

Conquering Panic, Anxiety and Phobias

**Achieving Success Through Virtual Reality and Cognitive-
Behavioral Therapy**

Brenda K. Wiederhold, Ph.D., MBA, BCIA

Publisher's Note

The contents herein are solely the opinions of the Virtual Reality Medical Center and Brenda K. Wiederhold, and should not be considered as a form of therapy or a substitute for a diagnosis of mental illness. Such diagnosis can only be made through a clinical evaluation by a health care professional. If you need therapy or medical evaluations, the services of a competent professional should be sought. Neither the author nor the publisher makes any guarantees regarding the outcome to which this material is put.

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Acknowledgements

Being in a position to help others overcome their fears and anxieties is an enormously rewarding experience. Pausing for a moment and reflecting on the experiences over the past eight years, I came to realize just how much I had learned from my patients. Helping them with their personal growth and seeing them conquer fear and anxiety is truly inspiring. I am deeply grateful to those patients who have shared their lives with me and helped me understand how to better treat and offer help to others. In the preparation of this book I specifically wanted feedback from patients who had completed the virtual reality therapy program, and specifically wish to acknowledge Arlene Battishill, Kathy Feldman, Mark Hettergott, Larry Nelson, Dan Staver, and Gladys Zayas for their helpful comments and suggestions.

Our work at the clinic has also received a great deal of media attention, and I very much appreciate the patients who have allowed their personal stories to be shared with the public. This sharing has allowed many others to face their fears and seek treatment not only at The Virtual Reality Medial Center but from other health professionals as well. I would like to thank the following patients who have agreed to talk to the media: Kevin Bowman, Linda Buell, Ronald Davidson, Kathy Feldman, Annette Gaustad, Nancy Gray, John Roodhuyzen, Danielle Schuh, and Stephanie Wall. Thank you for sharing your story with others by being on television and in print media over the past seven years.

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I hope you will find this book helpful as you become an active participant in your own recovery. This book is dedicated to all those who have chosen to take the first step towards facing their fear and in so doing choosing to create their own reality...

“Reality Is In Fact Virtual—don’t let your fears stand in the way of your dreams.”

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Foreword

You now have in your hands a very special document. First, because it was written by one of the world's leaders in the application of virtual reality to improve mental health. Dr Wiederhold has extensive clinical and scientific expertise in both the treatment of panic, anxiety and phobias, as well as in how to integrate technological tools to maximize the efficacy of psychotherapy.

This book is also exceptional because it will guide you through the process of a form of psychotherapy that is becoming more and more popular. Rooted in the tradition of cognitive-behavioral therapy, achieving success through virtual reality implies going through a number of personal and emotional experiences in order to progressively change the meaning of frightening situations and to develop new and adaptive behaviors. Virtual reality simply becomes a tool that enables the therapist and the client to implement these corrective emotional experiences.

Finally, this document is also remarkable because it represents the sum of many years of work and clinical expertise developed in the most important mental health clinic using virtual reality. The clinical and research team at the Virtual Reality Medical Center has been using virtual reality for years with a large number of people. They know from experience that closely following the exercises in this patient workbook will help you benefit even more from professional treatment.

Stéphane Bouchard, Ph.D.

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Preface

“Two roads diverged in a wood, and I-
I took the one less traveled by,
And that has made all the difference.”

-Robert Frost

Dear Reader,

As a psychologist, I have been interested in using advanced technologies in healthcare for over a decade, but the technology was not available to begin treating patients with virtual reality until the mid-1990s. The original equipment was clunky, temperamental, and always made the therapy session an adventure, as many of our early research participants can attest to. My initial impressions that “this couldn’t possibly work” were quickly replaced with an appreciation for the utility of simulation technologies. I soon began trolling auto junkyards, flea markets, and airplane salvage yards to construct “augmented reality environments” so that patients being treated for fear of flying could actually sit in a real airplane seat, with a seatbelt securely fastened.

The treatment has now evolved into a seamless protocol that can be used in a variety of disorders, including eating disorders and obesity treatment, neuropsychological assessment and rehabilitation and as a distraction during painful or unpleasant medical procedures. At the Virtual Reality Medical Center (VRMC), we use Virtual Reality-enhanced Cognitive-Behavioral Therapy to help treat anxiety disorders including fear of flying, fear of driving, claustrophobia, agoraphobia and panic disorder, generalized social phobia, fear of public speaking, fear of heights, fear of thunderstorms and posttraumatic stress disorder due to motor vehicle accidents. We also use traditional Cognitive-Behavioral Techniques to treat a range of other anxiety- and stress-related conditions.

The publishing division of the VRMC is also expanding with several publications under way. The VRMC looks forward to the ability to disseminate educational materials that will help researchers, clinicians and the general public. Anxiety disorders affect so many people in the world today. This book is written as a start toward helping this population overcome their fears and control their anxiety. It is a resource, the first of what we hope will be many, to enable those suffering from anxiety to take control of their lives and become an active participant in their own recovery.

In order to more effectively provide patient outreach and education, the Interactive Media Institute (IMI), a 501c3 non-profit affiliated organization, was formed in 2001. The two organizations work hand in hand to use the latest technologies for patient care. IMI sponsors national and international workshops, meetings, and continuing education courses. The Institute is also active in conducting research and clinical trials, and specializes in virtual reality, telehealth, videogame virtual reality, and human-computer interaction research. IMI is actively working with world leaders who are experts in utilizing virtual reality, multimedia, computer-generated avatars, personal robots and other technologies to treat patients with both mental and physical disorders.

Researchers at the Institute collaborate with experts in technical areas such as computer hardware, software, and graphics; biomedical engineering; communication engineering; and others. It also serves as a source of information, training, and assistance for professionals. IMI's educational programs seek to offer assistance to those individuals who would benefit from virtual reality and multimedia technical solutions and encourages businesses to develop expanded multimedia solutions to assist a larger segment of the general public in solving a broader range of issues through the use of advanced technologies. It also tries to raise public awareness through its public education programs.

The goal of IMI is to be a place in which interdisciplinary trainees and researchers come together from around the world to create, test, and develop clinical protocols to be disseminated throughout the medical and psychological community. IMI realizes that the mind and body work in concert to affect quality of life in individuals, and also seeks support to research specific areas in the mental and physical health-care fields.

Our success at both VRMC and IMI can be directly traced to the help, advice and ideas from our patients over the last seven years, without whom these accomplishments would not have been attained.

Thank you very much, and I wish you success in achieving your goals of overcoming anxiety. Please remember, as the Chinese Proverb says, "Even the journey of a thousand miles begins with a single step. You have taken that step. Congratulations for becoming an active participant in your own recovery. I wish you well on your journey.

Sincerely,

A handwritten signature in black ink that reads "Brenda K. Wiederhold". The signature is written in a cursive, flowing style.

Brenda K. Wiederhold, Ph.D., MBA, BCIA

1

Introduction

**“You are a child of the universe,
no less than the trees and the stars. . .**

Be yourself.”

from *Desiderata* by Max Ehrmann*

Have you been declining invitations to go out with family and friends? Are you finding yourself calling in sick to work more and more often? Do you have difficulty driving places that you used to go? Are you beginning to avoid things because they are too frightening to face any longer? If so, you may be suffering from an anxiety disorder.

Anxiety may be affecting your life more than you realize. Do you have headaches? Stomach problems? Dizziness? Chest pains? Hot flashes? Excessive perspiration? Palpitations? Muscle stiffness and pain? Difficulty sleeping? All of these conditions can be caused by anxiety-related disorders. Aside from the physical effects of anxiety, you may be having trouble concentrating on your work or you may be limiting your activities, both of which are stopping you from living your life to its fullest potential. Worrying takes so much time and energy that you may not have the resources to do anything else. Though it takes work and time to change your thoughts and behaviors, you are already spending hours and hours of your life dealing with anxiety. Wouldn't it be better to temporarily dedicate this time to treatment so that you have a chance to live your life successfully again?

Only you can change the thoughts and behaviors that are contributing to your anxiety. However, you don't have to go through the process alone. Just as every Olympic athlete needs a trainer, you need a coach to help you through this too. Enlist a friend or family member to help you stay on the path to recovery. Use this book to help you, but use it as an adjunct to human support and therapy. A combination of methods is the best way to overcome anxiety and take the control back.

The most difficult step is often deciding to attempt treatment. You are actually choosing to face your fear head on—confronting the thing that scares you most. Take a moment to congratulate yourself. This is a huge step and you should not discount it.

Along those lines, it is important that you remain an active participant in your own recovery. You must challenge your anxiety before it becomes a chronic problem that is even more difficult to eliminate. You will receive tools in this book that will help you in this endeavor, but it is up to you to employ them. Set a goal right now and make a commitment to exert power over your life.

How to use this book:

Whether you are using this book as a companion to professional therapy, or are employing it as a guide in your own self-help program, it is important to realize that there is an order of skill progression that works best for overcoming fears and anxiety successfully. It is important to give yourself time to progress, to not force yourself to do everything at once. It is often helpful to learn the skills provided in this book first. Go through each chapter and practice all of the anxiety management skills with the worksheets first. Next, begin with small exposures to your phobic situation. View photographs of an airplane if you are afraid of flying, or watch a video of a spider if you are arachnophobic. Then, after you have mastered the skills and anxiety management techniques in less threatening situations, you can move to confronting your phobia in real life situations. Even then it may still be difficult, but you will have a large toolbox of options for coping rather than just jumping in without a life preserver. Slow progress is the best way to make sure that your new-found confidence is permanent.

This book is essentially divided into two parts: a discussion of anxiety and its physical affect on sufferers. It is important that you read and understand this section so that you can begin to learn about the reasons that you feel the way you do. This can help you understand that panic and anxiety symptoms are not dangerous, and you can overcome them. The second part is the workbook. As you go through this section, try to be patient with yourself. It is hard work to change your thoughts and behaviors, but you will reap amazing benefits at the end.

This patient workbook can be beneficial to anyone, including those with only mild anxiety. The lessons included can help in a variety of emotional areas, not just anxiety, but anger, mild depression and feelings of helplessness.

People who commit to working on the program every day and practice the procedures in their everyday lives are likely to benefit most from a self-help program such as this one. Remember that the object of these exercises is not to eliminate anxiety, but to use it constructively, as an opportunity to take control. However, if you feel that you cannot make the commitment necessary to complete these exercises, or if you notice only limited progress after several months

of working with this book, you are encouraged to seek professional help (see Chapters 4 and 10 for tips about how to choose the right professional for you). Either way, the knowledge that you gain will help you towards living a less stressful life.

To use this book to your best advantage, note the following suggestions:

- Take control of your recovery. Focus on the areas that will help you the most. This book is meant to provide a “buffet”-type approach to reducing anxiety. If the number of exercises seems overwhelming at first, choose the ones that look as if they will have the greatest benefit for you, and then go back to the others if you feel you need to try something else.
- You are now becoming a scientist whose job it is to investigate the inner workings of you. You are going to become more aware of the thoughts that go through your mind and the resulting behaviors. It may help to carry around a pocket-sized notebook to record any thoughts that you may want to examine later alone or with the help of a therapist. You don’t have to record these ideas right away if you are afraid of calling attention to yourself, but keeping a small pad of paper in your purse, briefcase or on your desk may help you to record things more often, and reduce the chances of you forgetting your idea by the next therapy session.
- Feel free to write on the pages, take notes, tear out things and do whatever is necessary to keep you focused on your goals.
- Do the worksheets!!! Don’t read through the chapters cover to cover like a novel, but rather stop and let each section sink in. Do as many of the activities provided as you can and fill out the worksheets as you read. You will gain much more benefit this way.
- Make a schedule. Actually set aside times that you will dedicate to reading and completing the activities. It is easy to lose momentum, and that is the worst thing that can happen.
- Above all, be patient and kind to yourself. It will take a lot of effort to change behaviors and habits that have been ingrained in you; some perhaps even since childhood. Your progress will sometimes flatten out. Remember, everyone has their own individual pace. Find yours. Take a breath, take a break, and nurture yourself...then get back to it!

* The remaining quotes at the beginning of each of the following chapters are also excerpts from *Desiderata* by Max Ehrmann.

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Types of Anxiety Disorders

“But do not distress yourself with imaginings. Many fears are born of fatigue and loneliness.”

How do I know if it's an Anxiety Disorder?

Anxiety does occur in normal life, and it is an appropriate emotional state for many situations. Anxiety produces that extra burst of energy you need to be alert and perform well in high-pressure situations. Just experiencing anxiety, even intense anxiety or recurrent anxiety, does not mean that you have an anxiety disorder. You may be living a highly stressful lifestyle that requires you to be “on” much of the time. Or you may panic in a circumstance that arises involving a threat or upsetting event. These are perfectly normal manifestations of anxiety, and are your body’s ways of telling you to slow down or get out of a situation. This book can still help you even if you don’t have an anxiety disorder, but rather are suffering from mild anxiety or would simply like to investigate ways to alleviate stress.

So how do you know if you do have an anxiety disorder? Anxiety disorders are distinguished by several factors. Most anxiety disorders involve anxiety that is more intense and lasts longer (is a chronic condition) than ordinary anxiety. However, the key factor necessary for the diagnosis of any anxiety disorder is that the anxiety is interfering with everyday life. Anxiety becomes a disorder when you cannot function in the ways that you are used to.

For diagnosis of an anxiety disorder, there are specific criteria that are outlined in the *Diagnostic and Statistical Manual of Mental Disorders IV, Text revision (DSM-IV-TR)* published by the American Psychological Association. There are currently 11 anxiety disorders listed in the DSM-IV-TR. We will be covering the ones below:

- Acute Stress Disorder
- Agoraphobia
- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- Panic Disorder
- Posttraumatic Stress Disorder

- **Social Phobia**
- **Specific Phobia**

There are also brief descriptions of Separation Anxiety Disorder (a disorder that mostly affects children), Substance-Induced Anxiety, and Anxiety Due to a Medical Disorder (please see a physician to rule this out).

But I'm not sick...

If you do suffer from an anxiety disorder, you are certainly not alone in your struggle. Anxiety disorders are the most common mental health disorders in America, and the most common psychiatric diagnosis made by primary care physicians. Nineteen million Americans will suffer from an anxiety disorder in their lifetimes. In addition, 33% of patients seeking help for abdominal pain, chest pain or insomnia actually have an anxiety disorder, along with 25% of those with headache, fatigue, or joint pain (Sherman, 1997a). Women, individuals under age 45, and separated and divorced individuals suffer the highest incidence of anxiety disorders (Regier, Narrow, & Rae, 1990).

Does This Sound Like You? Identifying Anxiety Disorders

Mandy was involved in a car accident last week, and was immediately transported to the hospital for surgery to stop internal bleeding. Though her body is recovering and she is about to leave the hospital, Mandy's personality seems to have changed during her hospital stay. She wakes up every night with nightmares about the accident, but refuses to talk about her dreams once she is awake. She informed her mother that she will not ride home in a minivan like the one she used to drive, and insists that her mother rent a small four door car for the trip. Mandy does not remember who was at fault in the collision, and was not helpful when the police came to interview her. It is likely that Mandy suffers from Acute Stress Disorder.

Acute Stress Disorder occurs only after a person has been exposed either directly or indirectly to a traumatic event that involved threat of serious injury to themselves or others. This event must also create intense fear, helplessness or terror on the part of the sufferer. During or immediately after the event, at least three of these dissociative symptoms must be present: a sense of numbing or emotional unresponsiveness, unawareness of surroundings, derealization, depersonalization or the inability to recall an important aspect of the trauma.

In addition, the event is experienced over and over in at least one of these ways: recurrent images, intrusive thoughts, dreams, illusions, flashbacks or upon reminders of the event. The person tends to avoid anything that could cause them to remember the traumatic event. Often, the person becomes overly aware of things around them, or is overly cautious in certain situations. All of these symptoms overwhelm the sufferer and cause significant disturbance in his or her life.

In order for a diagnosis of Acute Stress Disorder to be made, the symptoms must last between 2 days and 4 weeks. If they persist longer, the person may be diagnosed with Posttraumatic Stress Disorder (PTSD). If the symptoms begin more than a month after the trauma, the diagnosis will be Delayed Onset Posttraumatic Stress Disorder. PTSD begins with the same criteria as Acute Stress Disorder. The person has been exposed to a traumatic event and is persistently re-experiencing this event through dreams, flashbacks or other means. The sufferer tends to avoid anything associated with this traumatic event and remains overly cautious in order to continue avoiding remembering the event. The difference between PTSD and Acute Stress Disorder is that in PTSD symptoms must be present for more than one month.

Therapy is always recommended for those who suffer from PTSD. Exposure, cognitive, behavioral and supportive therapies are all possible treatments. Medication is often used, but the type is dependent upon the symptoms experienced by the patient. If anxiety is a problem, benzodiazepines may be recommended, but if depression is the main obstacle, a Selective Serotonin Reuptake Inhibitor (SSRI) might be more effective.

John does not really know exactly when his life started to change, but he lives much differently now than he did a year ago. At first, he started to shop from home, preferring online order and delivery to crowded grocery stores and malls. Then, John began to refuse invitations to eat at restaurants with friends and family. It is not that he does not like to visit with people; in fact, he looks forward to the weekly visits from his best friend. He just is becoming more and more afraid of public places where he fears getting trapped or losing control, and it is beginning to limit the activities that he can participate in. He realized he had a big problem when he started to call in sick to work every few days in

favor of working from home. After a visit to his family doctor, John was diagnosed with Agoraphobia.

Agoraphobia can occur with Panic Disorder, or it may be present on its own. It is based on a fear of being in situations that it might be difficult (or socially embarrassing) to escape from, such as a movie theater, a crowd, a grocery store or a freeway. Very often, the fear is related to having panic symptoms (or a Panic Attack) in a situation where help is not available. Agoraphobia is characterized by avoidance of these situations, sometimes to the point that the sufferer can no longer leave the house or travel any distance alone.

Agoraphobia with Panic Disorder is often treated with systematic desensitization or other exposure therapies (see next chapter for descriptions). Sometimes medication alone or in combination with Cognitive-Behavioral Therapy is helpful. Anti-depressants, benzodiazepines and Monoamine Oxidase Inhibitors (MAOIs) are the most common choices.

Cindy has always been a worrier. Her mother was one too. However, since her baby was born, Cindy's worrying has gotten out of control. She cannot stop obsessing about the thought of something bad happening to her baby. She has begun to set her alarm at night to go off every half hour so that she can go check and make sure the baby is breathing. Because of this, Cindy is always exhausted, and feels achy and ill. She also has extreme anxiety when her husband leaves for work, and worries constantly that he will be in an accident until he returns home. Cindy burned dinner last night because she can't seem to concentrate on anything except the uncertainties of life. It seems that Cindy has Generalized Anxiety Disorder.

Someone who is diagnosed with Generalized Anxiety Disorder (GAD) typically suffers from intense anxiety and worry about several different areas of their life for at least six months. This anxiety is overwhelming more days than not during this period. The worry often seems uncontrollable and is associated with at least three of these symptoms: restlessness, being easily fatigued, difficulty concentrating, irritability, muscle tension or sleep disturbance of some type.

Treatment for GAD can involve taking medications such as SSRIs, Cognitive-Behavioral Therapy, or both. Patients with GAD usually require ongoing treatment to prevent the return of anxiety (Gliatto, 2000).

Grace never liked to get dirty as a child. In fact, she often sat in the classroom during recess in order to avoid getting germs on her. Now that she is in college, Grace is noticing that her “clean” obsession is getting worse. Whenever she enters her apartment, she has to check three times to make sure the door is locked in order to be satisfied that she is safely locked in. If Grace goes to class without checking the lock three times, she can’t focus on anything except the fact that her apartment might be robbed until she goes back to perform her checking ritual. She notices that her friends don’t seem plagued by this constant need to follow certain specific rules and routines and wonders why she feels compelled to do so. These symptoms indicate that Grace has Obsessive Compulsive Disorder (OCD).

Obsessive Compulsive Disorder is made up of two pieces: obsessions and compulsions. Obsessions are *thoughts*, and compulsions are *actions*. The obsessions in OCD are repetitive and persistent, inappropriate and intrusive, and are impossible to suppress, causing the sufferer significant distress and anxiety. Compulsions are repetitive behaviors or mental acts that the person applies based on rigid rules that they follow. The goal of these actions is to prevent a dreaded event or to lessen distress, but is not really connected in a logical way to these events. Once the person completes a compulsive behavior, they feel a sense of relief. It is easy to imagine how these unwanted thoughts and disruptive behaviors cause disturbances and impair the sufferer from living everyday life. Not only are these rituals time consuming, but it is difficult to function socially while experiencing them as well.

OCD is most often treated with a combination of medication and exposure therapy with ritual prevention. Some SSRIs have been found to have a significant effect on the symptoms associated with OCD, but relapse rates upon medication cessation are extremely high if coping skills are not also learned prior to discontinuing medication.

