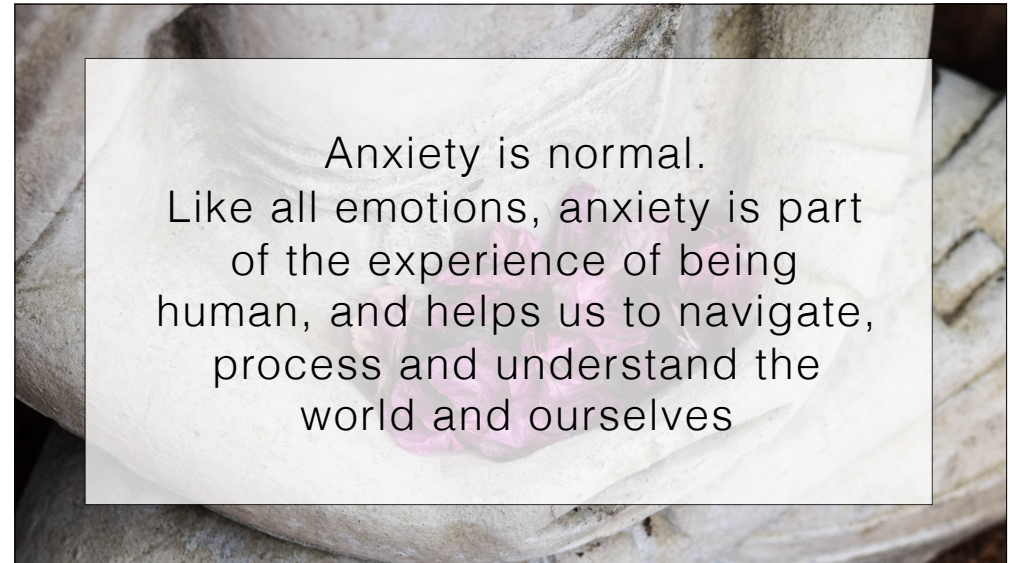
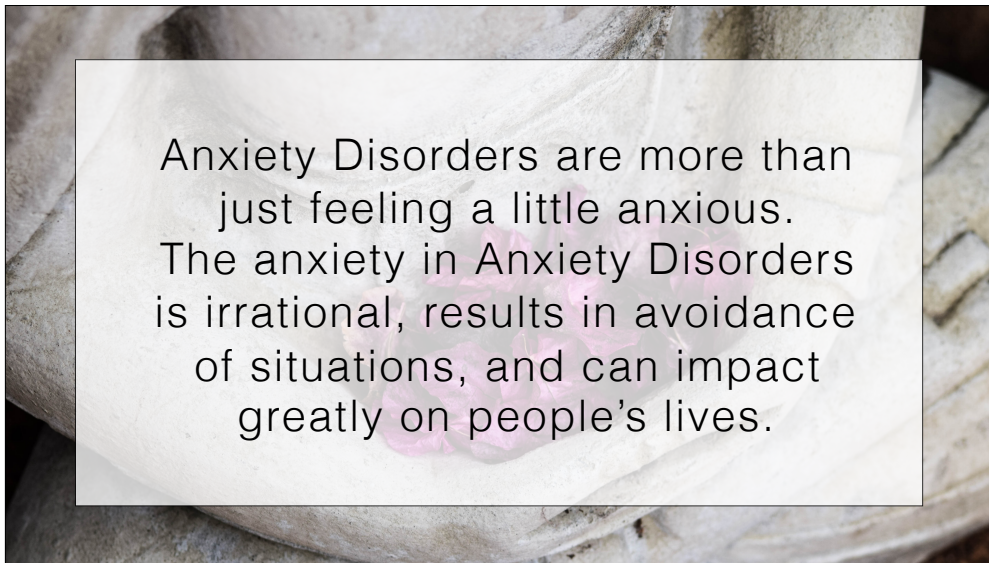


