Anxiety Disorders, Phobias, Panic Disorder and Post Traumatic Stress Disorder

The Role of the Emotional Memory in creating and dissolving anxiety disorders

Presented by Gary Johnston

www.gmfint.com
- an understanding and therapeutic process that identifies and modifies the discrete elements of function of the human memory and negotiates change.
‘Tis in my head;
‘tis in my heart;
‘tis everywhere;
it rages like madness,
and I most wonder how my reason holds.
When treating high end anxiety disorders you are dealing with the most vulnerable fragile individuals on the planet.

You have an ethical obligation to put client first in all respects and take every care.

You have an ethical responsibility to make sure you have correct and complete knowledge.
* With PTSD if not able to prove method during first session 90% of the time, refer until you can produce results on less critical situations.

* PTSD creates a lot of media interest. You must protect your clients from exploitation by media.
Keys to the Neuro-Com™ Model

Takes an holistic view of the entire person
* body,
* mind and
* Spirit (ONLY if client has a belief!)
Evaluates all physical and memory aspects of the problem then treats using the “language” model of that person
Takes into account that, whilst many presenting cases are similar, EVERY person is unique when it comes to emotional disturbance.

Therapies are custom designed for each client.
The basis of traditional and alternative mental health interventions are flawed!

- Treating symptoms: almost all current modalities, including psychiatry, psychology, hypnotherapy
Examples of symptoms

* **Behaviours**
  * smoking, Tourette's, stuttering, violence, bullying, hair pulling, alcoholism, substance abuse, OCD

* **Emotions**
  * anger, anxiety, depression, most fear, phobias, panic attacks, love!
Examples of symptoms

* **Thoughts**
  * Disordered thinking, paranoia, OCD, hallucinations, voice hearing etc

* **Physical complaints**
  * including weight, pain
Important: taking out symptoms without dealing with the cause will generate other symptoms that may be worse than the original symptoms. Suicide rates in mental illness are high.
In mental health common cause of all of the above:

* physiological / biochemical +
* emotional reactive memory

**Must treat both to get permanent results**
The Emotional Memory
A single event memory stores:

- Visual information about the event
- Physical awareness of the event
- Sound associated with the event
- Taste associated with the event
- Emotions created by the event
The Model of Memory

A memory gestalt
Model of the mind

Conscious window

Unconscious memory

Stores events
Emotions
Learning

First 5-7 years
Emotional Memory is not Accurate

- The Contents of your unconscious emotional memory system are not necessarily an accurate reflection of reality.
- Much of your memory is coloured by “Pre-mature Cognitive Commitment
Cna yuo raed tihs? Arenplpty olny 55 plepoe out of 100 can.

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Reactiveness of memory

* Memory groups with higher energy - positive or negative - impinge on conscious process more than low energy memory
* Development of anxiety and depression in family & society create enhanced behaviour in individuals.
Cats raised in a distorted cognitive environment cannot visually register non familiar structural elements

* Elephant restraint, limited environments in fish

* The Harvard human perception research
Many things can distort visual perception and change suggestibility!
Perception of Time in Memory

* Everyone has an individualised perception of how time is arranged around them.

* Locate the direction of past and future around you.
The Mind’s Response to Time Perception

- How your mind perceives time directly affects how your unconscious mind responds to events, and the thought/feeling responses it provides to consciousness.
- People with anxiety disorder always have a dark future projection in memory.
The memories involved in a Time Line can be modified, emotions changed, or if absolutely necessary can be deleted entirely!

Warning: Memory deletion is absolute last resort in a therapeutic model.
Physical Influences in Stress / Anxiety
Complexity of Biochemical Pathways
All physical actions including biochemical cycles, physical movement and emotions are directed by the nervous system after it has been given instructions by the unconscious mind.

The nervous system relies on the correct supply and movement of neurotransmitters between nerve cells.
The brain and nerve network comprises millions of individual specialised nerve cells.
Function of Neurotransmitters

- Neurotransmitters act as chemical messengers between the nerve cells
Hearing Voices?

