CHAPTER 5

Anxiety, Panic and Phobias

'The only thing we have to fear is fear itself.' Franklin D. Roosevelt (1882–1945)

Introduction

Anxiety is normal and healthy. It only becomes a problem when it causes significant distress or interferes with someone's life. Here are some of the ways people describe anxiety:

- 'I'm bad with my nerves.'
- 'Its all down to stress.'
- 'You look tense.'
- 'She's a born worrier.'
- 'He just can't relax.'
- 'I lost control and panicked – I must be going mad.'
- 'She's got a phobia about meeting people.'

Fear and worry lie at the core of anxiety. Important triggers and causes include an individual's temperament, their culture and life experiences. Anxiety disorders affect one in ten people at any moment, one in five over a lifetime, and women twice as often as men (Wittchen & Jacobi, 2005). They are under-recognized and under-treated. Anxiety is often a mixed bag: two in three sufferers also have another anxiety disorder, depression or misuse alcohol and drugs (Nease & Aitkens, 2003).

Stories and Analogies in Cognitive Behaviour Therapy by Paul Blenkiron

The costs to the individual and to society are large. Anxiety reduces satisfaction in relationships, money, work, play, learning, creativity, self-esteem and general quality of life (Henning et al., 2007). In the United States alone, anxiety costs $46 billion each year in healthcare and lost productivity (Price & Miller, 1998).

For generalized anxiety disorder (GAD), panic disorder and phobias, CBT has the best evidence for the longest lasting effect (National Institute for Health and Clinical Excellence, 2007b). CBT also appears more effective than other psychotherapies for individuals with lifelong anxious personalities (Emmelkamp et al., 2006). CBT teaches people to view what happens inside their body and mind in healthier ways. It encourages individuals to practise graded exposure to situations they have been avoiding and to drop safety-seeking behaviours. NICE recommends CBT for one hour each week, normally for 8–20 sessions. CBT may be combined with support, education, self-help, problem-solving or medication, such as a selective serotonin reuptake inhibitor (SSRI). Over half of all anxiety sufferers get better and stay better. For the rest, it is a case of learning to manage their anxiety.

This chapter examines anxiety, panic attacks and phobias from two viewpoints: first, as a group of mental disorders defined by their symptoms, time course and triggers within the DSM-IV-TR (American Psychiatric Association, 2000); and second, as a group of psychological processes that maintain anxiety (Westbrook et al., 2007). These include thought patterns (table 5.1) and self-defeating behaviours (table 5.2). Tables 5.1 and 5.2 list the main stories and analogies covered in this chapter. Therapists can use and modify them to help clients overcome their anxiety.

What is Anxiety?

The balloon trick

There is an old trick played by teachers on CBT training courses. During the session on anxiety, they instruct students to stand in a circle, each to inflate a balloon and place the tied end between their teeth. Once the bemused students have done this, the teacher produces a pin for all to see and instructs everyone to close their eyes. Next, the teacher walks very slowly round the inside of the circle, holding the pin up. He or she deliberately passes quite close to the ballooned faces of the students, lingering near one or two of them. Then, suddenly, everyone is asked to open their eyes and remove the unpopped balloon from their mouth. The teacher holds a debriefing session in which the students describe the catastrophic thoughts, fears, actions and body reactions that they have just experienced.

Table 5.1 What Thoughts Keep Anxiety Going?

Maintaining Process	*CBT Approach*	*Analogies*
Lack of knowledge and understanding about anxiety	Educate and inform Nature and purpose of fear 'Fight or flight'	Balloon in mouth deception Charging bull Crossing road Caveman in modern world Performance-enhancing drug
Feeling overwhelmed by 'stress'	Achieve a balance between pressure and ability to cope	Metaphors for stress: water pipes, bucket, seesaw, inoculation
Worry about worry	Anxiety management	Square breathing Doorbell distraction
	Deal with rumination	Worry as an old friend Break the chain of worry
	Mental images Put it in perspective	Falling leaves, buried box of worries Serenity Prayer Captured Japanese warrior
Controlling or suppressing thoughts	Tackle unrealistic expectations e.g. 'I must control my anxiety' 'I need to remove all anxiety'	Shifting sands Slippery fish Prowling wolves Pink elephants, barking dog, buzzing wasp, drifting clouds (OCD, chapter 6)
Catastrophic misinterpretation (predicting the worst)	Challenge 'what if …?' ideas Alternative explanations Behavioural experiments	Noise in the night Twig in the woods Listening to rumours and gossip
Worrying what others think (social anxiety)	Ask: does mind-reading help?	Zen: knowing a fish's mind
	Stop viewing self from outside looking in – look around you.	Turn around TV camera Interrogating detective
	Boost self-esteem (chapter 8) Stop safety seeking: to impress more – try less hard!	Psych self up and ban post-mortem Paddling swan

Table 5.2 What Behaviours Keep Anxiety Going?

Maintaining Process	*CBT Approach*	*Analogies*
Going for short-term rewards	Appreciate that 'short-term gain equals long-term pain'– then do the opposite	Itchy rash School bully Digging a hole Borrowing on credit cards Unravelling a piece of string
Avoidance or escape	Understand habituation: learn that worst fears do not happen	Entering a noisy room Jumping into a cold lake Learning to ride a bike
	Break the circle of reinforcement	Lion and the water Whisker of a tiger
	Graded exposure: confront the feared situation to overcome it	Anxiety ladder or staircase Parachute jump Carrying monk Monday mornings
Selective attention	Reduce focus on body symptoms and what could go wrong	Golf ball swing Buying a new car Moving house Astrological predictions

Hyper-vigilance (looking for danger)	Stop reacting to unhelpful false alarms	Ship's radar Car alarm Smoke detector Stop sign
Safety behaviours (self-fulfilling prophesies)	Behavioural experiments to test out their usefulness – or not Then drop them	Elephants on the rail track Sunrise cockerel Vampires and garlic Lucky salt and other superstitions Tribal ceremony String in the attic (chapter 6)
Seeking reassurance	Develop self-reliance Stop asking for reassurance	Excessive insurance (also see OCD, chapter 6) Outpatient reassurance clinic (Health anxiety, chapter 6)
Checking	Learn 'you do not make a pig fatter by weighing it' Ban checking	Pulling up roots of new plants Glue repair check (OCD, chapter 6)

The point of this experiment is to remind trainee therapists what anxiety feels like. The intention is that they will remember the importance of educating their own clients about anxiety. There are four key messages:

- Anxiety is a normal healthy reaction to danger.
- It helps to improve our performance and survival.
- The physical reactions are real, not imaginary.
- We cannot banish anxiety, but we can learn to manage it more usefully.

