

Hear Me Now Podcast — Episode 73 — Living with Anxiety

Seán Collins (00:04):

On today's program, living with anxiety,

Maureen Nash M.D. (00:07):

Everyone has anxiety, and you can't really survive childhood without some anxiety.

Seán Collins (00:18):

Panic plays an important role in our lives.

Maureen Nash M.D. (00:21):

When you are standing in the middle of the road and you see a car coming towards you, you should panic. And that panic should enable you to very quickly move out of the way. That is anxiety, doing what is supposed to do and helping you.

Seán Collins (00:39):

For many young people, there's a lot to be anxious about, from global warming to politics, to pushback on diversity and inclusion. Not to mention all of the social pressures of being young and finding your place in the world.

Robin Henderson Psy.D. (00:54):

When you think about pre-pandemic, we were all talking about how bad social media was and how bad it was to be online and all these things, and then all of a sudden all that goes out the window because we're like, no, everybody get online <laugh>. And now we're back. Trying to pull it all back and go, oh no, no. Bad social media and things like that. Social media plays a role in anxiety, both positively and negatively, you know, in a positive way. It gives you that ability to find affinity groups that give you that ability to have some control, which is part of what helps reduce anxiety. At the same time you throw yourself into the 24 hour news and information cycle. We haven't done a really great job of educating young people around the importance even of shutting it out. Yeah. So that your brain just has space to not have any input.

Seán Collins (01:49):

On today's program, conversations with behavioral health experts and with young people about living with anxiety. This is the Hear Me Now podcast. I'm Sean Collins, glad you're with us.

(02:08):

In a couple minutes, I'll be talking with two college students about their experiences living with anxiety and about their work, trying to teach other young people about what can make that easier. Anxiety is not something limited to young people, though many people live with it their whole lives. So I wanted to begin with some definitions from Dr. Maureen Nash. She's a geriatric psychiatrist and the medical director of Providence ElderPlace in Portland. Dr. Nash, it's good to have you back on the podcast. And let's start by, um, helping us understand some basics. What do we mean when we talk about anxiety? How is it different from panic or a panic attack? And how is any of that different from a panic disorder?

Maureen Nash M.D. (03:00):

You know, that is an excellent question and there are varying definitions of anxiety, but I think the crux of the matter is when one has kind of a fight or flight type reaction to something that is either happening or that they're thinking about, that is what most people mean when they say anxiety and issue that you have hit upon is really the key one. Right. Um, when is it anxiety? When is it an anxiety disorder? When is it abnormal? When is it normal, and what should we do?

Seán Collins (03:42):

And is the level of debilitation part of the answer to that?

Maureen Nash M.D. (03:46):

Well, yes. Right. If it doesn't impact your life, your quality of life, or your ability to function, then it's not gonna meet no matter what else is true. It's not gonna meet criteria for an anxiety disorder, which doesn't mean you don't have anxiety. Yeah.

Everyone has anxiety and you can't really survive childhood without some anxiety. It is, at least theoretically, what prevents us from doing catastrophically negative things like walking off a cliff, hugging the stove when it's red hot

Seán Collins (04:24):

<laugh>. So that self-protective instinct is an aspect of anxiety, is

Maureen Nash M.D. (04:29):

Biologically it's right. It is the fight or flight. And so an anxiety disorder is when you have fight or flight gone awry. Hmm. And it is either in excess of what is useful to you or it actually debilitates you.

Seán Collins (04:49):

I've heard people use the phrase a sense of doom or a sense of foreboding. Is that a hallmark of anxiety or is it something that's only present in some people's experience?

Maureen Nash M.D. (05:02):

One kind of anxiety attack, if you will, is a panic attack. And actually, if you look at the data, an amazing number of people, anywhere from three out of four or nine out of 10 people will have at least one panic attack at some point in their life. Wow. But not everybody develops panic disorder, and the theory is that you have a panic attack somewhere, and then you become concerned and have a sense of foreboding that you're going to have another one, and that it's going to really impair your abilities to do things, or it's going to cause you to have some, a heart attack or some other really poor outcome. Yeah. So then you start to avoid things so that you don't have another panic attack, and that is part of the self-reinforcing nature of what turns something into a disorder. Hmm.

Seán Collins (06:02):

And for people who aren't familiar in any way with this, what's going on during a panic attack, what are people experiencing?

Maureen Nash M.D. (06:10):

The panic attack itself really is a series of sensations racing, heart, short of breath, maybe some chest discomfort, tingling in your hands, a sense of foreboding that something really terrible is happening or is about to happen. And it starts suddenly, often out of the blue, but sometimes because of a certain thing, it reaches a crescendo within two to four minutes usually, and it starts to fade at 15 minutes. And that is sort of the classic panic attack. And then what we often find is some people have attenuated symptoms. You know, some people have these anxiety attacks that aren't quite as severe as a panic attack, but they recur. And the most disabling part of it all is when people start avoiding things. Yeah. Because they're afraid of what will happen if

Seán Collins (07:14):

Yeah. It starts to be a governor of your behavior. Right, right. You behave with this in mind all the time. Right.

