

Anxiety at work

In the latest of our series looking at the emotions likely to be dealt with during coaching, **Gladeana McMahon** focuses on anxiety

The Office for National Statistics in 2006 estimated that 4.7 per cent of adults experience anxiety disorders at any one time and a further 9.2 per cent have a mixture of anxiety and depression. Panic disorders are related to anxiety and, according to the ONS study, seven people in every 1,000 develop one.

There are various identified anxiety-based conditions (DSM 1994):

Generalised anxiety disorder

GAD stands for generalised anxiety disorder and people who suffer with this form of anxiety feel worried all the time about almost everything. Many people describe it as a feeling of being tense, restless or on edge. People who suffer from GAD interpret many ordinary situations as threatening. Symptoms include trembling, feeling shaky, headaches, muscle tension or aching (especially around the

neck and head), feeling hyped up, restless, getting tired easily, difficulty sleeping, problems with concentration, irritability and forgetfulness.

Obsessive compulsive disorder

People who suffer from obsessive compulsive disorder describe feeling a compulsive urge to take part in ritualised activities. For example, checking their locks and gas taps many times before feeling able to leave the house or being overly obsessed with washing hands or clothes or engaging in excessive cleaning. These behaviours are often accompanied by repetitive actions like having to check the gas taps in a certain way and for a certain number of times. If something happens to break this routine, the sufferer has to start the ritual all over again.

Hypochondriasis

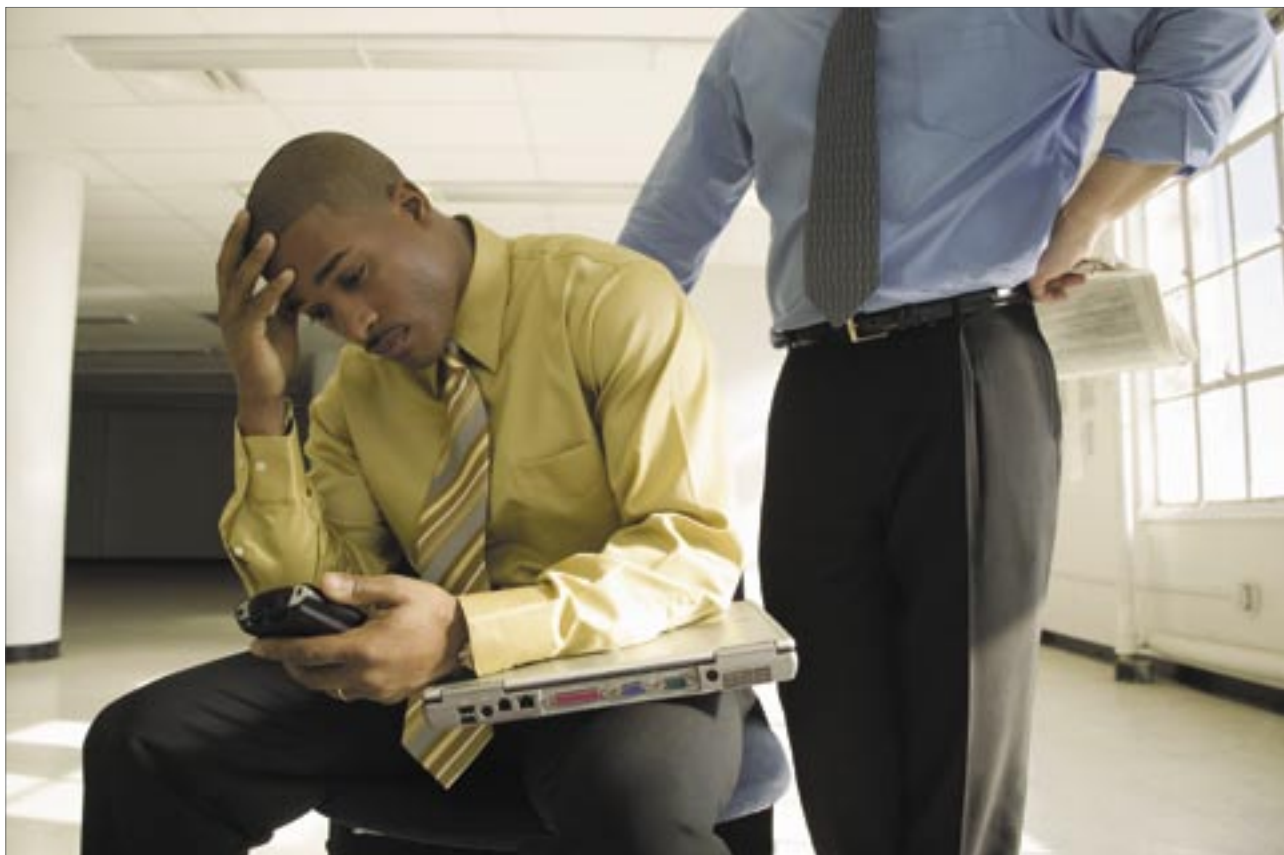
Alternatively, some people are plagued by health fears. They are convinced, regardless of

how many medical tests or reassurances are made, that they really are ill. For example, someone believes that the normal aches and pains experienced by most people at some time are due to cancer so begins and continues a cycle of medical test after medical test, going from one doctor to another, never being convinced that all is well.