Normal pathway

Abnormal pathway
Thoughts directed to auditory pathway
The whole neurotransmitter cycle takes place in no more than one thousandth of a second (a millisecond)
**Main Types of Neurotransmitter**

**Dopamine**

- Dopamine is believed to release chemicals that allow us to feel pleasure (e.g., endorphins).
- A massive disturbance of dopamine regulation in the brain can result in a person no longer being able to respond emotionally or express his or her feelings in an appropriate way (e.g., depression, autism, schizophrenia).
Optimal quantities of Dopamine result in:

- Feelings of pleasure
- Feelings of attachment/love
- Sense of Altruism
- Integration of thoughts and feelings
Dopamine Deficiencies result in:

* inability to experience pleasurable emotions from normally pleasurable life events such as eating, exercise, social interaction or sexual activities. (Anhedonia)
Main Types of Neurotransmitter

Dopamine deficiencies

* Lack of ability to feel love, sense attachment to another
* Lack of remorse about actions
* Distractibility
Supplements required:

- L-Phenylalanine
- Vitamin B6

Useful sources of building blocks for dopamine:

- Apples
- Beets
- Blue-green algae
- Celery
- Chicken
- Cucumber
- Fish
- Green leafy vegetables
- Honey
- Cheese
- Sweet peppers
- Tofu
- Watermelon
Main Types of Neurotransmitter

* **GABA** is made in brain cells from glutamate, and functions as an inhibitory neurotransmitter – meaning that it **blocks nerve impulses**.

* **Glutamate** acts as an excitatory neurotransmitter and when bound to adjacent cells encourages them to “fire” and send a nerve impulse.
GABA does the opposite and tells the adjoining cells not to “fire”, not to send an impulse. It has a calming or quieting influence. Anxiety disorders such as panic attacks, seizure disorders, and numerous other conditions including addiction, headaches, Parkinson's syndrome, and cognitive impairment are all related to low GABA activity.
Norepinephrine

- **Optimal** levels of this transmitter can stimulate a sense of wellbeing or even create a euphoric effect in stressful situations.
- Excess norepinephrine can fuel the physiological expressions of fear and anxiety, as may be the case for people who suffer from anxiety disorders. (Release is stimulated by adrenaline)
Main Types of Neurotransmitter

Norepinepherine Functions in:

- Arousal, energy, drive
- Stimulation
- Fight or Flight
Norepinepherine Deficiencies result in:

- Lack of energy
- Lack of motivation
- First 'state' called depression
Main Types of Neurotransmitter

Supplement required for norepinephrine:

* L-phenylalanine
* Vitamin B6

Useful sources of building blocks for norepinephrine:

* Almonds
* Apples
* Avocado
* Bananas
* Beef liver or kidney
* Blue-green algae
* Cheese
* Fish
* Most green vegetables

Lean meat
Nuts
Grains
Pineapple
Poultry
Tofu
Serotonin

- Irritable, sudden or unexplained tears, disturbed sleep? You may need Serotonin
- Serotonin acts in a variety of ways and is involved in about one quarter of all the body's biological processes
Main Types of Neurotransmitter

Serotonin Functions in:
- Emotional stability
- Reduces aggression
- Sensory input
- Sleep cycle
- Appetite control
Serotonin Deficiencies result in:

- Irritability
- Irrational emotions
- Sudden unexplained tears
- Sleep disturbances
Main Types of Neurotransmitter

Supplement required for serotonin:

* 5-Hydroxytryptophan (5HTP) or l-tryptophan from food or supplement
* Calcium, and
* Magnesium

Useful sources of building blocks for serotonin:

* Bananas
* Beets
* Blue-green algae
* Brown rice
* Cheese
* Fennel
* Figs
* Fish
* Ham
* Legumes

- Pasta
- Pineapple
- Potatoes
- Radishes
- Spinach
- Tomatoes
- Turkey
- Whole grains
- Milk
- Nuts

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Main Types of Neurotransmitter

**Enkephalin** Functions in:
- Internal calm
- Sense of well being
- Feelings of euphoria
- Self-concept
- Pain management
- Psychological Pain Relief
Enkephalin Deficiencies result in:

- Internal turmoil
- Fearful, unsecure feelings
- Lack of 'completeness'
Enkephalin Deficiencies result in:

- Sense of inadequacy
- Feelings of inferiority
- Never feels "equal"
- Poor pain control
Main Types of Neurotransmitter

Supplements required:
* D-Phenylalanine
* Vitamin B6
* Folic Acid.