(07:25):

Dr. Maureen Nash is the psychiatrist and the medical director of Providence ElderPlace in Portland. She was recently named a distinguished fellow of the American Association for Geriatric Psychiatry. Dr. Nash will be back with us in the second half of today's podcast, but I want to turn now to the issue of anxiety and youth. We've been reading that more and more young people are showing signs of anxiety, and our guests today want you to know that there's a lot that can be done to make anxiety livable. Billie Henderson is a college student in Oregon, and she's been involved in Work2BeWell, a mental health and wellness program focused on providing mental health resources and education for teens and parents and educators. It's run by Providence and other partners in the Pacific Northwest. Dominic Brown is a college student in Southern California, and he too has been involved in Work2BeWell, and he's worked as a youth crisis line counselor. And Dr. Robin Henderson is Chief executive for Behavioral Health for Providence, Oregon, and Chief Clinical officer of Work to Be. Well, thanks to all three of you for taking the time to talk with me today. Billie, let me

start with you. What do people not get about anxiety? What do we need to understand?

Billie Henderson (08:56):

Oh, God, there's a lot of things. Um, I think people don't tend to understand the severity that anxiety can get to. Like a lot of people just like use anxious in the term of just like a little worried, but forget that in a lot of cases, people with anxiety feel like they're on fight or flight mode all the time. It's like that part of our brain is just constantly going off.

Seán Collins (09:24):

Let, let me make sure I understand what the germ of the idea there is. That the general public uses the term in a sort of not very serious way.

Billie Henderson (09:34):

Yeah. It's kind of just thrown around.

Seán Collins (09:38):

Yeah. Dominic, what do you think?

Dominic Brown (09:41):

I think that a good portion of the general public doesn't realize how debilitating it can be. And this is sort of going in with what Billie said, like people tend to think of it as something that isn't serious, something that can't upend someone's life, something that can't, you know, stand in the way of, of someone. And, you know, maybe their goals, maybe future employment, maybe something going on at school. Um, it can, it can affect people's, you know, social lives. It can affect everything in a person's life. And even it, it can affect their physical body. And I just think that that's something that people don't tend to really understand is how severe and how debilitating it can be in someone's life.

Billie Henderson (10:21):

Right. I like that you brought that up, Dominic, about it affecting the physical body. It's not just entirely a mental thing. It's not just something that only exists on our brains when, like, at least for me, when I get really bad anxiety, I feel it all throughout my body. I feel in my chest, in my stomach, it gives me incredibly bad nausea to points where I've not been able to eat anything because I was just throwing up the, the entire day.

Seán Collins (10:53):

You hear about people ending up in the emergency department because they think they're having cardiac issues, right. That, that people think that they're having a heart attack, they're out of breath, they've got pain in their chest, they're sweaty, they've got all the sort of classic symptoms of an MI and they, you know, hook people up and they check for enzymes and they say, actually everything looks fine, it's not your heart. There's something else going on and you hope that they get referred to people who can help them. Um, Dr. Robin Henderson joins us. Uh, Robin, does all of this make sense to you that there's a sort of social sense that, or cultural sense that, ah, this isn't that serious, but for the people who are living it, it's very serious?

Robin Henderson Psy.D. (11:38):

Oh, yeah. There's probably a lot more stigma around anxiety than there is around depression. Um, a lot of times there's these assumptions that, oh, if you're anxious, you know, my personal favorite, just breathe in this brown paper bag, you're gonna be better. Just do that. And the reality is, for people who have debilitating anxiety getting to the brown paper bag, um, it, it, it's not gonna get you there. Um, there's a lot of breathing techniques and a lot of theory around breathing, but when you're looking at severe significant debilitating anxiety, by the time that you get to the awareness where breathing may have been a, an intervention that would've helped, at that point you are in the path of cyclical vomiting, you feeling like you're having that heart attack, you are at that point frozen and unable to really do even walk out the door of your house.

(12:34):

And we saw, especially coming out of the pandemic, um, a phenomena where people, especially young people who are already socially anxious to begin with, this is the whole point of puberty. You know, you, you get this social anxiety and, and I like to say that this is the whole point of middle school, right? Is to get you out of your social anxiety because you're forced into these situations where in, um, in middle school they assign you to groups, and in high school you choose your groups. And that's intentional. That's, that's maturation for kids who missed middle school and were already socially anxious. That transition then into high school where all of a sudden you're expected to be normal and walk into school and just, there you go, it's gonna be really great. Totally blew up. And it really exacerbated, uh, people who were already anxious regardless of their age. The pandemic made that worse because it, it confirmed all your worst fears.

Seán Collins (13:33):

Right. I'm thinking, um, Billie, if I'm not mistaken, you were making a similar transition to college, weren't you, during the pandemic?

Billie Henderson (13:42):

Uh, yes, I was. I had just gotten out of, um, high school when it started.

Seán Collins (13:47):

I'm curious whether you think any of your peers were, uh, who have issues with anxiety found that transition period during the pandemic, especially difficult?