Rick was checking e-mail at work when he suddenly began to sweat and have trouble breathing. He tried to calm down, but it seemed like the more he tried to relax, the louder his heart seemed to beat. Rick continued to check his e-mail, but the words were swimming in front of his eyes. He knew he was having a heart attack and called 911. As he waited for the ambulance, his co-workers realized that something was wrong, and started gathering around. Rick was sure he was going to die. At the hospital, the doctors could find nothing physically wrong with Rick, and diagnosed him as having had a Panic Attack. Rick returned to work several days later, embarrassed that his colleagues all knew that he had not really been dying. Rick has had a few more attacks since the initial one, once in the shower and once at a movie theater. He is overwhelmed with worry that he will be trapped in another embarrassing situation with a Panic Attack. Rick is sure he is going crazy. Rick has Panic Disorder.

Panic Disorder consists of recurrent, unexpected Panic Attacks over a period of time. At least one of these attacks is followed by a month or longer of an overwhelming fear of another attack, worry about what the attack signifies (i.e. illness) or a significant change in daily routine because of the attack. A Panic Attack is characterized by a severe sense of fear that occurs over a short, specific period of time (usually reaching its peak in about 10 minutes), and involves at least four symptoms from this list:

- palpitations, pounding heart, or accelerated heart rate
- sweating
- trembling or shaking
- sensations of shortness of breath or smothering
- feeling of choking
- chest pain or discomfort
- nausea or abdominal distress
- feeling dizzy, unsteady, lightheaded, or faint
- derealization (feelings of unreality) or depersonalization (being detached from oneself)
- fear of losing control or going crazy
- fear of dying

- paresthesias (numbness or tingling sensations)
- chills or hot flushes

Panic Disorder typically begins either in late adolescence or the mid-30s. In one study carried out with National Institute of Mental Health sponsorship, many of those who met the criteria for Panic Disorder also experienced at least some symptoms of Agoraphobia (Myers, et al., 1983). This is due to the fact that those who suffer from Panic Disorder tend to avoid public situations where they could possibly have a panic attack, and the avoidance of these situations intensifies the fear of returning to that particular situation.

Panic is sometimes treated with SSRIs or Benzodiazepines. There are also many forms of therapy available for the treatment of Panic Disorder. Cognitive-Behavioral therapy, group therapy and exposure therapy for Agoraphobia and Panic have all proven to be most helpful.

Samantha is concerned about her son George. He is seven years old, and while his peers are all playing outside on the weekends, George prefers to stay home and play with his younger brother. George is extremely animated and funny at home, but his teacher recently called Samantha for a conference, and told her that George is getting a “D” in school. He receives “A”s on all of his tests, but he will not answer questions during class or read aloud. Samantha took George to a psychologist recommended by the school, and he received a diagnosis of Social Phobia.

Approximately 13.3% of the population will be diagnosed with social phobia at some point in their lives (Kessler, et al., 1994). Social phobia is defined as a marked and persistent fear of one or more social or performance situations. This fear is deeply tied to possible scrutiny or judgment, especially by unfamiliar people. Often people think that they will not be able to control the symptoms of their anxiety, and will end up in an embarrassing situation. The feared social or performance situations (i.e. parties or public speaking) are avoided as much as possible or are endured only with intense anxiety or distress.

Social phobia can be limited to only one type of situation, but it often affects many aspects of the sufferer’s life. There are several different types of social phobia. Performance social phobia has to do with situations where a person has

to do something in front of others, but there is no interaction, so rehearsal is possible (i.e. public speaking, eating at a restaurant, etc.). Interactional social phobia is triggered by those situations where a person must listen, talk and react to others (i.e. a conversation at a party). Sometimes interactional social phobia has to do with interacting with people in authority (a boss for an adult, or a teacher for a child). Social phobia can also be classified as generalized (involving many situations) or nongeneralized (i.e. just public speaking).

Systematic desensitization or cognitive-behavioral therapies are often used to improve the symptoms of social phobia. Medications such as beta-blockers may be effective in treating performance-anxiety symptoms on an as needed basis. SSRIs or MAOIs are also sometimes prescribed.

Jesse hates airplanes. She never liked to fly, but after making excuses to avoid flying for years, Jesse can no longer enter an airplane without experiencing intense anxiety. When her mom died, Jesse took a train home to the funeral, even though the trip took three days rather than three hours. She lost a job promotion because of her difficulty traveling, and is severely depressed over the loss. Jesse tried using alcohol and pills to fly as a last resort, but she could not even approach the airport. Jesse's intense fear and avoidance of flying is referred to as a Specific Phobia.

Phobias are the most common psychiatric disorder, more common than major depression, alcohol abuse, or alcohol dependence. The prevalence rate during one year is estimated at 9%, with lifetime prevalence estimated at between 10% and 11.3% (Boyd et al, 1990). Women make up the majority of the phobic population; 75% to 90% of those who seek treatment for phobias. 83.4% of those with a Specific Phobia also report having another mental health disorder sometime in their lives. Phobias are strongly comorbid with each other, with other anxiety disorders, and with affective disorders (such as mania and depression).

A specific phobia is defined as an intense and persistent fear that is considered excessive or unreasonable in response to a situation. Specific phobias include flying, heights, animals, thunderstorms, blood, etc. Exposure to the phobic stimulus consistently provokes this anxious reaction, which may take the form of a situationally predisposed Panic Attack. Adults with phobias recognize that their fear is excessive and unreasonable, but they are unable to control it. Chil-

dren may not have any insight into the fact that their fear is excessive. In both adults and children the feared object or situation is usually avoided or anticipated with dread. The disorder is diagnosed when one's fear, or more often their evasive actions to avoid the feared situation, interferes with their daily routine, employment, or social life.

Although over 200 phobias have been identified and named, the DSM-IV-TR Subtypes for specific phobias are:

- **Animal Type**, which generally has a childhood onset and includes fear of insects or other animals.
- **Natural Environment Type**, which includes fear of heights, water, and storms and generally has a childhood onset.
- **Blood-Injection-Injury Type**, including fear of invasive medical or dental procedures such as receiving an injection, giving blood or seeing blood or an injury. This phobia subtype is often characterized by fainting.
- **Situational Type**, which includes fear of flying, bridges, elevators, driving, or enclosed places. The age of onset is either during childhood or in the mid-20s. This is the most frequent subtype seen in adults.
- **Other Type**, which includes fear of falling down when away from walls, fear of vomiting or choking, fear of contracting an illness, fear of loud sounds, and fear of costumed characters.

Separation Anxiety Disorder

It is normal for children to feel anxious when a parent or caregiver leaves, especially between the ages of 18 months and three years. However, usually the child can be distracted. If symptoms of separation anxiety persist beyond three years old, they might have Separation Anxiety Disorder, an excessive fear of being away from home or parents. This may result in school refusal and physical symptoms.

As with many other anxiety disorders, separation anxiety disorder can be treated with a variety of interventions, or a combination of several. Cognitive-Behavioral Therapy, Exposure Therapy and anti-anxiety medications are all possible solutions.

Substance-Induced Anxiety or Anxiety Due to a Medical Disorder

It is always important for those suffering from anxiety to visit a healthcare professional before attempting psychological treatment to rule out a possible "medical"

cause for the symptoms being experienced. Certain medical conditions, such as cardiovascular problems, asthma, seizure disorder, diabetes, hypothyroidism and problems with the inner ear can all cause some of the symptoms associated with anxiety. Certain medications can also cause these problems. For example thyroid supplements, cold medications, tranquilizers, sleeping pills, certain blood pressure medications, steroids, and even stimulants as mild as caffeine can sometimes be at the root of the problem. Any unsupervised experimentation with or withdrawal from medications may exacerbate these symptoms.

Comorbidity

If you find that anxiety is greatly impacting your life, but no one of these disorders exactly describes you, you may be suffering from a combination of these conditions. Anxiety disorders often occur at the same time as both depression and other anxiety disorders. One recent survey found that 15-30% of people with panic disorder also have a social phobia, and 25% also suffer from generalized anxiety disorder.

3

What is Anxiety?

“And whether or not it is clear to you, no doubt the universe is unfolding as it should.”

What is my Body Doing?

Understanding the physical and mental symptoms of anxiety and why they occur will help you to unravel the feelings, thoughts and sensations that you experience during a panic attack or extremely anxious situation. While simply learning the biological processes behind anxiety will not cure your anxiety disorder, it *will* help you be less afraid of what happens to you during these situations. In addition, you will learn to control these biological processes (and cognitive processes later in the book) enabling you to master your feelings of panic and anxiety, making them less a power that overwhelms you and more of a bodily function that you can overcome.

Physical sensations of anxiety often closely mimic those that occur with medical disorders and life-threatening medical crises. These symptoms may include nausea, sweating, palpitations, dizziness, shortness of breath, and chest pain. Emotional states that occur with anxiety can include terror, panic, a feeling of out-of-body experience, and fear of death. You should get a physical before proceeding to treat your anxiety in order to rule out any medical explanations for your symptoms. Not only will this help you determine the root cause of your anxiety, but it will also reassure you that you are in fact healthy and can handle your anxiety.

So what causes you to experience these symptoms? During a situation that causes anxiety, your body kicks into high gear. Danger triggers this reaction in all animals so that they are able to react to threats quickly to stay alive. You may have heard of this referred to as the “fight or flight” response.

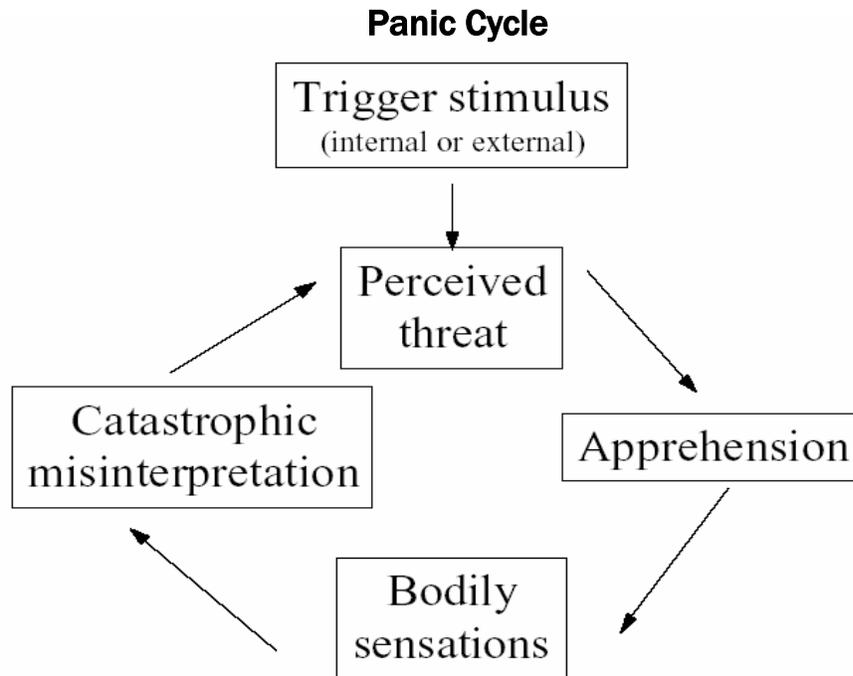
Biologically speaking, when humans are faced with a threat, the hypothalamus sends a signal to the autonomic nervous system (ANS). The ANS usually controls all of the body functions that we are not typically aware of like digestion, body temperature and breathing. The ANS is made up of two parts that help the body maintain overall balance: the parasympathetic nervous system (PNS) and the sympathetic nervous system (SNS). The SNS is the one that is responsible for the feelings of anxiety; the fight or flight response. The PNS works in the opposite way, relaxing the symptoms after activation of the SNS.

When activated by fear, the SNS creates a burst of hormones, creating a sudden increase in arousal and stimulation. These hormones cause all of your non-essential bodily functions (i.e. digestion) to be put on hold and channels all energy to the systems necessary for defense or flight. Your heart begins pumping harder in order to distribute nutrients and oxygen to the parts of your body that need it in order to run away. Your respiration increases in order to get the extra oxygen for your heart to pump. Your skin tightens because of decreased blood volume, creating numbness and tingling. You begin to sweat in order to control increased body temperature. Your muscles tense in anticipation of action. Even your pupils dilate to help you see better and your blood pressure rises to improve circulation. The adrenaline released increases concentration and vigilance to help you escape the threat. Of course, this level of activity cannot last indefinitely without destroying your body. That is why the PNS is there, to reestablish balance and calmness in your body.

In some people though, there does not need to be a threat for this response to activate. Those with anxiety disorders experience the fight-or-flight response without any prompting from a genuine danger. The response may be triggered by a slight change in physiology (i.e. resulting from exercise or sleep), fatigue, a particularly stressful day, caffeine or nothing at all. Entering a phobic situation is enough to do this for those with a specific phobia, even if the situation is not realistically dangerous. Anxiety disorders create a situation of intense fear and vigilance in a situation where that acute response is not needed.

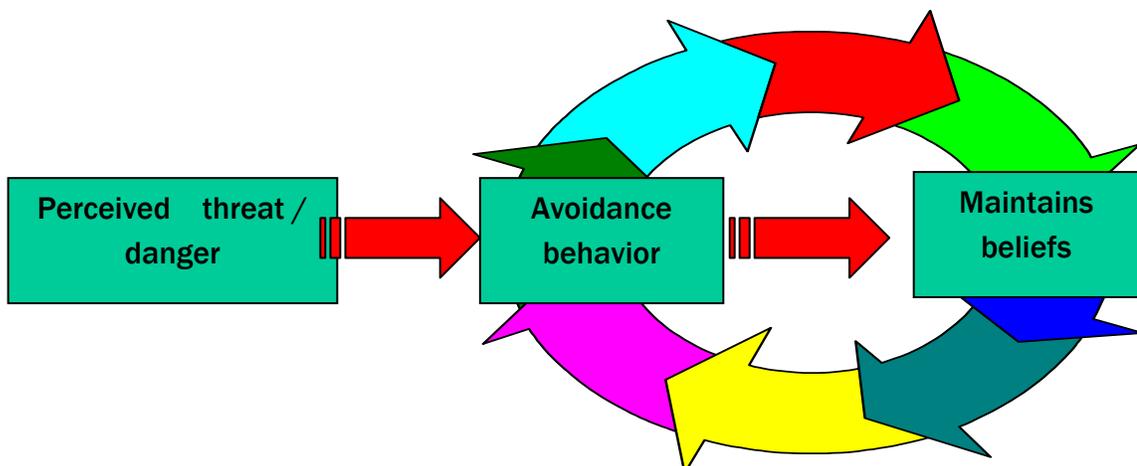
Distinguishing Panic Disorder from Specific Phobia

Anxiety can be caused by a variety of situations, and the cycle that the body and mind experience differs with different types of anxiety. With Panic Disorder, anxiety may be triggered by an internal bodily sensation (i.e. your heart begins to race) or by something external (you are in a crowded plane). This trigger is then perceived as threatening, and this creates a feeling of dread, causing an increase in physiological arousal (sweating, heart rate increases, etc.). This arousal is then interpreted in a catastrophic way, "I'm having a heart attack; I'm going crazy." This serves then to further increase the perception of a threat, which leads to further apprehension, and so the vicious cycle continues.



With a specific phobia, this cycle is more direct, but still as disruptive. The phobic object produces a feeling of imminent threat or perceived danger, which leads to avoidance of the situation (i.e. flying). This avoidance further serves to cement the belief that flying is “dangerous” or “threatening.” This avoidance also serves to undermine confidence in one’s ability to approach the situation again.

Specific Phobia Anxiety Cycle



Why me? Genetic and Environmental Factors

The cause of most anxiety disorders is not yet fully understood, though research is being carried out to discover the possible genetic and environmental traits that may lead to the development of anxiety disorders. Some disorders, such as phobias or posttraumatic stress disorder can be traced back to a traumatic event. Others, like panic disorder, most often cannot. However, even those that are instigated by a frightening situation are not predictable. People are exposed to these situations everyday, and only a percentage of them develop a disorder.

Most researchers believe that a person's susceptibility to developing an anxiety disorder involves a combination of factors. Life experiences, psychological traits, genetic factors and even gender may combine to create a vulnerability in any given individual.

Some disorders appear to have a stronger biological tie than others (panic disorder), but the actual genes that cause the disorder have not been identified. To argue for heredity, in studies of identical twins (100% identical genes), if one twin has an anxiety disorder, the chance of the other having one as well is 31-88% depending on the study consulted. In fraternal twins (the same percentage of shared genes as siblings), the chance of the second twin having an anxiety disorder is 0-38%. However, both sets of siblings have a higher probability than the general population of developing this type of disorder. Therefore, having the same genetic makeup as someone else with an anxiety disorder makes it more than twice as likely that you will develop one in your lifetime.

However, it does not seem to scientists that there is a gene specifically for Panic Disorder or other anxiety disorders. What is more probable is that children inherit specific personality types from their parents and then come into contact with environmental factors that further exacerbate any leanings to any anxiety disorder. These children are more likely to develop any anxiety disorder, not just the specific one that their parent may have. It is a combination of nature and nurture that creates a situation in which one person may be prone to anxiety while another is not.

Other environmental factors that can contribute to the development of anxiety disorders are a stressful lifestyle, a lack of assertiveness and mistaken beliefs. Children may develop an anxious personality if their parents set high standards, are overprotective, foster dependency, or encourage suppression of emotions, though any of these things on their own would probably not result in an anxiety disorder.

The basic message of the research is that anxiety disorders are caused by a complicated combination of characteristics and circumstances that are impossible to decipher. The good news is that you do not need to know the cause of your anxiety to overcome the disorder. In fact, even if a single cause can be identified, removing it may not solve the problem. Anxiety disorders involve thought patterns, physiological reactions and behaviors that develop over the course of the disorder, so the search for one particular cause is in vain. Rather than continue this fruitless quest, it is better to face your anxiety and find a way to control it.

Treatment and Medication

Anxiety disorders are real, serious conditions, but they are among the most treatable of mental disorders. However, their complicated manifestations often lead to misdiagnosis and improper treatment. It is fairly common for people to suffer from more than one anxiety disorder or other mental disorders along with anxiety disorders. Often, the disruption that anxiety causes in the lives of sufferers leads to depression or substance dependence. However, treatment can be tailored to fit each individual, alleviating the underlying anxiety and working with the other disorders at the same time.

Most anxiety disorder sufferers are helped with professional care, although the success rate and duration of treatment varies with the individual. Cognitive-Behavioral Therapy (CBT) is the treatment most accepted by mental healthcare specialists. CBT involves a combination of coping and relaxation skills, thought restructuring and exposure therapies. The three types of exposure therapies are *in vivo* (real-life), imaginal (visualization) and systematic desensitization. Systematic desensitization involves pairing relaxation with imagined scenes depicting increasingly intense situations that the patient has indicated cause anxious feelings. The weaknesses of some exposure therapies include the fact that many patients utilizing systematic desensitization and imaginal exposure appear to have difficulty imagining the prescribed anxiety-evoking scene. This may be attributed to the fact that only a small percentage of people have good visualization skills (Kosslyn, et al 1984). In addition, approximately 25% of patients drop out of *in vivo* treatment because they are too afraid of facing the threatening phobic object.

However, there are ways to avoid the disadvantages of these traditional therapies. Virtual reality is one option that is growing in popularity. Virtual Reality-

Enhanced Cognitive-Behavioral Therapy (VR-CBT) can provide stimuli for patients who have difficulty imagining scenes and/or are too phobic to attempt confronting real-life situations as an initial first step. VR-CBT can safely generate stimuli of much greater magnitude than standard imaginal and in vivo techniques in situations such as freeway traffic or severe flight turbulence. It has been proven at least 92% effective for the treatment of specific phobias and panic disorder with agoraphobia, and is also being used to treat social phobia, posttraumatic stress disorder, eating disorders and obesity.

VR-CBT begins with traditional educational sessions. The therapist teaches you breathing and relaxation techniques, sometimes with the help of physiological feedback, as coping mechanisms for anxiety. In addition, at this time the therapist corrects any misconceptions that you may have about the phobic stimulus (i.e. "elevators are untrustworthy and the cables often break"). The therapist works with you to create a hierarchical list of anxiety-inducing situations that lead up to the phobic situation. In the next sessions you will be exposed to these experiences in careful, controlled stages through virtual reality. Though each virtual experience elicits increasingly higher levels of anxiety, each stage can be repeated until you are comfortable with the experience, and satisfied with your response. At every step, the therapist can see and hear what you are experiencing in the virtual world. If the level of anxiety becomes overwhelming, you can return to a less stressful level of treatment, or simply remove the head-mounted display and exit the virtual world.

As you read earlier, many anxiety disorders are at least partially caused by a biological predisposition and therefore often respond to medication. Medication, particularly antidepressants, can be very useful in treating anxiety disorders, especially when combined with other forms of treatment, such as CBT. Antidepressants and anxiolytics (anti-anxiety medications) are often used to ease symptoms so that other therapy can go forward. Medication, however, only works as long as you take it, and there is a 16%-95% chance of relapse (depending on the disorder) after stopping medication if skills to help deal with the anxiety disorder are not learned.

There is a close link between anxiety and depression. Though all of the complicated effects of neurotransmitters are not yet known, scientists believe that both anxiety disorders and depression involve the neurotransmitter serotonin. The function of anti-depressants is to balance serotonin levels, returning them to normal. This enhances sleep quality, helps relieve depression, and decreases pain. The major side effect of this class of drugs is sedation, however this usu-

ally only lasts for the first few weeks. Other common side-effects include a dry mouth, blurred vision, dizziness and constipation, but newer antidepressants, called Selective Serotonin Reuptake Inhibitors, tend to have fewer of these side effects. It is important to realize that antidepressants do not begin to work until you have been taking them for at least one to two weeks, but since they are not addictive, they may be continued indefinitely if the side effects are not an issue.

