencing anxiety. I just wondered if you had a few final words of advice to them as to what the next steps might be.

Brett: Many people who visit their medical doctors will be given a prescription for medication immediately, generally some sort of anti-anxiety agent or even anti-depressants and in severe cases often beta-blockers and there are people who claim that these medications have been helpful to them. I think it's important to know that many many patients tell us that they've been on these tablets for an awfully long time and they feel it hasn't made much difference. It may be that my own sample is somewhat skewed because most of the patients who have come to me with severe anxiety have been on medication of one sort or another, often for decades and feel they've got nowhere. If you've got a good relationship with your GP and you feel you have a sympathetic relationship with your GP, for heaven's sake do ask the GP what are the range of options that are open to me. You may not want to be put on tablets straight away, have a dialogue with with your physician, your physician may feel that there's a very good reason why that may need to be the case. Sometimes beta-blockers are given for patients with immensely-high blood-pressure and it may be that is a symptom of certain types of anxiety that might benefit from pharmacological intervention. But to be referred to a really skilled, really experienced, properly registered psychotherapist, is in my experience a pretty good starting place because a psychotherapist has both the interest, the training and also the responsibility to try to get to the roots of the problem.



So if you were abused in childhood, you and your psychotherapist would have the opportunity to talk about that abuse, to talk about the angry feelings you've been carrying towards your abuser all this time, to talk about the feelings of shame that you have, to talk about your guilt that perhaps there was something you think could have done to have prevented it and once those horrible feelings are put into words they do become, in my experience, less toxic.

The talking cure as Sigmund Freud described it back in the 1890s is terribly relieving. Freud wrote about the way in which putting one's deepest darkest secrets, one's most horrible internal feelings into words brings a tremendous sense of catharsis. The number of patients who have said to me over the years 'gosh, Brett I am so glad I've just told you what I've told you, I've never told that to another living person before. You're the first person I've told, and I feel as though a huge weight has been taken off my shoulder.' One of my patients upon revealing having been sexually abused said 'wow this talking stuff it's like mouthwash for the mind,' and I think that that is a very, very powerful description of what can happen when you do find a sympathetic, highly trained, highly experienced, qualified psychotherapist, with whom you can have these deeply private, deeply confidential, very intimate conversations, which are focused entirely on you as the client or the patient.

So, members of the public have a lot of options, medication is certainly an option, consultation with your GP is certainly an option, but so is the pursuit of talking therapies and for those who are too frightened to consult a professional, there are things we can do in our own private life. We can try to attach ourselves to a good friend and have a little coterie of people who can be our our go-to confessors. We know from the work of the brilliantly named American psychologist, James Pennebaker, that people who spend a mere 15 minutes per day keeping a personal diary and just putting into words their most private, unsettling feelings do feel better after several months of doing this, so keeping a diary can be very helpful. I think it's not as powerful and curative as the interactional relationship that unfolds in psychotherapy which is very, very powerful indeed. I think something, like keeping a diary or practicing mindful meditation, can be at least a good step on the ladder to try and do something. But what I would urge people is not to feel that they are required to abandon themselves and wallow in a state of psychological neglect.

Sarah: Brett I can't thank you enough for what is such a helpful, positive, I think reassuring message to anybody who is listening to this. I think there's a step that we can all take today to begin to alleviate what is a very very common condition conflicting many of us. Thank you for bringing your expertise to the fore, really appreciate it.

Brett: Thank you so much for your kind invitation and I hope that a conversation of this kind will be generally helpful to people.

Sarah: Thank you

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Suzy: That was psychotherapist Professor Brett Kahr speaking to Sarah Niblock, the CEO of the UK Council for Psychotherapy.

If, after listening to that, you feel you could benefit from some talking time with a psychotherapist, then go to the Find a Therapist section of the UKCP website and have a look through. The website address is [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk) and look for the Find A Therapist tab.

We are also featuring the subject of bullying in the Psychologies magazine this month. Or you can find us online at: [www.psychologies.co.uk](http://www.psychologies.co.uk).

We'll be doing a podcast each month for the next year with some of the UKCP's psychotherapists and remember like and subscribe to our channel to hear it first and it helps others find us. So, join us again next month

Till then, thank you for listening, and take good care of yourselves.

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