Billie Henderson (13:58):

Uh, yeah. Um, at least all the friends that I know of found it very difficult to transition to it. Like, especially with going to a new college. Um, and like people in my age, our senior year was just completely disrupted. And then going into college, that too was very disrupted. And it's like these experiences that we were told we are going to have, you know, by graduating, you know, starting out at college, all of those like quintessential teen experiences we didn't end up getting and is very, um, especially

very difficult because just the isolation, having to be in quarantine all the time and kind of just left to yourself and your own thoughts.

Seán Collins (14:46):

Hmm. Dominic, you wanna add anything?

Dominic Brown (14:50):

Yeah I was still in high school when we went into the pandemic and then we came back and I was still in high school and I remember there were a lot of anxiety around the transition back into school. A lot of people were like, oh my gosh, it's been two years almost since I've seen everyone. When I go back, am I gonna look different? How am I gonna look? Do I have to look different? Do I have to meet certain standards before I go back? And I remember a lot of people were worried that they had almost forgotten how to socialize, how to be a human being in a social setting. Hmm. It's been a really overwhelming time for teenagers, for people going into college, for people going into high school, middle school. Yeah. It's just a really anxious situation to be in.

Seán Collins (15:33):

Dr. Robin Henderson. You're, you're nodding your head.

Robin Henderson Psy.D. (15:37):

Oh yeah. It's been very difficult to navigate simultaneously. You know, when you think about pre pandemic, we were all talking about how bad social media was and how bad it was to be online and all these things, and then all of a sudden all that goes out the window because we're like, no, everybody get online <laugh>.

(15:58):

And now we're back trying to pull it all back and go, oh no, no bad social media and things like that. Social media plays a role in anxiety. It plays a role both positively and negatively. Um, you know, in a positive way. It gives you that ability to find affinity groups, to find support, to find tips and tricks, YouTube, all the things, um, that give

you that ability to have some control, which is, which is part of what helps reduce anxiety. At the same time you throw yourself into the 24 hour news and information cycle, the 24 hour, am I available to my friends? What if I can't reach my friends? What if they can't reach me? All those expectations are also in there as well. And I think we haven't done a really great job of educating young people around how to the importance even of shutting it out so that your brain just has space to not have any input.

Seán Collins (17:05):

Right. And the alternative would be trigger after trigger after trigger after trigger

Robin Henderson Psy.D. (17:10):

Trigger after trigger. Exactly. And that's one of the, the phenomena that I think when we look at in increasing rates of anxiety and they have increased, you know, we see numbers, some numbers as high as 40% of females, 36% of males, um, in that, you know, young adult, high school, young adult category, having some symptoms, if not a full on diagnosis of anxiety. When we see numbers that are that high, it's gotta be the combination of what we're seeing out of the pandemic and all of the stressors there and what we're seeing in social media and candidly what we're seeing in the political environment, not limited to climate change, politics, racism, all of those things. It's a very stimulating world and we don't spend a lot of time giving people coping mechanisms for that.

Seán Collins (18:06):

I wanna throw in an idea and see how you, the three of you react to it. And you, we've brought up sort of social media, we've talked about social relationships and, um, the anxiety that those, uh, new social relationships can cause. I'm curious whether there's anything protective in close interpersonal relationships if you have, you know, good one-on-one relationships with somebody or with a couple people, if you have a little group, is there something protective about that that helps you get through moments of anxiety?

Dominic Brown (18:44):

I definitely think that a strong, um, support system is, is definitely like a necessary, um, protective factor for someone who is struggling with anxiety. Um, and I like, I mean, at least in my experience, I, I wouldn't have gotten to where I am today without a strong support group and without like interpersonal close personal relationships with friends who also are dealing in similar situations as I am close, relationships are lifesaving in, in circumstances where people are dealing with, you know, anxiety.

Billie Henderson (19:17):

Yeah, no, they definitely are lifesaving. Um, I, at least for me, like my anxiety gets a lot better when I'm around. Um, my friends, I tend to have less panic attacks and things. Um, important part of it is that you relate to the person in some way, and I feel like it's easier to be more vulnerable around, like say your friends, especially if they have those same experiences because there is no, um, power differential, I guess, you know, you guys are in the same group and it's very, um, it can be incredibly helpful. It ha I know it has been, um, for me, I wouldn't be alive talking here today if it wasn't for my friends.

Seán Collins (20:10):

Mm-hmm. <affirmative>,

Robin Henderson Psy.D. (20:12):

You know, I think in, in the reality of the universe, it's, it's in some ways a double-edged sword because the safety of that interpersonal relationship can also be the source of stress when it goes wrong and when there's stressor in it. And so with that protective factor comes an equal opportunity for vulnerability when something's wrong in that relationship that can create, uh, anxiety and create an anxious state and not be that source of comfort. Um, however, that is the nature of relationships, right? You've gotta have that, that yin and yang of, of yes, there is the, the great high in the relationship that makes the relationship so spectacular. And there is also the potential for harm and,

and being that unsafe space doesn't mean don't get into relationships though. I don't wanna, I don't wanna throw that idea out there. It's just that reality of relationships.