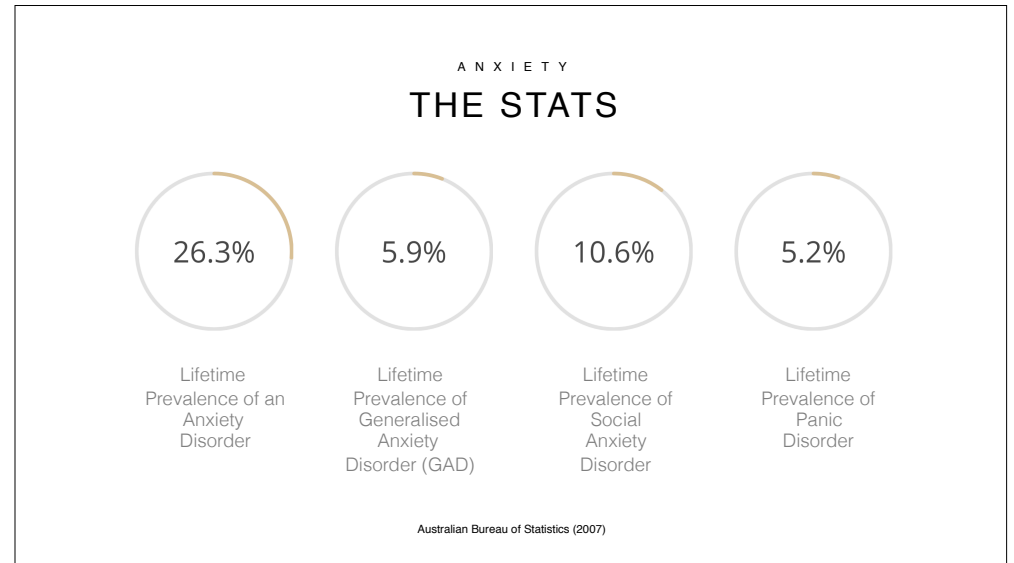
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ANXIETY

SIGNS AND SYMPTOMS



PSYCHOLOGICAL



PHYSICAL



BEHAVIOURAL

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ANXIETY

SIGNS AND SYMPTOMS



PSYCHOLOGICAL

- ▶ Excessive fear
- ▶ Worry
- ▶ Catastrophising
- ▶ Obsessive thinking
- ▶ Rumination
- ▶ 'Negative' thoughts

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ANXIETY

SIGNS AND SYMPTOMS



PHYSICAL

- ▶ Racing heart
- ▶ Shallow, rapid breathing
- ▶ Tightening of the chest
- ▶ Panic attacks
- ▶ Hot and cold flushes
- ▶ Restlessness
- ▶ Feeling tense
- ▶ Feeling wound up
- ▶ Feeling edgy
- ▶ Difficulty sleeping

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ANXIETY

SIGNS AND SYMPTOMS



BEHAVIOURAL

- ▶ Avoidance of situations that arouse anxiety, which can impact on study, work or social life

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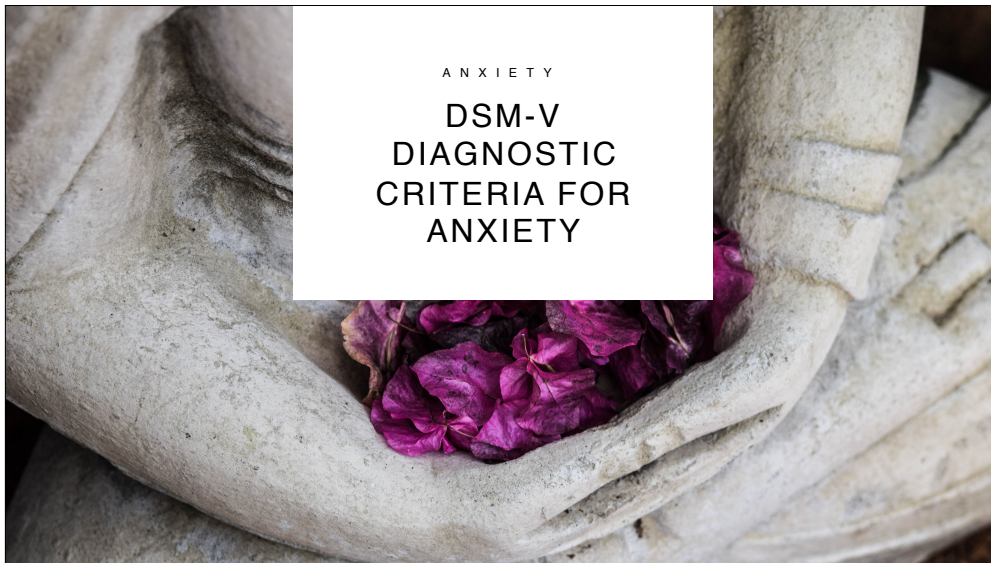


