

TEACHING AND ANXIETY*

(*) The information offered here is not intended to diagnosis, treat, or cure any disease. Moreover, the information offered here is purely anecdotal and/or based on general knowledge.

Being a teacher and not having any kind of nervousness or anxiety is a bit of an oxymoron; some of us are actually better at dealing with nervousness/anxiety than others.

We are performers.

1. WHAT IS ANXIETY?

Anxiety is defined roughly as a human emotion which involves the sense of being anxious or nervous in a particular situation.

Anxiety may be reduced to a single situation (for example, the first day of class). When you are done teaching, you probably will feel much better.

Anxiety is a "normal human emotion."

Everyone has some anxiety to some extent.

Anxiety has some very particular symptoms which are limited to the situation and are very particular. We call these symptoms the "fight or flight" symptoms:

- +Dry Mouth
- +Feelings of Uneasiness, Anxiousness, and/or Nervousness
- +Cold, Sweaty Hands/Feet
- +Stomach Upset (Loose Stools and/or Loose Bowels)
- +Gradual Increase in Respiration (e.g., Rapid Heartbeat, Shortness of Breath, etc.)
- +Slight Nausea (without vomiting) and/or Lack of Hunger (i.e., You don't want to eat until the performance is over)
- + "Elvis leg" or "Elvis arm" or "Elvis hand" (shaking or trembling appendages which often come with nervousness/anxiousness)

When a person becomes nervous or anxious about an event, these are the symptoms which are typically present and their onset is gradual.

Most anxiety occurs in response to a particular situation.

Most anxiety is self-limiting and will disappear once the performance has finished or is in-progress.

Again, once you start the performance (which has brought on the anxiety), usually the anxiety will gradually slow or disappear.

Maybe I am dying?

The loose stools and dry mouth are not typical symptoms of medical emergencies... so, you may only be nervous/anxious.

If I'm just nervous, what about that powerful and fast heartbeat?

Nervous/Anxious situations trigger that "fight or flight" feeling actually can improve our body's performance and vigilance to things around us.

We become somewhat "superhuman" with all the adrenalin and blood pulsing through our bodies...

As far as the rapid heartbeat goes, the human heart can actually beat up 200 times per minute (or 200 beats per minute) without a problem. Some athletes can sustain this rhythm for quite a while and be just fine.

Other people in addition to the speed of the heart feel strong beats of the heart or a skip of the beat when they are nervous.

When we are anxious, the heart WILL work harder (beating faster and harder).

If you are concerned about your heart, then always check with a doctor.

I feel my heart skipping beats?

Be at ease: The human heart can skip a beat, and be just fine. The internal electrical system of the heart works with the brain to correct things.

If fact, in the time you were reading, you probably had a few corrections and didn't even know it.

Moreover, some people's hearts naturally skip beats (some are felt, although most are not).

Again, if you are concerned about your heart, then always check with a doctor.

Will I pass out or faint?

The odds are very good that you will not faint; your heart is racing and you are having some anxiety/nervousness.

Your adrenalin is rolling through and it is not going to let you pass out. No way!

In fact, most people probably subconsciously wish that they faint in order for them not to have to do their performance or partake in the event bringing on the anxiety.

2. CAUSES

We often develop anxiety from challenging situations such as teaching in a classroom, presenting papers in front of peers, taking tests, discussing challenging material at meetings, jobs interviews, etc.

Before we discuss things further: I would like to congratulate you: As a teacher, you are one of the bravest people out there... I mean it: You are brave.

In fact, more people cite "Fear of Public Speaking" as their most significant fear than anything else. Therefore, having some anxiety about teaching is perfectly normal.

Teaching aside, sometimes, out of the blue, anxiety will become much more powerful than ever before...

While we might not have any previous problems with anxiety, we may find (later in our careers) that anxiety seems to become a problem. If anxiety becomes a problem, then we might look at other mitigating factors in our lives.

Here are a few causes of anxiety:

Primary Cause of Anxiety:

- +Public Speaking
- +Certain Illness-Specific Medications
- +Low Blood Sugar (Don't forget to eat)
- +Not Sleeping (Don't forget to sleep)
- +Not enough oxygen (Don't forget to breathe...)

Secondary Causes of Anxiety:

- +Long-Term Stress
- Debt or Economic Problems
- Change in Work/Employment
- Significant change in living conditions (Moving from a different domicile)
- Something Traumatic (being fired, having an argument with a coworker, etc.)
- Previous "Bad" Experiences in the Classroom

+Broken Heart Syndrome

- Abusive or Difficult Relationships
- Family Problems
- Loss of a Loved One (by Death, Desertion, or Divorce)
- Divorce Issues (Child Support, Custody Battles, etc.)