Therapists can help clients to understand the nature and purpose of anxiety using the following analogies.

Fight or flight

Put yourself in one of the following situations: a bull charges as you walk through a farmer's field, or you are attacked by a stranger, or a ten-tonne lorry approaches just as you are crossing a busy road. Your natural reaction is fear. Your mouth become dry as you breathe faster. You begin sweating to stop overheating. Your heart beats quicker to carry more blood to your muscles and brain, where it is most needed. Muscles tense, ready for action – to run or defend yourself. All the senses become heightened so you can think more clearly and focus on looking for safety. Now you are better prepared to respond. You can run away from the bull and jump over the fence; fight the stranger; or step back onto the pavement to avoid being struck by the lorry. And you will have learned to try to avoid these situations in the future, be on the lookout and check that the coast is clear.

Caveman in a modern world

The purpose of anxiety is to prepare our bodies to cope with danger. This is the basic 'caveman' survival instinct. It dates from prehistoric times and is found in animals too. In our modern world, we do not often face life or death situations, but how we react to stress is similar. Usually, we cannot physically fight and there is no need to run. But our normal physical reactions still need to find an outlet – as anxiety symptoms. So getting rid of all anxiety is not an achievable goal. The aim is to understand it in order to lose the fear. This will allow the feelings to pass.

Anxiety – a performance-enhancing drug

Anxiety is useful because it can spur us on to greater achievements. If we did not fear common dangers, we would not look before crossing a busy

road. If we were not anxious about examinations, we would never study. Anxiety acts like a performance-enhancing drug an athlete might be tempted to take. But the natural drugs involved in anxiety are legal and safe. Hormones such as adrenaline (epinephrine) are automatically released into our bloodstream from glands near each kidney. These chemical messengers tell the body to react more effectively. However, excessive anxiety can be distracting, demanding and draining. In one experiment, people were given a task that involved remembering some numbers. People whose anxiety was low or very high did not perform as well as those in between (Powell, 2000). So moderate amounts of anxiety helps us to perform better – though only up to a certain point. When anxiety interferes with our daily life, we need to learn how to manage it more successfully.

Stress

'Stress' is not a precise word. We often talk about stress when we have a problem with anxiety. It describes the mental and physical state when a person feels that the demands on them are greater than their ability to meet them. Life-events are not in themselves stressful. A lack of money or a busy job only becomes stressful when seen that way ('Is it a problem or a challenge?'). That is what cognitive therapy is about (Beck, 1984). Unhelpful thoughts are the link between events and emotional distress. Problems that one person takes in his stride might be enough to cause someone else to develop anxiety, depression or a psychosis. Figure 5.1 shows the stress-vulnerability model of mental illness (Zubin & Spring, 1977). This shows that individuals become ill when they face more stress than they can cope with. Managing stress is about accepting reality and achieving a balance. One of the following analogies might communicate this message to clients:

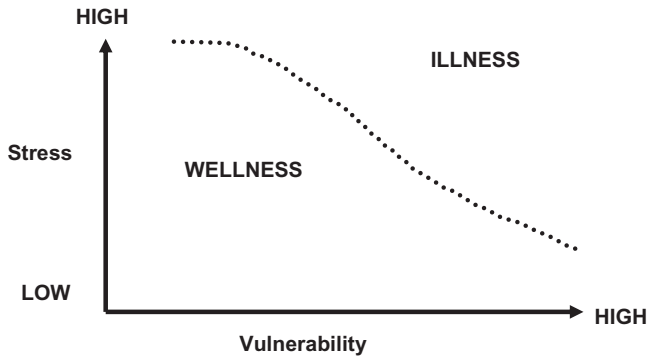

Figure 5.1 How Stress Affects Mental Health

Water pipe pressure

There is an important difference between pressure (which is normal) and stress (which is not). The water in household pipes is under pressure – in fact, it is essential for them to work properly. Similarly the circulation of blood around the body depends on our heart pumping it though the blood vessels. It is only when a leak or a blockage occurs that problems arise.

Stress seesaw

How a person views the world has a major effect on their resistance to stress. A balanced mind is like a children's playground seesaw (figure 5.2). Enjoying a stress-free ride through life depends on achieving the right balance between pressure and the ability to cope by getting both feet back on the ground (Williams, 2003).

Stress inoculation

Why do people with more experience (regardless of their age) appear less vulnerable to stress? A mastery of the past may '*inoculate*' against stress, just as immunization protects against an infectious disease (Seligman, 1975).

Serenity Prayer

> 'God, grant me the serenity to accept the things I cannot change, courage to change the things I can, and the wisdom to know the difference' (Reinhold Niebuhr, 1943).

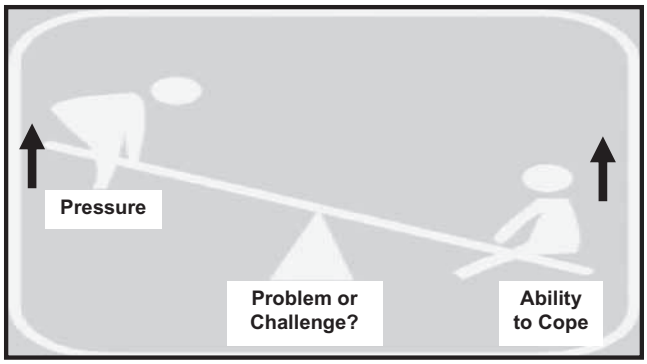

Figure 5.2 The Stress Seesaw

Someone may obtain relief just from identifying and accepting what they can and cannot change. But where change is possible and it would reduce stress, Niebuhr's prayer calls for courage to step out of the familiar into the unknown. This might involve focusing on feelings (learning new ways of coping) or focusing on solutions through practical problem-solving (Williams, 2003; see chapter 9).

Stress bucket (figure 5.3)

Picture how a person deals with stress as a bucket (Rollnick et al, 1999). Water flows in from a tap above: this represents all the different causes of stress. At the bottom of the bucket, the water drains out through a hole. This represents healthy ways of coping, such as socializing, exercise, hobbies and applying strategies learned during CBT. You can see that if there are too many stresses, the water flowing into the bucket will exceed the water flowing out. The water (stress level) will start to rise dangerously and eventually overflow so that person can no longer cope. Now, everyone's stress bucket is a different size depending on how they are made (personality and experiences). It is impossible to have an empty bucket (zero stress), but try to limit your bucket's contents to no more than two-thirds full. If you do not, then the water will spill over every time you meet a challenge, like 'the straw that broke the camel's back'. To avoid this, make sure that the flow out remains big enough. Develop healthy ways of managing your physical health (eat a balanced diet) and your mental health (adopt a balanced thinking style). Leave time for unexpected demands. That way, if an emergency arises, you will have plenty of reserve to deal with stress.