ANXIETY
GETTING TO
KNOW ANXIETY
BEYOND BLUE
VIDEO

9



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ANXIETY
DSM-V
DIAGNOSTIC
CRITERIA FOR
ANXIETY

11



Generalized Anxiety Disorder
Social Anxiety Disorder
Panic Disorder

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A N X I E T Y

GENERALIZED ANXIETY DISORDER

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The individual finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months);
 1. Restlessness or feeling keyed up or on edge.
 2. Being easily fatigued.
 3. Difficulty concentrating or mind going blank.
 4. Irritability.
 5. Muscle tension.
 6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

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A N X I E T Y

GENERALIZED ANXIETY DISORDER

- D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., Hyperthyroidism).
- F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in Panic Disorder, negative evaluation in Social Anxiety Disorder [Social Phobia], contamination or other obsessions in Obsessive-Compulsive Disorder, separation from attachment figures in Separation Anxiety Disorder, reminders of traumatic events in Posttraumatic Stress Disorder, gaining weight in Anorexia Nervosa, physical complaints in Somatic Symptom Disorder, perceived appearance flaws in Body Dysmorphic Disorder, having a serious illness in Illness Anxiety Disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

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A N X I E T Y

SOCIAL ANXIETY DISORDER

- A. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g., having a conversation, meeting unfamiliar people), being observed (e.g., eating or drinking), and performing in front of others (e.g., giving a speech).
- B. The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e., will be humiliating or embarrassing, will lead to rejection or offend others).
- C. The social situations almost always provoke fear or anxiety.
- D. The social situations are avoided or endured with intense fear or anxiety.
- E. The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context.

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A N X I E T Y

SOCIAL ANXIETY DISORDER

- F. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.
- G. The fear, anxiety, or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- H. The fear, anxiety, or avoidance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.
- I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder, such as Panic Disorder, Body Dysmorphic Disorder, or Autism Spectrum Disorder.
- J. If another medical condition (e.g., Parkinson's disease, obesity, disfigurement from burns or injury) is present, the fear, anxiety, or avoidance is clearly unrelated or is excessive.

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ANXIETY

PANIC DISORDER

A. Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur;

Note: The abrupt surge can occur from a calm state or an anxious state.

1. Palpitations, pounding heart, or accelerated heart rate.
2. Sweating.
3. Trembling or shaking.
4. Sensations of shortness of breath or smothering.
5. Feelings of choking.
6. Chest pain or discomfort.
7. Nausea or abdominal distress.
8. Feeling dizzy, unsteady, light-headed, or faint.

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ANXIETY

PANIC DISORDER

9. Chills or heat sensations.

10. Paresthesias (numbness or tingling sensations).

11. Derealization (feelings of unreality) or depersonalization (being detached from oneself).

12. Fear of losing control or "going crazy."

13. Fear of dying.

Note: Culture-specific symptoms (e.g., tinnitus, neck soreness, headache, uncontrollable screaming or crying) may be seen. Such symptoms should not count as one of the four required symptoms.

