

What is Anxiety – Anxiety Attacks – Panic Disorder?

The above disorders of anxiety are very much related to each other. Anxiety can begin with worrisome thoughts for the sufferer about a particular situation or problem. This leads to “catastrophising” and irrational fears about the person’s capabilities for coping with the particular situation or problem. This can then lead to behavioural efforts to deal with the anxiety.

The feelings of anxiety can be very intense. The main feelings are apprehension, fear of the worst happening and a feeling that anticipated disasters must be guarded against vigilantly.

As the cycle of anxiety continues the sufferer can experience panic attacks which seem to appear out of nowhere. These attacks can produce intense physical sensations which can further drive the condition and cause the anxiety and panic to continue.

Anxiety Disorders include:

- **Phobias** - (an intense and irrational fear about objects or situations i.e. heights, enclosed places, crowds, germs animals, numbers etc)
- **Social Phobia** - (fear of embarrassment/humiliation in front of others)
- **OCD** – obsessive-compulsive disorder (wishes or thoughts that persist and intrude into consciousness and cannot be stopped by the sufferer)
- **GAD** – generalised anxiety disorder (a general feeling of anxiousness, worry generally accompanied by sweating, irregular breathing, rapid heart rate)
- **Panic Disorder** - (intermittent anxiety which can be manifested by panic attacks with bodily sensations of dizziness, sweating, trembling, palpitations, chest pain and feelings of imminent danger and impending doom)

Recovery from anxiety can be reached in counselling and psychotherapy, particularly a Cognitive Behavioural approach which looks at the thoughts, behaviour, feelings and physiology that are common in anxiety related disorders

What is Depression?

Depression is a mood disorder that affects how a person feels, behaves and thinks. While feelings of sadness happen to us all but the sensation usually passes after a while, the person with depression can find that their depressed state interferes with their daily life. Typically a sufferer of depression can experience constant feelings of sadness, lack of interest in day-to-day activities, feeling that life is not worth living and isolation. Themes of worthlessness or failure persist.

There are several different forms of depression. These include:

- **Major depressive disorder (major depression)**

With major depressive disorder a person’s ability to enjoy pleasurable activities and function normally is diminished plus their ability to sleep, study, eat, and work is also affected. It can be a once-off occurrence or it can re-occur.

- **Dysthymic disorder (dysthymia)**

Like major depressive disorder Dysthymic disorder (known as dysthymia) can also be a short term occurrence or it can re-occur. The sufferer will suffer less severe symptoms as in major depression. It may not disable the sufferer but it can last for a long time possibly as long as a couple of years or even longer

- **Psychotic depression**

Psychotic depression occurs psychosis occurs in a severe depressive illness. The psychosis could be some break with reality such as; hallucinations (i.e. Hearing voices telling you that you are worthless or no good); or delusions (intense feelings of worthlessness, failure or having committed a sin)

Sometimes a sufferer may not talk about the thoughts and try to hide them out of shame or humiliation

- **Postpartum depression (post-natal depression)**

Post partum or post-natal depression can start any time after the birth of a child up to one year of giving birth. Without support and treatment the sufferer will experience the symptoms (which include sadness, anxiety, tearfulness and sometimes hopelessness) for longer periods of time

- **SAD (seasonal affective disorder)**

Seasonal affective disorder is a mood disorder which occurs seasonally (either winter blues or summer blues). This can occur in people who have normal mental health throughout most of the year. The symptoms include difficulty waking up in the morning, tendency to oversleep and over eat, craving for carbohydrates, lack of energy, difficulty concentrating, withdrawal from friends, family, social activities, decreased sex drive.

- **Bi-polar Disorder (manic-depressive illness)**

Bi-polar depression is not as common as major depression or dysthymia with the sufferer experiencing extreme highs and extreme lows (known as manias). With bi-polar depression normal functioning is undermined and both the sufferer and those who care about them are affected by it

Cognitive Behavioural Therapy and Mindfulness Therapy can help a sufferer of depression recognise the particular thinking style and behaviour that can be contributing to and maintaining the depression.

What is Anger?

Anger is an emotion. It can be a very energising and motivating emotion. Anger can be a healthy emotion. When we feel threatened or think something is unjust or unfair it is a natural and normal response to feel angry. Anger can also be a destructive emotion. An angry cycle can start if we misinterpret situations or believe others are having a go at us or that we are being criticised or attacked in some way. Becoming angry in this way can become a habitual way of responding, which can sometimes be hard to shake.

Our thoughts in anger can include: "It's unfair", "I'm under attack", "I won't stand for it", "I'm being treated badly". The emotions of anger, rage, frustration, irritation and anxiety exist. Adrenalin energises and motivates us to deal with the situation in a physical way, which means we are more likely to respond physically: raised voices, sarcasm, shouting, screaming, criticising, violence, harming others or self, facial expression.

In counselling and psychotherapy we can learn to break the anger cycle, to manage our anger by learning to think and act differently and using interventions to help us cope with our anger

What is Self-Esteem?

Self-esteem means self-worth, self-value, self-respect, self-confidence and self-acceptance. To hold something in esteem is to have a good opinion of it or to give it worth or value.

High Self-Esteem

The core beliefs we hold about ourselves affect how we think and feel and what we attract to ourselves. People with healthy self-esteem hold a good opinion of themselves and do not draw negative conclusions about themselves as a person despite having made a mistake or not achieving things they feel they should have.