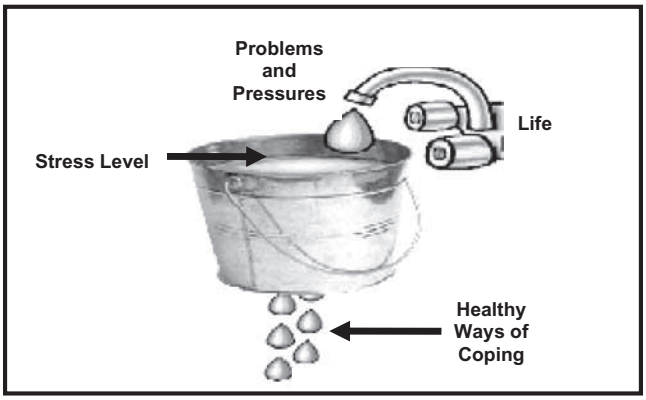

Figure 5.3 The Stress Bucket

How Do We Learn?

> 'People's behaviour makes sense if you think about it in terms of their goals, needs and motives.' Thomas Mann (1875–1955)

Learning is a lasting change in our behaviour that happens as a result of experience. Learning and memory are two sides of the same coin – both store information in the brain like data on a *computer's hard drive*. So why do we act as we do? Learning to link something new to something that already has a meaning is called classical conditioning. For example, Pavlov (1927) famously taught dogs to salivate to the sound of a bell before food was given to them. Someone who has been attacked in the past might become anxious at the sight of all strangers. Another type of learning involves changing what we do because of rewards or punishments. This is known as operant conditioning (Skinner, 1938). For example, people go to work to earn money; car drivers stop at red traffic lights to avoid an accident or fine; phobia sufferers avoid situations that make them anxious.

The best way to keep a behaviour going is to reward it. But rewarding now and again (intermittent reinforcement) works better than rewarding every single time. If someone *hits a golf ball* well just once or twice in an 18-hole round, that is often enough incentive to persist with golf as a hobby. This might explain why anxious individuals continue their unhelpful cycles of thinking and behaviour, despite being faced with plenty of evidence that disproves their fears. For example, Ronald suffered panic attacks. He paid selective attention to evidence that supported his view ('a racing heart and sweating means I'm having a heart attack'). However, he ignored evidence that contradicted it ('despite hundreds of panic attacks, I've never had a heart attack').

Avoiding fears

> 'It is not because things are difficult that we do not dare; it is because we do not dare that things are difficult.' Seneca (3BC–AD65)

Avoiding fearful situations keeps anxiety going (figure 5.4). For example, Jane had agoraphobia. She avoided crowds, buses and queues. Her reward was relief from anxiety, so she kept on avoiding. This is called negative reinforcement. But Jane's relief was as short-lived as a mayfly. Her anxiety soon returned. All she had learned was to avoid these situations next time too. She never gave herself the chance to disprove her own predictions ('I will lose control and collapse').

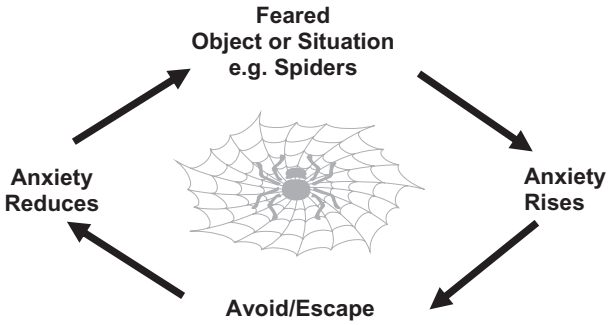

Figure 5.4 What Maintains a Phobia?

Avoidance, asking for reassurance and using safety behaviours are examples of short-term rewards that actually maintain the problem. Chapter 1 used several analogies that may help to explain this (scratching an *itchy rash*, putting off settling a *credit card debt*, giving in to the *school bully*, digging to get out of a *hole*). Newer ('third wave') CBT takes this a stage further by suggesting individuals accept rather than avoid their negative thoughts and feelings (acceptance and commitment therapy – for example, see *the shrinking room*, chapter 10). CBT empowers clients to do the opposite to their natural instincts: overcome fears through gradual exposure whilst dropping safety behaviours. This approach ('short-term pain leads to long-term gain') works for a wide variety of anxiety disorders, including phobias, panic, obsessive-compulsive disorder, post-traumatic stress disorder and health anxiety. Overcoming the anxiety that is restricting a person's life is like *unravelling a ball of string* (Mansell, 2007b):

> 'That ball of string is lying on the floor in a messy bundle. How could you go about tidying it up in order to use it? You could just pull it tight, but that would be messy and leave only a short length available. Or you could try to untie the knots and unravel it. This is very time consuming, but the end result is better and much more useful in the long term.'

Do something different

> 'Try to do the thing you cannot do.' Eleanor Roosevelt (1884–1962)

In behaviour therapy, the guiding principle is: 'Do more of the same if it's working, do something different if it's not.' There are two basic approaches:

1. If a person is doing something that maintains the problem, get them to change or stop doing it (e.g. drop safety behaviours).
2. If a person is avoiding something related to the problem, get them to start doing it again (e.g. graded exposure).

Practice makes perfect: a golf player who wants to improve should not worry about hitting the ball accurately every single time. Just do something different.

Assessing Anxiety

There are six key questions that will help therapists to assess and classify anxiety disorders. These are represented by the six main branches forking out from a decision '*worry tree*' (figure 5.5). Therapists should decide whether a person's anxiety is:

- a normal and appropriate reaction to stress (don't intervene – educate);
- part of a different mental or physical disorder (address the main problem);
- a lifelong personality trait (difficult to change) or a current state (with clear onset);
- caused by a traumatic life-event (stress reaction, adjustment disorder or post-traumatic stress disorder);
- triggered by a specific object, e.g. a spider (phobias) or free-floating;
- if free-floating, present most of the time (GAD) or from time to time (panic disorder).