Seán Collins (21:14):

The three of you are working towards helping people live with anxiety. Tell me about that effort and what you're doing and what's working and successes that you're seeing.

Billie Henderson (21:28):

Good talk <laugh>

Dominic Brown (21:30):

In my, in the experience that I've had, like when I was working at a, at a hotline, when it, when it comes to helping people with their anxiety is, at least for me, the things that we were allowed to do was to help people, you know, almost arm themselves, I don't like to say weapons, but with, with weapons that they can use to fight their anxiety with, and then just being there when they need someone to talk to. Um, I think that it, it's really important that we, what we recognize the importance of just being there for someone and, and not always, you know, having to give someone advice. Um, I know that that's something that I, I've really, you know, dealt with a lot when I was like really anxious. And I, and I still deal with anxiety a lot, but you know, when there were moments where the anxiety would overwhelm me and I'd be around people and I'd always, people would always be giving me advice and, and certain times I didn't really want other people's advice, <laugh>.

(22:27):

And so I, I guess what I'm just trying to say is when you're, you know, in a position where you are supporting someone who's dealing with, you know, all sorts of, you know, challenges to their mental health, it's always, and, and, and this is my opinion, of course, I think it's always best to ask them what they want instead of, you know, assuming what they want and then assuming what they think, what, what's best for

them, and then giving it to them. I think it's also really important to realize that there are a lot of socioeconomic and political factors that are motivating this current, you know, rise in rates of depression and anxiety. You know, Dr. Robin touched on that earlier, and I just wanted to touch on it really quickly because, you know, there are rising healthcare costs, there are rising housing costs around the country.

(23:13):

There are also, you know, a lot of, you know, things that are happening in our current political climate that can cause anxiety in, you know, minority groups specifically. And it's important to realize that until we address, you know, really systemic issues like, you know, housing costs, healthcare costs, you know, systemic racism and, you know, all these issues that are, I guess, holding people back, um, or are causing anxiety and people who, you know, are minority groups, until we address, you know, these sort, these certain issues, anxiety will continue to be on the rise. Um, yeah, that's all I had to say is that it's, it's really important to address things that you wouldn't necessarily think could cause anxiety, but are actually, you know, the underlying cause of the, of anxiety and, and many people.

Seán Collins (24:03):

Dominic, I really appreciate you naming that specific constellation of issues as causative of anxiety. I mean, it's not like this stuff falls out of the sky without any of us witnessing what's going on around us. I mean, in, in some sense, having a fight or flight response to what's going on in the world seems like a perfectly reasonable response. Uh, there's a lot of stuff to be fearful of and frightened of and anxious of.

Robin Henderson Psy.D. (24:36):

You know, I look at the experience with Work2BeWell, and some of the pieces of curriculum and the things that we talk to educators and administrators about, um, and for the listeners who don't know Work2BeWell is a youth mental health education platform, uh, that provides free curriculum around mental health and wellness among other things. We do a lot of work in social media spaces. Uh, those breathing exercises

I talked about. We have a lot of those. We, I mean, we post in Instagram every day, and many of our posts are about anxiety and about how to get yourself out of that spin when you're in the spin of thinking about rising housing costs. The number of times I've heard my son in particular say, you know, I'll never be able to own a home because just the cost and the thought about what it costs to own a home, um, is overwhelming.

(25:30):

And, and then the next line is always, but it doesn't really matter because the world's going to explode by the time I'm 30 due to climate change and, and <laugh>. It's, it's that type of overwhelming thinking that is coming in at our young people. Um, where's the hope? And so one of the things Work2BeWell tries to do is to provide that hope. And one of the pieces of curriculum we're working with that I hope Billie will talk a little bit about, comes from the, the Ewers Brothers documentary, hiding in Plain Sight, where they're telling the stories of young people with mental health, but they're not just telling the bad part of the story. They're, they're having these youth talk about the resilience and the recovery and what is possible. And, uh, Billie, I'm hoping you'll share a little bit about that, especially in, in how you in particular talk about anxiety.

Billie Henderson (26:27):

That's, that's my cue. You want me to talk about it now?

Robin Henderson Psy.D. (26:31):

Was it subtle enough for you?

Billie Henderson (26:34):

Uh, no. You only said my name twice. Um, uh, yeah. Anyone who doesn't know I am in hiding in plain sight famous, I am <laugh>. Uh, but we do a lot of, um, events, um, and showings of the documentary around the US and during those, we always have like a question part for audience members to ask us wherever they want to. Um, and like asking how to deal with anxiety was one of the like, main ones that, um, we had always get. Uh, and I feel like at least for me, one of the things that works best is just finding,

um, like trying to find something to focus on to distract me from that. Um, what again, with like anxiety and severe anxiety that can be very difficult to do at times. It's hard to focus on something mundane while you think you're having a heart attack. Um, uh, some of the things that I have like recommended people is like, um, journaling obviously. Um, I like to write poetry about my anxiety. Um, and that can be soothing, um, for if any of the listeners have ADHD find your hyper focus and just like, get on that for six hours because hyper focusing on something is great and it's easier to do with ADHD, um, <laugh>

Seán Collins (28:19):

Billie, for, for someone who doesn't know, tell me what hyperfocus is.