Anxiolytics are minor tranquilizers, like Valium. They fall into several categories, such as Benzodiazepines, and Azapirones. Benzodiazepines tend to have intense side effects of sedation and some cognitive impairment, causing some to argue that they inhibit traditional psychological treatment. In addition, they are addictive, and can cause withdrawal symptoms when stopped. However, Azapirones seem to be devoid of many of the drawbacks of Benzodiazepines. New anxiolytic drugs are being developed everyday, and individual reaction to all medications varies. Speak with your doctor about which type of medication is right for you.

Deciding whether or not to take medication is often a complicated decision, and it is important to weigh the pros and cons before proceeding. Though medication may help alleviate anxiety while you are on it, there is a risk of becoming psychologically and sometimes physically dependent on the drug. It is easy to attribute improvement to medication rather than your own hard work and effort. Therefore, it is often difficult to stop taking the medication. In addition, medication can be expensive and produce side effects and relapse problems.

However, sometimes medication is necessary in order to come to a point where you can have the strength to undergo therapy. You may benefit from taking medication if your anxiety is so extreme that you cannot leave the house for therapy, if you are extremely depressed or have other mental disorders, or if you do not have the time to dedicate to treatment at this moment. While it is important to take control of your anxiety and not let it become an overwhelming force in your life, sometimes this is not possible without initially taking medication.

Choosing to take medication (or not) for your anxiety is an extremely personal decision, and should be considered as such. Do not let outside factors influence your decision, and do not feel you are being weak if you must take medication to begin your recovery. You know what is best for you, and with the help of a medical professional, you can decide the best course for treatment.

Choosing a Therapist

While this book offers a great amount of help in overcoming your anxiety, a therapist can help individualize treatment and this book can act as a valuable supplement to that treatment. By individualizing your therapy, you can decide which portions of this book are important for you to focus on, and which are more useful for someone else. Referring to this book as a guide throughout your treatment can help increase the effectiveness and efficiency of your recovery.

There are a wide variety of medical professionals that can treat anxiety disorders. Psychiatrists, psychologists, clinical social workers, psychiatric nurses, psychological interns, marriage and family therapists and even primary care physicians and internal medicine specialists all have a different approach to anxiety disorders. Researching the specialties of each of these types of medical professionals will help you decide which choice is the best for you.

Sometimes it helps to find a therapist through referral sources. You may want to ask friends who have had therapy, your family doctor, or visit the Anxiety Disorders Association of America website at www.adaa.org. There may also be local resources for your area. See Chapter 10 for more information.

Though finding the correct medical professional is sometimes difficult, you owe it to yourself to find someone that can help you overcome your anxiety comfortably and efficiently. There are many questions that you can ask a therapist during a consultation in order to determine if they are the right match for you:

- What licensing and experience do you have in this area?
- What are your clinical procedures?
- Are you able to prescribe medication to me if I need it?
- How many sessions are required?
- How often do I come in for sessions?
- How much does treatment cost?
- Are your services covered by my insurance?
- How can I be an active participant in my recovery?
- What is your rate of success?

If you ever feel uncomfortable with the answers to these questions, it is important to be open about these feelings. It is difficult to progress in treatment if you are uncomfortable or the therapist does not communicate to the extent that you desire.

Your Body, Your Attitude

Anxiety is something we all feel throughout our lives. It can appear before taking a big exam, during a public performance, or in the waiting room before a medical procedure. It is a natural reaction to stressful situations, a survival mechanism that has been with us since prehistoric times. Anxiety is not meant to be the horrible, aversive thing that those with anxiety disorders experience it as. Anxiety helps us remain alert so that we can perform at our top level. So why is it such a frightening and overwhelming experience for so *many* people?

Let's face it. The physical and emotional symptoms of anxiety are not comfortable. However, it is important to remember that these symptoms are completely harmless. You are not going to pass out, have a heart attack or stroke, or lose control during a panic attack or intensely anxious situation. In fact, the function of anxiety in our body is to do exactly the opposite of these things. Anxiety is meant to help us survive any obstacles we may face.

Fear sensitizes you to anxiety; it can make your body hypervigilant to physical changes. Once you realize that the sensations experienced during anxiety are harmless, you can begin to take control of it. It is important to realize that there are certain behaviors and thought patterns that will perpetuate your anxiety. Anxious self-talk, avoidance of phobic or anxiety-inducing situations, mistaken beliefs, suppressing feelings, lack of assertiveness, muscle tension, lack of self-nurturing, and a high-stress lifestyle all contribute to maintaining an anxiety disorder. The following chapters will help you practice ways in which you can stop these behaviors and exercise power over your anxiety. The tools are provided; it is up to you to utilize them.

Worksheet #1 Mapping your Anxiety

Use Worksheet #1 to help you learn the layout of your anxiety. In order to learn the ways that your anxiety occurs in your life, you must begin to record each incident of intense panic or anxiety. The worksheet consists of four columns: Date/Time, Duration of Symptoms, Subjective Units of Distress (SUDS), and Period Since Last Record. In the second column, record the length of time that you felt uncomfortably anxious. The SUDS (Subjective Units of Distress) column measures the intensity of your symptoms. In this space, write a number from 0-100 (with 0 being completely calm, and 100 being sheer panic) that represents your most intense symptoms during that incident. Finally, in the last column, record how long it has been since you recorded your last incident of intense anxiety. Though your records may start out being separated by only hours or minutes, once you reach the end of treatment, these

records will have stretched further and further apart. See the sample worksheet on the next page as an example.

Photocopy as many of these worksheet as necessary to continue to record your anxiety for the entire duration of treatment. By learning how often you experience symptoms of anxiety, and when you do, you can begin to control the cycle and exercise mastery over your anxiety. By recording your instances of panic or anxiety, you can discover patterns that your emotions follow and attempt to break these habits. Creating and examining a map of your personal anxiety allows you to literally see the progress that you are making as the number and intensity of these situations lessen throughout treatment.

Remember that in addition to completing this worksheet, it may help to carry around a pocket-sized notebook to record any thoughts that you may want to examine later alone or with the help of a therapist. You don't have to record these ideas right away if you are afraid of calling attention to yourself, but keeping a small pad of paper in your purse, briefcase or on your desk may help you to record things more often, and reduce the chances of you forgetting your idea by the next therapy session.

Sample

Worksheet #1: Mapping Your Anxiety

Date and Time	Duration of Symptoms	Intensity of Symptoms (SUDS)	Period Since Last Record
December 2nd 2:30 pm	10 minutes	89	N/A
December 2nd 11:30 pm	15 minutes	75	9 hours
December 4th 3:00 pm	7 minutes	60	1 day 15.5 hours

4

Treatment at the Virtual Reality Medical Center

“Speak your truth quietly and clearly,
and listen to others.”

The Virtual Reality Medical Center (VRMC) began using virtual reality to treat patients with fear of flying in 1997. Since then, VRMC has continued to expand the breadth of virtual reality systems, and now treats a wide range of disorders. These include fear of flying, fear of driving, claustrophobia, agoraphobia and panic disorder, generalized social phobia, fear of public speaking, fear of heights, fear of thunderstorms and posttraumatic stress disorder due to motor vehicle accidents. Other areas currently being examined are the use of virtual reality as an adjunctive therapy for distraction and pain management, to aid in diagnosing and treating those with autism, eating disorders, obesity, body dysmorphic disorder and attention deficit disorder, and to improve rehabilitation solutions for those who have suffered from a brain injury.

Technology has allowed clinicians at the VRMC to treat patients more effectively and efficiently, without concerns of extreme cost, loss of confidentiality and limited safety that arise with real-world exposure. It has made treatment possible for a group of individuals who have previously tried imaginal therapy (attempting to overcome fear by imagining the feared stimulus) and failed due to a lack of visualization skills. It has allowed outreach to a group of individuals who were too overwhelmed with the thought of being stuck on a real freeway or on a 30-minute airplane flight to even attempt treatment. Patients can slowly and systematically advance through therapy as anxiety levels stabilize and a sense of mastery is reached in various scenarios. Patients become empowered and increase their level of self-efficacy through treatment.

How is Virtual Reality Used?

The Virtual Reality Medical Center uses Virtual Reality-Enhanced Cognitive-Behavioral Therapy (VR-CBT) in order to treat many types of anxiety disorders. Virtual Reality works first at a subconscious level for many patients. It begins to “chip away” at the fear structure stored in the subconscious. Disconfirming in-

formation (i.e. taking off in a virtual airplane many times without experiencing a crash, or riding in an elevator repeatedly without getting stuck) is presented so that you learn, first-hand, that the situation you fear is safe. You begin to internalize this new information and slowly become consciously aware of your thought patterns changing.

VR-CBT can provide stimuli for patients who have difficulty imagining scenes and/or are too phobic to attempt confronting real-life situations as an initial first step. VR-CBT can safely generate stimuli of much greater magnitude than standard imaginal and *in vivo* (real-life) techniques in situations such as car crashes or severe flight turbulence. It has been proven at least 92% effective for the treatment of specific phobias and panic disorder with agoraphobia, and is also being used to treat generalized social phobia, posttraumatic stress disorder, eating disorders and obesity.

VR-CBT begins with traditional educational sessions. The therapist teaches you breathing and relaxation techniques, sometimes with the help of physiological feedback, as coping mechanisms for anxiety. In addition, at this time the therapist corrects any misconceptions that you may have about the phobic stimulus (i.e. “elevators are untrustworthy and the cables often break”). The therapist will work with you to create a hierarchical list of anxiety-inducing situations that lead up to your final goal of confronting your fear. In the next sessions you are exposed to these experiences in careful, controlled stages through virtual reality. Though each virtual experience elicits increasingly higher levels of anxiety, each stage can be repeated until you are comfortable with the experience, and satisfied with your response. At every step, the therapist can see and hear what you are experiencing in the virtual world. If the level of anxiety becomes overwhelming, you can return to a less stressful level of treatment, or simply remove the head-mounted display and exit the virtual world. It all remains under your control.

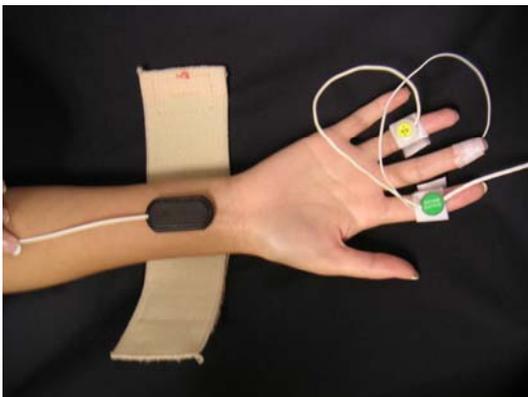
Your physiology will be measured non-invasively as part of the session to provide an objective measurement of anxiety and to see how your physiology reacts and changes as you progress through treatment and desensitization occurs. In addition, you will be asked to rate your anxiety and also your immersion level (on a scale of 0-100) at the end of each virtual reality exposure. You may also experience interoceptive exposure (the purposeful and controlled induction of panic-like symptoms) in near real world settings. If you and your therapist decide that it is beneficial, the therapist may have you breathe rapidly to bring on sensations of hyperventilation while standing in a virtual environment similar to a situation in which you have experienced anxiety in the real world. By allowing you to recreate panicky feelings in a setting similar to reality, you will begin to understand that those feelings are

“dangerous” only because of the thoughts that you associate with them. By practicing traditional cognitive-behavioral, relaxation and coping skills in a situation much like the real world, you will be ready to handle those situations in everyday life.

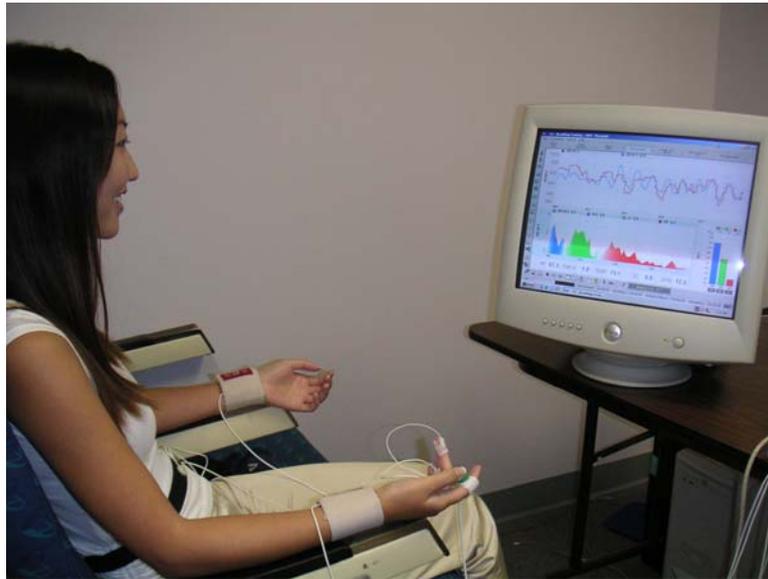
Benefits of visual feedback

The visual feedback offered at the Virtual Reality Medical Center through physiological monitoring and feedback is an extremely useful tool for increasing your ability to calm down. The non-invasive sensors that are attached to your wrists, fingers and waist allow you and your therapist to view changes in your heart rate, breathing patterns, perspiration and peripheral skin temperature. Watching the changes in these bodily functions enables you and your therapist to be certain about your level of relaxation or anxiety. While working with the visual feedback, you can learn what your body feels like when it is relaxed, and you can then work toward achieving this feeling even when you don't have the machines to monitor your physiology.

The monitoring is a beneficial tool that tells you when you are relaxed, enabling you to learn to control your body in any situation. Patients often find the visual feedback provided by the physiological monitoring equipment helpful, especially while beginning to understand what is physically happening when they are anxious. Many feel that being able to instantly see the changes in their physiology keeps them motivated to continue treatment since it is possible to see improvement objectively over time. As treatment progresses, physiological feedback aids patients in becoming experts at distinguishing between physiological arousal and relaxation,



even without the feedback. This often allows people to notice anxious symptoms and to begin using anxiety management techniques (abdominal breathing) immediately to lower anxiety before it reaches intolerable levels. This, in turn, helps patients manage anxiety more effectively in real world situations. The physiological monitoring and visual feedback used during therapy sessions work like training wheels on a bicycle. You use them to aid you at the start, but the eventual goal is to be able to ride your bicycle without them.



How long does it take?

Out of the hundreds of patients treated at VRMC, most of those who present with a specific phobia with no trauma involved require an average of 8-10 sessions of VR exposure. There is an expected range of individual responses, which can be easily addressed by the VR sessions. Those coping with, for instance, posttraumatic stress disorder due to a motor vehicle accident, may take 12-15 sessions before the anxiety is resolved. The shortest treatment time necessary was with a male in his 70's who had a fear of driving on freeways. He was seen for an intake session, a breathing retraining session, and one exposure session. He took the skills and self confidence learned in those sessions, and called prior to the next scheduled appointment to say he didn't need to come in because he was cured. Since that time, which was over two years ago, he has returned all completed post-treatment follow-up questionnaires reporting continuing lowered anxiety scores and a complete return to normal driving on the freeway. This is, of course, a very exceptional response. Therapy length also depends on

active participation through attending therapy sessions on a regular basis and practicing new skills between sessions. Below is an example of how therapy will proceed:

What will happen in each session?

Intake Session: approximately 1.5 hours

During the intake session, you will be asked to fill out several questionnaires and complete a computerized assessment in order to aid your therapist in individualizing treatment to your specific symptoms and experiences. A thorough clinical history will also be recorded. This session will proceed very much like a conventional therapy initial intake session, involving discussion with the therapist. You and your therapist will discuss the benefits and drawbacks of therapy and determine if this type of treatment is right for you at this time. In addition, you will be educated about the characteristics of cognitive-behavioral therapy so that you can become an active participant in your own recovery and understand the therapeutic process.

Assignment: Read Chapter 3 on Anxiety and begin to use Worksheet #1. Get a physical exam to rule out comorbid physical conditions.

Treatment Session 1

Your first treatment session begins with a Psychophysiological Stress Profile (PSP), which is a simple, non-invasive procedure. First, the therapist will apply the physiological monitoring devices to your hands, wrists and waist. Next, a five-minute baseline will be taken to assess what your physiology (heart rate, breathing, etc) looks like when you first come into the office, without any training or intervention. Next, you will be exposed to a two-minute generic stressor to assess how your body responds to a small stressful event (it is a very small event unrelated to your phobia, don't worry!). Finally, the therapist will allow you to relax for five minutes to assess how you recover from stress, which is just as important as how you respond to stress in the first place. Some people respond quite dramatically but recover relatively quickly, while others, once stressed, remain stressed for an extended period of time.

When the PSP is completed, your therapist will discuss with you the basic physical and mental reactions that your body has to stress and anxiety. You will also be taught basic breathing skills using the visual feedback of your respiratory wave and other physiological signals, and a relaxation tape will be made so that you have a tool to practice these exercises at home. You will begin to orient

yourself to the physiological monitoring devices at the clinic and will learn how to use the visual feedback generated on a computer screen to practice achieving a relaxed state. The therapist will go over your homework with you and answer any questions or concerns that you may have. All therapists at VRMC are required to have read the patient workbook prior to beginning to treat patients and are familiar with how to use the worksheets and homework assignments. This session does not involve exposure to virtual reality technology, because it is important for you to understand the methods behind the treatment and to be able to practice the traditional cognitive techniques prior to becoming involved in the virtual reality aspect of your treatment. Your therapist will then make sure that you understand the overview of your therapy plan and will give you your relaxation tape.

Assignment: Read Chapter 5 on Breathing. Practice your breathing 4-5 times per week for 15-20 minutes. Also begin breathing mini-practices (see Page 49) several times a day.

Treatment Session 2

Treatment session 2 begins with a review of the homework, and any questions that you may have about the chapter or your breathing practices will be discussed. You will practice breathing skills again with your therapist to ensure that you are improving and performing the techniques properly. The therapist will then begin to teach you about thought stopping and rationalization techniques, which will help you overcome the cognitions that are perpetuating your anxiety. You will also develop coping statements to assist you through any anxiety-inducing situations that you will face. You will then construct a hierarchy of feared situations with the help of your therapist. This will be used to determine how virtual reality therapy will proceed, as well as to schedule between sessions gradual in-vivo exposures. Finally, the therapist will introduce you to the virtual reality technology including the Head-Mounted Display (HMD), which you will wear to view the virtual worlds, and the joystick or other devices that allow you to move about and interact in the world. Lights will be turned off in the therapy room to allow for external stimuli to be removed from your view to assist with immersion, the feeling that you are really a part of the virtual environment.

Assignment: Read Chapter 6 on Automatic Thoughts and do Worksheet #2. Continue practicing breathing 4-5 times per week and do mini-practices of breathing and thought stopping several times a day.



These are some of the Head-mounted Displays that are used in the clinic. The display that you will use depends on what environment you are working with.

Treatment Sessions 3-8

During treatment session 3, and all subsequent sessions, homework is first reviewed and any difficulties or questions on worksheets or reading are discussed. Then, a baseline of diaphragmatic breathing is recorded. At this point, you will begin exposure in the virtual reality world for your phobia. Exposure to the least anxiety provoking scenarios is first. Your therapist will monitor and watch physiological reactions that occur during exposure and will record these to review with you when exposure concludes. After a twenty-minute exposure, the therapist will switch on the lights in the room and remove the Head Mounted Display (HMD). You will be asked for anxiety levels, or SUDS levels (0 = no anxiety, 100 = maximum anxiety) at this point. You will spend approximately 20 minutes of each 45-50 minute therapy session immersed in virtual reality. The

rest of the session is spent in traditional therapist-patient interaction, with your therapist helping you to process any anxiety that may occur.

Assignment: Read Chapter 7 on exposure and complete your first in vivo exposure task (see Expose Yourself! books published by the Virtual Reality Medical Center for ideas). You will continue to receive assignments from the workbook at each session.

Final Session

During your final session, your therapist will help you formulate a long-term plan for maintaining your gains. In addition, some patients find it beneficial to return for booster sessions to help monitor their progress.

What situations will I be exposed to?

The exposure stimuli will be different for each individual. You will determine with your therapist what situations are most and least troublesome for you. Exposure will begin with those situations that are least anxiety-provoking and will progress to the most anxiety-provoking.

For Specific Phobias, you may begin with photographs or toys of the specific object that you fear. If you are afraid of flying, you may view photographs of an airport, or a video of an airplane taking off. For needle phobia, you may begin by simply touching a medical syringe without a needle. Whatever your level of fear, your therapist will work with you to establish the proper steps for your hierarchy.

For Panic Disorder, exposure may start with interoceptive exercises that reproduce the symptoms that characterize your panic attacks, or you may begin simply by entering a virtual situation similar to ones where you often experience panic. Virtual exposure may include effects such as tunnel vision, blurred vision or a soundtrack of increased heart rate. You and your therapist will work collaboratively to determine the correct course of treatment for you.

For Social Phobia, you will be exposed to many different situations that enable you to interact with others on various levels. Environments range from two-dimensional photographic cutouts of people at a party to real time videoconferencing with others. You will have the opportunity to use a three-dimensional chat room where you are represented by an avatar of your choosing and other Internet and virtual environments to help you overcome your fears. As with other treatment courses, you will work with your therapist to create an individualized plan that will help you to reach your goals.