Generalized Anxiety Disorder

> 'When I look back on all these worries I remember the story of the old man who said on his deathbed that he had had a lot of trouble in his life, most of which had never happened.' Winston Churchill (1874–1965)

Generalized anxiety disorder (GAD) affects about one in 20 people. The DSM-IV-TR (American Psychiatric Association, 2000) defines GAD as excessive anxiety and worry for at least six months. The key feature is difficulty controlling the worry, which revolves around a number of events and activities such as a job, finances or health. The person also experiences at least three of the following: feeling on edge, easily fatigued, mind going

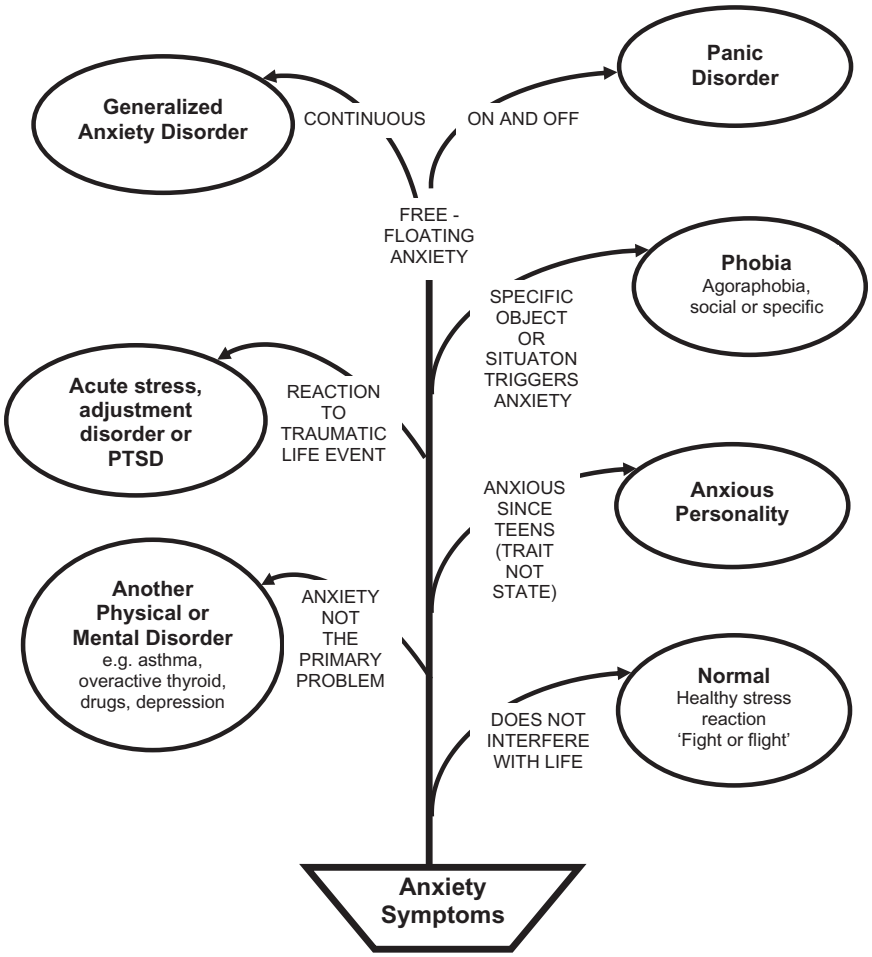

Figure 5.5 Assessing Anxiety: the worry tree

blank, irritability, muscle tension and disturbed sleep. Individuals with GAD often have other disorders too, such as depression, panic or health anxiety.

Rumination

Rumination is worry repeated over and over. It is an apt word because it also describes what a cow does when it is 'chewing the cud' – swallowing,

regurgitating and chewing the grass again and again. To identify GAD, ask clients: 'Do unpleasant thoughts constantly go round and round your mind? Do you generally suffer with your nerves?' People with generalized anxiety actively seek worry ('What if …?'). They are also more likely to remember an ambiguous piece of information and interpret uncertainty as a threat (Dugas et al., 2005). Sufferers overestimate the chances of things going wrong and underestimate their strengths. This leads to ineffective ways of coping, such as trying to control worry or avoid worrying.

CBT for generalized anxiety

Worry is a special form of fear, expanded in the imagination and fuelled by emotion. Research shows that CBT is more effective for GAD than non-directive psychotherapy and better than practising relaxation on its own (Gale & Davidson, 2007). CBT involves:

- behavioural approaches: e.g. distraction, controlled breathing and muscle relaxation (anxiety management training);
- cognitive approaches: e.g. using mental pictures, understanding the chain of worry (figure 5.6), examining beliefs about worry and mindfulness (stop controlling thoughts, focus on the present moment and 'let go').

Anxiety management

If the *doorbell rings* whilst a person is worrying, they may be distracted from that worry for a moment (Wells, 2000). Some ways of managing anxiety like progressive muscle relaxation work partly through distraction. But distraction can also be unhelpful. For example, if someone tries distraction during exposure for a spider phobia, then this will be less effective than if they 'stay with it' and focus on the spider. Another simple anxiety management technique is *square breathing* (figure 5.7). This works because anxious individuals often take shorter, faster breaths, leading to chest tightness, dizziness, tingling fingers and fatigue. Teaching someone to picture their breathing as the four sides of a square can help them to remember to breathe slowly and regularly, through the nose rather than mouth (Blenkiron, 2001b).