Billie Henderson (28:25):

Um, for people with ADHD, it's basically like, um, when we just fixate all of our attention and effort into doing one specific thing. Um, like one of the things that I, um, I can't remember the word for it, like the fixation that I have, one of my, like ADHD interests is pharmacology, um, and drug chemistry and brain chemistry. Um, and there's lately owl will spent like hours just looking info up about drugs on my phone. Hmm. Um, and being like about the brain chemistry and how it's affected, um, all the different, I know so many names of all the meds that my mom works with <laugh> <laugh>. Um, but yeah, I usually just try to find something to focus on and kind of get out of my brain for a minute.

Seán Collins (29:30):

I'm talking with Billie Henderson and Dominic Brown, both college students who live with anxiety and who've been working to help others cope with the condition and with us Dr. Robin Henderson, chief executive for behavioral health for Providence, Oregon. We've talked several times about breathing over the last couple minutes. Can someone walk me through one of the exercises that would help someone who's in the midst of an anxiety attack? How, how would breathing help them? Billie?

Billie Henderson (30:03):

One of the breathing techniques that I used is, uh, it's called belly breathing. Um, and this one does have some scientific, uh, backing to it. Uh, when you do this technique for long enough, your brain starts to, um, uh, produce more gaba, and that's the main inhibitor in neuron in your brain. Um, and so that is what calms you down because you're just focusing your brain on the breathing and it's basically, um, so imagine, um, when you're breathing, most of the time when we're breathing, we breathe in and out, it feels like with our chest, our chest moves up and down with belly breathing, you want to focus on moving your stomach and breathing in with your stomach. So if you breathe in, you push your stomach out, breathe out, push it back in, and you focus on, um, that, uh, and it looks to help calm your brain down. Um, a similar one is, um, this one my therapist taught me. It's, you take one really short breath in and then a really long exhale out. And both of those I've had, um, uh, good success with when I've been in like panic attacks.

Seán Collins (31:33):

Yeah. Billie, like you, um, I'm fascinated by not so much by the pharmacology, but by the neurobiology of all of this and

Billie Henderson (31:45):

Yeah. The neurochemistry.

Seán Collins (31:47):

Yeah, absolutely. And I think one of the sort of things I've learned, uh, is that it's hard to, uh, belly breathe, for instance. It's, it's not a, it would be difficult to do that if you're being chased by the saber-tooth tiger, so, oh, well,

Billie Henderson (32:07):

Yeah. Obviously

Seán Collins (32:08):

<laugh>, right? So there is a sort of, there's a sort of evolutionary reason why that breathing relaxes your brain because it's not something that you can do when you're in the middle of, uh, a panic attack. I mean, if you're, your body's not built for it. So if you sort of, um, it's sort of like a mind hack. You're, you're telling your brain everything's fine,

Billie Henderson (32:36):

Basically. Yeah. Like, I fully believe the, um, our emotions and everything are heavily connected to our bodies, um, like how humans normally breathe when we breathe in with our chest, um, that actually speeds up our, uh, sympathetic nervous system, causes our heart rate breathing everything else to, um, get faster, which is great if you're in the wild being chased by a saber-tooth tiger. You wanna be like, have an energy to run for your life. Um, and I think that's why belly breathing is difficult to do because our brains are, um, we evolve from just running away from predators. And so our brain didn't really put like much effort into giving us the ability to belly breathe. Yeah.

Seán Collins (33:37):

Um, but, but to the point that's been made by several people already is, yeah, we may not be being chased by saber-tooth tigers anymore, but if you wake up every day and your phone tells you that the, you know, last month was the hottest on record on the entire planet ever, and that, um, you know, climate change is wreaking havoc everywhere and that the political situation in this country may be really untenable for a lot of people. And lots of people are homeless and lots of people are feeling disenfranchised, and there are lots of people whose, you know, issues of identity are being denigrated every day. So yeah. You're not being attacked by a tiger, but you're being attacked in all sorts of other ways

Billie Henderson (34:29):

And being attacked by several tigers now.

Seán Collins (34:31):

Yeah. Dr. Robin Henderson, what do you, what do you make of that?

Robin Henderson Psy.D. (34:36):

I, I think it's very, very accurate when you look at that idea of we are wired for fight or flight, and our idea of what is fight or flight is transforming, it's connected, you know, the, the biochemistry of the body doesn't change. Um, and it's connected to what we perceive as threats. I I've been interested lately in some of the research around the body's response to discrimination when Dominic was talking about, um, you know, bipo populations and, and, and LGBTQ plus populations and things like that. The body's response when somebody actively discriminates against you, is that similar to that fight or flight, and how that impacts a trauma response?