Post traumatic stress disorder

Post traumatic stress is often experienced following what is often termed a traumatic incident – when someone is involved in, or witnesses, an event that involves serious threat of death to a loved one or self.

PTSD often happens when a person feels intense fear, helplessness or a sense of horror. For many people, the feelings following a traumatic event pass within the first four to six weeks, often without any help. However, for some, the feelings do not pass and may even get worse. For these



people the sense of fear leads them to avoid people, places and things that remind them of the event. In addition, people may also experience 'flashbacks' of some aspect of the traumatic event.

Phobias

People experiencing phobias have an extreme fear of something specific. For example, common phobias include fear of dogs, cats, spiders, water, heights, small places, open spaces, blood, thunder etc. The fear experienced can be extreme and may severely limit an individual's ability to function. Phobias are often accompanied by panic attacks.

Social phobia

Some people experience a different type of phobia: that of social phobia. People with this condition fear being with other people and may avoid being around people, being seen eating in public or any

It is only when anxiety is overcome that the individual recognises how truly limiting this emotion can be

situation where they feel they are going to be evaluated in any way.

Panic disorder

Panic disorder is another way of describing a condition in which people experience repeated panic attacks. A person experiencing a panic attack will experience a period of intense fear with a range of accompanying sensations including a pounding heart, trembling, shortness of breath, a choking feeling, chest pain, nausea, dizziness, a sense of not being real, a fear of going crazy

or of dying. Some people may only experience one or two panic attacks while others may have them on a daily basis, varying in intensity from mild to severe.

Burn-out

Burn-out is the term used to describe someone who is suffering from extreme stress that tends to build up over a period of time. As you will be aware from the stress response discussed in the 'Stress at work' article in the September edition of *TJ*, when we perceive a threat we produce stress hormones to deal with the situation. If a person finds himself exposed to stressful life situations for a prolonged period of time, burn-out can occur. One of the common symptoms associated with this condition is anxiety.

Even if individuals do not have a recognised clinical condition, many find themselves feeling excessively worried, anxious or fearful

(Kennerley 1997). For some, their anxiety only surfaces when asked to undertake certain activities, such as giving a presentation or attending a networking event, while others experience these feelings much of the time.

When people become anxious, they produce excessive amounts of adrenaline and the constant production of such stress hormones leads to a whole range of associated difficulties. In time, the individual becomes tired, less productive and his immune system is weakened so he is unable to withstand minor illnesses such as colds and chest infections. All of which means taking more sick leave and being less effective (Sapolsky 1998).

As with all potentially debilitating emotions, there is some evidence to suggest a genetic component. But a person's emotional response is also based on a number of additional factors such as family history, stressful life events, thinking style, learned behaviour, poor coping skills, individual personality and lack of social support (Oatly, Keltner, Jenkins 2006).

The best approach to dealing with anxiety is cognitive behavioural therapy. The National Institute for Clinical Excellence and the NHS have both recommended CBT as the treatment of choice when working with conditions such as anxiety.

In more recent years, many of the skills associated with CBT have been brought into the realm of coaching under what is called cognitive behavioural coaching (McMahon 2007).

CBC works in a holistic manner yet is based on sound psychological principles and works by examining situations, thoughts, emotions, behaviours and the effect that these have on individual physiology. By considering what an individual thinks about himself, the world and other people in general, and exploring how thoughts and feelings fuel anger, what triggers individual angry responses and what strategies are needed to deal with these, the individual is enabled to think, feel and act in a healthier and more appropriate manner.

The four areas that a CBC programme covers are physical impact, thoughts, feelings and behaviours.

Physical impact

This part of the programme focuses on aspects such as lifestyle including diet, relaxation and exercise, all of which can either help or hinder the individual deal with his anxiety.

Thoughts

The individual is introduced to the concept of core beliefs, life rules and negative automatic thoughts. Core beliefs are formed about ourselves, others and the world in general from the messages we receive in early life and provide the energy that fuels thoughts, feelings and actions.

Life rules relate to the strategies we employ to enact our core beliefs in normal day-to-day life. Negative automatic thoughts are triggered in response to the situations we face. For example,

a life rule of 'I must be approved of by others' manifests itself when the individual is dealing with a colleague who is known to be overly critical of everyone and leads to thoughts such as 'this is terrible, I have done my best' or 'this is awful, I'm just not up to par. What must others think'.