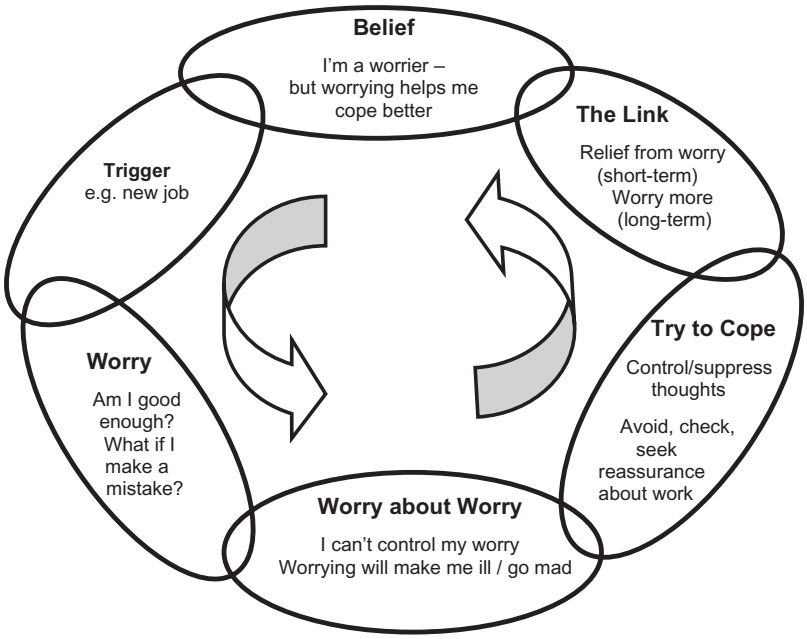

Figure 5.6 The Chain of Worry in GAD

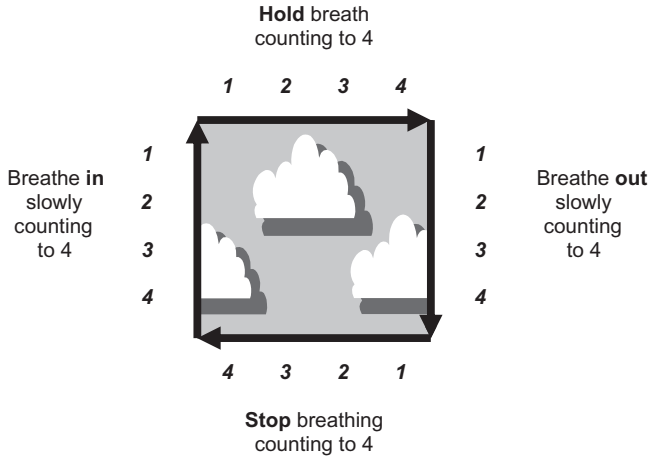

Figure 5.7 Square Breathing

Cognitive therapy for worry

Which is more important – what someone worries about (the content) or how they worry (the process)? Clients might try to deal with the *content* of their thinking in the same way as with depression (see 'Repairing negative thoughts, box 4.2, chapter 4). This involves challenging specific thoughts (e.g. 'It is going to go wrong') with specific questions:

- 'What do I think will happen?'
- 'How good is my evidence for this?'
- Am I getting this out of proportion?
- What strengths do I have to help me cope?
- What alternatives are there?
- How would I advise someone else about this worry?

However, after tackling one negative thought, individuals with GAD may respond: 'Ah yes, but what about this other worry … and that …?' Therapists and clients who deal only with the content of worries can feel as if they are walking in *shifting sands*. It is like trying to pluck a *fish out of a stream* by hand. They almost catch it, but the fish slips out of grasp at the last minute, only to be replaced by another worry swimming by. When this occurs, individuals should take a step back and examine their beliefs about worry itself (also called 'meta-worries' or 'type 2' worries). A 'worry diary' will help clients to identify them. Positive beliefs are that worry is helpful (e.g. 'worry helps me solve problems', 'worry prevents bad things from happening'). Negative beliefs are that worry is harmful, e.g. 'I could go crazy with worry' or 'I can't control my worry' ('worry about worry').

Worry consists of long chains of negative thoughts (Wells, 1997). Cognitive therapy for GAD involves *breaking the links* in the chain between beliefs, thoughts and actions (see figure 5.6). Worriers need to:

- deal with contradictory beliefs – worry is helpful versus worry is dangerous;
- test out worries about worry, e.g. going insane;
- stop trying to control worry – this simply causes more worry (see chapter 10: Acceptance and Commitment Therapy (ACT) and mindfulness);
- drop avoiding, checking and seeking reassurance – which fuel anxiety;
- postpone worries – focus attention on the 'here and now' instead.

Sayings and metaphors for worry

Therapists can begin by asking clients 'Has your worry ever saved you from something'? Box 5.1 lists some useful proverbs, quotes and songs. Selective use of metaphor, analogy and humour (box 5.2) also assists anxious individuals to put their worries into perspective (Pulsifer & Pulsifer, 2007).

Worry as insurance

Worry may promise a solution to uncertainty. But like excessive insurance, it cannot prevent bad things from happening (Meares & Freeston, 2008).

Box 5.1 Why Worry? Some inspirational sayings

Proverbs

- Worry gives a small thing a big shadow
- Loans and debts make worry and frets
- Action is worry's worst enemy
- Today is the tomorrow we worried about yesterday

Quotes

- 'As a rule, men worry more about what they can't see than about what they can' (Julius Caesar, 100–44 BC)
- 'Worry never robs tomorrow of its sorrow, it only saps today of its joy' (Leo Buscaglia, 1924–98)
- 'If you can't sleep, then get up and do something. … It's the worry that gets you, not the lack of sleep' (Dale Carnegie, 1888–1955)

Songs

- 'What's the use of worrying? It never was worthwhile, / so pack up your troubles in your old kit-bag, and smile, smile, smile' (George Asaf, 1915)
- 'Don't worry, be happy' (Bobby McFerrin, 1988)

Box 5.2 Metaphors and Analogies for Worry

Metaphors

- 'Worry is interest paid on trouble before it is due' (William R. Inge, 1860–1954)
- 'Worry is a thin stream of fear trickling through the mind … it cuts a channel into which all other thoughts are drained' (Arthur Somers Roche, 1883–1935)
- 'If you see ten troubles coming down the road, you can be sure that nine will run into the ditch before they reach you' (Calvin Coolidge, 1933–72)

Analogies

- 'Worrying is like a rocking chair; it gives you something to do, but it doesn't get you anywhere' (Anon.)
- 'It is the little bits of things that worry us; we can dodge an elephant, but we can't dodge a fly' (Josh Billings, 1818–85)
- 'Every day give yourself a good mental shampoo' (Sara Jordan, 2007)

Humour

- 'Don't tell me that worry doesn't do any good. I know better. The things I worry about don't happen' (Anon.)
- 'I try not to worry about the future, so I take each day just one anxiety attack at a time' (Tom Wilson, 1959–)
- 'Don't worry about the world coming to an end today. It's already tomorrow in Australia' (Charles Schultz, 1922–70)

If we spend less money on insurance (time worrying), then we will have more energy to invest in the things that really matter to us.

Worry as an old friend

Anxious individuals need to know the difference between genuinely urgent worries (rare) and worries they can deal with later (most of them). They should be aware of worrying thoughts, but the aim is to tolerate them rather

than become involved with them every time (Leahy, 2006). 'What if your worry was a very anxious old friend who suddenly appeared knocking on the door asking for help? What would you do? We wouldn't begin by trying to solve all their problems on the front door step. Instead we might invite our friend in and sit them down in a comfortable chair. We might offer them a cup of tea or coffee or a magazine. Once the friend had 'calmed down', we could ask if their worry was urgent or not. This would help to put their fears into perspective.' Individuals could put this analogy into practice by agreeing to postpone worry to a later 'worry half hour' each evening.