Useful sources of building blocks for Enkephalin:
* fish
* algae
* wheat germ
* green leafy vegetables
* tortula yeast
* egg yolks
So What is Wrong?

* So why do we not have enough of these important neurotransmitters in our systems if they are so important?
* Has nature not provided us a way to make our own drugs like Valium?!
The China Study
* Nutritional Deficiencies – amino acids, micro-nutrients, minerals as precursors to essential neurotransmitters
* Anxiety based “disease states”
* Physical / gut malabsorption
* Hypoglycemia
Absorption Barriers

- Anxiety based “disease states” including IBS
- Gluten Intolerance / Coeliac disease
Immune system activation

* 80% of immune system relies on the gut
* 80% of Serotonin is manufactured in the gut
* Gut when compromised allows transmission of toxins into blood circulation and lymph systems
Absorption barriers

Dysbiosis

- The die off of essential gut flora after excess antibiotics
- Allows growth of pathogenic bacteria and viruses candida etc.
- Causes toxic build up and gut penetration
Toxicities / Allergies

* Heavy metals: Lead, mercury, arsenic, copper
* xeno-estrogens (oil based pollutants)
* Pesticides / herbacides (glyphosate)
* Sugar overload
* Hyper-acidity
* Gluten peptides
Methylation

Critical pathway that switches on/off hundreds of biochemical and genetic reactions

Under or over methylation linked to:

- Bipolar disorder
- Schizophrenia
- Proper immune function
- Autism
- Heart disease
- Stroke
- Cancer
- Diabetes,
- MS
- Alzheimer’s disease
Methylation

Under or over methylation linked to:
- Miscarriages
- Down’s syndrome
- Repair of tissue damage
- The aging process

- ALS
- Parkinson’s disease
- Huntington’s disease
- CFS/FM
- Mitochondrial disease
- SLE, neural tube defects
Methylation complexity
All of these physical based problems or “disease” states affect your body’s ability to:

* Absorb correct nutrient balance from foods and other sources
* Utilise nutrients correctly
* Discard toxins including heavy metals

How do these affect us?
It is essential that treatment of anxiety disorders or high stress includes both:

- the physical / biochemical issues
- emotional issues including long term values conflicts and trauma in memory

Treating one without the other will never produce stable long term results.
Anxiety Disorders
Definitions

* Anxiety – state of heightened emotional distress based on FUTURE projection

* Depression –Current state of emotional distress based on an unconscious awareness of hopelessness

These two states often occur simultaneously.
High Anxiety Disorder Development

- Anxiety
- Phobia
- Panic attack - acute
- Panic disorder – chronic
- “OCD”
- “PTSD”
- Schizophrenias

All have common basic triggers
The Emotional-physical Anxiety Cycle

Emotional anxiety

More physiological change or disease

More anxiety resulting from additional symptoms

Physiological change over time
The Anxiety Scale

- Normal
- Phobia
- Panic Attack
- Panic Disorder
- "OCD"
- "PTSD"
- Schizophrenias

0 50 100

Danger
Caution

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Clinical Neuro-Com
Whilst it is common to classify and name anxiety disorders, it is best to think of all apparent stress functions of the mind and body as a single problem with a variety of causes and degrees.