+Short-Term Stress

- Adjusting to Changes in Workload
- Traffic Stops (encounters with the Law)
- Minor Fender Bender
- Attending a "Bad" Meeting
- Going through a Performance Evaluation
- Dealing with a Troubling Student/Difficult in Class or Conference
- Changing Your Daily Habits (Eating, Exercising, etc.)

+Type-A Personalities (excessively driven, aggressive people who impose their own time restrictions)

+Nervous persons (people who generally worry too much)

+Phobias

+Physical/Biological Causes

+Depression or other Mental Health Conditions

+Lack of Assertiveness

+Some Common Medications (including cold medicines, birth control, etc.)

+Alcohol or drug withdrawal

+Previous Panic Attacks

+Chronic or Serious Illnesses

+Early Childhood Trauma (manifesting itself)

+Early Adulthood Trauma (manifesting itself)

+Post-Traumatic Stress

---Watching Other Loved Ones Deal with Potentially Life-Threatening Experiences

---Surviving a Traumatic Experience (e.g., Life-Threatening Illness, Combat, Abuse, Neglect, Being Lost in the Market, etc.)
+Too Much Caffeine

Now, that you know the causes, ask yourself:
What is my biggest fear?
What am I afraid of?
What seems to be bothering me?
What seems to be stressing me?
What is hindering my success (at work or at home)?

The ancient Chinese war philosopher, Sun Tzu, once said, "It is said that if you know your enemies and know yourself, you will not be imperiled in a hundred battles; if you do not know your enemies but do know yourself, you will win one and lose one; if you do not know your enemies nor yourself, you will be imperiled in every single battle."

We translate this to mean, specifically: You need to know what is bothering you, so that you can find some peace of mind and reduce your stress.

3. INTENSE ANXIETY -> PANIC (OR PANICKING)

Some people experience intense forms of anxiety. And, that's okay. It happens! And, it can be really scary.

Sometimes their anxiety does not diminish during the performance, the event and/or seems continuously affecting them.

In some cases, their anxiety even begins without any event or performance (i.e. no stimuli to start it).

When our anxiety becomes much more intense and builds up into a very potent "attack," we are in a state of "panic."

Many people call them "Anxiety attacks" or "Panic attacks" or "Nervous Breakdowns."

These attacks can last from a few minutes to several hours with varying symptoms. Panic (and any corresponding anxiety) can wax and wane over time... often starting and stopping over the period of 24 hours.

Remember: Anyone can have a panic attack. They may occur at any time (day or night). Like anxiety, no one is immune.

Some people just have many more attacks than others. But, also, some people are more stressed than others.

Panic, like anxiety, is a very normal occurrence. In fact, most people begin having panic attacks around the age of 18 (and some begin later).

And, when they have their first attack, they really "freak out." Many people believe that they are dying.

Since the symptoms of panic mimic those of a heart attack, many people seek medical attention only to be told that they are fine.

Some individuals who experience panic go to the hospital several times.

A panic attack is the brain's way of saying, "Okay, I'm done (too much stress on my plate)...you really need to calm down... please calm down...."

Oftentimes, people who have anxiety will occasionally experience a state of panic.

If you have panic, then we recommend that you find some treatment or coping strategies right away.

Anxiety (like many other disorders) can escalate over time into a really problematic condition:

Anxiety can escalate into anxiety disorder which includes panic; anxiety disorder can precipitate multiple panic attacks, which leads one to panic disorder. Panic disorder can escalate into agoraphobia (which is the fear of leaving the home and/or resisting a particular situation).

Agoraphobia can lead to some serious health problems (as many people with agoraphobia do not exercise and/or do not receive many things which they need to live healthy/happy lives).

So be very aware of your mental state, your disposition towards stress, and how many panic attacks you have had.

If you have more than a few panic attacks (which come without warning or which seem independent of your situation), then you should seek more aggressive treatment.

What happens when we panic? Well...