Condensed Treatment

If Virtual Reality treatment is not available in your area, it is possible to undergo condensed treatment at one of the VRMC facilities. The treatment lasts two weeks and involves a commitment of one session per day for ten days (Monday through Friday for two weeks). This method of treatment seems to work quite well for many clients. However, before attempting condensed treatment it is important that you be aware that it will be a time-consuming endeavor. Do not expect the two weeks to be a vacation, and do not attempt to plan other commitments. There is a lot of reading and practice involved outside of the sessions. In addition, many find the process to be emotionally exhausting. However, there are steps you can take to make the course of treatment a little bit easier. Lawrence Nelson, a former patient of the San Diego clinic, created the survival check list on the next page that will help you to prepare yourself for two weeks of rigorous exposure therapy.

After the condensed treatment, you will be well on your way to living life free of your phobia. Yet, you can expect to continue processing the information that you encountered during treatment once you return home. It is important to find a therapist or other support person in your area to help you through this process. You can use them as a sounding board as you continue to learn about your reactions and thoughts related to the situations that cause you anxiety. With the help of a support system and effort on your part, you will overcome your fear.

New Patient Checklist

Essentials:

- Note pad (spiral steno book is helpful)
- Pens
- Highlighter(s)
- Cassette player with headphones
- Access to a VCR in hotel or where you are staying

Comfort Items:

- Bottled Water
- Eyedrops (what you normally would use)
- Snack or energy bar (not too much sugar)
- Wear comfortable clothing like you would on an airplane

- Microcassette or other recorder to record your thoughts**
- Camera**

Expect:

- **To be tired at the end of the day and plan to rest**
- **Expect to be more or less hungry depending on your stress nature**
- **Plan on reading 10-20 pages per night for most nights**
- **Plan to view a minimum of 2 videotapes, approximately 45 minutes long**

Start to think:

- **About suspending your current belief system**
- **If you enjoyed the phobic stimulus before, why was it so much fun and filled with excitement?**
- **About an inner strength that you can tap into**
- **Remember that camera? Use it now to take photos as if you had flown to a vacation spot**

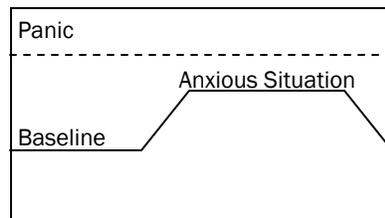
5

Breathing and Relaxation

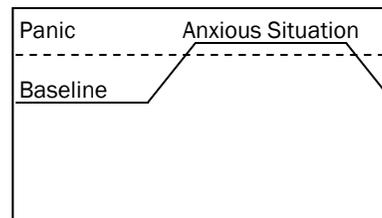
“Go placidly amid the noise and the haste,
and remember what peace
there may be in silence.”

Why Focus on Breathing?

Breathing is an important link in the chain of events that takes place when we become anxious. People with anxiety disorders often tend to have an overall higher level of physiological arousal symptoms even when in a relaxed, baseline situation. Because of this, it is easier for them to “pop up” to a Panic Attack level than it is for people who don’t struggle with anxiety.



Person without Chronic Anxiety



Person with Chronic Anxiety

To help avoid Panic Attacks, you need to lower your baseline level of anxiety, and breathing can help you do this. If you are at a higher level of anxiety overall, it is easy to reach panic in any situation, but if you are at a lower level of anxiety overall, and get a little anxious in a certain situation, you still won’t hit the panic stage.

Some people find one technique more helpful than others. In order to individualize your treatment, we want to provide you with several techniques and allow you to choose the one that you find most helpful.

Be Aware

Your respiration, or breathing pattern, is regulated by your Sympathetic Nervous System (SNS), which controls physical functions that occur without conscious thought. It is, however, one of those functions over which we can learn conscious control. This is a wonderful privilege because it means that we can take one of the bodily processes that is usually affected by anxiety and rein it in by learning some new skills. This, in turn, can help lower your body’s overall level of arousal.

In order to do this, though, you need to first become aware of how you currently breathe. You can do this with one simple exercise:

First, lie on your back on a flat surface and close your eyes.



Place one hand on your waist (right on your navel) and the other in the middle of your chest.

Without trying to change anything, begin to notice how you are breathing. Which hand rises the most as you inhale – the hand on your chest or the hand on your abdomen?

If it is the hand over your abdomen, great! You are on your way to relaxed breathing. You may still benefit from reading through and completing the exercises in this chapter.

If it is the hand over your chest, that's okay. This chapter will teach you ways to change your breathing habits so that they contribute to an overall feeling of serenity rather than anxiety.

How NOT to Breathe

Studies have shown that anxious and shy people breathe in a more shallow manner than those who are generally more relaxed and outgoing. The first group tends to breathe from their chest, while the second breathes from their abdomen. Our stomach muscles often tense in response to stress, and this causes them to push against our diaphragm. When this happens, the amount of air that is entering our lungs is restricted, and we begin to hyperventilate or breathe very rapidly. Hyperventilation can be caused by a number of breathing irregularities. Shallow breathing, sighing, holding your breath for a moment and then breathing rapidly are all breathing patterns which can cause hyperventilation.

Shallow breathing can make you feel as if you aren't getting enough oxygen, but that is not the case. During hyperventilation, you breathe rapidly, producing a situation where you don't have enough carbon dioxide because you are exhaling it all too

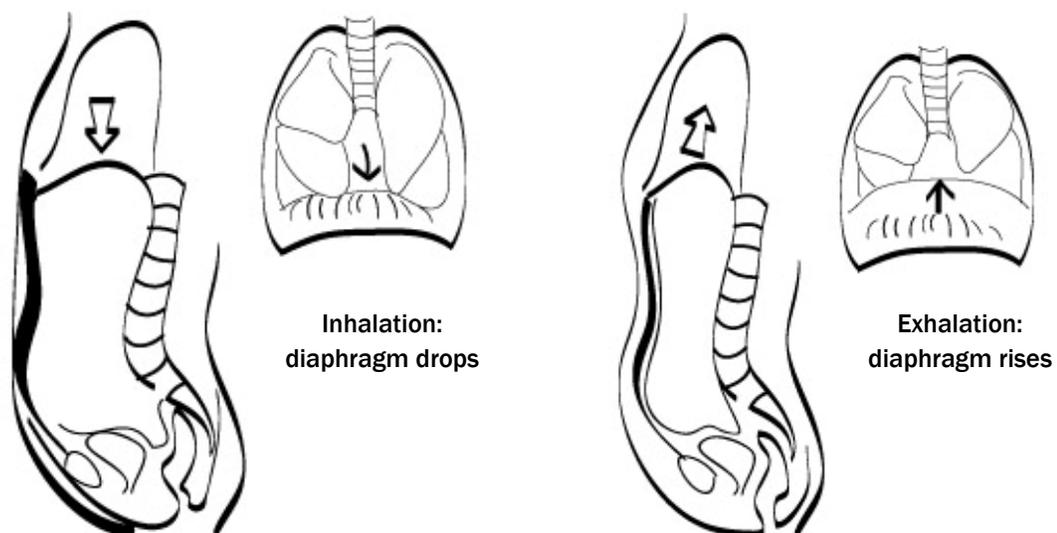
rapidly. That is why a traditional treatment for hyperventilation used to be breathing into a bag; the goal was to have you inhale the carbon dioxide that you expel, helping to return the correct balance between oxygen and carbon dioxide.

In a person who is prone to panic and anxiety, whose brain is already hypersensitive to slight changes in physiology, hyperventilating triggers a “suffocation alarm.” To make up for what the brain perceives as a lack of oxygen, the body tightens the abdominal muscles and perpetuates the shallow breathing pattern, increasing panic and creating a cycle that leads to hyperventilation. However, retraining your body to react in the opposite manner can help you avoid this self-defeating pattern.

Abdominal Breathing Exercises

You will want to be in a safe, comfortable location as you begin these exercises. For maximum benefit, you should be in a supportive environment, lying on your back on a firm surface. As you become more skilled, you should begin to practice your breathing in many positions (sitting and standing) and many situations (public and phobic). This will enable you to use breathing to cope with any situation, no matter what circumstances you may be experiencing.

During abdominal breathing, your chest should move very little; your stomach should do most of the moving. This is because in abdominal breathing, the diaphragm, the muscle that separates the lung cavity from the abdominal cavity, moves downward. This causes the muscles surrounding the abdominal cavity to push outward, producing the motion.



When you are ready to begin the exercise, lie down in a safe place and close your eyes so that you can focus on what your body is doing.

- **First, straighten your legs and arms, and allow your body to find a comfortable position. Your hands should be palm-up at your sides, but not touching your body.**
- **Quickly scan your body for tension. Make note of any tension that you feel.**
- **Place one hand on your abdomen, just above your navel and the other on your chest.**
- **Inhale slowly and deeply through your nose allowing your breath to flow into the deepest point in your lungs. You may feel your chest expand as the air enters, but it should only move slightly. Your stomach should begin to rise, slowly pushing up your hand.**
- **Once you have inhaled fully, exhale slowly through your nose or your mouth. Be sure to exhale fully, and then pause for a moment. As you exhale, allow yourself to let go so that your entire body goes limp.**
- **Continue to gently breathe in and out. Let your breath find its own pace.**
- **If you have trouble breathing into your abdomen, press your hand down as you exhale and let your abdomen push your hand back up as you inhale. This is actually a good exercise for your stomach muscles. It's almost like doing "crunches" if you push your stomach out on the inhale and pull it all the way back in on the exhale.**
- **If you still have difficulty, try lying on your stomach with your head resting on your folded hands. Take deep abdominal breaths so you can feel your abdomen pushing against the floor. Or, you can try imagining that you are breathing in directly through your navel.**
- **Another option is to imagine that as you inhale you are blowing up a big balloon (your stomach is filling with air) and as you exhale, the air is going out of the balloon.**

When practicing, do your abdominal breathing for 15-20 minutes at a time. Try to keep your breathing smooth and regular. It may help slow down your breathing if you slowly count on the inhale (1001, 1002, 1003, 1004, 1005), and then again on the exhale (1001, 1002, 1003, 1004, 1005). If you begin to feel light-headed, stop for 30 seconds and then try again.

Homework: Practice breathing with the audio tape or CD that your therapist gave you. You can also sprinkle mini-practices throughout your day to help generalize your skills.

Mini-Practices

Quick “mini-practices” help your skills become more automatic. It is important to practice in a variety of non-threatening situations so that your skills are strong for anxious situations when you need them. Like a tennis player who can serve without thinking about it, your skills will become automatic. However, you must first put in as much practice as possible. Each player has to practice his or her serve over and over before getting to Wimbledon.

Below are some mini-practices to help you on your way:

- **Stoplights:** Begin the habit of practicing a few abdominal breaths at traffic signals when you are driving. Not only will this help calm any tension that you may have while driving, but it will help you get used to breathing correctly while focusing on other things.
- **Refrigerator Dots:** Put a little sticker on your refrigerator to remind you to stop and complete a minute of abdominal breathing as you make a fridge run. Reminders like this help to be sure that you continue practicing.
- **Bathroom Mirror:** Place another sticker on your bathroom mirror for the same purpose. This will help you remember to start and end your day with relaxation as well as reminding you throughout the day to take a mini break.

Calming Breath Exercise

When you need to develop a deep state of relaxation quickly, you should practice a calming breath. This exercise works wonders for stopping the momentum of a panic attack or reducing symptoms associated with hyperventilation. You should work on mastering Abdominal Breathing first, but you may practice both types of breathing. You should practice as often as you remember and have the opportunity.

- To begin, breathe from your abdomen, and inhale slowly through your nose as you count to five slowly.
- Now, exhale slowly, through your nose or mouth, as you count to five. Be sure to exhale fully even if it takes longer than five seconds.
- Take two breaths as you normally would, then repeat the Calming Breath again.

Keep practicing this exercise for at least five minutes. As you continue, you may notice that you have to count higher than five in order to inhale or exhale fully. That's fine. Just make sure you stop to take two normal breaths between each

Calming one. As with Abdominal breathing, if you start to feel light-headed, take a 30 second break, and then try again.

Progressive Muscle Relaxation

You will draw the most benefits from progressive muscle relaxation if you commit to practicing at least 15-20 minutes per day. You should ideally begin practicing in a quiet location to prevent distraction, but practicing in other places will help to generalize your skills to situations when you may need the relaxation most (i.e. work, public transportation, phobic situations). Use this time to let go of the worries that you carry each day. Simply set them down beside you and enjoy the feeling of weightlessness it brings.

Progressive muscle relaxation involves tensing and relaxing different major muscle groups in succession. The idea is to tense each muscle group for about 10 seconds and then let go of it suddenly. In between each group, take time to notice how each muscle feels when relaxed in contrast to how it felt when tensed. If your attention wanders, gently bring it back to focus on your muscles. Don't be too hard on yourself; this type of concentration is difficult at first. Just give it a try.

- First, take three slow, deep abdominal breaths. Picture the tension flowing out of your body with the exhaled breath.
- You will hold each muscle group tense for 7-10 seconds and then release for 15-20 seconds. Use these times as guidelines for all muscle groups.
- Now, clench your fists, then release.
- Next, tighten your biceps by drawing your forearms up toward your shoulders in a "muscle pose" and then relax.
- On to your triceps, the muscles on the back of your upper arms. Extend your arms and lock your elbows to tense these muscles. Hold, and then relax, leaving both of your arms loose and limp. Imagine that if someone tried to lift them, they would be heavy and floppy.
- Now, tense your forehead by raising your eyebrows as far as possible. Make sure to keep your arms nice and relaxed. Hold for 7-10 seconds, then release.
- Then, scrunch your eyelids shut and tense the muscles around your eyes. Hold, and then relax.

- Tighten your jaw by opening your mouth wide. As you relax, let your lips part so that your jaw hangs loose.
- Now move on to the neck, a particularly tense area for most people. Tense the muscles in the back of your neck by pulling your head towards your back. You can tense and release twice if you are especially tight in this area.
- Return your head to a comfortable position where there is no pressure on your neck. Feel the support beneath your head and allow the muscles in your face and neck to go slack.
- Next, raise your shoulders toward your ears, making sure to leave your arm and neck muscles relaxed. Hold, and then release.
- After that, pull your shoulder blades back towards each other. This is also a tension-filled area for most, so repeat the tense-relax cycle twice if you are inclined.
- Tighten your stomach muscles by sucking your stomach in. Hold and then release. Now, arch your lower back, contracting the muscles, and then relax.
- Squeeze your buttocks together. Take a deep abdominal breath as you release. Picture the tension in your torso and pelvis flow out through your exhalation.
- Now, tighten the muscles in your thighs all the way down to your knees. Hold, and release.
- Flex your feet, tightening your calf muscles and hold. Now release.
- Take a deep abdominal breath and scan your body for tension again. Feel the entirety of your weight being supported by the surface you are lying on. If you still feel tension in any part, repeat a tense-release pattern one or two more times for that group of muscles.
- Inhale deep into your abdomen, and exhale completely. Imagine all of the tension collecting in your lungs. Now let it leave your body with the exhaled breath.

Remember that relaxation exercises are designed to help you selectively focus your attention while remaining relaxed. The goal is not to eliminate all thoughts, but to achieve a state of being both relaxed and alert. You have to give yourself permission to relax, and not worry so much about whether you are doing the exercise correctly. The goal is to lessen the overall tension and arousal in your body.

Importance of Regular Practice

By practicing your new breathing and relaxation skills as often as possible, the correct method of breathing will become second nature to you, enabling you to employ it without struggling when you need it most. The more you prepare and work with your breathing and relaxation techniques, the easier it will be to utilize them in anxious situations. Just like an Olympic athlete, you need to train your body to obtain the highest benefit from these exercises. In addition, using abdominal breathing methods will enable your body to maintain a constant respiration rate. Your brain will no longer sound alarm bells because it feels you are not getting enough oxygen. Your subconscious will learn to recognize anxiety sooner, enabling you to begin coping statements and relaxation exercises sooner, before your anxiety progresses into panic. All of these benefits create a situation where you are in charge of your body and your emotions, rather than the other way around.

6

Reframing your Thoughts

“If you compare yourself with others,
you may become vain or bitter;
for always there will be greater and
lesser persons than yourself.”

What is Cognitive-Behavioral Therapy (CBT)?

CBT is based on the idea that you can change your feelings and emotions by changing your thoughts. CBT is a method of therapy that teaches you to work with your behaviors and cognitions in order to gain control over your feelings, in this case anxiety and panic. The Cognitive part of treatment involves working with your automatic thought patterns and investigating how they tie into your emotions. The Behavioral piece of treatment includes looking at your actions and determining what reactions you often have in anxious situations. The key to this type of therapy is the examination of how your thoughts and feelings interact to drive your behavior.

So how does CBT work? It has been demonstrated over and over that most intense emotions are immediately preceded by some kind of interpreting thought. Though for some thoughts may be more powerful, and for others behaviors may exert more force, the two go hand in hand. CBT works on both together, providing a web of tools to help you gain insight into the interaction of your thoughts, emotions and actions.

For example, a friend calls to cancel plans to go to a movie because she has to go to the doctor. If your thought were, “She probably is going on a date instead,” you might feel anger about her falsehood. If your interpreting thought were, “Maybe she is really sick,” you would feel anxiety for her well-being. If you thought, “Maybe I said something that offended her,” you would feel worried and self-conscious.

This interaction between thoughts and feelings is the core of cognitive-behavioral therapy. You can change your feelings by changing your thoughts. Though these thoughts are very real to each person, it is possible through exercise and practice to alter these thought patterns. Hundreds of studies over the last decades have proved that this simple insight can be applied to relieve a large variety of problems more easily and quickly than any other therapeutic technique, anxiety included.

We are about to embark on the cognitive work involved with overcoming your anxiety. In this section you will be asked to challenge your current ideas, some of which are core beliefs that you may have held since childhood. It is important to remain open to this, and to try the different techniques even if you think that they may not help. Only you will be able to do the work involved to take control back from anxiety and fear. Simply reading through this book or sitting passively through therapy will not work. This section will be difficult to progress through at times, but you can do it. However, since it will not be an instant fix, you need to remember what you have already learned. You are armed with coping mechanisms that will help you through this process. Remember to practice your breathing and relaxation. When you are experiencing symptoms, look back to Chapter 3 and realize that your physical symptoms are not dangerous, and that you know exactly what your body is doing, and why. While you still have some work left to do, you are developing the tools and strength needed for success.

As you go through this workbook, it is important to change your attitudes about anxiety. Try not to think about your anxiety as a “problem.” Instead, take your first step towards “reframing your thoughts.” Try thinking of your anxiety as an opportunity, or if that seems like too much of a stretch for now, at least as a challenge. This is your opportunity to learn the skills and techniques that are taught to athletes and others wanting to learn “peak performance” skills to put them ahead of the curve. The same techniques will be taught to you to help you be “at your best” when entering your feared situation. By thinking of your anxiety as a huge insurmountable problem, you only give it power. Instead, think of it as a challenge that you must solve, one that you will break apart into small steps, take apart and examine, and thus take back the power it has stolen from you.

Cognitive Reframing

What is cognitive reframing? It is the process of looking differently at your thought patterns, to challenge your thoughts and make them more realistic. For example, “I will never be able to do this” is not a realistic thought. It uses what we call “all or nothing” thinking. Instead a more realistic thought would be “This is going to be difficult, but I have learned many difficult things before. I’m an intelligent person, and with hard work and perseverance, I can do this too.”

One basic way to begin cognitive reframing is to review your vocabulary. Instead of repeating over and over that you are anxious, begin to re-label “anxiety” as

“excitement.” You are excited about the new opportunities and challenges that await you, not anxious. Even this simple vocabulary switch can begin to shift how you think about your anxiety. Again, we want to take the power back from the anxiety and give it to you, where it rightfully belongs.

Feelings vs. Thoughts

Though we all speak in the language of feelings and thoughts, many people have a difficult time distinguishing a feeling from a thought. A feeling is an emotion. It is not tied to any idea. For example, “angry,” “happy,” and “disgusted” are all feelings. Most feelings can be described in this way, in one word.

Thoughts, on the other hand, are ideas, usually a phrase or sentence. A thought may begin with “I feel” but they are still not considered feelings. Any statement that begins “I feel that...” is automatically identifiable as a thought. For example, “I feel that I should be able to overcome anxiety on my own” is a thought, not a feeling. “Anxious” is a feeling.

The two are not completely separate entities, however. In fact, they are intrinsically related. Thoughts cause feelings, and because of this, it is important to be aware of what your thoughts are doing to your emotions. When you feel that you “should be able to overcome anxiety on your own,” you cause feelings of “helplessness,” “frustration” and “hopelessness.” By realizing how your thoughts are linked to your feelings, it becomes easier to control those feelings.

You may be thinking, “I can’t always choose my thoughts. Some just show up.” This is partly true. Those thoughts are called “Automatic Thoughts” and they are often at the root of our emotions. However, you can learn to control your automatic thoughts, and in turn, your feelings as well.