Avoid placing people in “boxes”
Important

* The development of anxiety and other stress related conditions tends to be cumulative over time.
* This continues until overload occurs.
Anxiety Disorder Commonalities

- Conflict with Belief and Values systems and focusing internally
- Conflict with current environment
  - Relationships
  - Circumstance
- Overload trigger event
  - Significant Emotional Experience
- Biochemical sensitivity
Anxiety Triggers

Emotional Causes

* Self image conflict
* Values and beliefs in conflict with environment
* Perceived or actual threat – emotional or physical

All are based on future projection
A panic attack includes four or more of the following symptoms:

- Shortness of breath or smothering sensation
- Feeling of choking
- Dizziness, unsteady feelings or faintness
- Palpitations, pounding heart or accelerated heart rate
- Trembling or shaking
- Sweating
Panic Attack - 2

- Nausea or abdominal distress
- Numbness or tingling sensations
- Flashes or chills
- Feelings of unreality and detachment from self or the environment
- Fear of dying
- Fear of going crazy or doing something uncontrolled.
Panic Attack - The Triggers

- Long periods of stress, resulting in an increase in the production of adrenaline and other chemicals that produce fight-flight type symptoms, and/or prolonged physical exhaustion;

- Acute stress - such as experiencing a traumatic event, and post traumatic reactions;

- A habit of breathing too fast - a form of subtle hyperventilation, which produces similar symptoms;
Greater awareness of normal physical changes arising from constant body scanning following an illness or a sudden change in environment; (starts anxiety cycle)

Activities that lead to intense physical reactions - physical exercise, excessive coffee drinking, attending a public place that is overcrowded, heated and stuffy.
Panic Attack Triggers (3)

- Lactate / CO₂ sensitivity (Buist 1985)
  - 72% of people infused with Sodium Lactate trigger panic attacks immediately.
  - Elevated lactate found in diabetics and people with high sugar diets!
DSM IV Classification – Panic Disorder

- Attacks must be uncued – no specific event (otherwise they are a phobia)
- At least one attack produces min. 1 month of persistent concern about outcome.
- Significant change in behaviour
- Absence/presence of agoraphobia
- Not due to substances or medical condition
Panic attacks are often not diagnosed correctly, allowing them to become a self perpetuating chronic disorder

* Symptoms treated as physical or disease basis
  * Heart disease
  * Biochemistry / toxicity
  * Brain scan
* Often not treated correctly
* Panic attacks / disorder are an integral part of OCD, PTSD and the schizophrenias, often on a daily basis or many times per day

* Panic attacks trigger at random or can be started by specific memory triggers
OCD - Obsessive Compulsive Disorder

* An anxiety disorder triggered by overactive emotional / protective memory group /s.

* Involves obsessive thoughts and compulsion to act out a ritual
OCD – Most Common Types

- Hoarding / saving and collecting
- Symmetry / ordering
- Repeating
- Counting
- Contamination obsessions
- Cleaning and washing
- Touching
OCD – Emotional Memory Trigger

- Emotional memory group presenting in irrational way.
- Baseline elevated anxiety levels that are further raised on presentation of the trigger.
- Automatic behaviours based on learned responses.
**OCD - Statistics**

- Fourth most common mental disorder
- Nearly as common as asthma and diabetes
- 1 in 50 adults have OCD to varying degrees of severity
The psychological self-awareness of the irrationality of the disorder can be painful. For people with severe OCD, it may take several hours a day to carry out the compulsive acts.
PTSD – The Triggers

* Instance of exposure to death, violence, rape
* Maybe war, accident, assault, rape, natural disaster, witnessing such event.
* Maybe single or multiple occurrence
* Massive attack on the unconscious belief and values system
* Unconscious protective reaction
Most people who are exposed to a traumatic event will suffer symptoms of PTSD in the days and weeks following the event, but these eventually disappear.
PTSD – The Facts (2)

* 61% of men and 51% of women are exposed to at least one traumatic event over the course of their lives.
* An estimated 7.8% will experience PTSD at some point in their lives.
64% of female psychiatric inpatients suffered PTSD. 44% of male psychiatric inpatients were victims of physical abuse and developed PTSD.

80% of PTSD patients have at least one co-morbid disorder, (anxiety, depression, suicide).
Over 250,000 Australians suffer PTSD annually
Estimated 30% of victims of PTSD will have lifetime chronic symptoms
High instance of alcohol and drug abuse
Children of PTSD suffers suicide at 3 times the national average (Australian research)
Women are twice as likely to suffer ongoing PTSD than men due to different perception of violence / values system.