Here are the symptoms of Panic (four or more symptoms develop and peak within 10 minutes):

- +Uncontrollable Fear (or Fear of Death/Dying)
- +Feeling of Losing One's Mind (i.e., Nervous Breakdown)
- +Stomach Upset/Abdominal Distress (Loose Stools and Bowels)
- +Nausea (rarely, vomiting)
- +An Increase in Respiration (e.g., Rapid Heartbeat, Shortness of Breath, etc.)
- +Sometimes Chest Pain (from the Racing/Pounding Heart)
- +Hyperventilation
- +Feeling of a Skipped Beat or Pounding Heartbeat
- +Dizziness (or Slight Vertigo)
- +Numbness/Tingling in your hands/feet (e.g. Pins and Needles feeling or burning)
- +Muscle Twitching
- +Sweating/Hot Flashes
- +Dry Mouth
- +Chills
- +Cold, Sweaty Hands/Feet

Other symptoms (which may come before, after, or between attacks):

- +Avoiding Places/People/Things
- +Unable to exercise (for fear of heart-related events/problems)

- +Unable to go places by yourself or without a cellular phone (talking on it or just having it around)
- +Not eating well
- +Not sleeping
- +Overly Excessive Worry
- +Hypochondriacal behavior (worrying that you have some undetected disease and insisting on seeing the doctor)

Okay, enough about panic... Let's leave that behind.

Let's look at methods and strategies to alleviate anxiety.

4. SHORT-TERM METHODS/STRATEGIES FOR OVERCOMING ANXIETY

- +Count to 10 or even 100
- +Try to reassure yourself/Self-Talk (tell yourself that things will be "okay" and that you will "get through this...")
- +Think positively (think about the "good things" in your life and the things you will enjoy after)
- +Consciously try to relax your muscles (start with your head and move down)
- +Breathe (Take a few deep breaths and close your eyes)*

*Two memorable film quotes come to mind:

"No breathe, no life..." (Mr. Miyagi, *The Karate Kid*)

And, "Oxygen gets you high. In a catastrophic emergency, you're taking giant panicked breaths. Suddenly, you become euphoric... docile. You accept your fate. It's all right here. Emergency water landing - 600 miles an hour. Blank faces... calm as Hindu cows." (Tyler, *Fight Club*)

If you find that you are hyperventilating, you might try using the "Brown Paper Bag" Technique; Breathe into a small paper bag...

SHORT-TERM METHODS/STRATEGIES IN THE CLASSROOM ENVIRONMENT

- +Remember: You are in control... you can do whatever you want....
- +Concentrate on the task/lesson/lecture notes/overheads
- +Have a script... and, be prepared to do some ad-libs/off-the-cuff talking
- +Sip on some cold water... (think how hypothermia encourages lower respiration).
- +Talk to your class (ask them: How is everyone? What did you do today?)
- +Think to yourself: "I am just sharing my knowledge," and recognize "I cannot possibly know everything."
- +Have a seat... (you are the teacher... you can do whatever you need... there are no rules about standing while teaching).
- +Throw out a question/problem, and let the class talk about it. Take it easy.
- +Ask students to save their concerns for email or until the end.

OTHER SHORT-TERM METHODS/STRATEGIES

- +Keep things casual (Dress comfortably and act casually)
- +Allow yourself to be a bit flexible with the students, their grades, and such...
- +Say "No!"
- +Set boundaries and limitations, as needed (let your coworkers and students know that you only have so much time).
- +Bring a worksheet or some other exercise to allow yourself a break during classtime
- +Find ways to improve your relationship with the students (give them some spontaneous extra credit for just being present).

+Type up all your lecture notes and read verbatim (You can't really stumble, can you?)

5. LONG-TERM METHODS/STRATEGIES FOR OVERCOMING ANXIETY

- +Exposure (try to face your fears as best as possible... many experts agree that the body will gradually condition itself to deal with the fear)
- +Find a routine (a daily routine can make things predictable and somewhat controllable - but don't become obsessive about it - add some changes here and there)
- +Improve your overall health (Exercise and Eat Right)
- +Take a walk (random or pre-planned or daily - long or short).
- +Stretch (to relieve on-going muscle tension)
- +Massage
- +Blaneotherapy (i.e., Take a warm/hot shower or bath)
- +Music therapy (i.e, Listen to some relaxing music daily - for several minutes to hours if needed)
- +Sing (singing builds up aerobic capacity and helps to alleviate stress)
- +Talk to a loved one
- +Talk to a clergy member
- +Hypnosis
- +Psychologist (find a person who you can talk to about your feelings, who is not necessarily a loved one)
- +Psychiatrist
- +Medication

Oftentimes, people need more than one long-term method/strategy... pick a few or do them all.

