



April 7, 2023

Dear Homeowner,

Just a reminder that the Vail Racquet Club Homeowner website is a great tool that provides a plethora of VRC information, news, and photos. To access the VRC Homeowner Website visit: <https://homeowners.vailracquetclub.com>.

Username: homeowner **Password:** vrcowner1973 (the password is case sensitive).

You can browse the online [Resource Center Directory \(vailracquetclub.com\)](http://vailracquetclub.com) for important Association documents, homeowner letters, renovation information, rental information, and more. Or, if you have a question, you can utilize the [Contact Us \(vailracquetclub.com\)](http://vailracquetclub.com) page to connect VRC staff. We also now have a "Meet the Team" page with bios for members of our management team. To learn more about us visit [Team \(vailracquetclub.com\)](http://vailracquetclub.com).

The capital project construction season is underway with the Building 7 front deck replacement and stair tower refurbishment. Interior demolition of the middle stair tower begins the week of April 3rd. Full demolition of the decks is scheduled for the week of April 24th. Please be aware, the project work may create significant noise and disturbance. Always be observant of hazards (materials, heavy equipment, and construction activities) in the area and maintain a safe distance. If you have any questions about the deck project, please reach out to Iris Nelson at 970-477-3060 or via email at maintenance@VRCMR.com.

Vail Mountain is scheduled to close on Sunday, April 23rd and although the snowfall has been incredible this year (average annual snowfall is 244", we are at 326" and counting), Vail Resorts does not expect to extend the season. Our own Après Café has had an amazing winter season and will be closed for a few weeks once the ski mountain closes for deep cleaning and employee recuperation. They will re-open for the summer in early June.

Don't forget to hold space in your calendar for the Annual Homeowners Meeting on Friday, August 11th at 2:00 pm. This will be a remote/virtual meeting as in recent years.

Please don't hesitate to reach out to me directly if you have any questions, comments, concerns, or ideas – I would love to hear from you!

Best regards,

A handwritten signature in black ink that reads "Kim Rediker".

Kim Rediker
General Manager
krediker@VRCMR.com
Direct: (970) 476-4233



Vail Racquet Club

The Old Muddy Gazette

Spring is Here!
April 2023

VRC Class

Update for April



Yoga (Shayne)

Mon-Wed-Fri @ 9:00 am

Masters Swim (Katie & Jim)

Mon-Wed-Fri @ 6:30 am

Yoga (Joey)

Sunday's & Wednesday's @ 5:30 pm

Sports Conditioning

(Kinna)

Monday's @ 5:30 pm

Pilates Mat (Malin)

Tuesday's @ 5:30 pm



Please check the class schedule weekly
online at vailracquetclub.com



We are open every Thursday thru
Monday from 3pm to 9pm.

Last night of service will be Saturday
April 22nd, we will then be closed for
the offseason beginning Sunday

April 23rd.

(970)688-5437 or

hello@aprescafevail.com

Mountain Shoppe

New Summer clothing
arriving this month.

Patagonia, Kuhl, Prana and
more!

Health Club hours will remain
the same during the
offseason,
6:00 am—9:00 pm daily.

Anxiety: A Protective Emotion



"...Kids are different today, " I hear every mother say
Mother needs something today to calm her down
And though she's not really ill, there's a little yellow pill
She goes running for the shelter of her mother's little helper
And it helps her on her way, gets her through her busy day..."
Mother's Little Helper, The Rolling Stones

In 1966, a bluesy rock song penned by Keith Richards of The Rolling Stones paid homage to the tranquilizing drugs which had become the rage, in an age of anxiety defined by the "rat race" and by the development of the psychopharmacologic approach to life's problems. The title of the song, *Mother's Little Helper*, reflects the predominance of women as the recipients of drugs that treated anxiety and the lyrics are a succinct representation of the dilemma of the diagnosis of anxiety. Is anxiety a mental illness, and if not, what is it?