80% of women (military) in war zones develop PTSD. Many are raped.
Estimated 20%+ soldiers in war events have ongoing disorder

In USA 58,000 died in Vietnam. 150,000 have died by suicide since the war. (Nam Vet: Dean 1990). Official number is 58,000. Current report 18 die per day, 1000/mth try to die
The Current War Zones

* Projections for veterans of Iraq and Afghanistan indicate nearly 70% will come back with PTSD
* Of these 45% are expected to resolve within 3 months
* Balance of 25% will have lifelong symptoms
Projections for Fire Trauma

* Identical to war zone projections due to high fire storm risk levels and death rate.

* People who will be affected:
  * Public who were directly involved
  * Fire fighters (over 4000) and families
  * Police, army & other recovery staff
  * Animal rescue crews and vets
PTSD - Symptoms

- Flashbacks / dreams
- Withdrawal and avoidance
- Hyper-arousal
- Panic attacks / Panic disorder
- Depression / hopelessness
- Phobias
- Survivor Guilt
- Anger
Avoidance Symptoms - 1

* Trying to avoid thinking or talking about the trauma, as well as any feelings associated with the trauma. Approximately 50% of men and 25% of women with chronic PTSD have drug and alcohol issues (Australian Centre for Post Traumatic Mental Health - 1999)

* Avoiding people, places and activities that trigger memories of the traumatic event.

* Not remembering an important part of the traumatic event.
Avoidance Symptoms - 2

* Losing interest in, and enjoyment of e.g. leisure activities, study, work or stop participating in such activities altogether.
* Feeling detached from other people
* Being unable to feel joy or have loving feelings
* Not be able to see a future for themselves, they don't expect to get married, have a family, live a long time
Hyper-Arousal Symptoms

* Sleep disturbance
* irritability or anger
* impaired concentration
* being always on the alert for signs of danger
  The PTSD sufferer may be constantly scanning their surroundings for possible threats,
* being easily startled
  THE PTSD sufferer may overreact to something such as a noise. E.g. a war veteran may be shaken if they hear a car backfire because of their past experience of being threatened by gun fire)
Children Behave Differently

- Children have limited ability to verbalise what is happening to them
- Things to look for:
  - Acting out the event
  - Bed wetting, nail biting
  - Frightening dreams without recognisable content
  - Disorganised or agitated behaviour
Why do some people develop PTSD and others who have had the exact same experience do not?

* They never have exactly the same experience because their memory, belief and value system will alter the perception of the event. What is life threatening to some will not be to others.
* This is also why the symptoms exhibited and the strength of each symptom can vary so greatly between the persons presenting from the same incident.
* Pre-existing levels of anxiety and bio-chemical imbalance will also determine the intensity and / or onset of the symptoms.
Typical PTSD Sufferers

- People who develop PTSD are typically caring people who have a high value on life.
- They take some responsibility for others
- Have higher IQ’s with balanced left – right brain function
Asking a client that you suspect has developed PTSD the following brief questions assists in determining if more in depth probing is necessary.

* Do you avoid being reminded of the experience by staying away from certain places, people or activities?
* Have you lost interest in activities that were once important or enjoyable?
* Have you begun to feel more distant or isolated from other people?
PTSD – Quick Test (2)

- Do you find it hard to feel love or affection for other people?
- Have you begun to feel that there is no point in planning for the future?
- Have you had more trouble than usual falling or staying asleep?
- Do you become jumpy or easily startled by ordinary noise or movements?
If a person says “yes” to four or more of these questions, a PTSD diagnosis is likely. Research into this scale has established that, among individuals exposed to trauma:

- 71% of people who say yes to 4 or more items have a diagnosis of PTSD.
- 98% of people who say yes to less than 4 do not have the diagnosis.
Where to from here?

- Advanced Training
  - Certificate IV Course. Register your interest on Feedback Form

- The Neuro-Com Mind Model as new basis of spiritual knowledge and understanding.
More Information

GMF International Pty Ltd
Gary Johnston
www.gmfint.com
PTSD Research Project
www.ptsdresearch.org
SleepTalk™
www.sleeptalkchildren.com