OTHER LONG-TERM METHODS/STRATEGIES

- +Have a definite plan for your course and for every lesson (and allow yourself to "fudge" things from time to time)
- +Take those sick, personal, and vacation days... call them "mental health days"
- +Reward yourself for hard work
- +Take things off of your plate (sometimes you need to reduce your workload into normal or comfortable parameters)
- +Spend time with the people you love
- +Walk around the mall (sometimes just "steppin' out" for no reason at all can help ease the mind)
- +Let your coworkers know that you feel a bit overworked and you would like a bit of a "break"
- +Apply the old maxim "Don't bite off more than you can chew..." (Don't do too many things).
- +Extend any self-imposed deadlines (to a reasonable time)
- +Cutback and cut any unneeded responsibilities (i.e., if you don't need to serve on that committee, then don't...).
- +Schedule that class to allow yourself enough time to get up and go to sleep (sometimes, we just need more time)
- +If you decide that you really don't like teaching directly in front of students, then don't: Teach online classes.
- +Take your time in the restroom... (Give yourself plenty of time to do your duty - be nice to your body).
- +Take your time to eat (Give yourself plenty of time to enjoy your food - be nice to your body)
- +Give yourself time to relax at home (reward your hard-work for the day).
- +Make sure you get plenty of sleep (:::We can't stress this enough::: Lack of sleep causes all sorts of problems)

+Take your mind away from your stressors (e.g., watch television, read a calming book, talk to friends, etc.).

6. SHORT-TERM MEDICATION

You should only use medications if your anxiety is a daily occurrence, limits your ability to perform, and/or if the anxiety is not manageable.

And, honestly, most people can find great improvement of their anxiety from such medication.

Don't be afraid of medication. Sometimes, people need it (even healthy, normal people).

Think of medication as a means to an end... you use it to condition yourself to function normally (meanwhile you work on reducing your stressors) then you prepare yourself to wean off of the medication.

Weaning is required! Don't kid yourself! When you depend on something (e.g. parents, routines, and so forth), then you need to prepare to remove it from your life.

Note: Some of these medications cause substantial side effects and may have substantial withdrawal concerns.

Be sure to discuss these risks/concerns with your doctor before asking for them and/or taking them. But, remember: Prescription drugs may be a "lifeline" for people.

Also, never mix medications without the approval of your doctor or a pharmacist.

Finally, make sure not to take medications without looking for interactions with other medicines.

Now that we have discussed all the warnings, let us examine the possibilities:

+Benzodiazepines tend to reduce muscle tension and promote a sense of well-being. They may be used for short-term anxiety.

EX: Clonazepam (Klonopin), Lorazepam (Ativan), Diazepam (Valium)

+Beta-Blockers tend to inhibit these normal epinephrine-mediated sympathetic actions, which reduces physical exertion of the heart, slowing respiration

EX: Propranolol (Inderal)

Other Short-Term Medications (in the form of Herbal Supplements may be available):

Valerian Root (Valerian Officinalis) tends to help to regulate γ -Aminobutyric acid (GABA), which promotes sedation/relaxation.

7. LONG-TERM MEDICATION

In cases, where your anxiety has taken a hold of your life and will not let you work or even be comfortable on a daily basis, you should not despair; you can always take an SSRI or other long-term medication to put yourself back on track.

Some people are born nervous people. Some people acquire a nervous disposition as a result of long-term stressors (e.g., money, family, work, etc.).

You are not alone if you find you cannot shake the anxiety. Millions of people across hundreds of cultures have the exact same problem. And, like you, they may need medication.

Medication is nothing to be ashamed of... people take pills for indigestions, allergies, and even supplement their diet.

Just like a supplement, your body may need something that it does not have enough of... under producing serotonin, or overproducing other chemicals, which may be the result of several factors (including stress or chronic anxiety).

+SSRIs tend to block the reabsorption, or reuptake, of serotonin by certain nerve cells in the brain. This leaves more serotonin available, which inevitably improves a person's mood.

EX: Paroxetine (Paxil), Escitalopram (Lexapro), etc.

+Azapirones tend to be serotonin antagonists, which have generally some of the same properties as SSRIs.

EX: Buspirone (BuSpar), etc.

The next line of defense against severe anxiety is the SNRI

+SNRIs tend to both increase the levels of the serotonin and norepinephrine by inhibiting their reabsorption in the brain. The inevitable result is an improvement in mood.

EX: Venlafaxine (Effexor), Duloxetine (Cymbalta), etc.

+Tricyclic Antidepressants tend to act primarily by blocking the serotonin transporter and the norepinephrine transporter which results in their increase.