Identifying Automatic Thoughts

Everyone has automatic thoughts, thoughts that pop up in your mind in reaction to an event seemingly spontaneously. However, the thoughts are always in reaction to something. These thoughts can be positive or negative in nature. These automatic thoughts govern our actions and responses to our environment.

With fear, these thoughts tend to be repetitive and obsessional, constantly nagging you about possible dangers. This leads to hypervigilance, scanning, and increased sensitivity to bodily and environmental sensations of anxiety. This in

turn leads to more automatic thoughts of catastrophe, which creates a cycle of fear.

Destructive automatic thoughts tend to have characteristics in common. They are often irrational, and we often know they are irrational, but in the moment of anxiety we believe them anyway. They are often associated with strong emotions and appear as incomplete sentences or images, just a flash of information. Often, anxious automatic thoughts include “should,” “ought” or “must.” They tend to focus on the worst possible outcome of an event. The thoughts are persistent and differ from what you would say in public. The thoughts tend to run in themes, especially when anxiety is involved. Most of all, it is important to realize that these thoughts are not spontaneous but rather learned reactions to situations.

In order to eliminate unhelpful automatic thoughts, you first have to pinpoint exactly what they are. To start, simply list automatic thoughts that you find yourself having. Pay attention when you are worrying or anxious. What is going through your mind? Try to keep a pad of paper with you for a few days and jot down automatic thoughts when you notice them. Imagine a panic attack, and tune in to what you are thinking. If you have difficulty, it may be necessary to approach a phobic or anxiety-inducing situation in real life and pay attention to your thoughts in order to come up with a list.

Keep going until you have a list of specific thoughts that you wish to target and eliminate.

Types of Automatic Thoughts

Most automatic thoughts, or patterns of automatic thoughts, fall into one of several categories. Once you recognize your specific automatic thought and the type, you can begin to question the reasoning behind it, thus weakening its hold on you.

The first category of thoughts is referred to as Irrational Thoughts or Cognitive Distortions. These thoughts have no logical foundation and are often based on emotion or blind faith rather than evidence.

The nine types of automatic thoughts in this category are listed below along with an example and some questions to help weaken them:

- Exaggeration or Overgeneralization involves taking one incident and applying it to all aspects of your life.
 - Example: “I burned dinner tonight. I am a horrible cook and cannot take

care of my family.”

- Is this a fact or a hypothesis?
- Is there any objective evidence for this claim?
- Could another person draw a different conclusion?
- **Catastrophizing** is worrying that the worst-case scenario for a situation may come true.
 - Example: “If I have to get up to make a speech I will sweat so much that everyone will laugh at me.”
 - Would it really have such extreme consequences?
 - Have I coped with difficulties in the past and survived?
 - Does it matter what others think?
- **Control at all Costs** occurs often with anxiety. People want to control all aspects of a situation even though that is impossible.
 - Example: “I can’t drive because the other drivers might swerve or the road might have debris.”
 - I don’t have control over a lot of things, and haven’t I survived?
 - Can I learn to distinguish and focus on those things under my control?
 - Do any people that I admire have “complete” control?
 - Do I think any less of them?
- **Perfectionism or All-or-Nothing Thinking** creates an unreasonable standard of performance. In addition, the thoughts tend to judge actions and situations as either good or bad, with no in between.
 - Example: “It is wrong to yell at my kids no matter what.”
 - Can I allow myself to be human and therefore imperfect?
 - Is perfectionism the only way to measure self-worth?
- **Emotions as Evidence** is a thought that creates a situation where you may think that you are basing a thought on rational evidence, but your only justification is, in reality, simply based on emotions.
 - Example: “Asking people for help means I am weak.”
 - Are feelings good evidence of facts?
 - Have I ever felt something strongly and been wrong?
- **Filtering** is a way of looking at situations and noticing only the negative aspects.

- **Example:** “I hate being at the beach. It is hot, windy and the seagulls are annoying.”
- Is there anything enjoyable about this?
- Have I tolerated uncomfortable situations before and learned from them?
- Is there any benefit to dwelling on this?
- **Mind reading** involves assuming the content of other peoples’ thoughts without any valid evidence.
 - **Example:** “I know my teacher hates me because he always calls on me in class.”
 - What objective evidence is there for this statement?
 - Do people always know what I am thinking?
 - Could there be another explanation?
- **Personalization** occurs when you believe that all things are caused by something relating to you.
 - **Example:** “If I had sent my mother a gift for Mother’s Day, she wouldn’t have died.”
 - Is there another explanation for the situation?
 - Would things really be different if I changed my action?
 - What evidence do I have that one caused the other?
- **Shoulds** are thoughts that are based on rigid rules that you created or learned to live your life by.
 - **Example,** “I should be able to get an “A” in this class without a tutor.”
 - Is this based on objective evidence?
 - Would I expect everyone else to live up to this standard?
 - What is the worst that would happen if I broke the rule?

The next category is Unhelpful or Maladaptive Thoughts. These thoughts may seem logical and based in reality, but in the end they do not promote overall well-being and mental health and tend to produce chronic worriers. Two questions can be used to root out this type of thought. Ask, “Is this thought helpful?” and “Do I feel good about myself when I think this way?” If the answer to either or both of these questions is “no,” it is time to do some serious work to eliminate the thought.

- **Disaster Expectation** is expecting the worst to happen in all situations. Though this is similar to Catastrophizing it is even more maladaptive because not only do you worry about the worst-case scenario, you assume it will happen.
 - Example: “If we go to the movies, we’ll just end up sitting by a baby who screams the whole time.”
 - Is there evidence that the worst will happen this time?
 - How many times have I thought that and it didn’t happen?
- **Giving Up** is the assumption that you should never try because you always fail.
 - Example: ““Relationships never work out for me. Why should we even try?”
 - What would be the worst that could happen if you try?
 - Is there evidence that you will certainly fail?
- **The Unanswerable Question** is asking why when there is really no answer. It is simply an instrument of self-torture and is unproductive. These thoughts are distractions from coming up with useful solutions.
 - Example: “Why do I have an anxiety disorder? Why not somebody else?”
 - Ask how or what you can do about it instead.

These thought patterns should begin to ring a bell. You can change your thoughts, even if they seem set in stone. Don’t give up!

Challenging Automatic Thoughts

Even the thoughts that seem most persistent can be weakened. Worksheet #2 will help you with this task. Below are the steps necessary to complete this exercise effectively.

You first need to become aware of when specific negative automatic thoughts affect you.

- Begin to write down (on Worksheet #2) each thought that causes you anxiety and when the thought occurred.
- Next, record the self talk that was going through your mind at that moment.
- This is where you write down all of your worries, judgments, etc
- Rate your anxiety level from 0-100.
- Focus on your emotional response. Make a clear “feeling word.” Just

one!

- **Now, write down the automatic thought itself.**
- **What category does it fall into?**
- **Is this a pattern that you tend to follow?**
- **Next, it's time to write down the facts.**
- **Only record objective ideas, not judgments or emotions.**
- **Is there any real evidence to support your thought?**
- **Does any evidence (not your self talk!) exist for the truth of this idea?**
- **Now, dispute your thought with a rational response.**
- **What evidences proves it false?**
- **What is really the worst thing that could happen?**
- **What good things might occur?**
- **Substitute your thought for a new thought. This doesn't have to be the absolute opposite of your original thought, but it has to be accurate and positive. (See next section for further details).**

Use **Worksheet #2** for several weeks (use the sample on the next page to get started). It will take work to alter your thought patterns, but you will begin to have success if you are persistent. You can repeat this exercise with the same automatic thought, but use different evidence to refute it each time. You may be thinking, "This won't affect my fear. I know intellectually that my thoughts are irrational, but that doesn't change my belief in them." I encourage you to try anyway. Repeat the exercises often, and it will start to work eventually. You may not even notice it at first, but one day you will realize that your thoughts have changed. If you have trouble finding rational refutations to your thoughts, consider using a friend or loved one as a coach. Sometimes a person who is slightly separated from the thought can see the logical flaws more easily.

Possibility vs. Probability

When attempting to create rational refutations that counter your automatic thoughts, it may help to remember the important distinction between possibility and probability. This is especially beneficial when your worries become overwhelming. Possibility refers to the idea that something is within the limits of ability, capacity or realization. However, probability is the likelihood or potential that something will occur. Often, the things that you are worried about will probably not occur. Most likely, your plane will not crash, your loved one will return home unscathed, and your headache is just tension, not a tumor. Yes, the *possibility* of all of your worries coming true is there, but the outcomes that you fear are not often *probable*. When you examine your fears and come up with exactly what it is that you are afraid of occurring, you should then ask yourself: "Is this outcome possible?" Most likely it will be, or you wouldn't fear it. Then ask, "Is it probable?" You will often find that the probability is small compared to the amount of energy that you spend dreading it.

Constructing Affirmations

By replacing your negative thought patterns with more positive and accurate ones, you can further weaken the affect your original thoughts have on your anxiety. These new thoughts are called affirmations. Affirmations should be:

- short
- simple
- Specific
- present tense (I am) or present progressive (I am becoming)

It is also important to avoid using negatives. For example, "I am not afraid of spiders" might be better replaced by "I can handle interactions with spiders." In addition, you should begin with a strong, direct statement. Try using sentences like, "I can take all of the time I need to relax" instead of "I can sometimes relax." Even if the statement seems too strong at first, you will eventually gain more benefit and start to believe in even the strongest of statements.

As you use Worksheet #2 to develop affirmations that challenge your automatic thoughts, choose a few of these affirmations that you most want to adopt. It is easier to begin working with a short list of affirmations rather than trying to change all of your thought patterns at once.

You can do several exercises to begin internalizing these new positive thoughts. Start by simply writing them over and over on a piece of paper. Record your doubts each time, then go back and counter these doubts with evidence (or lack of it). You can also write your affirmation large on a sheet of paper and put it somewhere in your house where you will see it often. In addition, write it on a small card or slip of paper as a reminder in your car and your wallet. You can try putting a series of affirmations on audiotape or CD. Read them into the recorder 15-20 seconds apart so you have time to think about each in between. Listen to your recording once a day for at least a month. You can listen in the car, in the house, or whenever you have a free moment. It is not necessary to devote your full attention to the recording each time (though it does help). Say each affirmation with conviction, whether you completely believe it at first or not.

Thought stopping

In addition to affirmations, a technique called Thought Stopping can help you overcome those nagging worries that are not responding quickly to rational challenges. This exercise is particularly helpful for those with anxiety or phobias, however, it requires consistent practice. These thoughts have been allowed to be in control and run wild. Now you are going to take back that control and stop them. You have learned to control your body and now you are learning to control your mind.

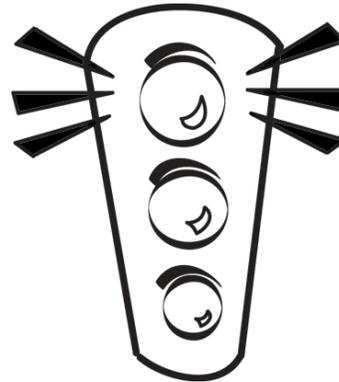
Thought stopping involves eliminating the unwanted thought from your mind and replacing it with a positive thought or affirmation. You first concentrate on the worry and then, after a short time, suddenly stop and change your thought pattern. First, choose a thought that you find stressful, that you are extremely motivated to change, that comes up often and has been difficult to change through rational challenge (or is taking a long time). After you have success extinguishing this one, you can move on to master others. To complete this exercise, follow the steps below:

- First, do your relaxed breathing for 15-20 minutes.
- Now, imagine a situation where your stressful thought occurs often. Imagine in as much detail as possible — who you were with, what you were wearing, how you were feeling. Try to invoke all of the thoughts and emotions that would arise in this situation, both normal and obsessive. The goal of this exercise is to interrupt only the obsessive thoughts, and to continue the flow of normal thoughts.

- Concentrate on these thoughts for a period of time.
- Now, complete the following startle techniques:
- Yell “STOP!” as loud as you can inside yourself. Many people find the graphic to the left (below) helpful.



- Now imagine a flashing red light like the one to the right.



- When the startle method interrupts your concentration, let your mind empty of all anxious thoughts. Refocus instead on your breathing and positive affirmation. Try to remain in this state for 30 seconds.
- If your anxious thoughts return, yell “Stop!” imagine the flashing red light and refocus on your rational refutation for this thought.
- Once you have mastered Thought Stopping with the startle methods, it is time to take control of the Thought Stopping cue. Begin by shouting stop during your concentration without the flashing red light.
- When you succeed with this method several times, begin to stop yourself in a normal voice.
- You have become successful at the technique if you can stop your thought in public without calling attention to yourself. Once you reach this point, you can start on a new thought.

There are many theories as to why thought stopping works. Some believe that “Stop!” acts as a punishment for obsessing about the negative thought, and behavior that is consistently punished is likely to extinguish. Others think that the command “stop” acts as a distractor, and that this is not compatible with continuing obsessive thoughts. Some subscribe to the idea that thought stopping is an assertive response and that assertiveness leads to more self-acceptance and reassurance.

The truth is, your automatic thoughts are tightly tied to your unconscious thought processes, and so by the time these thoughts surface into your con-

scious awareness, they have already been ruminating in your mind for a period of time. This makes them seem built-in, like core beliefs, thus making them extremely difficult to extinguish. With thought stopping, you are eliminating and challenging these thoughts the minute you become consciously aware of them. In this way, you are releasing their hold on you at their very inception and replacing them with more rational, constructive ideas.

If you are having difficulty with this technique, you may want to try a slightly less intrusive thought. Or, if you have trouble stopping with a sub-audible command, you can try keeping a rubber band around your wrist and snapping it as you yell stop in your head. You can also try abdominal breathing to help calm you down and avert your thoughts. Sometimes, those with comorbid Obsessive Compulsive Disorder or an ingrained habit of obsessing find that thought stopping simply exacerbates the preoccupation with a thought. The more you try not to think about it, the more you do. In this case, Postponement might be a more effective method. See the next section for more information about Postponement.

Remember that the thought stopping technique takes time and persistence, but it does pay off. To reinforce this technique, just like with the breathing, we recommend you do “mini-practices.” So now at stoplights or at the fridge, or when you see the dot on the bathroom mirror, every other time you will do breathing and every other time you will do thought stopping. But this can be about any thought. For instance, think, “Oh my gosh, on the way home I have to go to the store for bread, milk, eggs...STOP!” See the flashing red light, refocus on your breathing and think of your positive affirmation. Or, “STOP!”, flashing red light and then rational refutation (If I forgot the bread it wouldn’t be the end of the world). Again, we want you to be able to break the cycle of automatic thoughts. This is a skill you are learning, just like the breathing. We want it to become second nature so that you can do it anytime, anywhere that you need to.

Postponement

Sometimes postponement is a smaller, more manageable step toward lessening the power of automatic thoughts than thought stopping. While in thought stopping you attempt to eliminate your obsessive thought, this may not always work. That is why these thoughts are called “automatic” or “obsessive.” However, if you allow yourself to have these thoughts, you are exercising control over them.

Now that you have accepted your worries, you can take control of *when* you worry. By consciously deciding to acknowledge your worries, and stop ignoring them, you have given yourself power over them. The postponement technique simply takes this one step farther and asks you to stall obsessive thoughts. By postponing your worries for a period of time, you break the cycle of worry that so often arises from attempting to fight them. In addition, the longer you spend thinking of things other than your obsessions, the less likely it is for your worries to return.

To practice this technique, first agree in your mind to pay attention to your obsessions. Acknowledge them, and agree that you will focus on them, but not until later. Next, choose a specific time that you will allow yourself to return to these thoughts (begin with minutes and move toward hours into the future). Go ahead and focus on other things, knowing that you can return to obsessing at your specified time. As that time draws near, either allow yourself to return to your obsessive thoughts, or set another time and postpone again. Always choose to postpone your worries if you can.

If postponing again seems too difficult, set a specified amount of time that you will allow yourself to worry. As your self-imposed deadline arrives, attempt to postpone your worries again. You can repeat this cycle until you feel that you can let go of your worry.

It helps to distract yourself with other thoughts during your postponement time. Participate in a fun activity, talk to a friend or co-worker, or simply focus on something challenging that takes a significant amount of concentration. The longer you are able to postpone, the less power the obsessions possess. As you practice postponing, you will find that it becomes easier to postpone for longer periods of time, eventually eliminating the need to obsess altogether.

Visualizing Your Goal

A good first step toward exposure that will help you “unlearn” the association between fear and a phobic situation is visualizing a positive outcome. In order to do this, you can practice imagining or visualizing being in a situation that typically causes anxiety while maintaining a completely relaxed state. The process of visualizing or imagining is extremely powerful. It is the way we all learn to do things, even basic skills like walking and writing. Visualization is simply seeing (or experiencing) yourself in your mind. Many athletes and performers use visualization techniques to mentally see themselves completing their goal perfectly before they perform. Whatever goal you set, visualization can be a powerful tool toward achieving it.

To practice, try a scenario that is not particularly frightening to you. For example, going to make a phone call to a family member. In your mind, stand up from the couch and walk toward the phone. Keep in mind that people imagine in different ways. For example, some see in color, some in black and white. Some feel the movement in their body, others just think through the scenario. Whichever style you use is fine. Lift the receiver. Feel the hard plastic in your hand. Bring the phone to your ear and hear the dial tone hum. Press the familiar numbers. Feel the keys sink beneath your fingers. For any scenario you use, try to imagine all of the senses that it involves: sight, hearing, taste, smell or touch.

Now work on bringing yourself closer to experiencing your feared situation in a relaxed state. Try to remember all of the details of this situation. What do you see? What do you hear? What do you smell? Are there tastes and textures involved? As you begin to mentally list these sensations, make sure that you are practicing abdominal breathing. You are not in danger, you are relaxed. As your physical sensations of anxiety calm down, go back to your scenario. What is happening? Using all of your senses, imagine yourself successfully experiencing your feared situation without anxiety. You are completely in control, and even enjoying yourself.

If you take time out everyday to imagine yourself accomplishing your goal, it will become easier and easier to believe that you will reach it. Even when you are not actively exposing yourself to phobic stimuli, you can practice in your mind over and over. You can see yourself accomplishing your goal.

Distraction

It is tempting to distract yourself from anxiety, especially when you are used to avoiding a phobic situation. Distraction helps you get through an event without time consuming cognitive therapy. It is a comfortable alternative to facing a fear. However, it is a form of avoidance and it prevents you from extinguishing the automatic thoughts that are causing your anxiety and fear.

Some professionals feel that distraction is a valid and valuable form of coping. Still others argue that distraction actually hurts progress toward overcoming anxiety. It is true that habituation and desensitization is greater when you focus on the feared situation rather than distracting your mind from it. Desensitization to anxiety cannot occur if you are not actively engaged in the anxious situation. Therefore, for exposure therapies, distraction may actually work against your progress.

So which is it? Is distraction a valid technique that allows you to get through anxiety inducing situations or is it detrimental to treatment of anxiety. The answer is: both. If you need to simply survive a situation that you will not have to experience often (i.e. a painful medical procedure), then distraction may be a valid choice because it does not require the intense time commitment of cognitive reframing. In addition, if your fear is so intense that you cannot complete cognitive exercises, distraction may be a good first step to help you cope with a situation so that you can begin considering the basis of your thoughts.

However, if you are attempting to overcome chronic general anxiety, distraction is not recommended. You will simply waste time using a short-term solution over and over again rather than reaping the benefits in self-confidence and serenity that come from changing your whole pattern of thinking. It is important to consider the problem that you are trying to solve before choosing distraction as a solution.

S.T.R.E.S.S.

Sometimes in a stressful situation it is difficult to recall the techniques that you have been practicing during calmer moments. One way to remember the basic steps to follow in a high anxiety situation is to use the mnemonic device STRESS. The letters in stress stand for:

- Sense the first signs of anxiety**
- Think about automatic thoughts**
- Refute and replace with affirmations**
- Eliminate muscle tension**
- Start abdominal breathing**
- Self-reward for taking control**

Feel free to modify this to follow the steps that you find most important or create a new mnemonic that you find easy to remember. Every little bit helps when the time comes to confront a stressful situation!

7

Beginning Exposure

“Beyond a wholesome discipline,
be gentle with yourself.”

If you want to overcome your fear, you must begin to confront uncomfortable situations. It is important to begin exposing yourself to the things you fear as soon as possible, because anxiety builds as avoidance is practiced. Avoidance becomes a learned behavior pattern very easily because it is comfortable and is positively reinforced (anxiety decreases when you avoid or exit the situation). Exposure is the next step that you can take in becoming an active participant in your own recovery.

Types of Exposure Therapy

Exposure therapy is indispensable in the treatment of many anxiety disorders, including specific phobias, panic disorder, agoraphobia and social phobia. The five main types of exposure are systematic desensitization, imaginal exposure, *in vivo* exposure, flooding and virtual reality.

Imaginal

Imaginal exposure involves closing your eyes and visualizing an anxiety-provoking scene. You concentrate on the scene as anxiety increases, and remain focused until anxiety lessens to a reasonable level. Imaginal exposure can be completed gradually. Imagining progressively more frightening situations and then moving to the next situation when you become calmer achieves desensitization in steps. In addition, you can imagine the feared situation at a high intensity without avoiding or neutralizing the images. This is called flooding. The idea behind this method is that the Sympathetic Nervous System can fire for only so long, and that eventually the body has to come back to equilibrium. Flooding is often used only as a last resort because it can be upsetting and may be a risk for those with high blood pressure.

