

UNITED WISDOM

When anxiety calls for help beyond reading

The Person and the Inner World

Andrey Zarinsh & Maria Evilkut

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@andrey.zarinsh @ilkutki

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Epigraph

> *“They that be whole need not a physician”.*
>
> *Matthew 9:12, an excerpt from the King James Version. In the Gospel narrative this is an image, rather than medical advice.*

What this article is about

You open an article in the evening because another day has passed in anticipation of something unpleasant. For a few minutes, things become clearer: you can name the fear, separate a prediction from an event, and recall the limits of control. Then you close the screen and find the same inability to sleep, eat, or leave home. A new question appears: did you misunderstand what you read, or do you need another kind of help? It deserves an answer that does not test the strength of your character.

Reading can offer language for a conversation, restore a sense of human connection, and help you formulate a request. Yet an article does not know your history, physical condition, living circumstances, or available resources. It does not examine you or accompany you between appointments. Moving beyond it at the right time is therefore a considered action. It matters to recognize this transition before the search for the right text becomes another obligation that you feel unable to fulfil.

I. A text has useful but limited work to do

A good text sometimes does a small, significant thing: it helps you notice that an experience has a shape. Instead of a general “something is wrong with me,” a description appears: I fear the morning journey, check messages several times, or avoid a particular conversation. You can take that description to someone able to help. But there remains a distance between naming something and changing the conditions. If reading helps you understand yourself while living remains difficult, this does not invalidate the understanding. It shows that understanding alone is currently insufficient.

Imagine a woman who has been unable for several weeks to leave her child at school without distress. She turns every suggestion about releasing control into a reproach: other people know how to trust, while she calls the teacher again. A useful article might help her distinguish

actual information about safety from her assumptions. But this episode cannot establish the reasons for her condition or the appropriate support. Perhaps there is a specific problem at school; perhaps the family's history matters; perhaps health needs assessment. Continuing to read instead of clarifying these circumstances is not an obligatory next step.

A text of this kind should have a door leading outside. That door opens not only into a professional's office but also into a conversation with someone close, a review of working conditions, a medical consultation, or an accessible support service. You do not have to extract the maximum possible benefit from the article first. Sometimes its most useful idea is that the next step takes place beyond the page. Keeping one sentence to use when asking for help can be more sensible than reading ten more explanations. This choice needs no proof that you have exhausted every possible effort on your own.

II. Look at your life as well as the name of the feeling

The word “anxiety” covers very different situations. One person worries before a new presentation and returns to ordinary activities afterwards. Another cancels meetings daily because anticipation of danger occupies almost all their attention. A third lives in circumstances where the threat is real. All three may outwardly say the same thing: “I feel anxious.” An important question is therefore what happens to your life alongside this experience. Can you rest, meet basic needs, work within your capacity, communicate, and make necessary decisions?

Materials from the US National Institute of Mental Health, NIMH, identify anxiety's effects on everyday life as one reason to seek professional help. This is a starting point for conversation rather than a way to diagnose yourself. Being unable to do an ordinary task does not prove a particular disorder. Conversely, someone may appear composed while having almost no energy left at home. Do not compare only the visible result: the price you pay for it also deserves attention. If necessary activities are maintained only through constant overexertion, you can describe that directly to a professional.

Try recalling a specific day. Instead of “I am always weak,” say “on Monday I spent three hours preparing to leave, missed lunch, and cancelled a visit.” Such a note does not require a chart of every sensation. Its purpose is to give the conversation something concrete. If tracking everything becomes another exhausting check, stop at one example. Help is not reserved for people who keep flawless diaries. You can arrive with an incomplete account, forget the sequence of events, and ask for time. Difficulty expressing your condition can itself be part of the message: “It is hard to explain, but I am becoming unable to manage ordinary activities.”

III. Duration is a circumstance, not permission to endure

Information materials sometimes offer time markers to help assess a condition. They are useful in context but become dangerous when turned into an entry requirement: the necessary number of days has not passed, so seeking help is forbidden. A decision about help also depends on the severity of difficulties, changes in them, safety, and living conditions. If things get sharply worse or you cannot meet basic needs, you do not need to wait for the calendar to confirm that your experience is serious. A publication for a broad readership cannot replace an individual assessment.