EX: Amitriptyline (Elavil), etc.

The final class of drugs or the "last line" of defense are the Monoamine Oxidase Inhibitors. Because many doctors use these as a last resort, I will not even mention them. MAOI are used for serious cases which do not respond to other medication.

The MAOI's potential to interact with other drugs is noteworthy. Most doctors are reluctant to prescribe these.

Other Long-Term Medications (in the form of Herbal Supplements may be available):

+St. John's Wort tends to have the same chemical effect as TCA's or SSRI. Note: This herb may interact with prescription medicines.

+Kava (Piper Methysticum) tends to work as a Monoamine Oxidase Inhibitor (MAOI), which reduces the breakdown of serotonin in the brain.

8. WHEN SYMPTOMS ARE CHRONIC (OR LONG-TERM), CONTINUOUS, OR DO NOT GO AWAY

Normal anxiety should not be confused with long-term anxiety disorders, which may be constant, overwhelming, and oftentimes debilitating. These disorders include Generalized Anxiety Disorder, Panic Disorder, Obsessive-Compulsive Disorder, Social Anxiety Disorder, Post-Traumatic Stress Disorder, and Phobias.

Anxiety disorders can occur in response to long-term exposure to stress, exposure to traumatic situations, etc.

Anxiety disorders can occur at any time in life, and such disorders can affect anyone (even the most physically healthy individuals)

Anxiety disorders are mental disorders (although they may be connected to other underlying physical illnesses)

Symptoms of an Underlying Anxiety Disorder could be:

Feelings of Fear, Panic, and/or Feeling Extremely Uncomfortable

Fear of Sudden Death by Heart Attack

Palpitations

An inability to stay calm or sit calmly

Dizziness

Nausea

Profuse Sweating

Muscle Tension

Shortness of Breath/Difficulty Breathing

Other Symptoms of an Underlying Anxiety Disorder could be

Irritability

Nightmares

Repeating thoughts

Excessive Worry

Need to Urinate/Defecate Frequently

Trouble Sleeping or Falling Asleep

Trembling/Chills

Being Easily Startled

Flashbacks to Traumatizing/Traumatic Experiences

Uncontrollable Compulsions or Obsessive Thoughts

Not Wanting to Go to Work

Difficulty Concentrating

Memory problems

Unrealistic View of the World

Strange Behavior before an Event (e.g. Mood Swings)

The Feeling of Wanting to Avoid Traveling or Going to Places

The Feeling of Wanting to Avoid Certain People or Things

If these symptoms are chronic (that, is on-going or occurring on a daily basis), you may have an anxiety disorder or other disorder.

Contact your doctor and attempt to rule-out (limit) any underlying problems in your body which could be responsible for these symptoms.

Then, if you find that you are in reasonably good health, you might ask your doctor about a mental health consult.

9. WHEN SYMPTOMS ARE ACUTE (OR SUDDEN) AND OF AN EMERGENCY NATURE

If you experience symptoms of an acute nature, these may be signs of a medical emergency rather than anxiety.

Oftentimes, it may be difficult to tell the difference without further testing. So, we advise seeking medical attention if you are not sure.

First, if you are not having an emergency, then you'll probably be fine and go home to rest. If you are having an emergency, then you'll be fine, since you are receiving care for your condition.

Most doctors are fine putting you on a monitor just to be certain.

Back to those symptoms...

According to the American Heart Association, these sudden acute symptoms may colliate with a medical emergency:

HEART ATTACK

If you have certain acute symptoms, such as:

- Nausea/Severe Discomfort/Vomiting
- Pain in your arms, back, or jaw (Women are more apt to experience these symptoms then men)
- Shortness of breath
- Sudden sharp pain in your chest (usually in the center or back)
- Discomfort in other areas of your upper body
- Loss of consciousness

If you experience these signs, DIAL 9-1-1 FAST or Contact Emergency Medical Services as fast as possible.

Heart Attacks typically occur in the morning hours (although they may occur at any time of day).

Doctors can diagnose a heart attack quickly with an EKG, blood pressure tests, pulse oxidation monitor, heart enzyme tests, and other blood-tests.

Doctors can often be 100% sure that your symptoms are not related to anxiety.

They may prescribe a series of tests to be 100% sure (e.g., a holter monitor, an x-ray, stress test, etc.).