Controlling worry

Angela was a born worrier. She feared she would lose control of her thoughts and 'go mad and run amok'. She tried hard not to think this thought (using distraction), believing this helped to reduce the risk of her going mad. As Angela was a keen animal lover, her therapist encouraged her to test out how effective thought suppression was by asking her *not* to think of a green fluffy rabbit for one minute. Angela found this impossible: 'The rabbit is hovering at the edges of my thoughts. I keep checking if it is there, which of course brings it straight back.' Angela concluded that pushing away fearful thoughts did not make them disappear, but kept them 'prowling around at the edges of my mind – like a *pack of wolves* waiting to pounce' (Alison Hobbs, personal communication).

Mental pictures

Therapists can suggest that clients find images that allow their worries to go (Laidlaw et al., 2003b). Some people find this easier than others, but these are some examples:

- Imagine all your worries are *leaves on a tree* in autumn. See the leaves blowing away one by one in the wind, far off into the distance. Or picture thoughts as *leaves floating downstream* (see box 10.2).
- Put your worries *in a box*, close the lid and store it somewhere safe.
- You have written all your worries on a piece of paper. Place the paper in a time capsule. Picture yourself *burying it* in the middle of a field or throwing it on a fire and *watching it burn*.

Live for today

Each moment in life comes only once, so why not take advantage of it and live it to the full? Tomorrow will take care of itself. Therapists may

ask clients 'what proportion of your time do you spend focusing on the past, the present and the future?' Being preoccupied with the future is like *spoiling a good novel* by flicking to the later chapters halfway through the current chapter, or *fast-forwarding* through a recorded film to the final scene.

An old Zen story tells of a *Japanese warrior* who was captured by his enemies and thrown into prison. That night he was unable to sleep because he feared that he would be interrogated, tortured and executed. Then the words of his Zen Master came to him. 'Tomorrow is not real, it is an illusion. The only reality is now.' Heeding these words, the warrior became peaceful and fell asleep. Some might think this tale is too simple, but people with anxiety tend to worry about things they cannot control. The message is that if we can just take one day at a time and let worries go, then we can be at peace with ourselves.

Panic Disorder

> 'The heart beats suddenly and violently so that it palpitates and knocks against the ribs … the skin instantly becomes pale … under a sense of great fear … the breathing is hurried … there is trembling of all the muscles of the body.' Charles Darwin (1809–82), quoted by Broadhead, 2005

The word 'panic' comes from the Greek god Pan, who had a reputation for terrifying humans suddenly and without warning. Panic attacks are surges of unpredictable, intense fear. They usually peak within 10 minutes and last around 30–45 minutes. The definition of panic disorder is repeated panic attacks that include four or more of the following (American Psychiatric Association, 2000):

- Physical symptoms: racing heart, sweating, shaking, breathlessness, dizziness, numbness or tingling, chills or hot flushes, choking, chest pain, nausea or 'butterflies'.
- Mental symptoms: derealization (feeling that world is unreal as in a dream) or depersonalization (feeling detached from oneself, like an actor on a stage).
- Fears of losing control, going crazy, dying, having another panic attack or its effects (e.g. having a heart attack, suffocating).

One in 50 people develop panic disorder. Two-thirds also have agoraphobia (Taylor, 2006). Sufferers often consult their doctor, convinced they have a physical disease.

CBT for panic

Martin's story is typical of panic disorder:

> 'Just before I set off for work I start to notice a slight ache in my chest and I worry about my heart. My chest feels tight and my mind starts to race. I think this means I'm having a heart attack. I start to panic again – it's terrible. I sit down and try to think of something else. I avoid going to work, stay near the phone and keep on the lookout in case it comes back.'

Figure 5.8 shows Martin's case formulation using the classic panic cycle (Clark, 1986). The trigger was an event or body sensation. Martin viewed a chest twinge as danger – a possible heart problem. His anxiety led to a 'flight or fight' reaction which produced real physical and mental symptoms. Martin 'catastrophically misinterpreted' these normal body reactions as evidence of serious illness (a heart attack). This led to more anxiety and panic, which completed the circle. He tried to cope by using safety behaviours (e.g. sitting down), avoiding triggers (e.g. work) and paying selective attention (to his body). These strategies maintained panic by preventing Martin from discovering his fears were unfounded (Wells, 1997).

Martin had CBT for his panic disorder. This involved education about the nature of panic (e.g. fainting is impossible during fight or flight). He kept a panic diary to identify triggers, thoughts and behaviours. He learned to challenge his catastrophic misinterpretations. For example, if a racing heart signals a heart attack, why do all athletes not have heart attacks? Martin agreed to jog on the spot with his therapist, experience a racing heart and learn that he did not collapse or die (internal exposure). He tested this further by dropping safety behaviours during panic – standing up and not distracting himself. He also tackled avoidance by going to work and taking up exercise again (external exposure). These approaches helped him turn the vicious cycle of panic into a 'virtuous cycle' of recovery (chapter 1, figure 1.7).

Individuals with panic disorder need to address the thought patterns and behaviours that maintain panic (tables 5.1 and 5.2). These include catastrophic misinterpretation, selective attention, hyper-vigilance, and safety-seeking behaviours. Several stories and analogies for each of these are described below.