The opposite trap is also possible: “I have lived this way for a long time, so it is my character and there is nothing to change.” Long familiarity makes a condition habitual but does not establish the limits of possible help. Someone may consider a life without rest normal for years because nobody in their family lived differently. Seeking support does not require deciding that your whole previous life was wrong. You can begin with the present difficulty: “I am used to constant tension, but now I want to understand what can be done about it.” This request does not dismiss your ways of getting through life until today.

It helps to distinguish preparation from postponement. Preparation creates a next step: finding an accessible contact, checking cost, or asking someone to accompany you. Postponement keeps changing the condition for being ready: first read a book, then fix sleep, then learn to speak without tears. If you notice the latter, choose an action that does not require becoming calmer beforehand. You can write “I would like to book a consultation” while anxious. A service's reply does not mean that you must agree to every suggestion. It provides information you previously lacked and lets you consider options under actual conditions.

IV. Immediate danger calls for immediate help

If thoughts of suicide or self-harm arise, especially when there is a risk of acting on them, urgent help takes priority over a practice from an article. Contact a local emergency or crisis service or the nearest accessible medical service; if possible, tell a trusted person what is happening and where you are. Do not leave this only in an exchange with a text assistant. Contacts and routes depend on your country, so the American numbers in NIMH materials cannot be treated as universal.

Likewise, do not automatically explain new, severe, or concerning physical symptoms as anxiety. If an emergency condition is suspected, seek local medical help. An article cannot safely distinguish the causes of pain, difficulty breathing, or a sudden deterioration in how you feel. The NHS page about chest pain specifically warns against identifying its cause yourself. This is not an invitation to check your body constantly. It is a limit to reading's competence: the

familiar word “anxiety” does not replace medical assessment where that assessment is needed.

There are circumstances in which anxiety relates to violence, stalking, or dangerous conditions at home or work. Support then needs to consider the threat itself. Advice to “calm down and stay in the situation” may be inappropriate. Accessible safe actions vary: contacting a local protection service, finding a trusted person, obtaining medical or legal help, or carefully considering a way out. If messages and devices are monitored, first consider the safety of making contact. A spiritual or psychological interpretation of the experience must not obscure what is happening around you now. That question is sometimes more important than any explanation of an inner state.

V. The body deserves attention in its own right

Anxiety can accompany bodily sensations, but their presence does not establish the origin of every symptom. NIMH and NHS materials discuss the need for professional assessment, including when other causes need to be ruled out. Speaking to a doctor about physical changes is a reasonable route, particularly if you do not know where to start. The consultation's task is not necessarily to provide instant and complete certainty. It can offer an assessment of the current situation, a plan for what follows, and understandable grounds for returning for further help.

It can help to explain when changes began, how often they occur, and what you already take. NIMH recommends preparing information about medicines, including nonprescription products, supplements, and herbal remedies. This is not a formality: a professional needs the actual circumstances as well as your main fear. Do not change a prescribed regimen on your own on the basis of this article. If a medicine, caffeine, sleep aid, or another factor seems connected with your condition, tell someone who can assess the connection and discuss safe options.

You may have had an unpleasant experience: you were told that no serious physical cause had been found, and now hear this as “your suffering is invented.” These statements are not equivalent. Not identifying a cause during a particular investigation does not make the experience unreal. Clarify what was assessed, what next step is proposed, and which changes should prompt another visit. If the answer is unclear, ask for an explanation in simple language. You do not need to argue for the right to feel before discussing further help. You can consider examination results while also seeking support for difficulties that continue.

VI. Seeking help is a meeting, not surrendering independence

Some people avoid help because they expect to lose their voice: someone else will now decide how they should live. A good consultation involves questions, explanations of options, and discussion of your circumstances. This is no promise that every meeting will be comfortable or useful. But you can ask beforehand about qualifications, format, cost, the expected length of the work, and where to turn in an urgent situation. Answers help you choose. Access arrangements differ between countries; an article cannot guarantee identical pathways or professional titles.