(35:29):

And, and we're watching this writ large with states that are enacting legislation and, and political rhetoric that's only gonna get, um, greater and greater the closer and closer we get to the next election. I worry about that reinforcement because eventually what happens with that exhausting of that, uh, of that fight or flight response, as we know that that develops into P T S D, that develops into chronic stress disorders, that develops into maladaptive coping, coping mechanisms that have real impact on, on individuals' mental health. And we don't think about discrimination, um, and inequities being a source of P T S S D and chronic stress disorders, but they are,

Seán Collins (36:22):

And there can be a generational cascade of that trauma response. I mean, um, it's not just an individual sort of pulling themselves up by their bootstrap. I mean, their, their, their children and their neighbors and their whole community can be affected by the trauma and a shared trauma.

Dominic Brown (36:43):

And it's, it's really interesting that you bring that up because I was just reading somewhere that like, intergenerational trauma can actually alter like your genetic information. Um, because, and I just, I just, I, I think that that's actually, like, that's mind blowing. That like the experiences that you deal with when it comes to trauma, like genuinely alter your D N A because we've always known that, you know, when trauma is felt by a certain generation, you can pass it down by the way you raise the next generation. But even when you escape, like certain cycles like that, your D n A can actually be altered in ways that you inherit the trauma that your, that generations before you experienced. And, and so I think that it's just really important to realize that, you know, we're in a time where it feels like I, I mean, it feels like everything is coming at us at all directions and, and, and it's hard to overcome, you know, trauma and, and anxiety in one area and then be hit with it in another. And so I just, I think it's, it's really important to realize that like, anxiety is so multi-dimensional. You know, it comes from the circumstances that you deal with in a day-to-day. It comes from your genes, it comes from the political climate, it comes from climate change. Like, it, it comes, it can come from any direction. And, and, and it's just such a multi-dimensional beast to have to deal with. And, and the only way to deal with something so multidimensional is to hit it with a multidimensional, multifaceted response.

Billie Henderson (38:13):

I love your point there, Dom. I thought that you were going to say is to hit it with a multidimensional hammer. <laugh>

Dominic Brown (38:21):

That too <laugh>.

Seán Collins (38:24):

Wait, that's the graphic novel version of this podcast, not the actual podcast.

Billie Henderson (38:28):

Yeah. <laugh> Dominic, just with the multidimensional ham of smashing anxiety

Seán Collins (38:34):

So far be it me to think like a bumper sticker. But, um, one of the takeaways seems to be if you're not anxious, you're not paying attention to what's going on around you. So given the reality, as Dr. Robin mentioned earlier, that this is, this is part of the reality at the moment. Um, what are some, what are some avenues of hope here? How can people, um, learn to live with those stressors? How can you learn to acknowledge them, to recognize them for what they are? Gimme gimme some hope here. Who wants to go first? Oh, Billie does

Billie Henderson (39:17):

<laugh>. I almost swore I didn't though. <laugh>

Seán Collins (39:22):

In the graphic, in the graphic novel version of the podcast, you do let loose

Billie Henderson (39:27):

With, okay, good <laugh>. Um, there are coping mechanisms to live with anxiety. Um, and we talked about some of those, uh, for longer term, like living with it. Um, I think you just have to find more things that don't make you anxious and they take that anxiety away. 'cause at least as it is right now, we are not going to be able to avoid all of the stresses of the world right now. These problems are systemic and they're going to take years and years and years to solve.

Robin Henderson Psy.D. (40:12):

I I, I actually wanna go to your graphic novel experience because in, in my mind, I believe anxiety has to become your superpower. And one of the things that we know about anxiety is anxiety is also about a loss of control. So if you think about the situations and the things that make you anxious, how are the ways that you then can, in essence control? And one of the ways that we control is we learn more. We demystify if climate change is something that makes you really anxious, learn more

about it, get active in it. If politics and things like that are things that make you anxious, volunteer your time on a campaign, invest in the things that you care about. Develop those coping mechanisms to know what to do when you're flooded with anxiety so that you can hyperfocused remove yourself from the situation. Um, you know, I go back to my Work2BeWell days and go to the emotional first aid kit with the idea of, uh, I have a really good friend who I worked with and worked to be well, and she recently had an experience on an airplane that was an experience somebody should never have. And it was really awful and horrible. And, uh, actually the, the person sitting in the seat next to her passed

Seán Collins (41:32):

Away. Oh my gosh.

Robin Henderson Psy.D. (41:34):

Wow. And, you know, long distance flight. And she immediately went to, after the situation was, you know, dealt with, went to her emotional first aid kit and pulled up the, the sight around her, the pictures that brought her comfort, um, put on the sweatshirt that she had in her bag that was comforting, put in her headphones and played the playlist that she knew would take her away from the situation. And got out the little bottle of, you know, sandalwood fragrance that calms and, and lowers the intensity of the situation and really took herself out of that moment. And that's one of the biggest things that we can do is be prepared. If anxiety is an issue for you, what is your go-to?

Seán Collins (42:24):

Yeah, being prepared seems like a really brilliant, um, almost like a Boy Scout, uh, thing. But Dominic, what do you think?