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ANXIETY

PANIC DISORDER

B. At least one of the attacks has been followed by 1 month (or more) of one or both of the following:

1. Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, "going crazy").
2. A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).

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ANXIETY

PANIC DISORDER

C. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., Hyperthyroidism, cardiopulmonary disorders).

D. The disturbance is not better explained by another mental disorder (e.g., the panic attacks do not occur only in response to feared social situations, as in Social Anxiety Disorder: in response to circumscribed phobic objects or situations, as in Specific Phobia: in response to obsessions, as in Obsessive-Compulsive Disorder: in response to reminders of traumatic events, as in Posttraumatic Stress Disorder: or in response to separation from attachment figures, as in separation anxiety disorder).

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ANXIETY

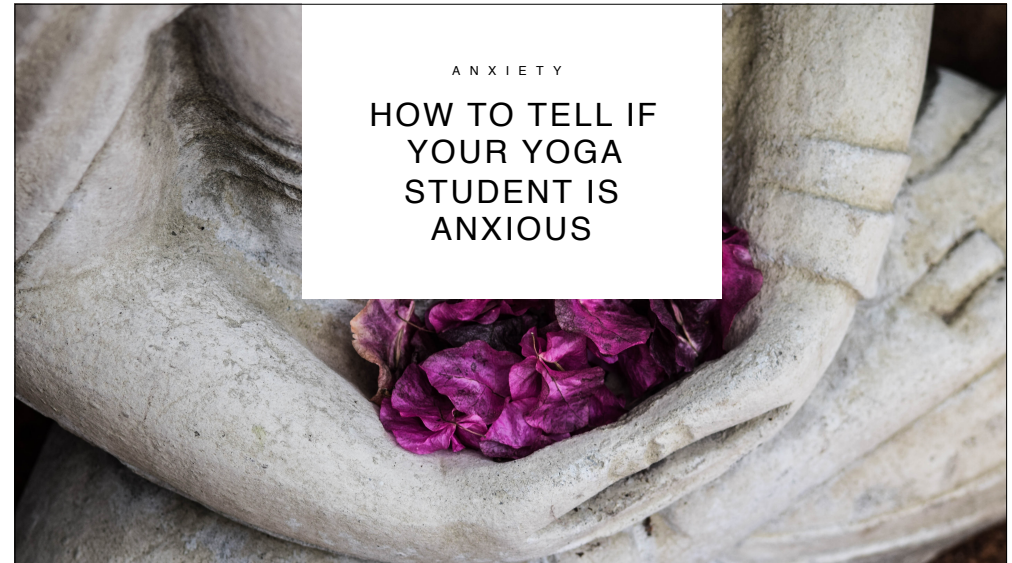
OTHER DSM ANXIETY DIAGNOSIS

- ▶ Separation Anxiety Disorder
- ▶ Selective Mutism
- ▶ Specific Phobia
- ▶ Agoraphobia
- ▶ Substance/Medication-Induced Anxiety Disorder
- ▶ Anxiety Disorder Due to Another Medical Condition
- ▶ Other Specified Anxiety Disorder

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ANXIETY

HOW TO TELL IF YOUR YOGA STUDENT IS ANXIOUS



22

ANXIETY

ANXIETY IN CLASS

- ▶ An anxious or rajasic energy
- ▶ Worried about getting it right
- ▶ Moving and speaking quickly
- ▶ Turning up early for class
- ▶ Restless in class (particularly in restorative postures)
- ▶ Drawn to more dynamic styles, postures and movements
- ▶ Tension in their face and body

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ANXIETY

ANXIETY IN CLASS

- ▶ Looking around the room to see what others are doing
- ▶ Breath fast and shallow, holding the breath
- ▶ Perfectionistic, striving to get poses “right”
- ▶ Feeling frustrated if they don’t get poses “right”
- ▶ Asking lots of questions

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