It is also better to make the discussion of confidentiality specific. Ask what information is retained, who can access it, and what exceptions local rules provide. A general statement in an information brochure cannot replace a particular service's conditions. If you want to bring someone close, ask whether part of the meeting can take place separately. If you fear your family's reaction, tell the professional in an accessible, safe way. Concern for privacy does not mean distrusting every form of help. It is one way of retaining a part in your own decision.

You may not immediately know what you want from the meeting. Describing the problem and asking what next step makes sense is enough. If the proposed approach is unclear or raises doubts, ask questions; where accessible, another opinion is an option. NIMH emphasizes that no single treatment suits everyone. This does not require endlessly selecting the perfect professional. It permits discussion of compatibility and adjustments to the plan. A meeting can begin a process of clarification rather than settle your entire life. Independence remains possible when you acknowledge that you currently need someone else's expertise.

VII. Words for a first appointment can be simple

Many people wait until they can tell their story neatly, without repetition or awkwardness. But a professional does not need a literary account. Start with the most noticeable limitation: “I have stopped going out in the evening,” “I find it hard to sleep,” or “I cannot concentrate at work.” If you can, add when this began and what has changed recently. If you have thoughts of harming yourself, say so directly. If you cannot say it aloud, you can show a short note written beforehand. Its task is to begin contact, not present a case supported by perfect evidence.

Bring two or three questions that will actually help you participate. What do you propose to assess? What support options are available? How will we tell whether the chosen step helps or needs adjustment? For someone troubled by uncertainty, a concrete discussion of the process can matter. But do not turn the consultation into an attempt to obtain a guarantee that an unpleasant feeling will never return. You can request a clear plan even when nobody can promise a result. The distinction between a plan and a guarantee is useful in other areas of life too.

After the meeting, leave a little room to reflect: what became clearer, what step was agreed, and what remains unclear. If tension meant you remembered nothing, the meeting was not necessarily wasted. At the next contact, ask for repetition or a short written account of recommendations if the service provides one. You do not have to tell everyone around you the consultation's entire contents immediately. You can share only what is needed: “I have started looking into this and currently need help getting there.” Information about your condition belongs to your life rather than every acquaintance's curiosity.

VIII. Someone close can support contact without becoming a professional

Being alongside someone can make it hard to know what helps most: persuasion, distraction, searching for causes, or simply sitting nearby. Begin with a specific request and specific agreement. One person can help find an accessible service; another can accompany someone to a first appointment; a third can prepare food on a difficult day. Such participation does not require knowing how to remove anxiety. But it needs to consider both people's capacity. Support built on a silent promise of round-the-clock availability soon becomes burdensome and unclear.

If you want to ask someone close to confirm every time that everything is fine, try naming a more definite need: “Help me book an appointment” or “Stay with me while I make the call.” This is an editorial way to make a request workable rather than a universal treatment technique. Sometimes a reassuring conversation is appropriate; sometimes repeated assurances no longer provide support. One message cannot establish your situation. But you can notice that the other person is exhausted while you still struggle, and discuss a different form of help. Relationships do not have to carry work for which they lack the resources.

When another person is seeking help, avoid the verdict “you are simply not trying.” At the same time, you do not have to agree with every explanation they offer. You can say: “I see that this is hard for you; I want to help you find appropriate support.” If immediate danger is involved, act through available local services rather than arguing about the correct understanding of an article. In a less urgent situation, preserve the person's participation in choosing. Help that begins with respect still allows clear statements about your own limits and what you cannot do.

IX. Spiritual language must not turn help into defeat

In Matthew 9:9–13, the image of a physician appears in an account of a shared meal and a dispute about whom it is acceptable to associate with. This is a religious text about calling and mercy rather than a description of anxiety conditions. It cannot establish a medical decision. Yet it helps frame an ethical question: why should needing support exclude someone from being treated with dignity? Our editorial connection with the contemporary topic lies in this question rather than in turning the Gospel image into a clinical recommendation.

A person can pray, reflect, follow a familiar spiritual practice, and seek professional help at the same time. For a religious reader, these actions may coexist within their own tradition; for a nonreligious reader, ordinary human language about care is enough. The article does not demand that everyone share a worldview. It is particularly important not to explain a lack of relief as insufficient faith, an incorrect intention, or failure to “choose calm.” These explanations can add shame precisely where circumstances need a more attentive assessment.