Dominic Brown (42:34):

I just wanna add that I think that everything that's been mentioned today is, is really important as to how to deal with anxiety. But I think that the first step is just to be

intentional about it. Just to, to have an intentional plan about how you're gonna deal with your anxiety, whether that be setting aside certain times of the day to focus on yourself and prioritize yourself and, you know, utilize self-care using some of the breathing techniques that have been mentioned today. Um, but something that I've, I've been using a lot recently is to make sure that when I'm on my phone that good news is popping up. Um, I, I follow a lot of accounts. I don't have any on, on on me right now, but they're super easy to find that only report on good news. And, and that's been really helpful for me because I feel like when you open your phone, you're just bombarded by bad news all the time.

(43:21):

And so it's, it's good to take that break and to, um, and to just see some good news on your feet. It's also important to, you know, set aside, set aside some time for relaxation, because relaxation is resilience. Relaxation is definitely resilience against anxiety. It, it's just important to be intentional with, with how you want to handle and manage your anxiety. And whether that be setting aside time to, you know, support yourself and to look after yourself after you're done looking after others, or that be, you know, making sure that good news pops up on your feet. It's, it's just taking that first step. And, and I know that can be difficult and I know that a lot of the times, taking the first step is the most difficult part. Um, but that's what's really important to do. And the last thing I wanted to say is coming to the realization that you can't do it on your own, I know that, um, especially people in this country love to say that we should be doing everything on our own, and that we have this sort of individual individualistic culture that sort of, you know, almost forces us to just as you were mentioning, you know, pick us up, pick ourselves up by our bootstraps and, and focus on ourselves and kind of be selfish.

(44:32):

But it's so important to realize that it's okay to not do everything on your own and to not always be by yourself and to rely on others for help and support.

Seán Collins (44:44):

I, I, um, one of the things I'm realizing that I don't think I understood at the beginning of this conversation is that part of anxiety is feeling and how you feel the world and how you sense what's going on around you. And to Robin's point earlier, that's part of the superpower, I think, is that you're aware of what's going on around you, you're tuned into other people, you're tuned into the world, you're tuned into people who aren't like you. And that's a good thing. Uh, ultimately that's a good thing. Dominic, Billie, Dr. Robin, I am so grateful for you guys taking this time to, um, to enlighten us and to share your experience. I'm, I'm really, really grateful. Thank you.

Billie Henderson (45:38):

Yeah. Thank you for having us.

Robin Henderson Psy.D. (45:40):

Uh, it's good to talk about anxiety though. I, I, uh, I appreciate the opportunity to, to really think about anxiety doesn't, it doesn't have to be something that controls you.

Seán Collins (45:55):

Dr. Robin Henderson is chief executive for Behavioral health for Providence, Oregon, and Chief Clinical Officer for Work2BeWell, thanks too to Dominic Brown, a college student in Southern California who's worked as a youth crisis line counselor. And Billie Henderson is a college student in Oregon. She's been involved in work to be, well, a mental health and wellness program focused on providing mental health resources and education for teens, parents and educators. It's run by Providence and other partners in the Pacific Northwest. Really grateful to all three of you. I wanna turn back now to Dr. Maureen Nash, whom we heard at the beginning of the show. She's a psychiatrist and the medical director of Providence ElderPlace in Portland. Shifting gears a little now to talk about anxiety in adults. Dr. Nash, is there usually a pediatric history of anxiety or can there be sort of a late onset anxiety in adults?

Maureen Nash M.D. (47:01):

Absolutely. There can be late onset, uh, anxiety disorders can have onset in childhood and continue throughout life. They can have onset in childhood and fade, um, and not be a real factor in a person's life. Sometimes that will recur decades and the symptoms will, will sort of reemerge. Um, and then finally, you know, you can have an event happen to you that caused you severe anxiety. And that event of course could happen when you were an adult or an older adult and impact you from then on.

Seán Collins (47:53):

I just wanna be clear about something. You're talking about an event that could cause an anxiety attack, which makes me think that for some people, anxiety might be an appropriate response to an event.

Maureen Nash M.D. (48:07):

Yes, absolutely. So it's sort of the, the classic is, um, when you are standing in the middle of the road and you see a car coming towards you, then you should panic. And that panic should enable you to very quickly move out of the way that is anxiety, doing what it's supposed to do and helping you. But we can also have kind of a condition called generalized anxiety disorder, where people have lots of anxiety about everyday things like paying the bills and, um, getting everything done that they need to get done before the big event. Um, or things, am I gonna get to work on time? So what some of that, like, if you're late worrying about getting to work on time to makes total sense, if you get to work on time 99.9% of the time, uh, or even get there early a hundred percent of the time, like then it's an unrealistic worry.

(49:19):

And so, so, so some anxiety is that severe panic kind of symptom. Some anxiety is along the lines of chronic excess worry about things, and that's generalized anxiety, which is really in a category by itself. And then there's phobias and perhaps the most common phobia is social phobia. And that can definitely have an onset in childhood. Doesn't always, but more often than not, that has an onset in earlier life social phobia

where people just get debilitating anxiety at the thought of talking in front of strangers or being with a group of people. Um, and sort of they, a whole train of thoughts starts.

Seán Collins (50:12):

So talk to me a little bit about treatment for adults with anxiety. What seems to work for people?