Anxiety has been defined in many ways over thousands of years. For the classicists of Rome and Greece, the words used to describe anxiety as illness were nuanced. Some referred to a mental feeling and others to bodily sensations, and they all conveyed a sense of constriction. As far back as the oldest book in the Bible, the character Job, in his anguish, speaks of "the narrowness of my spirit." Between the ancients and the modern era of psychiatry, the concept of anxiety as a unique disorder goes dormant, with the symptoms buried in other diagnoses referring to emotions, particularly melancholia and neurasthenia. But by the time of the first Diagnostic and Statistical Manual of Mental Disorders in the early 1950s, anxiety was back, categorized as a mental disorder, with progressively more subcategorizations related to associated behaviors over the next four updates to the guide. Anxiety disorders are said to affect almost a third of US adults at some point in their lives, and are rising among children as well.

There are clearly people for whom the emotion of anxiety is crippling, interfering with the ability to navigate in the world, to accomplish necessary tasks of daily life, and to use the potential they have to live the best life they can. For these people, anxiety is a disorder. And anxiety complicates other serious mental illnesses like depression and schizophrenia. But anxiety is also normal, a feeling of dark expectation that is part of being human. Everyone experiences anxiety intermittently. Sometimes it keeps us awake. Sometimes it interferes with plans. Sometimes it helps us avoid problems. Sometimes it lingers longer than usual. Given the very high frequency of anxious feelings, learning about why anxiety occurs and about how to cope when it appears may be very helpful.

Anxious feelings are a protective. Because we are vulnerable creatures in a world filled with danger, we evolved to recognize, respond to, and figure out how to avoid things which threaten us. The part of the brain charged with this task is the amygdala, an almond-shaped structure deep in the brain, one on each side, near the temporal lobes. The connections to and from the amygdalae are complex and extensive, and the circuits trigger two emotions when we face unfamiliar, potentially threatening situations: **fear** and **hope**. Fear focuses attention and freezes motion, while triggering the physiologic responses necessary to fight or flee. Hope is the emotion that emerges when memory scanning triggered by the amygdalae yields recognition of a pattern in the threat and enables development of a plan of action, a way to move forward. Anxiety is the dark apprehension we feel when we cannot find the way to a plan to deal with persistence of the fearful, or just plain unresolved situation.

Anxiety has three components. First is an **alarm** reaching the amygdalae through the senses, triggering fear and memory scanning. The second is the **mixture of beliefs** based on prior experiences stored in memory. The third is **coping behavior**, which is a learned response. Coping behaviors may be unsuccessful in reducing the fear, or unable to resolve the situation because of conflicts with beliefs. Like all behaviors, some coping strategies may become negative habits. When coping is unsuccessful at restoring calm, anxiety carries on, a dread sense sometimes accompanied by restlessness, nervousness, tension, sweating, weakness, shaking, rapid heart rate and hyperventilation, spilling over into non-threatening situations. When normal life is compromised, or unsuccessful coping behaviors like substance abuse take over, anxiety is a mental disorder.

When anxiety disrupts life and does not yield to attempts to change, the professional help of a cognitive behavioral therapist is in order, as well as a general medical checkup to rule out problems like hyperthyroidism or Vitamin B12 deficiency. The techniques of cognitive behavioral therapy teach recognition of the common distortions of thinking that lie beneath chronic anxiety, and ways to correct ineffective, habitual coping behaviors. Sometimes, a therapist will recommend a drug, usually one in the SSRI (selective serotonin re-uptake inhibitor) category of antidepressants. While the "mother's little helper" class of drugs, the benzodiazepines, are very effective in reducing acute anxiety, more chronic use has led to significant, refractory addiction problems, and SSRI type antidepressants are a better choice to begin with, if drugs are going to be tried.

Some of us have more anxious temperaments than others, but everyone can work to better cope with fear-provoking situations. The less chaotic our lives, the fewer the confrontations with the unknown are – but control can never be perfect and lack of control itself can cause fear and, hence, anxiety. The techniques of cognitive behavioral therapy are useful to learn because they can be done as self-help, with the aid of numerous cognitive behavioral therapy resources available in libraries and online. Interestingly, CBT is quite similar to the recommendations of the classic Epicurean and Stoic philosophers who wrote about anxiety so long ago.

"There are more things that alarm us than harm us, and we suffer more in apprehension than in reality." Seneca, 4BC-65-AD.