If a spiritual guide or community helps you avoid isolation, that support may be valuable. Trust, however, does not automatically create medical qualifications. Clarify the person's role and the limits of their advice. If you are forbidden to seek necessary help, told to stop prescribed treatment without consulting the relevant professional, or promised guaranteed healing, it makes sense to seek an independent professional assessment. This is no judgement on every tradition. It is a specific boundary: respect for a source does not remove the need to examine what someone proposes to do with your health and safety.

X. Inaccessible help is a real difficulty, not insufficient desire

It is easy to advise booking a professional appointment when you do not have to count money, find transport, or choose a safe time to call. If there is no suitable service nearby, the task changes. You can investigate available public, community, or remote options, ask about waiting lists, and request help with the search. But an article should not pretend that every reader can do these things tomorrow. Limited resources deserve to be named separately. They do not prove that someone cares insufficiently about themselves or make every service found equally suitable.

During a long wait, it helps to ask the service what to do if things worsen and where to obtain a more urgent assessment. If no answer is available, use local medical and emergency routes when the need calls for them. For ordinary days, you can arrange modest practical support: food, transport, opportunities to rest, or help with obligations. These measures do not replace treatment when it is required. They support living conditions while the next step is difficult.

Temporary support need not be called sufficient simply because nothing else has yet been found.

Sometimes the route needs changing: the previous service does not respond, a consultation proved unsuitable, or the appointment cannot be combined with work. These are obstacles, not proof that help is meaningless in general. Choose one adjustment that is currently available: another contact, clarification of scheduling, or a conversation with a primary care clinician. If there is little energy for searching, ask someone to help specifically with arrangements. Delegating a call or gathering information does not require handing over your right to decide. You can discuss the final choice after the options cease to be abstract.

XI. Consider support through agreements and changes

A first meeting may bring relief or leave mixed feelings. Neither alone establishes the quality of all further work. What matters more is whether you understand the proposed steps and can report difficulties and discuss adjustments. You do not need to perform improvement out of gratitude. If things worsen, new problems arise, or recommendations are impossible to follow, tell the person responsible for the help. Silence motivated by a wish to be easy to work with can conceal information needed for subsequent decisions.

Nor does every anxious day have to cancel all the work done. You can consider more concrete changes: has an ordinary activity become more accessible, have you sought help promptly when things worsened, or has a clear way to discuss your condition emerged? These observations cannot replace professional assessment and do not constitute a scale supplied by this article. They help you participate in conversation about your life. Choose what matters to you rather than only what looks attractive in someone else's account of success.

When doubts arise, you do not necessarily have to abandon everything immediately or continue without questions. First try to clarify them in a safe contact: “I do not understand why I am doing this,” “I find the suggestion difficult to follow,” or “I want to discuss another option.” Boundary violations, a threat to safety, or clear misconduct may require a faster change of route and contact with relevant local services. An article cannot settle a dispute about a specific practice it has not observed. It leaves you the right to ask questions and obtain information needed for meaningful participation.

XII. You can return to reading with a different task

After seeking help, a book or article does not become useless. Its place changes. A text can now support a conversation, help identify a question, and broaden your understanding of human experience. It does not have to prove that you can remove all anxiety independently. You can read in small portions, close the page, choose other material, or stop reading temporarily. Usefulness is not measured by the number of saved notes. Sometimes it is enough to stop hearing a new demand on yourself in every thought and retain one possibility of acting.

Imagine the same evening scene: you opened the page, but instead of searching for a final explanation, wrote down the appointment time and a question you want to ask. Anxiety did not disappear. Yet a connection with someone and an understandable next step emerged. This is a modest change that the text must not present as a cure. It matters precisely because it can be checked: contact happened or still needs arranging; the question has been formulated or requires help. Uncertainty remains, but all the work no longer rests on one page and one reader.