Maureen Nash M.D. (50:18):

The number one treatment, if you have anxiety that has a anticipatory component to it, so you and you have an urge to avoid something or not do something, the best treatment for that is to do it. And I, I call that the avoid the avoidance because it's actually not the anxiety itself that causes the disabling part of it. It's the avoidance that causes the disabling part of it. And so if you are able to find a way to tolerate your anxiety, it will attenuate. And the more able you are to at, to, to tolerate it, the more it will attenuate and lessen. And that's sort of the core feature of cognitive behavioral therapy or exposure therapy. And by far, for that kind of anxiety, that is the best treatment.

(51:34):

It gets a little tricky if you already are very disabled by the time you get to treatment and you really just can't, you, you get frozen or you know, you're unable that group of people, which is relatively small, but that group of people is not gonna improve without some medication to at least enable them to participate in exposure therapy or cognitive behavioral therapy. And it takes a lot of work to do therapy. So there are medicines and the more severe your anxiety, the more likely medications will help you. But retraining your brain, which will always be with you, is really much more effective if you can do it.

Seán Collins (52:28):

Dr. Nash, I'm gonna guess that with that exposure therapy, if you're being debilitated by the thought of doing something that starting just a part of it, a little part of it might be enough to break the log jam of I can't do this big thing.

Maureen Nash M.D. (52:45):

Right. Uh, and often for people who again, have mild or mild to moderate symptoms, uh, and sort of one way to to start that is for that group of people to even just imagine themselves in the situation, not even putting themselves in the situation yet. So for instance, um, you know, thinking, uh, if you have a fear of heights, a phobia around heights, you know, putting yourself in that thinking yourself through that po um, situation. And, but you need to follow that with actually putting yourself in the situation and tolerating the feelings you have and being able to tell yourself, this is not life threatening. I am gonna get through this. I can do this. Sometimes people need a therapist to help 'em with that part of it.

Seán Collins (53:41):

What's the success of treating people?

Maureen Nash M.D. (53:44):

Well, anxiety tends to be a little bit less easily treated than depression, but it also is less likely to be severe. So, uh, I think the key there is gonna be access to assistance and the willingness to reach out for assistance. And that can even include like self-help. You know, I mean, there are lots of self-help, um, books out there on really on specific kinds of anxiety or on worry in general. And so, you know, you don't have to go to a professional, but sometimes you do need some other ideas than you get into in your own head.

Seán Collins (54:32):

Do you have any advice for people who love someone with anxiety? Are there things that allies can do to help?

Maureen Nash M.D. (54:39):

Absolutely. And I think it's really important to validate how people are feeling. I mean, it, it's never helpful when somebody tells you you're not feeling how you know you're

feeling. So what if you are sad or you are anxious? If somebody says, oh, you're not really depressed, or, oh, you're not really anxious, like that is not gonna help you <laugh>, but saying, oh wow, so you're sad or you're anxious, we might be able to find you help with that if you want it. And it's sort of inviting people to participate in help. I think offering people help before they've said they want it, I think is generally less successful. So I, um, I have have talked to family members of people and really the next time a you know, your spouse or your child or your friend has a severe panic attack, when it's over, walk up to them and say, you know, I see how much you're suffering and there is help. I can connect you to some help. Obviously you need to have those connections, or I'm willing to work with you to find you some help. You know, sort of the, um, I'm willing to walk along with you through this journey of your, of your distress.

Seán Collins (56:00):

Dr. Nash, it is always a pleasure to talk with you. Thanks so much for helping us out. We're always glad to have you on the podcast.

Maureen Nash M.D. (56:10):

Thank you. You guys as well.

Seán Collins (56:29):

Dr. Maureen Nash is a psychiatrist and the medical director of Providence ElderPlace in Portland. She was recently named a distinguished fellow of the American Association for Geriatric Psychiatry. Earlier we heard from Dr. Robin Henderson, Chief Executive for Behavioral Health for Providence, Oregon, and Chief Clinical Officer for Work2BeWell, that's a mental health and wellness program focused on providing mental health resources and education for teens, parents and educators. You'll find a link to that program on our website at HearMeNowPodcast.org. And earlier we talked with two college students who are living with anxiety. Billie Henderson in Oregon and Dominic Brown in Southern California. Thanks to you all

Hear Me Now Podcast — Episode 73 — Living with Anxiety

(57:31):

The Hear Me Now podcast is a production of the Providence Health System and its family of organizations. The program is produced by Scott Acord and Melody Fawcett. We have research help from medical library staff, Basia Delawska-Elliot, Carrie Grinstead, Sarah Viscuso, and Heather Martin. Our theme music was written by Roger Neill. The executive producer is Michael Drummond.

(57:55):

Join us in two weeks when we'll be talking about substance use during pregnancy, and efforts to help people take care of themselves and their unborn children. I think you'll find these efforts to be both surprising and inspiring. That's on our next episode. Make sure you subscribe, HearMeNowPodcast.org

(58:14):

I'm Sean Collins. Thanks so much for listening today. Be well.