One problem with imaginal exposure is that many people are unable to effectively imagine the situations that cause them anxiety either because of fear (which causes them to cognitively avoid imagining the anxious situation) or poor visualization skills. Such patients are unable to feel present in the phobic situation or re-experience the fear stimuli. Since the fear structure is not activated, desensitization cannot occur.

Systematic Desensitization

Systematic desensitization consists of a hierarchy of scenes that provoke increasing levels of anxiety. These are represented visually and sometimes audibly. Relaxation techniques are paired with the exposure in order to reduce the stress response. As you move through the hierarchy items, often with the aid of the therapist, you approach new items only when previous items in the hierarchy can be experienced with little or no anxiety. This technique is based upon the theory that you cannot be both relaxed and anxious at the same time.

In vivo

In vivo exposure involves exposure to the actual real-life phobic situation. This is often done after first learning anxiety management techniques, such as thought stopping, relaxation, diaphragmatic breathing, and distraction.

In vivo exposure is extremely effective when it comes to overcoming anxiety and phobias. However, loss of confidentiality, lack of control, and added expense all make this treatment less desirable than something like VR-CBT. With fear of flying, the expense of using actual airplanes as part of exposure therapy is prohibitive, as is the time commitment on the part of both therapist and patient of driving to an airport and taking a flight. In vivo exposure is also "too real" for some to consider. Studies have shown that less than 15% of those with phobias seek treatment, often because the fear of actually having to face the situation is too intense (Agras et al, 1969; Boyd et al., 1990).

In vivo Flooding

Flooding can be performed in vivo in addition to imaginally. As with imaginal flooding, in vivo flooding involves exposing you to the feared situation at a high intensity without avoiding or neutralizing the anxiety. However, unlike imaginal exposure, you actually are in the presence of the object or situation that you fear. If you have arachnophobia, for example, a spider would be placed in your hand.

Virtual Reality-Enhanced Cognitive-Behavioral Therapy

The Virtual Reality Medical Center uses Virtual Reality-Enhanced Cognitive-Behavioral Therapy (VR-CBT) in order to treat many types of anxiety disorders. VR-CBT combines cognitive coping and relaxation techniques, exposure techniques and virtual reality to create a method of treatment that solves many of the disadvantages of traditional exposure therapies. VR-CBT can provide stimuli

for patients who have difficulty imagining scenes and/or are too phobic to attempt confronting real-life situations as an initial first step. VR-CBT can safely generate stimuli of much greater magnitude than standard imaginal and *in vivo* techniques in situations such as freeway driving or severe flight turbulence. It has been proven to be 92% effective for the treatment of specific phobias, panic disorder and agoraphobia, and is also being used to treat social phobia and posttraumatic stress disorder due to motor vehicle accidents at the VRMC clinics. Others are using it to treat such diverse issues as eating disorders, obesity and posttraumatic stress disorder in Vietnam veterans.

After an initial intake session, including a clinical history and evaluation, VR-CBT begins with traditional educational sessions. The therapist teaches you breathing and relaxation techniques with the help of physiological monitoring and feedback as a coping mechanism for anxiety. In addition, you are taught cognitive techniques such as thought stopping, and at this time the therapist corrects any misconceptions that you may have about the phobic stimulus (i.e. “elevators are untrustworthy and the cables often break”). The therapist will work with you to create a hierarchical list of anxiety-inducing situations that lead up to your final goal of confronting your fear. In the next sessions you are exposed to these experiences in careful, controlled stages through virtual reality. Though each virtual experience elicits increasingly higher levels of anxiety, each stage can be repeated until you are comfortable with the experience, and satisfied with your response. At every step, the therapist can see and hear what you are experiencing in the virtual world. If the level of anxiety becomes overwhelming, you can return to a less stressful level of treatment, or simply remove the head-mounted display and exit the virtual world. It all remains under your control.

Your physiology will be measured non-invasively as part of the session to provide an objective measurement of anxiety and to see how your physiology reacts and changes as you progress through treatment and desensitization occurs. You will also be asked for SUDS ratings at each session to determine how you are subjectively feeling. You may also experience “interoceptive exposure” in near real world settings if you and your therapist feel this might be beneficial to your progress. The therapist may have you breathe rapidly to bring on sensations of hyperventilation while standing in a virtual environment that induces panic. By allowing you to recreate panicky feelings in a setting similar to the real world, you will begin to understand that those feelings are “dangerous” only because of the thoughts that you associate with them. By practicing traditional

Cognitive-Behavioral Therapy relaxation and coping skills in a situation much like the real world, you can generalize these skills into real life settings more easily.

Interoceptive Exercises

One of the most effective, yet challenging, parts of exposure treatment for panic attacks is called interoceptive exposure. What interoceptive exposure attempts to do is to recreate (in a safe situation) the physiological symptoms that occur during panic attacks and high anxiety situations. As this is done, you will learn to experience these symptoms as simply uncomfortable but non-threatening. Your body will also learn to stop associating these symptoms with danger, and your brain will be less vigilant to physiological changes. This creates a situation where panic and anxiety occurs less, and is less frightening when it does occur.

To begin interoceptive exposure, attempt to work through the list below, in any order. As you complete the tasks, notice what your physiological symptoms are both during and right after exposure. Are they similar to your symptoms of anxiety? If an exercise is particularly intense, you can begin with a shorter amount of time than listed, but work up to the complete time period when possible. You can ask a coach for supervision if you are too frightened to do these activities alone or you can spend time doing these with your therapist. Make a commitment to yourself to follow a schedule and complete these exercises. Record your progress on Worksheet #3.

1. Shake your head from side to side – 30 seconds
2. Lower your head between your legs then lift it suddenly. Repeat for 30 seconds
3. Run in place – 1 minute
4. Run in place in a heavy jacket – 1 minute
5. Hold your breath – 30 seconds or as long as you can
6. Tense all of your major muscle groups and hold – 1 minute.
7. Spin sitting down in a swivel chair – 1 minute
8. Breathe rapidly and shallowly (opposite of abdominal breathing!) – up to 1 minute

9. Breathe through a single, narrow straw (like a coffee stirrer) – 2 minutes
10. Stare at yourself in the mirror or stare at a spot in front of you – 1.5 minutes
11. Press on the outside of your throat, but not until it's painful – 1 minute
12. Swallow repetitively as quickly as possible – 4 times
13. Stand by a tall building and look directly up at the exterior wall – 1 minute
14. Relax and daydream for as long as you can
15. Stand up suddenly after lying down for several minutes – 1 time

Begin abdominal breathing immediately after exercises (try not to worry about what those around you think) in order to return your physiology to normal. After you complete the items on the list for the first time, take note of the symptoms that each causes. Only continue to practice the exercises that produce symptoms similar to your anxiety. Once you have chosen which exercises you would like to work on, photocopy one worksheet for each exercise. Use the worksheet to record your results, and repeat each item until your SUDS is less than 25.

Sample

Worksheet #3: Interoceptive Exposure Progress Log

Date	Duration	SUDS (0-100)	Symptoms Similar to Panic
12/13	30 sec.	90	Short of breath Dizzy
12/14	45 sec.	84	Hyperventilation Lightheaded
12/15	60 sec.	79	Short of Breath
12/16	60 sec.	45	Slightly dizzy

New Technologies

There are many new technologies that are helping people who were previously unable to receive treatment. There are several programs being tested that will provide treatment over the Internet. These online programs will enable those who cannot leave the house to have contact with a therapist. In addition, you may soon be able to find exposure scenarios that are available for use on your home computer. This way, people who are not able to venture outside their home can begin exposures that will eventually enable them to overcome their fears.

In addition, several agoraphobic clients have used NetMeeting, a Microsoft program, to communicate with their therapist before attempting to travel to the clinic. The therapist was able to teach these clients breathing and relaxation techniques to help them cope with the trip to the clinic for further treatment.

How to Construct Your Own Exposure Strategy

- The first step toward creating a strategy for exposure is to make a commitment to practice. Exposure can sometimes be difficult and frightening. It is important to commit wholeheartedly to the process.
- Next, develop goals that you would like to achieve. These goals should not be statements of your fear, like “I want to overcome my fear of heights.” Goals should be specific and state where you want to be: “I want to confidently walk across a bridge.”
- Now it is time to create the hierarchy of situations that you will use to reach that goal. Fill out Worksheet #4 by placing your goal at the top of the pyramid and list the steps you will need to take to climb it. (See page 117 for sample exposure hierarchies)
- Remember to take “baby steps.” You would not expect a baby to go from taking its first wobbly step to running a marathon in a day. Don’t expect this of yourself either. When creating your hierarchy, create enough steps so that you can move to a new stage with relative ease. You should be anxious in the new situation, but not terrified. Some patients find it helpful to take pictures when they first reach a new place. This allows them to be an “active participant” in exposure, but also be a step removed (behind the camera instead of “experiencing” it as fully) at first. See page 115 for some sample hierarchies for certain specific phobias and social phobia.
- Make sure to create a schedule. It is easy to put off exposure activities if you don’t have some sort of deadline. Write down your time limits on the worksheet. Plan ahead and treat them like therapy appointments. You would think

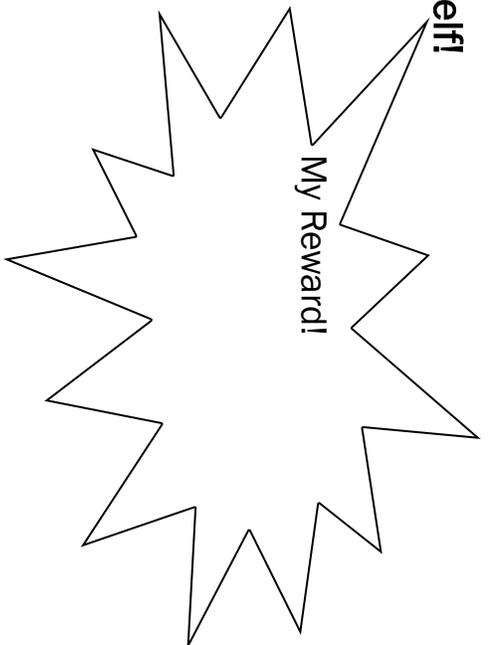
twice before canceling with your therapist...give that same respect to yourself.

- Try to do an exposure (even the same one) at least 3-5 times a week so that avoidance does not have time to take hold again. Long exposures are better, because they allow time for anxiety to decrease before you leave.
- You can create variation in your exposure to help skills generalize. Practice in many situations. Try it alone, in groups, in different weather, at different times of the day and in unfamiliar locations.
- Expect the anxiety, because it will come. Remember that anxiety is not failure; it shows you are doing the right exposures and overcoming your fear.
- Plan exits, but not escapes. Plan when and how you will leave, and do it. Use your coping mechanisms to stay until then. Try not to leave when your anxiety is at its peak. For example, commit to staying in an elevator for two minutes and then exit after the two minutes even if you feel that you could stay longer. In this way, you have completed a step with success, which builds self-confidence and self-efficacy. Your next step can then be to stay five minutes, and so on.
- Go beyond your comfort zone. You can use safety signals and coaches at first, but schedule their elimination sooner rather than later. Dependence is almost as bad as avoidance.
- Reward yourself for every step along the way. This will encourage you to keep going, and help you realize that you really are making progress. Motivation is key, and rewards will help you stay motivated. A reward can be a fifteen minute bubble bath, a new pair of shoes or whatever personally motivates you.

Worksheet #4: Expose Yourself!

My Goal:

Step # 1	Date Completed					
Step # 2		Date Completed				
Step # 3			Date Completed			
Step # 4				Date Completed		
Step # 5					Date Completed	
Step # 6						Date Completed
Step # 7						Date Completed



8

Setbacks

**“Nurture strength of spirit to shield you
in sudden misfortune. Enjoy your
achievements as well as your plans.”**

Whenever you make major behavioral and cognitive changes, you will inevitably face some setbacks. You may handle one panic attack really well, but the next ruins your day. You may have to go back a step in your hierarchy of feared situations because you progressed before you were truly ready. This is all fine, and even expected.

It is difficult to determine predispositions to relapse. Antony and Swinson (2000) cite several factors that may influence the probability of a return of fear. Those whose fear decreases quickly during exposure are less likely to experience a relapse than those whose fear decreases slowly. In addition, the extent of changes in destructive or anxious thought patterns seem to be a strong predictor of relapse rates.

However, Antony and Swinson state that experiencing a fear-related aversive event or experiencing only partial fear reduction during treatment generally do not have significant relation to relapse rates, at least not among individuals with specific phobias. Yet, a long period of avoidance often leads to increased anxiety when exposure resumes.

With all of this in mind, it is important to put setback difficulties into perspective. You have had your old habits, behaviors and ways of reacting perhaps for your entire life. Don't expect them to change right away, and don't expect a linear path of progress. Some days will be better than others. Fatigue, stress and illness, can all lead to increased anxiety and frustration. It takes strength to change the way you think and make progress, and strength fluctuates with many external factors.

The secret is to have a plan ready and in place to get through those low strength periods. You might pull out the worksheets from this book and review them. Is this low period as low as the ones that you had when you started treatment? Have you strayed from any of your goals? Are you practicing your relaxation and coping skills often enough? Keep in mind that everything you learn and do adds another coping skill to your repertoire and takes you a step further along the road to recovery.

Remind yourself that you do have the resources and skills to get through this difficult time and that this low period will not last forever. Realize that a lapse does not need to be seen as a total relapse. It can actually be used to strengthen your recovery by allowing you to discover what aspects of your fear you may still need to address. Take some time to reflect on what exactly happened and try to learn from this. Maybe you took a “large leap” instead of a “baby step” and tried to do too much too soon. If so, realize that maybe for this particular task you will need to go more slowly, and go in smaller steps, doing the exposure over and over again until it feels more comfortable.

Simply reading through this book will not give you the same benefits as practicing and completing each exercise. Practice will slowly reveal the benefits of the exercises, so it is important to stick with them for a significant length of time.

Overcoming your fear means putting effort into all aspects of treatment and using your own internal strength to help yourself. Your therapist and this book are only resources. You are your own healer, the one who collects the resources, who learns the essential skills and puts them into practice, who continues to work through difficulties until you gain control of your body, mind, and life. By doing these exercises and attempting to change the way you live your life, you have made enormous progress towards feeling safe and having power over events that used to control you.

While feeling less anxious is a wonderful feeling after suffering for so long, it is important to stay in touch with reality. Anxiety is not a condition that is ever cured completely. You can *overcome* a phobia or panic disorder, but that does not mean that you will never feel anxiety again. Fortunately, you have the tools to deal with anything that comes your way.

The first thing you need to do to prevent relapse is realize that you will experience anxiety in your life. However, now you know that your panic is temporary, and that you can overcome it. You have learned that anxious feelings are not dangerous, but just feel dangerous based on your thought patterns. You have the tools that got you through your anxiety the first time, and they will work again. Besides, if you never experienced panic again, how would you know that you were making progress towards fighting it?

Now that it has been established that anxiety will never completely disappear from your life, it is important to continue practicing the relaxation and coping skills that you learn in treatment, as well as continuing to expose yourself to situations that used to trigger panic. When you practice your skills, not only do you reassure yourself that you can handle unexpected panic, but you will have

the skills primed and ready when you need them. Panic does not make an appointment, but practicing relaxation and breathing will ensure that you will be able to control the uninvited guest when it arrives.

There are certain circumstances that make you more susceptible to experiencing a panic attack or phobic reaction. Simply being aware of these situations can help you prevent anxiety, or at least can help you realize that there is a reason for your reaction. These situations may include generally stressful times, fatigue, illness, approaching a phobic situation after avoiding it for a period, or stopping medication. Being aware of the times when you are most vulnerable can help to prevent panic from taking over.

Of course, when panic and anxiety do come back, there are steps that you can take to overcome it again. Each time you experience panic is an opportunity to learn something new about yourself. Maybe you were avoiding a situation and had not realized it. Perhaps something in your life that is causing you stress needs to be changed. Take the return of anxiety and panic as a sign that something is amiss, and take steps to look inside yourself and change.

Top 5 Barriers to Change and Ways to Overcome Them

1. Routine Is Comfortable

No matter how uncomfortable your anxiety symptoms may be it is possible that you are reluctant to change because you are comfortable where you are. It is important to determine why you are shying away from change and examine whether a brief period of discomfort is really worth avoiding at the cost of a lifetime of anxiety. Expect your new ideas and behaviors to feel strange and awkward at first, but realize that this is just an adjustment period. Soon your new habits will begin to feel as snug and comfortable as your favorite pair of jeans.

2. Fear of the Unknown

Yes, it is frightening (especially for those with anxiety) to change behavior patterns. You may be afraid that people will react strangely to you, or that something bad will happen if you take the risks necessary to heal. However, you really need to examine what is fueling your fears. You cannot control everything, even when you limit your behaviors due to fear. It is important to realize what you can and cannot control. Is it worth a lifetime of limits trying to escape something that you cannot control?

3. Changing Takes Effort

It is difficult to stick to these exercises and continue to practice despite setbacks and periods of no improvement. However, time will bring results, and it is important to keep your goal in sight. If you have ever tried to break a habit such as biting your nails, you know that it is a difficult task. The same holds true for your thought patterns. Only constant reminders and persistent effort will bring success, but it is worth it. If you find yourself putting exercises off, or not giving your full effort, try making a contract with yourself. Actually write something out, and sign it. Treat the contract as if it is legally binding. You'll find it will benefit you in the end.

4. Secondary Gains

Is there a need that is being satisfied by your anxiety? If so, it is twice as difficult to eliminate your symptoms if you do not acknowledge it. Perhaps you are in need of the extra attention, or maybe your anxiety allows you to take time away from your responsibilities. If this is the case, simply allowing yourself the right to set limits and take vacations may help to solve your anxiety problems. It may be time to really examine your thoughts. Be honest with yourself; there is no shame in this. Sometimes anxiety is a way of letting you know that something in your life may be lacking. When did your anxiety start? Was there something else that occurred at the same time? Begin to sift through all of these complicated questions to get to the bottom of your motives. Once you determine what you are gaining from your anxiety, find other ways to fulfill these needs. Chances are, you can use positive methods to get what you want.

5. Irrational Thinking is Powerful

You will not be able to change your self-defeating behaviors if you still cling to your irrational automatic thoughts. It is not enough to simply complete the exercises if you are not truly working towards changing your thought patterns. It takes a leap of faith to change your beliefs. You have to give power to the rational refutations and new affirmations in order to take power away from your old beliefs. Identify the thoughts that you are having the most trouble eliminating, and try running through the exercises in Chapter 6 again. Pay special attention to the rational refutations you find. Make thought stopping a top exercise. Thoughts are stubborn, but you will eventually be able to change them.

More Activities to Help Move Past a Setback

Releasing

It may be time to consider what you need to release from your life in order to gain control over your anxiety. Sometimes things cannot be changed, and you need to simply let them go. Aspects of your life to examine may include:

- Destructive Attitudes
- Worry about Anxiety
- Negativity
- Rigid Lifestyle Rules
- Beliefs about Obligation
- Toxic Relationships
- Self-Doubt
- Self-Consciousness
- Perfectionism

Any of these things that you still have difficulty with after all of the cognitive exercises and examination may need to be simply let go. It is time to move on to new things, and release those that are not helpful.

Normalize

It is important as you progress through treatment not to view yourself as “sick” or “crazy.” You are simply more anxious than some people, but believe it or not, there are many people more anxious than you! By viewing every action you take as somehow relating to your “disorder” you are shortchanging the things that make you an individual. Perhaps your anxiety contributes to making you a detail-oriented person. That’s great! Spend time focusing on the good that comes from being “excitable.” If you start to get frustrated about some quirk that you have, find a way to frame it positively. If nothing else, it makes you unique, and that alone is very valuable.

9

Continuing the Journey

“And whatever your labors and aspirations
in the noisy confusion of life,
keep peace with your soul. Strive to be happy.”

Congratulations for making the effort to change your outlook and control your anxiety. The breathing, relaxation, and thinking skills that you learned in this book will continue to help you deal with anxiety on a daily basis as long as you keep practicing. In addition, there are lifestyle changes that you can make to live an overall less stressful existence. This chapter offers ways to help you continue to exercise power over your moods and emotions.

Booster Sessions

Since you have made vast improvements through exposure therapy, you probably do not need to come to the VRMC or complete the exercises in this book on a weekly basis. However, some patients find it beneficial to return for booster sessions to help monitor their progress. If you find that you occasionally have difficulty controlling your anxiety and feel that you would improve from a brush up on skills, the VRMC offers booster sessions for this purpose. If you are not in the area, many therapists will see you on a limited basis, or you can mark exercises in this book that help you most and return to them when trouble arises. It may even help to schedule your reviews. After labeling helpful exercises, schedule an appointment with yourself to complete them. Actually mark your calendar a year in advance. Once a month, every other month or quarterly, figure out which works best for you.

Empowerment

Now that you have taken control of your own cognitions, it is time to take charge of your life and the activities that you *choose to do*. *Many people with anxiety have difficulty being* assertive. It is important to remember to set limits in your life. It is okay to say no to people. They will not think less of you. Living a highly stressful lifestyle is not conducive to overcoming anxiety, and anxiety is not conducive to living a productive lifestyle. Pay attention to your stress levels and learn where your natural limits lie. Remember to eliminate your “should”

thoughts if they are not based upon realistic evidence. The only thing you “should” do is take care of yourself. Take time to figure out what you want and get it. You don’t have to justify these desires to anyone. Realize that everyone has their own perceptions, but in the end, it is your own that matter.