There are a range of strategies that can be used to help someone identify and counter his self-defeating thinking. One is called the 'worry book'.

A worry book helps people worry constructively and is divided into things that might happen; things to worry about today that have happened; small things to worry about today; important things to worry about today.

For two weeks, the individual writes down his thoughts for headings one, two and three before going to bed. Section four is completed at the time of the day when he is feeling at his strongest and brightest. He is encouraged to remember that worrying about a problem does not solve it – doing something about it does.

Many people fear making a decision, as it might be the wrong one. What they forget is that making no decision at all is decision-making by default, as taking no action means something will still happen.

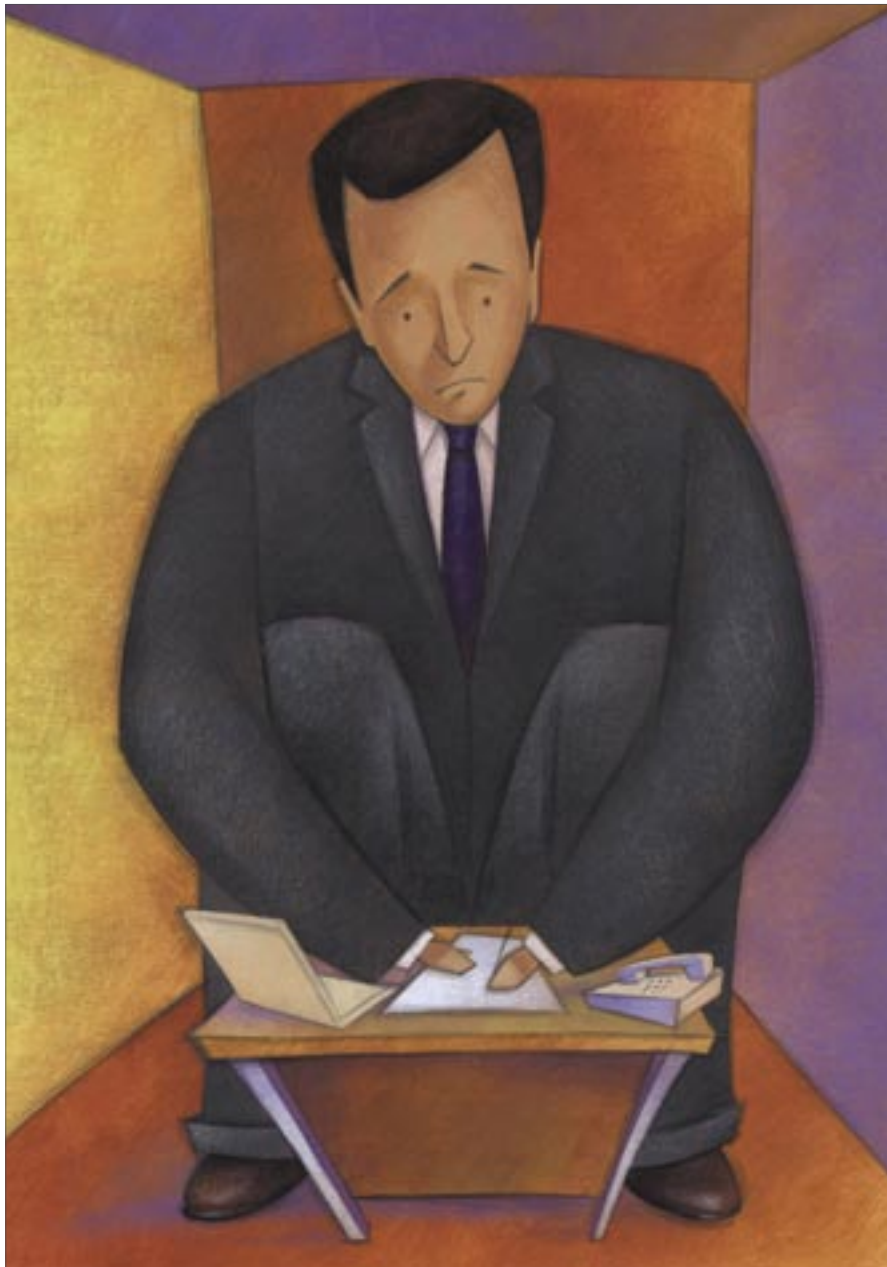
The worry book captures on paper the fears that the individual has and then provides an opportunity to evaluate them. In many instances, seeing sections one, two and three on paper helps him recognise the unnecessary worry he engages in and gives an opportunity to challenge such thinking. Section four lets him recognise something worthwhile and decide the action he needs to take (McMahon 2005). (See Figure 1 left)

Feelings

Anxiety is like an electrical circuit breaker as it gets in the way of the individual being able to

Worries for today	
Events that might happen	Today's events
1. Things of concern that might happen <i>The trains might be late. I might not have enough time to complete my report.</i>	2. Insignificant things <i>I might not get around to having lunch.</i>
2. Things that have happened <i>I had to tell a colleague I could not help due to pressure of work.</i>	Important things Terry and I need to talk about our departmental budget.