If only the smallest step is possible today, let it fit the situation. With urgent risk, a small step may mean immediately calling a local service and asking another person to be present. With a less acute difficulty, it may be a short message to book an appointment or a conversation about support. You do not have to call this day the beginning of a new life. It is enough to acknowledge: I am struggling, and I can seek help without waiting to understand myself completely. A person's dignity does not diminish because continuing required someone else's presence.

What this means in practice

This practice prepares a conversation in a nonurgent situation. If there is an immediate risk of self-harm, a suspected physical emergency, or current danger, turn to available local urgent help. Do not use a written exercise as a condition for seeking assistance.

Choose one difficulty you want to communicate: for example, “anxiety interferes with my sleep and work.” Add one concrete episode and roughly when changes began, if you remember. Do not assemble your entire history or try to diagnose yourself. If writing is difficult, keep only the first sentence or ask someone trusted to help record it.

Name the next accessible contact: a primary care clinician, an appropriate professional, or a local service that can help identify a route. Check the actual contact method, cost, or access conditions if they matter. Formulate a message: “I would like to discuss anxiety that makes

everyday life difficult. Please tell me how to book and what to prepare." If needed, ask about the language used, accessibility of the premises, or a remote format.

Prepare two questions and information about medicines and products you take, to discuss with the professional. If you want company, request a specific action: helping make contact, travelling together, or taking notes. Clarify privacy rules and whether part of the appointment can take place alone. The person close to you is not expected to decide on your behalf.

After attempting contact, record only the outcome: an appointment has been obtained, another route is needed, or a specific question remains. If there is no answer, choose one next action within your available energy. End the exercise without demanding that you feel relief. Its result is prepared or completed contact rather than proof that anxiety has been overcome. If the exercise increases tension, you can stop it and ask for help with the arrangements.

Key quotation

> *"I will have mercy, and not sacrifice".*
>
> *Matthew 9:13, KJV. Its religious meaning is retained; applying it to respectful treatment when seeking support is an editorial comparison.*

Connections between traditions

Source	What it contributes	Its boundary
Matthew 9:9–13, KJV	A physician image within a narrative of mercy and inclusion	A theological narrative does not establish a diagnosis or choose treatment
NIMH: GAD and Do I Need Help?	Effects on everyday life and reasons to seek help	General signs do not replace individual assessment; time markers do not require waiting during danger
NIMH: talking with a provider	Preparing questions and information about products, with optional company	US context; confidentiality and access need clarification with the particular service
NHS: anxiety and chest pain	Seeking help with difficulties and limits to explaining symptoms yourself	British routes are not universal; the article cannot triage emergencies

Sources

1. Matthew 9:9–13, King James Version, Bible Gateway. A canonical Christian text traditionally associated with Matthew; the specific quotation was checked in the English KJV. Religious testimony rather than contemporary medical authority.

2. NIMH: Generalized Anxiety Disorder, revised 2025. NIMH is a US federal research institute within NIH. Explanations, help, and limitations were read; the article does not reproduce a diagnostic algorithm.

3. NIMH: My Mental Health — Do I Need Help?, revised 2025. General information; US crisis numbers are not transferred to every country here.

4. NIMH: Tips for Talking With a Health Care Provider, NIH Publication No. 22-MH-8094. Preparing an appointment rather than guaranteeing every service's conditions.

5. NHS: Anxiety, fear and panic, page reviewed July 13, 2026. NHS is the British health service; this is general patient information.

6. NHS: Chest pain, last stated review August 8, 2023, with next review due August 8, 2026. Used for the narrow boundary against self-diagnosis; current local routes need separate checking.

Tags

anxiety, seeking help, limits of reading, support, health, assessment, safety, symptoms, body, autonomy, dignity, consent, boundaries, agreement, access, treatment, diagnosis, plan, loved ones, Matthew, NIMH, NHS, urgent help, appointment, unknowns

About the authors

Andrey Zarinsh is the author and founder of United Wisdom. He explores inner transformation, the unity of traditions, intercultural dialogue, and contemporary spiritual discipline. Instagram: @andrey.zarinsh

Maria Evilkut is a co-author of United Wisdom. Alongside her research, she seeks to test these ideas in practice and observe how principles of unity and mutual understanding work in real life between people and cultures. Instagram: @ilkutki