Remember:

- It’s okay to ask for help
- You don’t have to do a favor just because someone asks
- You don’t have to work constantly to be worthwhile
- You don’t have to be perfect
- You don’t have to take care of everyone else before yourself
- Trust that things are proceeding as they are meant to

Control and Worry

Do you find yourself constantly worrying about both small and large issues? If these nagging worries sap your energy and reduce your strength every day, then they need to be eliminated. To do this, it is important to learn the difference between things that you can and cannot control. You can control your feelings about yourself, you can accept yourself, you can stand up to others and you can create the life you want. You can also control the relationships you have. Some other things under the realm of your control are:

- Your lifestyle
- Your home life
- Organization
- Getting rest
- Exercising and diet

Since you can control these things, it is important to take action to change them if they are causing you worries! Set a goal. Really, write it down! There is something about seeing it in black and white that helps it seem more real, more concrete and achievable. Create a list of the steps to get there and begin checking things off. You will find that exerting control over the things that you have power over will help your worries subside.

Some things that you may want to control, but can’t are:

- Accidents
- Job availability
- Illness
- Rejection
- Bad Luck
- War
- Prejudice

It is important to come to the realization that since you cannot do anything to change these things, worrying will not help. For this list, try to develop ways that you can keep the worry from affecting your quality of life. Focus on the blessings you have, and the things that you can change. One idea is to keep a gratitude journal. For this you will need a blank book and several minutes each day. During this time, write down all of the things that you are grateful for each day. By moving your focus from worries about the unchangeable to gratitude for the things in your life that are going well, your worries will seem to lessen in importance.

Other things that can help you let go of the worry:

Relaxation or a quick breathing break often helps put things in perspective

Humor can help you stop sweating the small stuff

Take a nature break

Take time for a hobby or something else distracting yet fulfilling

Meditation and Relaxation

The reason that we like reading books or watching movies is that these things allow us to live in the present, to stop thinking about the future or the past or any stressful aspects of our lives. Aside from thought stopping and making plans of action, there are other ways that you can achieve this mindset in everyday life.

Breathing techniques are wonderful to help you cope with a stressful situation or take a break from a busy day. However, there are other practices that you can do on a regular basis that will keep your overall stress level lower and give you a sense of calmness and serenity. By reducing your level of overall anxiety,

you will react less severely to everyday obstacles and will have more strength in reserve to deal with highly stressful situations.

One activity that may benefit you is progressive muscle relaxation. Though this technique was described in Chapter 5 (p. 48), there are variations that you can add to the basic steps to help make the exercise more restful and helpful. You may want to try visualizing the tension in your body as any aspect of your life that may be bothering you that day. For example, if you have a big deadline at work, picture the tension within you as that date. Try to see the numbers within your muscles. As you tense each muscle group, visualize the numbers scrunching into a ball, and as you release, they fly out of your body in pieces with your breath. When you are finished, of course you will still realize intellectually that you have a deadline looming, but subconsciously you will be more able to let go of that stress and have a restful evening.

Another technique that you may want to try is meditation. There are many types of meditation, but the most basic aspect that flows through all of them is the attempt to focus your attention on only one thing at a time. You can choose what the subject of your focus will be. Some like to repeat a syllable, word or phrase silently over and over. This is called a mantra. Others gaze at a fixed object in order to focus attention. The most useful for anxiety, and typically the most accessible to beginners, is using your breath as the focal point. In doing this, you not only slow your bodily processes with abdominal breathing, but you also work to clear your mind of any anxious or maladaptive thoughts.

Once you have chosen your object of focus, it is important to remember that the end goal of eliminating all thoughts from your mind is not the point of the exercise. The attempt itself is the goal. Each time a stray thought pops into your mind (and they will!), it is your choice to deliberately return focus to your original subject. Exercising this choice will not only help bring your focus to the present, it will help you realize that you have the power to focus on only the thoughts that you want to.

Below are some simple steps to help you begin to practice meditation:

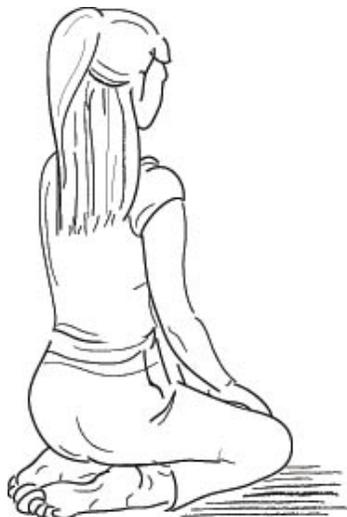
- **Select a position that is comfortable for you. Traditional positions include:**
 - **cross-legged on the floor (it helps to place a cushion under your buttocks so that your knees touch the floor)**



- in a chair with your knees apart and your hands in your lap



- on your knees with your big toes together and your heels out to support your buttocks (a cushion between your feet and buttocks may help)



- **Sit tall with your back straight and balance your head on your spinal column. (try bringing your chin in if you are having difficulty). Let your lower back arch slightly.**
- **Rock several times from side to side and front to back to achieve balance**
- **Close your mouth and begin abdominal breathing (Discussed in Chapter 5, p. 45). Touch your tongue to the roof of your mouth.**
- **Close your eyes. Focus on your physical sensations, the feel of the ground beneath you, the places where your body touches other surfaces. Feel the borders where your body ends and the air begins.**
- **Try to practice abdominal breathing, but do not put too much focus on this if it is not your focal point. Your breath will naturally calm as you practice.**

The most important aspect of meditation (and probably the most difficult for someone with high anxiety) is the adoption of a passive attitude or an attitude of “non-striving.” This means that you stop being concerned with questions and doubts about meditating “correctly.” You *will* have thoughts, probably many at first, as you meditate. This is normal and part of the meditation process. It is not wrong, or failing. Try maintaining the attitude of “whatever happens, happens.” It is time to let go of any leanings toward perfectionism that you may have.

You can meditate for as long or as short of a period of time as you like. It may be uncomfortable at first, so don't force yourself to continue beyond five minutes. As you become more practiced, you may want to extend your time. The most benefits will probably be derived from practicing for up to half an hour, twice a day.

Describing the types and various exercises for meditation is beyond the scope of this book. For more information about meditation, read “The Relaxation & Stress Reduction Workbook” by Davis, Eshelman and McKay.

Play

Above all, adding positive, fun “playtime” to your life will help you overcome worries and anxieties that plague you. If you don't already have one, begin a hobby. If you do, maybe it is time to dedicate more of your life to it. You may want to join a club or take a class to learn something new. Use time spent with your family and friends to play a card game or a sport. If nothing else, begin a mild exercise routine. All of these activities will help you focus more on the present while you are doing them, and will increase the positive aspects of your everyday routines.

Plans for the Future

If you feel you are stuck, or have made no improvement:

Perhaps you are moving too quickly through the lessons in the book. If you have not read each chapter more than once, or have been half-heartedly completing the exercises, don't lose heart. It is difficult to commit the time and resources necessary to change your entire mode of thinking and behaving. The fact that you are reading this at all shows that you are interested in making a change. It may be that you need extra structure or motivation to make the changes necessary to cope with anxiety. In this case, a therapist may be the most useful resource for you. If you would like to try again, commit the time and resources necessary and support yourself through this difficult time.

If you have improved slightly, but are still struggling:

If you are feeling disappointed because you made only a slight improvement after going through the exercises in this book, it is time to challenge that perfectionist thinking right now. There are only so many skills and concepts that our brain can absorb and master at one time. You need to give your body and mind time to adjust to the changes that you are making. The plan of action for you is to go back through this book one chapter at a time. You will be surprised at how much you missed the first time, and the different things these exercises can give to you with the slight change in attitude that you have already achieved. Be sure to do any exercises that you skipped the first time, and repeat those that gave you difficulty or you did not have time to complete to the best of your abilities. Try investigating some of the resources listed in Chapter 12. If you need an extra boost, consider working with a loved one, friend or therapist. Sometimes an outside point of view helps you look at your own behaviors objectively. Above all, be patient with yourself and allow yourself the time necessary to change your lifelong habits into constructive behaviors.

If you feel that anxiety is no longer a large problem:

Congratulations!!! You have reached your goals concerning anxiety and panic. Now you can move on to the maintenance stage of treatment. If you completely stop practicing your coping skills and cognitive exercises, you run a very high risk of relapse. However, if you dedicate a small amount of time per month to continuing your personal growth, you will continue to experience benefits and will greatly reduce the chances of having to start over from the beginning again.

- **Choose one chapter from the book to review each month. Doing this will reinforce the skills you have already learned, and each time you will notice new things to help you on your journey.**
- **Catch your old behaviors right away. Go back and review your worksheets or your affirmations the second you realize that you are falling into destructive habits.**
- **Read something new (you can begin with selections from the resource list) about your specific attributes of anxiety every month. It doesn't have to be a long book, just an article or chapter that will help you establish a broad base of skills to fall back on when you need them.**

If you stick to these rules and incorporate stress and anxiety management skills into your everyday routine for the next several months, you will be on your way to lifelong control over anxiety.

10

Where to Find Help

“Everywhere life is full of heroism.”

There are many places around the country that offer help if you feel that you can benefit from professional assistance. Your local psychological association usually has a directory of professionals in the area for various types of aid. The following is only a partial list of the resources available.

National Organizations

Anxiety Disorders Association of America

8730 Georgia Avenue, Suite 600

Silver Spring, MD 20910, USA

Telephone: (240) 485-1001

Fax: (240) 485-1035

www.adaa.org

The Anxiety Disorders Association of America (ADAA) is a non-profit membership organization dedicated to informing the public, healthcare professionals and legislators that anxiety disorders are real, serious, and treatable. The ADAA promotes the early diagnosis, treatment and cure of anxiety disorders, and is committed to improving the lives of the people who suffer from them.

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

Telephone: (800) 374-2721; (202) 336-5510

www.apa.org

Based in Washington, DC, the American Psychological Association (APA) is a scientific and professional organization that represents psychology in the United States. With more than 150,000 members, APA is the largest association of psychologists worldwide.

American Psychiatric Association

1000 Wilson Boulevard, Suite 1825

Arlington, Va. 22209-3901

Telephone: (703) 907-7300

apa@psych.org

www.psych.org

The American Psychiatric Association is a medical specialty society recognized world-wide. Its 37,000 U.S. and international member physicians work together to ensure humane care and effective treatment for all persons with mental disorders, including mental retardation and substance-related disorders. It is the voice and conscience of modern psychiatry. Its vision is a society that has available, accessible quality psychiatric diagnosis and treatment.

Association for Advancement of Behavior Therapy

305 Seventh Avenue - 16th Floor

New York, NY 10001-6008

Telephone: (212) 647-1890

Fax: (212) 647-1865F

www.aabt.org

AABT is a not-for-profit membership organization of over 4,500 mental health professionals and students who are interested in behavior therapy and cognitive-behavioral therapy. They offer a therapist directory and fact sheets on their website, or you can call for more information.

State and Local Psychological Associations

Search online or ask your medical professional about organizations in your area that might offer information and resources.

California Psychological Association

1022 "G" Street

Sacramento, CA 95814-0817

Telephone: (916) 325-9786

Fax: (916) 325-9790

calpsych@calpsychlink.org

www.calpsychlink.org

The California Psychological Association (CPA) is a 501(c)(6) non-profit professional association for licensed psychologists and others affiliated with the delivery of psychological services.

Los Angeles Psychological Association

17277 Ventura Blvd, Suite 202

Encino, CA 91316

(818) 905-0410

<http://www.lapsych.org/>

Orange County Psychological Association

P.O. Box 53852
Irvine, CA. 92619-3852
949-440-4385,
FAX 714-847-5944

The Orange County Psychological Association, a chapter of the California Psychological Association, was organized in 1960 to advance psychology as a science for the promotion of human welfare.

San Diego Psychological Association

2535 Camino del Rio South
Suite 220
San Diego, CA 92108
Telephone (619) 297-4825
Fax (619) 297-5428
<http://www.sdpsych.org/>

The San Diego Psychological Association is a nonprofit professional organization committed to strengthening the profession of psychology. They serve as a local chapter of the California Psychological Association and represent the diverse needs and interests of San Diego County's psychologists.

San Francisco Psychological Association

415-681-3063
<http://www.sfpa.net/>

The San Francisco Psychological Association, a chapter of the California Psychological Association, is a not-for-profit association of licensed psychologists founded in the late 1950s. It was originally named the Bay Area Psychological Association, until the 1970s, by which time all the other local counties had set up their own psychological associations. It represents psychology in the city and county of San Francisco and is recognized at the national level for its competence.

Internet Sites

The Virtual Reality Medical Center: www.vrphobia.com

Interactive Media Institute: www.vrphobia.com/imi

Anxieties.com: www.anxieties.com/home.htm

Anxiety and Panic Book Store: www.wellnessbooks.com/anxiety

Anxiety and Panic Internet Resource: www.algy.com/anxiety

Anxiety Disorders and Their Treatment: A Critical Review of the Evidence-Based Literature, by M.M. Antony and R.P. Swinson (Health Canada, 1996):
www.hc-sc.gc.ca/hppb/mentalhealth/pdfs/anxiety_review.pdf.

Anxiety Disorders Cyberpsych Penpals: www.cyberpsych.org/cgi-bin/penpals.pl

Anxiety Network International: www.anxietynetwork.com

Anxiety Relief Center (Bristol-Myers Squibb): www.anxiety-relief.com

Canadian Network for Mood and Anxiety Treatments (CANMAT):
www.canmat.org

CBT website: www.cognitivetherapy.com

Doctor's Guide to Anxiety Disorders Information and Resources:
www.pslgroup.com/anxiety.htm

Internet Mental Health: www.mentalhealth.com

National Anxiety Foundation: www.Lexington-on-line.com/naf.html

NIMH Anxiety Disorders Education Program: <http://www.nimh.nih.gov/anxiety/anxietymenu.cfm>

Paxil anxiety Disorders Page: <http://www.paxil.com/?a=1#>

Shyness Home Page: www.shyness.com

Social Anxiety Network: www.social-anxiety-network.com

Social Phobia/Social Anxiety Association: www.socialphobia.org

The Virtual Reality Self-Help Center: www.vrselfhelp.com

Books

Agoraphobia and Panic

Antony, M.M., Swinson, R.P. (2000). *Phobic Disorders and Panic in Adults: A Guide to Assessment and Treatment*. Washington D.C.: American Psychological Association.

Buell, L.M. (2003). *Panic and Anxiety Disorder: 121 Tips, Real-life Advice, Re-*

sources & More, Second Edition. Poway, CA: Simplify Life.

Craske, M.G., & Barlow, D.H. (2000). *Mastery of your anxiety and panic, third edition (MAP-3): Client workbook*. San Antonio, TX: Psychological Corporation.

Craske, M.G., & Barlow, D.H. (2000). *Mastery of your anxiety and panic, third edition (MAP-3): Client workbook for agoraphobia*. San Antonio, TX: Psychological Corporation.

Otto, M.W., Pollack, M.H., & Barlow, D.H. (1996). *Stopping anxiety medication: Panic control therapy for benzodiazepine discontinuation: Client workbook*. San Antonio, TX: Psychological Corporation.

Rachman, S., & deSilva, P. (1996). *Panic disorder: The facts*. New York: Oxford University Press.

Wiederhold, B.K. (2003). *Expose Yourself!* San Diego. San Diego: Virtual Reality Medical Center.

Wilson, R.R. (1996). *Don't panic: Taking control of anxiety attacks (rev. ed)*. New York: Harper Perennial.

Zuercher-White, E. (1997). *An end to panic: Breakthrough techniques for overcoming panic disorder (2nd ed.)*. Oakland, CA: New Harbinger.

Zuecher-White, E. (1999). *Overcoming panic disorder and agoraphobia: Client manual*. Oakland, CA: New Harbinger.

Driving

Klein, Norman. (2000). *Drive Without Fear: The Insecure Driver's Guide to Independence and Anxiety-Free Driving*. 1st Books Library. ISBN: 1587215004

Wiederhold, B.K. (2003). *Expose Yourself!* San Diego. San Diego: Virtual Reality Medical Center.

Flying

Akers-Douglas, A., Georgiou, G. (1998). *Flying? No Fear!: A Handbook for Apprehensive Flyers*. Summerdale Publications Limited.

Brown, D. (1996). *Flying without fear*. Oakland, CA: New Harbinger.

Hartman C., & Huffaker, J.S. (1995). *The fearless flyer: How to fly in comfort and without trepidation*. Portland, OR: Eighth Mountain Press

Wiederhold, B.K. (2003). *Expose Yourself! San Diego*. San Diego: Virtual Reality Medical Center.

General Anxiety and Stress Management

Clum, G.A. *Coping with Panic: A Drug-Free Approach to Dealing with Anxiety Attacks*.

Davis, M. Eshelmen, E.R., McKay, M. *The Relaxation and Stress Reduction Workbook: Cure Yourself of Worry, Depression, Chronic Anxiety and Fear*.

Dumont, R. *The Sky is Falling: Understanding & Coping with Phobias, Panic and Obsessive-Compulsive Disorders*.

Feninger, M. *Journey From Anxiety to Freedom: Moving Beyond Panic and Phobias and Learning to Trust Yourself*.

Peurifoy, R.Z. *Anxiety, Phobias and Panic: A Step-By-Step Program for Regaining Control of Your Life*.

Powell, J.R., George-Warren, H. *The Working Woman's Guide to Managing Stress*.

Ross, J. *Triumph Over Fear: A Book of Help and Hope for People with Anxiety, Panic Attacks and Phobias*.

Wiederhold, B.K. (2003). *Expose Yourself! San Diego*. San Diego: Virtual Reality Medical Center.

Wilson, R.R. *Don't Panic: Taking Control of Anxiety Attacks*.

Zuercher-White, E. *An End to Panic: Breakthrough Techniques for Overcoming Panic Disorder*.

Medical

Reinhardt, L.A., Jealous, J. (2002). *Healing without Fear: How to Overcome Your Fear of Doctors, Hospitals, and the Health Care System and Find Your Way to True Healing*. Inner Traditions International Limited.

Wiederhold, B.K. (2003). *Expose Yourself! San Diego*. San Diego: Virtual Reality Medical Center.

Public Speaking

You can get free monthly speaking tips from an E-zine that is e-mailed directly

to your home. Sign up at <http://www.ljlseminars.com/monthtip.htm>.

Ashley, Joyce (1996). *Overcoming Stage Fright in Everyday Life*. Clarkson N. Potter.

Desberg, Peter (1996). *No More Butterflies: Overcoming Shyness, Stagefright, Interview Anxiety, and Fear of Public Speaking*. New Harbinger Publications.

Esposito, Janet (2000). *In The Spotlight: Overcome Your Fear of Public Speaking and Performing*. Strong Books.

Kroeger, L. (1997). *The complete idiot's guide to successful business presentations*. New York: Alpha Books.

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Rogers, Natalie H. (1999). *New Talkpower: The Mind-Body Way to Speak Without Fear*. Capital Books Inc.

Rozakis, L. (1996). *The complete idiot's guide to speaking in public with confidence*. New York: Alpha Books.

Wiederhold, B.K. (2003). *Expose Yourself! San Diego*. San Diego: Virtual Reality Medical Center.

Social Phobia

Antony, M.M., & Swinson, R.P. (2000). *Shyness and social anxiety workbook: Proven step-by-step techniques for overcoming your fear*. Oakland, CA: New Harbinger.

Browne, J. (1997). *Dating for dummies*. Foster City, CA: IDG Books.

Davidson, J. (1997). *The complete idiot's guide to assertiveness*. New York: Alpha Books.

Desberg, P. (1996). *No more butterflies: Overcoming shyness, stage fright, interview anxiety, and fear of public speaking*. Oakland, CA: New Harbinger.

Hope, D.A., Heimberg, R.G., Juster, H.R., & Turk, C.L. (2000). *Managing social anxiety*. San Antonio, TX: Psychological Corporation.

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Hopson, B., & Scally, M. (1993). *Communication skills to inspire confidence*. San Diego: Pfeiffer/Mercury Books.

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Markway, P.G. (2001) *Painfully Shy: How to Overcome Social Anxiety and Reclaim Your Life*. St. Martin's Press.

Marshall, J.R. (1994) *Social phobia: From Shyness to stage fright*. New York, NY: Basic-Books.

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Video and Audio Tapes

Driving

**Driving Freeways: Overcoming the Fear of Freeways and Freeway Driving/
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by Edmund J. Bourne, Ph.D. Audio Cassette; Dimensions (in inches): 1.00 x 7.25 x 4.50 Publisher: New Harbinger Pubns; (November 1994) ASIN: 1879237881

Driving Far from Home (I Can Do It) by Edmund J. Bourne, Ph.D. Audio Cassette; ; Dimensions (in inches): 0.75 x 7.25 x 4.50 Publisher: New Harbinger Publications; (June 1995) ISBN: 1572240148

Flying

Fearless Flying (2000) Director: Michael Rybak

Flying in the Comfort Zone: Overcoming Your Fear of Flying (2001) Director: Michael P. Tomaro, Ph.D.