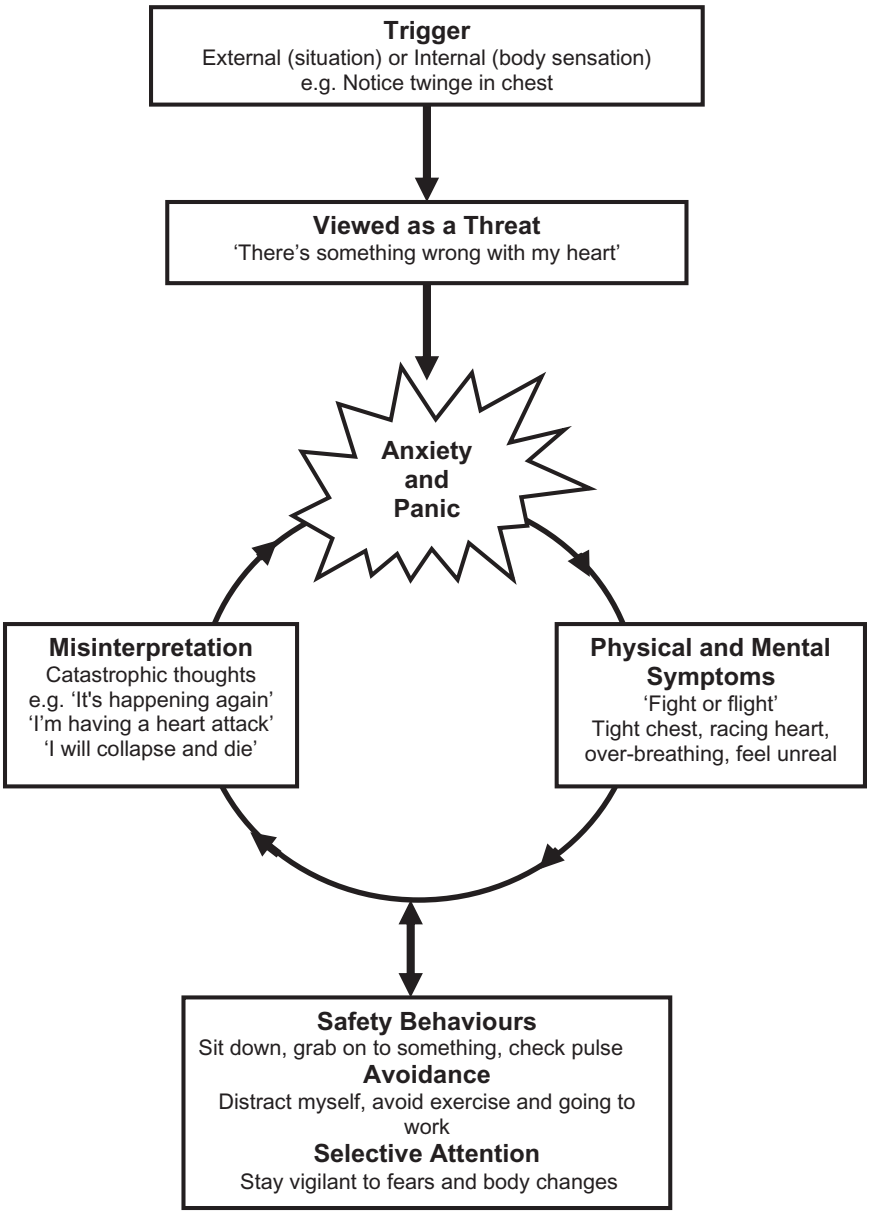

Figure 5.8 The Panic Cycle: Martin's formulation

Catastrophic Misinterpretation

> 'Present fears are less than horrible imaginings.' William Shakespeare (1564–1616), *Macbeth*.

Twig in the woods

You are walking in a wood and hear a twig break. What is your first thought? If you think that there is a stranger or animal close by, you might feel in danger. Your heart misses a beat and your pace quickens. But what if I now give you more information – that your friend is walking two paces behind? Your view of the situation changes, becomes much less threatening and stops you from panicking. This analogy is similar to the 'noise in the night' example in chapter 1. Jumping to conclusions can fuel panic. Selectively using evidence is like saying 'The sky is blue. My car is blue. Therefore my car is made of sky!'

Rumours and gossip

Catastrophic misinterpretation is like paying too much attention to rumours and gossip (Hovanec, 2007). Anxious individuals gather pieces of information (from body symptoms, friends or tabloid newspapers) and create plausible but sensational and false stories. For example, one anxious woman listened in on her party line phone system. She heard information about her neighbour's health being spread from one person to another. As facts were distorted, vague rumours turned into malicious gossip. The woman realized that that was also how she reacted to physical symptoms during panic attacks. She vowed to stop 'listening in on my body's party line' and told herself 'panicking is unpleasant but not dangerous'.

Selective Attention

> The general root of superstition is that men observe when things hit, and not when they miss, and commit to memory the one, and pass over the other. (Sir Francis Bacon, 1561–1626)

'Concentrate on the sensations in your fingertips – on everything that you feel there. What do you notice?' You probably start paying attention to sensations that you had not noticed until a moment ago. Focusing on body symptoms makes us more aware of them. It is like anyone who has just *bought a car* or *moved house* tending to notice similar cars or houses for

sale around the same time; or being convinced by the power of *astrology* when a person's star sign fits their experiences and predictions seem to come true.

Hypervigilance

Constantly looking out for danger – around every corner – merely worsens an individual's anxiety. Therapists might address this problem using one of the following analogies.

Ship's radar

A ship sails through Arctic waters. Its radar constantly scans the sea for icebergs so that the captain can steer a safe course. But the radar is too sensitive: it detects even very small icebergs, causing the ship to move very slowly, blind to the open waters ahead that it could pass safely through.

Car alarm

A car without an alarm is more likely to be stolen. But a car alarm that goes off all the time is annoying and unhelpful. The owner will constantly check everything is all right, and if thieves do try to steal the car later, everyone will ignore the alarm. So our own danger alarm needs to be set somewhere in between.

Smoke detector

Nowadays, many homes have smoke detectors. They act as fire alarms, but smoke does not always mean fire. For example, when we burn toast they sometimes go off. The loud noise can be frightening. Our bodies have a similar built-in alarm. In some people it goes off when there is no real danger. We have to learn when to react and when not to, by tuning our bodies to become less sensitive to false alarms (Butler & Hope, 1997).

Stop sign

Therapists can encourage clients to react to unhelpful false alarms by putting up a mental 'stop sign'. This means a behaviour, image or thought that puts the breaks on anxiety, such as taking a deep breath, using relaxation, postponing the worry to later or questioning its importance ('Will I still be worrying about this in one month?')

Safety Behaviours

> 'What we expect with confidence becomes our own self-fulfilling prophecy' (Brian Tracy, 1944–).

A safety-seeking behaviour is something a person does to stop a feared catastrophe from happening. But safety behaviours actually make the fear stronger by preventing that person from discovering that the disaster is not going to happen anyway (Salkovskis et al., 1999). Overcoming anxiety involves having the confidence to tolerate that anxiety whilst dropping these behaviours.

Some examples

Barbara has a thunderstorm phobia. She fears being struck by lightning so she only goes outside on 'safe' weather days when the sky looks blue and completely free of clouds with no rain forecast. As she lives in England, this means that she has been virtually housebound for over 20 years. To this day, Barbara continues to believe that she is only alive because of her weather-watching actions.

Tom has social anxiety. He avoids speaking in work meetings and to strangers at parties. He fears people will notice him blushing. So as not to draw attention to himself, he puts his hand in front of his face when talking and avoids eye contact. However, this makes people stare at him to try to understand what he is saying. He holds his drinking glass really tightly to control his hand shaking, but this makes the shaking worse. He also wears a vest under his shirt to hide underarm sweat which only causes him to perspire more.

Simone has panic attacks and agoraphobia. She shops 'on-line' and only visits the supermarket in the evening when it is quiet. She carries medication (diazepam) for anxiety in her pocket, although she has never used it. If she feels a panic attack coming on, she holds on to the shopping trolley to prevent herself losing control, then escapes through the nearest exit.