Sometimes, however, we can have an over-inflated opinion of ourselves which means we can find it difficult to recognise when we are engaging in over-risky or unhealthy behaviour.

Low Self-Esteem

People with low self-esteem rate themselves low as a person and rate their performance as a person poorly or negatively. They have a tendency to "beat themselves up" or to continually put themselves down.

Counselling can help you achieve a balanced state of self-acceptance, discover an accurate assessment of self-worth and a healthy and authentic way of thinking and behaving.

Couple/Relationship Counselling

Couple/Relationship counselling provides a safe and confidential environment for people to talk about issues they may be experiencing in a particular relationship or in relationships in general. It doesn't matter whether you are married, living together, single, gay or straight and needs in a relationship, relationship counselling can help you to recognise your needs in a relationship and learn techniques to help resolve present conflicts and steer clear of future ones.

All relationships go through change and crisis at some stage. Some of the common issues in couple counselling are infidelity, communication problems, financial stress, becoming parents, the effect of addictions, drifting apart, anger/resentment, sexual issues, violence, separation, pressures from families.

Sexual infidelity is perhaps one of the most painful issues in a relationship and brings up intense feelings of betrayal and anger. If children are involved it can be even more difficult. Because infidelity has occurred it does not mean that the relationship has to end. Counselling, and just talking to someone who isn't involved in the relationship, can help you to stand back, look at what has happened and make a decision based on what is right for you for the future.

Addictions such as alcohol, gambling, drugs, pornography have a huge impact on relationships and its wellbeing. The addiction can take up a huge amount of the addict's time, there can be angry outbursts and confrontation, and deception and financial irresponsibility. The impact on other family members can be enormous, while the person in addiction may be in denial as to the real impact on others. Counselling can help one or both persons to face up to the reality of the addiction, or for people who have been through treatment to help repair the damage the addiction has done to the relationship.

Relationship counselling is available for any issue in a relationship. It all depends what a person wants to get out of it. Whether your problems are large or seem trivial relationship counselling can help support you in clarifying issues in the relationship and to understand what changes might need to be made to get the best out of your relationship and more forward into the future.

What is Mindfulness?

Mindfulness means paying attention in a particular way on purpose in the present moment non-judgmentally (Jon Kabat-Zinn). Mindfulness is both a practice and an attitude. As a practice, the skills are simple but it takes a lot of practice as it is so different to how our minds normally behave. We can get lost in thought and our heads can be too busy in the future or in the past; we can drive from one location to another and not remember the journey or we can go for a walk and be in our heads all the time. In the practice of mindfulness we choose to be aware of our experiences, to notice what we don't normally notice and to be aware of our experiences and our mental activity and to observe thoughts without reacting to them.

Mindfulness-based cognitive therapy was developed as a preventative against relapse of depression. It can help people to see more clearly the patterns of their mind and to recognise when their mood is beginning to go down. It can help to stay in touch with the present moment, not to ruminate about the past or worry about the future

Grief/Bereavement

“When you are sorrowful look again in your heart, and you shall see that in truth you are weeping for that which has been your delight”

Kahlil Gibran

Grief is a normal and natural response to the loss of someone or something. Grief is a time of change. It could be the loss of a person, illness, a job, a role, leaving home, status change, a pet, a relationship, divorce, infertility, miscarriage, abortion, addiction, retirement, trauma.

Grief affects our emotions (anger, sadness, fatigue, anxiety, shock, relief, sorrow, regret, longing, fear, deprivation); our thoughts (disbelief, preoccupation, sense of presence, confusion); physically (lack of energy, muscle weakness, emptiness or heaviness in stomach, oversensitive to noise); behaviours (sleep/appetite disturbances, forgetful, crying, social withdrawal, dreams of the deceased, restless over-activity, avoiding reminders of the deceased)

It is important to allow grief to happen to promote healing. Grief not experienced and fully faced does not end. Sometimes grief can be absent (we can have no reaction at all for a while). Grief can be delayed (pushing aside feelings at the early stage but will erupt at a later time or in some other area of our life). Grief can also be exaggerated (prolong our grief for years - we delay, deny, displace our feelings, hang onto feelings of guilt and sorrow, prolong our grief for years).

The person who is grieving is the expert of their own grief. Each person's grief is unique to them, to their own story, their own experience, and their own loss.

Bereavement counselling offer support, a non-judgmental environment as you work through stages and emotions and a confidential space to express your feelings and fears.

Eating Disorders

Eating disorders can be characterised as abnormal eating habits. An eating disorder can begin in the teenage years or even younger. There are many reasons why people develop eating disorders. It can involve either insufficient or excessive food intake which can be detrimental to a person's physical and mental state. Anorexia Nervosa and Bullimia Nervosa are the two most common eating disorders. Anorexia Nervosa is a fear of gaining weight, a refusal to maintain a healthy body weight which can cause loss of menstruation (in females), bone loss, stress on heart, and sometimes death. Bullimia Nervosa is characterised by recurrent binge eating followed by purging (self-induced vomiting), excessive exercise, excessive use of laxatives. Other behaviours can also be involved in eating disorders. A person with an eating disorder can develop an overwhelming fear and paranoia of gaining weight and see themselves as fat.

Counselling and Psychotherapy can help treat eating disorders in a non-judgmental, supportive and loving environment