Flying With Confidence: Overcome your Fear of Flying (1998)

Flying Relaxed with Biofeedback By Michael Spevack, Ph.D. Thought Technology Limited

Fly Without Fear: Guided Meditations for a Relaxing Flight Publisher: Soft Stone Publishing; (July 2002) ISBN: 1886198144

Medical

Overcoming Your Fear of the Dentist: A Self-Help Audiotaped Guide to Controlling Dental Fears by Leonard G. Horowitz Healthy World Dist; December 1987

Don't Fear the Dentist by Albert Smith Publisher: Albert Smith Health Cassettes; (July 2001)

Public Speaking

The Standard Deviants - Learn Public Speaking (2000) DVD/VHS

Public Speaking Made Easy (1998)

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Thunderstorms

Sounds of Nature: Electrifying Thunderstorms [Gentle Persuasion: The Sounds Of Nature \(Special Music Series\)](#) Audio CD (March 30, 1992) Original Release Date: 1987 Label: Spj Music

Electrifying Thunderstorms [Electrifying Thunderstorms](#) Audio CD (February 14, 1997) Label: Special Music Company .

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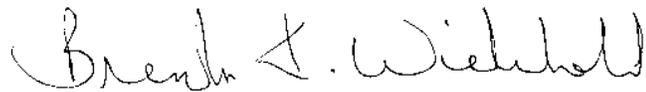
Feedback Form

It is important to me to hear about your experience with this book and the lessons contained inside. By making me aware of the difficulties you have faced and the changes you would suggest helps me make changes to this book that will in turn help others. Please photocopy this page and mail it to:

The Virtual Reality Medical Center
6160 Cornerstone Court East
San Diego, CA 92121

Or, please feel free to answer these questions or make comments and e-mail them to cyberpsych@vrphobia.com.

Thank you and good luck with your continuing success!

A handwritten signature in cursive script that reads "Brenda K. Wiederhold".

1. In general, what did you like about the information provided in this book?
Why?

2. What didn't you like? Why?

3. What techniques or exercises did you find most helpful? How?

4. Which were least helpful? Why?

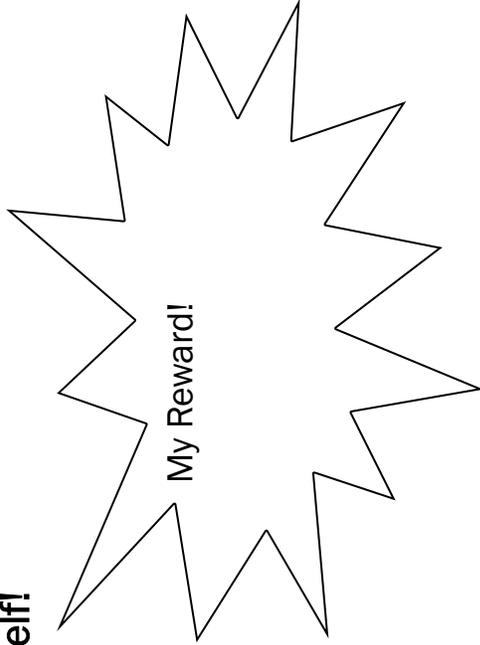
5. What changes would you recommend for future editions of the workbook?

6. Do you have any other comments?

Worksheet #4: Expose Yourself!

My Goal:

Step # 1	Date Completed
Step # 2	Date Completed
Step # 3	Date Completed
Step # 4	Date Completed
Step # 5	Date Completed
Step # 6	Date Completed
Step # 7	Date Completed



Making Your Own Relaxation Tape

Though there are many professionally recorded relaxation tapes available, you may wish to record a tape for personal use. Below is a sample script which includes relaxed breathing, muscle relaxation, and visualization. Feel free to adapt this script to your own needs before recording.

Relaxation Script

Part I – Breathing

Close your eyes. Put your hand on your abdomen. Breathe in slowly through your nose pulling the air deep into your abdomen. When you're ready, let go, and hear the air whoosh out through your lips. Now, take another deep, cleansing breath, all the way down into your abdomen. Feel your abdomen push out as you breathe in. As you exhale, slowly pull your abdomen all the way back in. With each breath, you feel more and more relaxed. Inhale slowly through your nose and exhale when you are ready, releasing all of your anxiety and stress. Each breath relaxes your body, as your mind becomes quiet. There is nowhere to go; you have nothing to do. You are just taking the time to relax your mind and body, time for yourself. With your next deep breath, imagine that clean, pure air is spreading throughout your whole body, collecting all the anxiety and stress as it passes through, like a magnet. As you exhale, picture the anxiety and stress leaving your body with the breath. Now let your breathing slow down even more. Each breath brings you more and more relaxation. You are breathing quietly, peacefully, in an easy and natural way. Each time you exhale, say silently to yourself, "Relax". Continue to inhale and exhale, saying, "Relax" each time you exhale. Whenever your thoughts drift away from your breathing, let them go and return to saying "Relax". Breathe slowly, calmly, saying "Relax" as you inhale and exhale for the next 60 seconds. (pause for 60 seconds)

Part II – Muscle Relaxation

Now I want you to relax any muscle tension you may be feeling. First, tense your right calf and foot – 1, 2, 3, 4, 5, now relax. As you let go, feel the contrast between a tight muscle and a loose, relaxed muscle. Now try the left leg. Tense the calf and foot—1, 2, 3, 4, 5, now relax. Now move to the right quadricep, or thigh muscle. Tighten—1, 2, 3, 4, 5, and relax. Notice how pleasant you begin to feel as the muscle loosens and relaxes. Your arms and legs are heavy and warm. Your whole body is becoming calm, quiet and relaxed. Now do the left

leg. Tighten the thigh muscle—1, 2, 3, 4, 5, and relax. Now, move to your lower back and abdomen. Tighten—1, 2, 3, 4, 5, and relax. Feel the breath coming more easily as your body relaxes more deeply. Now relax your chest, neck, and shoulder muscles. Drop your shoulders as you feel the relaxation in your chest, neck, and shoulders with each breath. Feel the weight of your body being supported completely by the surface you are resting on. Now relax your jaw. Let every muscle in your face smooth and relax. Feel the calmness and relaxation flowing all the way from the top of your head to the tips of your toes. Relax and enjoy this feeling for a while. Nowhere to go and nothing to do.

Part III – Special Place

Now imagine a place where you are safe and secure. This can be a place from your past, your present, or somewhere that you may wish to go. Indoors or outdoors, it is up to you. This is your safe place where you can relax without any worries or interruptions. Go there now. You can see all the colors and textures of your special place. (Pause for 15 seconds) Now begin to hear the sounds in your special place. (Pause for 15 seconds) Now take a deep breath in through your nose, filling your senses with all the scents of your special place. Notice how your special place feels as it bathes you in relaxation. This is your special place; rest here for a while and gather the strength it offers you. (Pause for 60 seconds)

Part IV – Relaxation Cue

Now, while remaining in your deeply relaxed state, grasp your left wrist gently with your right hand. This is your cue for relaxation. From now on anytime you hold your wrist in this manner, you will feel the calmness and relaxation that is flowing through you at this moment. Take another deep, cleansing breath way down into your abdomen. Feel the breath renewing your body. Feel the healing energy of relaxation enter with your breath and spread through your body. By linking your hand and wrist in this way, you are completing a circuit, allowing the healing energy to flow freely through every part of your body. Anytime you wish to recover the deep feelings of relaxation you have right now, you will hold your left wrist with your right hand. (Pause for 15 seconds)

Part V – Ending

It is time to focus again on the present. Gently bring your mind back to the present. Hear the sounds that surround you. Feel the furniture that you are resting on. With each breath, your mind becomes more alert, but your body remains completely relaxed and calm. Notice how loose your muscles feel. I will now count five breaths. On the fifth, you will open your eyes and feel refreshed and renewed, alert but still relaxed. One, two, three, four, and five.

Sample Exposure Hierarchies

Creating a hierarchy of possible exposure situations and remembering to take “baby steps” will enable you to ease into facing your fear. Below are some examples of exposure hierarchies for different specific phobias. Use these examples as a base on which to build a personalized list of experiences tailored to your specific fear.

Animal Phobia

Though each person’s hierarchy will be different, here is a sample path for arachnophobia:

- View photographs of spiders from a distance and up close.
- Watch a movie or video that feature spiders.
- Go to a pet store and look at spiders through glass.
- Touch the glass where the spider is.
- Arrange to have a spider (tarantula) owner work with you. Have them hold the spider and stand as close as you can.
- Touch the tarantula with the tip of your finger.
- Rest your hand over the tarantula.
- Hold the tarantula.

Claustrophobia

Though feared situations will differ for each individual, one possible hierarchy for claustrophobia involving an elevator could be:

- Approach an elevator with a partner and look at it for several minutes.
- Walk inside the elevator with your partner, but leave the door open.
- Walk into the elevator with your partner, but allow the door to close.
- Ride up one floor with your partner.
- Try two or more floors with your partner.
- Try a few floors alone, but have your partner waiting for you when you exit.
- Ride up several floors alone, without your partner present.
- Ride in an unfamiliar elevator alone. You did it!

Fear of Driving

Depending on the situation that's most fearful to you, your hierarchy of exposure situations will be different than that of someone else. Here is a sample scenario to get you started with creating your own:

- Sit in the car with a partner for five minutes.
- Ride as your partner drives one block.
- Ride with your partner in a residential area for 15 minutes.
- Ride with your partner in a more crowded business area for 15 minutes.
- Ride with your partner on the freeway for several minutes.
- Ride with your partner during rush hour for several minutes.
- Ride with your partner on a mountain road.
- Practice riding further and further from home until you are completely comfortable.
- Repeat steps 1-8 while you drive, with your partner as a passenger. Be sure to practice passing and changing lanes.
- Repeat steps 1-8 while driving alone.

Remember that these outings do not have to be stressful or boring. Don't simply drive for the sake of driving, but make it part of an outing that is enjoyable. Drive on a road with scenery, or drive to a favorite shopping or dining spot. Once you become more confident (and you will!) drive to somewhere new and unfamiliar to explore. You are now in control of your thoughts, physical reactions, and behaviors; they are not in control of you.

Fear of Flying

Enlisting a partner to accompany you also adds a feeling of security, and they can help remind you to do your relaxation and breathing techniques. For fear of flying, one possible hierarchy could be:

- Drive around the parking garage and outside the terminals of the airport.
- Park in the airport garage or lot; stay and listen to the radio for a few minutes.
- Enter the terminal with your partner and walk around for a few minutes.
- Enter the terminal alone and observe for several minutes.

- Arrange to visit a grounded plane and bring your partner with you.
- Enter the plane again alone and stay there for five minutes or so.
- Go back in with your partner and get buckled into a seat for a few minutes.
- Enter alone, and then stay buckled into a seat for ten to fifteen minutes.
- Schedule a short flight (ten to thirty minutes) and go with your partner.
- Schedule a longer flight and go with your partner.
- Repeat steps 9 and 10 alone. (You may want a DVD player to distract you. See www.inmotionpictures.com.)

Remember to make these experiences enjoyable. For step 1, make the drive part of a larger outing with something you like to do. For step 3 or 4, have lunch in the airport. Instead of going to the crowded main airport, go watch stunt planes or gliders fly first. Spend the weekend at whatever destination you choose for your first flight. By personalizing this hierarchy and associating flight with happy memories, your fear and the process of overcoming it can become a joyful part of your life.

Fear of Heights (Acrophobia)

For acrophobia, one possible hierarchy could be:

- Look out the window of a one-story building for several seconds and work up to several minutes.
- With a partner, look out from the top window of a two-story building for thirty to sixty seconds and then work up to five minutes. Make sure you are comfortable looking both down and straight ahead.
- Repeat step 2 on your own. Perhaps visit somewhere like the San Diego Convention Center, where things are going on outside the window.
- Repeat steps 2-4 for a three and four story building.
- With your partner, look out from an open area of a five to ten story building, trying each floor from the fifth floor to the tenth; look straight ahead and then down at each level.
- Complete step 6 without your partner.
- Next, try completing these steps outside, with and without a high railing.

Of course, this hierarchy could quickly become boring, so make sure to personalize it and make it fun. Outings could include a meal in a restaurant or a shopping trip in a store that has several floors (make sure there are windows!). Choose buildings or bridges with scenic views rather than those that are boxed in by other ugly buildings. Go for a hike or a stroll that involves heights or find tourist points of interest that you have never been to.

Medical or Dental Phobia

Below is one version of a situational hierarchy that may be useful to those with a specific fear of needles or blood draws. It may help to do some of these steps with a partner at first.

- Visit a hospital or clinic in your area and sit in the general waiting room for several minutes.
- Visit the same hospital and enter the laboratory waiting room. Practice relaxation techniques as you become used to the smells and sounds of the area. Observe the people as they go in and come out.
- View photographs of syringes, needles and injections. Try to become more comfortable with pictures of blood draws and needles in skin.
- View a movie or television show of these same scenarios.
- If you have a friend or family member that needs to receive an injection or have a blood draw, ask if you can accompany them. Try to watch the entire procedure while practicing your relaxation.
- Try taping a (clean) needle and syringe to your arm. (Ask a diabetic friend for a needle, or see if your general practitioner would be willing to help you.)
- Actually make an appointment to receive an injection yourself!

Panic Disorder with Agoraphobia

As with any phobia, treatment of panic disorder with agoraphobia requires a personalized hierarchy of situations to which exposure will cause a gradual desensitization. Below is a hierarchy that may help someone with agoraphobia be able to shop at a supermarket.

- Spend five minutes in the store with a partner.
- Spend five minutes in the store alone.

- Purchase one item through the express lane with no more than one person ahead of you.
- Purchase several items in the express lane.
- Purchase one item in the regular checkout line with one or two people ahead of you.
- Purchase several items in the regular checkout line with two or more people ahead of you.
- Try this at a different supermarket.

You may want to attend concerts, plays or baseball or football games to get used to crowds. Some theme parks will even accommodate you with a doctor's note.

Fear of Public Speaking

Though each person will need to create a program that suits their individual needs, a sample hierarchy appears below:

- Recite the Pledge of Allegiance, or something else that you know very well, in front of a mirror while alone.
- Recite this same passage to several very close friends or family members.
- Repeat this presentation in front of people you may not know as well, but are still generally comfortable with (i.e. a class or speaking group).
- Repeat steps 1-3 with a presentation that you have written out.
- Present this speech to a small group of strangers.
- Present the speech to a large group of strangers.
- Repeat steps 5 and 6 with a presentation that you have only notes for.
- Repeat steps 5 and 6 with no notes.

Social Phobia

As with any phobia, treatment of social phobia requires a personalized hierarchy of situations to which exposure will cause a gradual desensitization. Below is a hierarchy that may help someone gain the ability to have a conversation with a group of people. It may help to have a familiar person as a partner while going through these exposures.

- **With your partner, join a small group of acquaintances and remain five to ten minutes, participating only as much or as little as you feel comfortable.**
- **Do the same without your partner.**
- **Next, with your partner, enter into a conversation with a few friends.**
- **Now without your partner.**
- **With your partner, ask someone in the mall for the time, or ask the waiter at a restaurant a question about the menu.**
- **Have a conversation with an acquaintance for five to ten minutes without your partner.**
- **Enter a large group of people with your partner and talk with them for several minutes (at a party for example).**
- **Enter a larger group of people by yourself, and talk with them for as long as possible. You could join a social group to make this easier.**

Thunderstorm Phobia

Since people can fear all types of weather, the list of exposure options will be different for each individual. Below is a sample hierarchy that one could use to begin to overcome this phobia:

- **Begin with looking at photographs of clouds. View photographs of increasingly severe storms, including lightning, until the anxiety lessens.**
- **Sit somewhere comfortable and warm while listening to a thunder soundtrack. Remember to breathe, and attempt to close your eyes while remaining relaxed.**
- **Put the photographs from step 1 with the soundtrack from step 2. Listen and watch until you achieve a more comfortable anxiety level.**
- **Try doing step 3 while sitting outside on a cool day or night.**
- **Attempt a simulation ride if one is available. If not, watch a movie with characters in a storm. Turn up the volume until you can feel the vibrations.**

Water Phobia

With swimming, there are many possible hierarchies of situations. You may want to start out with a swimming instructor in a public pool, or you may want

to get to the point where you can put your head underwater first. Here is a possible hierarchy for simply becoming comfortable with putting your head underwater. Make sure you have a partner with you!

- Sit on the edge of a pool or Jacuzzi and put your feet in for five minutes.
- Enter a Jacuzzi or pool until the water reaches your waist and remain for five minutes.
- Move to water that is shoulder-deep and stay there for several minutes while holding on to the side.
- Stand for several more minutes without holding on.
- Dunk your head under water quickly.
- Hold your breath and stay under for as long as possible, but make sure you are steady on your feet.
- Repeat steps 1-3 in a larger body of water, like a lake. Do not attempt in moving water like a river or the ocean, especially if you do not know how to swim.

Specific Phobia Statistics

The following is a list of statistics that may help you overcome cognitive hurdles in the way of overcoming your fears. You can help counteract your irrational thoughts and worries with these concrete numbers that show exactly how often accidents really occur.

Animal Phobia Statistics

A recent summary of reported spider bites in the United States between 1989 and 1993 included fewer than 5,000 incidents per year. (Center for Disease Control).

From 1979 through 1994, attacks by dogs resulted in 279 deaths of humans in the United States. (Sacks et al 1989; Sacks et al 1996)

U.S. annual average of animal attack-related fatalities in the 1990s:

Dogs-18 (Journal: Pediatrics)

Snakes- 15 (Center for Disease Control)

Sharks- .4 (International Shark Attack File, 15 July 2003)

According to the International Shark Attack File, there are 54-58 shark attacks per year. There were only 7 fatalities during the 90's.

In the U.S. from 1979 to 1996, 304 people in the U.S died from dog attacks, including 30 in California. The average number of deaths per year was 17. Most of the deceased were children. (Centers for Disease Control, 1997).

Only four deaths were attributed to bites or stings in 2001. (Washington Department of Health).

Claustrophobia

According to the City of New York Department of Buildings, the typical elevator makes 500 trips per day, adding up to 27 million rides daily for the 54,000 elevators in New York City alone. Out of those rides, there are only about 45 accidents reported in any given year.

Fear of Driving

(all statistics are from the U.S. Department of Transportation)

There were **1.6 fatalities per 100 million vehicle miles of travel in 1998**

More than **6.3 million** police-reported motor vehicle crashes occurred in the United States in **1998**. Almost one-third of these crashes resulted in an injury, with less than **1 percent** of total crashes (**37,081**) resulting in a death.

NHTSA estimates that **11,088** lives were saved in **1998** by the use of safety belts

Alcohol-related traffic fatalities fell to **15,935** in **1998** - **38 percent** of all traffic fatalities for the year.

In **1998**, **37 percent** of male drivers **15 to 20 years old** involved in fatal crashes were speeding.

Nearly two-thirds of the passenger vehicle occupants killed in traffic crashes in **1998** were unrestrained.

Fear of Flying

The odds of dying in plane crash are **1 in 8,450,000** (One-year historical odds for an average American) Conde Nast Traveler, February 2003.

Odds of being killed by a plane on the ground are **1 in 25,000,000**. STATS

Aircraft accidents receive **8100%** more media coverage than do the same number of deaths caused by cancer, heart disease, guns or cars (Toronto Star 1998)

In **2002** there were **1,714** aviation accidents and **343** fatalities on U.S. airlines (National Transportation Safety Board).

In **1996** in the U.S. the percentage of transportation fatalities caused by any type of aviation travel was **1.4%** and for air carriers, the percentage was only **.9%**. (U.S. Dept. of transportation).

Statistically, a traveler would have to fly every day for more than **8,200 year** to be in an accident where there are multiple fatalities. Conde Nast Traveler. February 2003

In the U.S., you are more likely to be killed by falling, the flu, or an avalanche than you are in an airplane accident. Conde Nast Traveler. February 2003

Fear of Thunderstorms

On average, from 1992-2002, fatalities each year by weather in the U.S. were as follows (National Weather Service):

- Flood- 86
- Lightning- 53
- Tornado- 59
- Hurricane- 17
- Heat- 235
- Cold- 26
- Winter Storm- 47

Your chances of being struck by lightning in the United States are 1 in 600,000.

The incidence of lightning-related deaths has decreased since the 1950s (Center for Disease Control)

Four or more people are injured non-fatally for every fatality (STATS and British Medical Journal).

Locations of fatalities caused by lightning over 35 years (National Lightning Safety Institute, 1997 report):

- 40% unreported
- 27% open fields and recreation areas (not golf)
- 14% under trees (not golf)
- 8% water related (boating fishing or swimming)
- 5% golf
- 3% heavy-machinery related
- 2.4% telephone related
- .7% radio or antenna related

Fear of Water

In 2000, there were 3,482 unintentional drownings in the United States, an average of nine people per day. This does not include those who drowned in boating-related incidents (CDC 2002).

According to the U.S. Coast Guard, 4,355 people were reported injured and 701 were killed in boating incidents during 2000. Among those who died, 8 out of 10 were not wearing personal flotation devices, also known as life jackets (USCG 2001).

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