Figure 1
Sample
worry
book



think clearly. As thoughts create emotions, the faulty negative thinking brings on the feelings associated with anxiety.

Anxious individuals are usually dismissive of anything they do well and overly worried about other people. Therefore, one activity that can be engaged in during this part of the programme is learning to give recognition to oneself as well as others (McMahon, Leimon 2007).

The person is asked to:

1. List five things he could do better
 2. List five things that have gone well and that he is pleased with.
- Most people find the first question easier to answer than the second, as they are more likely to focus on what they cannot, or should, do than on what they can.

Some people fear that, if they praise themselves or others, it will lead to reduced effort. Success

encourages success and every time a person does something well (even partially), it is a step towards building an anxiety-free life. This exercise is also useful for those people whose anxiety manifests itself in criticism of others.

This exercise helps people recognise how little praise they give themselves and the negative impact of this. It also helps them begin to recognise what they and others around them are doing well. Some people come to recognise that they are excellent at giving praise to others but unable to do so for themselves.

(See Figure 2 below)

Behaviours

Overcoming anxiety means challenging avoidant behaviour. When an individual is anxious, he does his best to avoid people, places and things that trigger those feelings of anxiety. The idea of avoidance may seem a sensible one – after all, if you feel bad about

Past praise

1. The last time I praised myself was when?

I got my last promotion, three years ago.

2. The last time I praised someone else was when?

Jane worked really hard to get a report to me last week.

Future Praise

Think of two things that you know you could praise yourself for and complete the following sentences:

I was pleased with myself when I managed to be more assertive and get my point across at the monthly meeting.

I thought I did well to stick to my points and stick to the three step model for assertive communications that I have been taught.

Figure 2
Learning to praise myself and others

doing something, it makes sense not to do it. However, giving in to such feelings only gives them power and is likely to increase the anxiety.

Avoidance can take many forms, including not taking up opportunities, putting things off or not facing up to problems.

Graded exposure is one strategy that is used when dealing with anxiety (Man 2001). This means facing those situations that are causing the difficulty while engaging in a range of coping strategies to deal with the associated feelings.

Research has shown that, when a person faces a feared situation, his fear will peak and, by staying in the situation, the fear then comes down to a more bearable level, eventually disappearing completely.

However, avoiding situations means the individual never learns this.

There are four stages to using graded exposure:

Stage one

The individual makes a list of all the situations he avoids or that cause feelings of anxiety. Then, using a scale of 0 to 8 (0 = no fear and 8 = extreme fear), each of the items on the list is given a rating.

Stage two

The individual is then encouraged to consider the list he has devised, and discuss each of the items he has rated and his concerns about them. At this stage, the coach provides additional coping strategies to deal with each item.

Stage three

The individual then chooses an item from his list and is encouraged to select items rated around a four. Trying to deal with anything more than a four may prove too difficult to manage at this stage and choosing an item less than a four may not stretch him sufficiently.

Stage one	Stage two	Stage three	Stage four
Attending monthly meeting Rating: 4	Dealing with a difficult individual Getting my points across Not saying anything as my anxiety will get the better of me	I will work on this item as the meetings are regular and will give me time to practice all the strategies we have discussed in our coaching sessions. Also, the skills I can apply here will help with the conference that I am due to speak at later this year.	Plan for the meeting and decide on the points I need to get across. Role rehearsal before the meeting with my coach. Practice the three-step model from assertiveness training so I can deal with the person concerned. Remember my breathing exercises to counter my physical sensations

Figure 3. Sample exposure list

Stage four

The individual then plans how to tackle the chosen task and what coping strategies to use, for example, breathing, having a coping statement or using distraction. This activity is then

Anxiety is like an electrical circuit breaker as it gets in the way of the individual being able to think clearly

repeated as many times as it takes for him to manage it without difficulty. Once one item on his list has been dealt with, he is able to move on to the next item.

The trick with graded exposure is to ensure that the tasks are undertaken regularly and for prolonged periods of time so that the anxiety passes.

Anxiety can be overcome and it is only when it is overcome that the individual recognises how truly limiting this emotion can be and what high levels of distress some people have become accustomed to. ■

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Gladeana McMahon is vice president and Fellow of the Association for Coaching, director of professional coaching standards for Cedar Talent Management and co-director for the Centre for Coaching. She can be contacted via www.gladeanamcmahon.com