FEATURES

Still Wrestling with Anxiety? Why Deep Breaths and Mindset Shifts Are Not Enough

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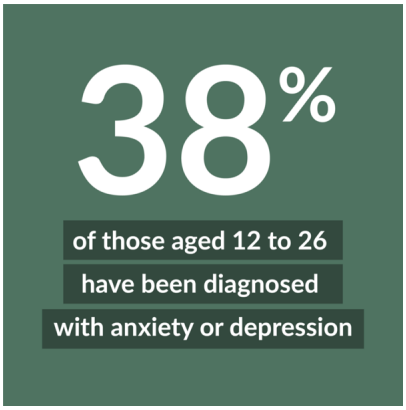
Most people experience moments of anxiety—whether about politics, work, finances, health, or relationships. While occasional anxiety is a natural part of life, and even a helpful motivator sometimes, it becomes problematic when its intensity and frequency interfere with daily functioning—a presentation currently on the rise. According to surveys, 43% of U.S. adults report much higher levels of anxiety than in previous years due to stressors like the election, the economy, and gun violence (American Psychiatric Association, 2024).

Young people fare no better, with data from the Walton Family Foundation and Gallup polls suggesting that up to 38% of those aged 12 to 26 have been diagnosed with anxiety or depression (Brooks, 2024; Clifton & Hrynowski, 2024; National Institute of Mental health). As a result, a growing number of youth and adults are seeking help from mental health professionals, who sometimes have a limited toolbox to address the multi-dimensional problem of anxiety.

Practitioners regularly encourage people struggling with anxiety to "take deep breaths" when they are faced with a panicky moment. And yes, deep breaths can be beneficial, particularly when engaging the diaphragm to inhale deeply into the lower abdomen and lower back. However, for people struggling with chronic anxiety, deep breathing alone may not be effective. The skill may not be practiced enough; the heightened physiology may make self-calming feel out of reach; or past trauma may be implicitly adding an extra layer of fear to their present time experience. Similarly, challenging what seems to the practitioner as a "catastrophizing mindset" can feel disrespectful, meaningless, and dismissive to the recipient, especially across gender, cultural, or socioeconomic divides.



Addressing anxiety effectively requires a bio-psycho-social approach (Barrett, 2017), which

When anxiety is triggered, a complex vinaigrette of hormones and neurotransmitters are dumped into the bloodstream, preparing the body for action (Ruden, 2015). In this state, resources are highjacked from multiple areas of the body to respond to the perceived threat—real, imagined, or a combination of both—and the brain's capacity to think in optimal ways becomes impaired (Siegel, 2024). This stress response is designed for short-term emergencies and chronic activation can prevent the body from returning to baseline (Sapolsky, 2004).

In a neuroplastic brain, each activation reinforces the likelihood of future activations, creating a cycle of reactivity (Siegel, 2020). Many people passively give in to waves of emotional reactivity without making any conscious effort to mediate them, assuming that this laissez-faire approach is inconsequential. It isn't. This is particularly evident in behaviors like road rage, where people indulge in anger, impatience, or stress while driving—often laughing it off as impulsive or harmless, believing they can stop anytime. After a while, these habitual activations take on a life of their own, and people no longer fully control those impulses.

When it comes to embodied activation, the habits you form today will form you tomorrow.

Chronic intense anxiety, over time, alters many key brain functions (Sapolsky, 2004; Siegel, 2024): (1) the limbic system becomes hyper-reactive, making anxiety easier to trigger; (2) excess cortisol shrinks the hippocampus, impairing memory and learning; (3) the repetitive suppression of prefrontal cortex functioning during panicky moments weakens regulation abilities; and (4) the production of mood-stabilizing neurotransmitters such as GABA, dopamine, and serotonin is disrupted, leading to emotional numbing.

With frequent repetition, these physiological reactions lead to a restricted emotional range and an increased difficulty accessing more subtle emotions, such as satisfaction, appreciation, or curiosity. Any experience accelerating the heart becomes misinterpreted as anxiety.

In the long run, anxiety blurs our rich palette of emotional colors, leaving only faded grays or jarring neons.

To counteract these effects, a collection of embodied practices can make a significant difference (Beaudoin, 2017; Beaudoin & Monk, 2024). When experiencing an increased heart rate for example, people can:

1. Increase it further through movement to channel the energy into something less damaging, as athletes do before a race by hopping up and down; the reasoning behind this technique is that rather than directly resisting anxiety, you are redirecting its physiological energy in a controlled and productive expression (not recommended with panic attacks).
2. Fine-tune it by acknowledging that some of the physical sensations can also reflect excitement, such as before a performance or presentation; this shift in perception may seem insignificant, but when experienced genuinely, it can influence the type of neurotransmitters released since anxiety and excitement share similar patterns of physiological activation.
3. Slow it through quick curiosity-based breathing exercises that demand full attention (Beaudoin & Maki, 2020) or other forms of well-practiced mindfulness meditations (Kabat-Zinn, 2013; Siegel, 2021).

All of these strategies can effectively regulate the body for a brief moment but are ultimately only a temporary fix if the "psycho" and "socio" components of the problem are left unaddressed.