STROKE (OR EVEN A TRANSIENT ISCHEMIC ATTACK)

- Sudden numbness or weakness of the face, arm, or leg (especially on one side of the body)
- Sudden confusion, trouble speaking, or trouble understanding
- Sudden trouble seeing in one or boy eyes
- Sudden trouble walking
- Sudden dizziness or loss of balance/coordination
- Sudden, severe headache with no known cause

If you experience these signs, DIAL 9-1-1 FAST or Contact Emergency Medical Services as fast as possible.

Doctors can diagnose stroke with some blood pressure tests, physical tests, a CT/MRI scan, and other tests.

Remember: Like heart attacks, strokes can become significantly worse if untreated.

Even if you suspect a stroke (and some are mild), you should have yourself check as soon as possible.

10. IF YOU DISCOVER THAT YOU ARE NOT DYING...

If you are anxious, panicked, and arrive at the emergency room with no indicator of heart attack or stroke, then obviously you might have some anxiety or some other underlying issue.

You should meet with a doctor to discuss options in testing and treatment. If you discover that your symptoms are mostly of a mental nature, we recommend meeting with a psychiatrist or psychologist.

Some primary physicians may prescribe medications; however, mental health specialists oftentimes are more qualified to help you cope with the problem. In addition, they may have more resources or coping strategies than a regular doctor. They work with these problems every day.

Some people have physical disorders which can cause chemical imbalances, or they may be predisposed to having lower levels of serotonin than others. You may need medication to correct this problem.

Some mental health disorders are inherited (or genetic).

The Bottom Line: Do not be afraid to find help for your anxiety, even if you need medication.

Also, if you have a "false-alarm," then don't worry. Doctors see this kind of thing all the time....

They will be more relieved that you are okay.... So, don't be embarrassed.

Most doctors are fine assessing you every day if they have to, although they often recommend receiving some kind of treatment so that they don't have to see your smiling face everytime you panic.

11. THE STIGMA OF ANXIETY

Remember: Anxiety is a normal human behavior. Everyone has anxiety from time to time. And, no one is immune to anxiety.

Let me say that again: No one is immune to anxiety

Our bodies are born to have a "fight or flight" response to stressful or potentially harmful situations/conditions. Such responses are perfectly normal.

As a teacher, you need to remember that you are never impervious to anxiety. So, if you find that you have anxiety (or even) panic, then it may be come necessary to find a strategy for dealing with it.

Words of wisdom:

- A. Don't be afraid about being nervous/anxious: It happens to everyone, especially public speakers.
- B. Don't be afraid to admit that you are nervous/anxious: Everyone is nervous/anxious at some point, and everyone can empathize with you.
- C. Don't be afraid of medications. Some people (especially those with intense anxiety) need it. Medication will help you if the problem is uncontrollable.
- D. Don't be afraid of a "Shrink" (i.e. Psychologist, Psychiatrist, and/or social worker). Many professional athletes, performers, and politicians have regular care for their anxiety.
- E. Don't let anxiety control you! Control your anxiety! Find some treatment options and find some coping strategies.

F. Remember: Some of the most intelligent and most incredible people in the world have had anxiety and/or anxiety disorders:

Charles Schultz (cartoonist)
Isaac Asimov (author)
Michael Crichton (writer)
Nikola Tesla (inventor)
Sigmund Freud (psychiatrist)
Sir Isaac Newton (scientist)
W.B. Yeats (poet)

You are in "good company."

G. Our final word:

If you find that anxiety is ruling your life and you cannot find an escape, remember a career change might not be a bad thing.
Otherwise, expect that you are a teacher. Teachers often stand up in front of several people, and we teach.
That's what we do.

You can always change jobs using your expertise. You can become an administrator, a consultant, an online teacher, etc.

Follow your bliss! If teaching makes you happy, then do it.

If not, then do something else... and, don't be ashamed. Leonardo Da Vinci, Einstein, and others, had many different jobs before they eventually settled....

There is no shame in trying something different. You might even like it.

What's the worst thing that could happen? You find a vacation from teaching for awhile....

THE INFORMATION PRESENTED HERE CAN BE FOUND AND VERIFIED USING THE SOURCES BELOW. FOR MORE INFORMATION ABOUT ANXIETY - VISIT THESE SITES:

National Institute of Mental Health (NIMH)
<http://www.nimh.gov>

National Institute of Health (NIH)
<http://www.nih.gov>

Anxiety Disorders Association of America (ADAA)
<http://www.adaa.org>

WebMD
<http://www.webmd.com>

MayoClinic
<http://www.mayoclinic.org>

The American Psychological Association (APA)
<http://www.apa.org>