Psychological component

Beyond biology, the way we story experiences profoundly influences anxiety. An eight-year-old girl once confided in the author that she was dying. She had been referred for anxiety, described as "needy," frequently tearful, and struggling to sleep following the recent loss of her aunt. Unaware of her fear, her parents had spent countless hours trying to soothe her—offering hugs, buying stuffed animals, and reading bedtime stories—all to no avail. Having witnessed her aunt's declining health and involuntary muscle spasms, she interpreted her own strong body jolts when falling asleep through the only lens she knew—one of dying. When it was explained that she was likely experiencing *hypnagogic jerks*—the body's natural release of tension as it falls asleep—she was immensely relieved and from that moment, therapeutic work progressed quickly. No amount of biological deactivation would have been helpful without addressing the psychological story her mind was ascribing to her experience.

Our mind is constantly creating narratives about our experience—some more helpful than others—by interpreting life events through a lens shaped by our upbringing and cultural location. These narratives are simultaneously shaped by past experience and shaping of future experience (White & Epston, 1990; White, 2007).

Yet, most people are unaware of the narrative filters in their minds until they are questioned in meaningful conversations, exposed in cross-cultural encounters, or observed in a mindfulness meditation program.

Stories in our minds lead us to imagine the worst and live it in our bodies ahead of time. The choices made in this heightened state can sometimes create self-fulfilling prophecies, while at other times, they drain the body of vital resources—just when they are most needed to address the actual challenge. Our worst enemy becomes within us and weakens our ability to respond skillfully to the challenge. The stories generated from a place of anxiety are difficult to challenge due to the certainty bias, which makes anxious thoughts feel like absolute truths (Beaudoin & Monk, 2024). Practitioners can introduce doubt into anxious certainty, and open space for alternative perspectives by using targeted externalizing questions such as: "what do the worries make you overfocus on?"; "what does the anxious feeling make you forget at that moment"?; "does the anxiety habit make you dwell on an imaginary future and miss out on the very real present?" Externalizing anxiety also acknowledges linguistically that people are much more than their problems which enhances experiences of self-confidence and stories of competent identities (White & Epston, 1990; White, 2007). People become in a better position to discredit the unhelpful scenarios in their minds, disengage physiologically, and recognize alternative possibilities in the unique context of their lives.

Social component

Anxiety does not exist in a vacuum—it is shaped by the social and political backdrop against which all lived experiences unfold. This reality is especially evident in the current turbulent, divided, and chaotic cultural landscape of the United States. Individuals living in neighborhoods plagued by fears of deportation, gang violence, poverty, racism, job instability, misinformation, or the aftermath of natural disasters report heightened anxiety. In these situations, no amount of deep breathing or mindset shifts can completely eliminate the necessity of being vigilant.

As practitioners, we can contribute to addressing oppressive cultural environments by engaging in social actions, contributing to community projects, and using our privileges to speak for those who cannot (Wiening et al., 2022). In therapeutic conversations, we can also empower people to feel dignified and resilient in the face of their challenges. Human beings are social creatures and research shows that hardships, even trauma, are more manageable when there is another supportive person—real or virtual—by our side. Collectivist and indigenous communities have a lot to teach us about the value of togetherness. This is visible in the African proverb:

> **If you wish to go fast, go alone; if you wish to go far, go with people.**

As described by Cajete (2000), people can be emboldened to move forward in their lives by relying on a sense of collective wisdom and belonging, found in vertical and horizontal connections as discussed below.

Vertical connections—linking one's identity narrative to grandparents and ancestors—can provide inspiration and strength. Practitioners can help people notice the legacy of determination they have inherited relationally from their lineage, through for example, generational stories of immigration (Charles & Lewis, 2022), and ask detailed questions about what kept a grandmother going, how she kept hope alive, what she told herself in dark times, and what skills she used to overcome multiple dangers along the way. When we have enough details of intergenerational skills, we can help people recognize how these manifest in their own lives and are part of their identity (White, 2007). Think of the effects of concluding a therapeutic conversation by saying: "So you belong to a long lineage of strong women who have overcome oppression through a tireless determination to protect their children and by trusting that a better life was possible."

Meanwhile, horizontal connections—relationships with like-minded people, neighbors, friends, and community—offer concrete support. As an example, if a teenager is resisting the pressure to join a gang because of a different vision for his future, and is hyper-anxious as a result, practitioners can encourage him to notice who else in his neighborhood has remained independent, or help him be in touch with an anti-gang organization which can provide

alternative belonging and inspiration.

Ultimately, humans are relational beings, and if a compassionate person highlights competency and belonging in a meaningful way, people are more likely to see themselves as capable of pushing through hardships and socio-political marginalization.

Conclusion

Anxiety involves a complex interplay of biological, psychological, and social factors that benefit from simultaneous consideration when working with anxiety issues. Using embodied practices, empowering narrative conversations, and meaningful connections, we can help people nurture resilience, reclaim dignity, and move towards possibilities of well-being within the unique context of their lives.

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For more information click here.

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