Stories for dropping safety behaviours

The following stories can help people like Tom, Simone and Barbara to understand their safety-seeking habits and abandon them.

Elephants on the rail track

Two men were travelling across Scotland. One was tearing up paper into small pieces and throwing them out of the window. The other man

eventually asked, 'What on earth are you doing?' The first man proclaimed 'I'm keeping elephants off the track.' The second man replied, exasperated, 'But there aren't any elephants on the track.' 'Exactly,' retorted the first man. The second man could see an obvious truth: there were very few elephants in Scotland and they were certainly not going to be walking on the rail track. But the first man knew that he had always thrown paper out of the window and the train had never yet collided with an elephant. Therefore it must work – or so he thought.

Sunrise cockerel

In George Eliot's novel *Adam Bede* (Eliot, 1859), Mrs Poyser tells of a cock thinking the sun rises in order to hear him sing. And who is to say he is wrong?

Vampires and garlic

The inhabitants of Transylvania live in fear of being bitten by blood-sucking vampires. In order to protect themselves, they wear a necklace of garlic cloves at night (chapter 1). For 300 years, no one has ever been bitten by a vampire. This ritual continues – but how could they test out garlic's protective power for certain?

Lucky salt

A neighbour asked the master Nasrudin, 'Why are you sprinkling salt around your house?' Nasrudin replied, 'To keep the tigers away.' 'But there are no tigers in this area.' 'Exactly,' replied Nasrudin.

Tribal ceremony

There is a race of people in South America who believe that the world only continues to spin because of a ceremony they undertake once a year. The key message here is that performing this ceremony is preventing them from finding out whether the belief is true or not. However, some clients might draw the wrong conclusion from this tale: 'It's not so bad having to do it now and again if it means they stay safe.' A different version emphasizes the huge cost of safety behaviours: 'there is a tribe who believe that to make the sun rise, they have to build a bonfire each night and dance around it till dawn. Because of this belief, the tribe spends most of the daytime collecting wood and preparing for the night. They are exhausted. This ritual has taken over their lives' (Wells, 1997).

Superstition

Safety behaviours seem to be part of human nature. They include superstitions such as touching wood (for good luck), avoiding walking under ladders (bad luck) and taking certain food supplements (to stay healthy). If a client does not believe in a certain superstition, their therapist might ask: 'How would you prove your point of view to a "believer?"' then draw comparisons with that client's own safety behaviours.

Safety behaviour or helpful way of coping?

Many people learn 'quick-fix' ways of managing their anxiety, such as controlled breathing, distraction, muscle relaxation and challenging catastrophic thoughts. Are these helpful coping strategies or merely safety behaviours? This depends on what the client thinks the purpose of a behaviour is rather than on the behaviour itself (Thwaites & Freeston, 2005). Two men may choose to sit near the door in a restaurant. One does so because he needs to meet friends who are late arriving (a rational response). The other wishes to avoid breathlessness and choking to death (a safety behaviour) – although he may hide this under a more plausible reason if asked. Someone using a healthy coping strategy is not trying to prevent some imagined disaster. If the behaviour is a way of managing (e.g. square breathing allows someone to carry on shopping), then it is best labelled as a coping strategy. But if that person is trying to avoid something fearful (e.g. carrying a packet of mints to prevent panic attacks), this is a safety behaviour.

Phobias

> 'The trouble with a kitten is THAT … it eventually becomes a CAT.' (Ogden Nash, 1902–71)

A phobia is defined as a 'marked and persistent fear' (DSM-IV-TR, American Psychiatric Association, 2000) that:

- is triggered by a specific object or situation (e.g. cats);
- is excessive or unreasonable (the sufferer usually recognizes this);
- leads to the situation being avoided (or endured with intense distress);
- interferes significantly with a person's life.

There are three main types of phobia (Kessler et al., 1994). Specific phobias affect 15% of people over a lifetime, agoraphobia 6% and social phobia 4% of the population. Specific phobias often include a fear of animals (e.g. snakes or spiders), blood–injection–injury (e.g. needles), enclosed spaces (claustrophobia), heights, flying, storms, dentists and vomiting. More unusual fears include childbirth (tocophobia), poetry (metrophobia), string (linononphobia) and everything (pantophobia). Agoraphobia comes from the Greek word *agoros* meaning marketplace. It is a fear of public places where escape appears difficult (e.g. being outside the home alone, crowds, queues, buses, trains or bridges). Social phobia (social anxiety disorder) is a fear of scrutiny in social situations. The individual worries about embarrassing themselves (e.g. when eating, speaking, dating or at parties – 'performance anxiety').

Stories to explain why we have phobias

Over half the population have 'irrational fears' (Davey, 2004). What makes us vulnerable to developing phobias? Anecdotes based on Charles Darwin's theory of evolution ('survival of the fittest') may be useful.

Specific phobias

Over millions of years, people who quickly learned to avoid real dangers survived and passed on their genes to their children. So now we are 'prewired' to fear things that can be dangerous (e.g. heights, lightning, snakes) over things that are not (e.g. trees, grass). We have not yet had enough time to evolve fears about cars and guns (Seligman, 1971). In blood and injury phobia, people may faint at the sight of their own blood. This helps them survive because being horizontal keeps blood flowing to their brain. It also discourages further attack as that person appears dead.

Agoraphobia

When modern man's ancestors emerged from the forest to look for food on the plains of Africa, they became vulnerable to attack by wild animals and other tribes. Having a fear of open spaces and seeking safety helped them to survive (Bracha et al., 2006).

Social phobia

In the past, being stared at by a group of strangers who were not smiling meant a challenge or attack was likely. But in the modern world such scrutiny may occur during a job interview, exam or public speech (Bracha, 2006). Agoraphobia and social anxiety overlap: sufferers worry about

embarrassment due to fainting, vomiting, shaking or shouting out. Their desire to return home or hide might arise from a primitive fear that others think they are ill. This would have meant being excluded from the tribe or even killed due to the risk of infecting or harming the tribe (Cornish, 2006).

Little Albert

Evolution is not the whole story. Some phobias develop because people learn to connect them to pain or trauma by 'classical conditioning'. Dentists are a good example. In one famous experiment, Watson & Rayner (1920) made Albert (age 11 months) become fearful of his pet white rat. They did this by making a loud noise every time the rat appeared. Eventually, Albert cried whenever his rat entered the room, without any noise occurring.

Graded Exposure

> 'She feared she'd die if she tried, but when she tried, her fears, they died.' Anon.

Because escape and avoidance keep phobias going (figure 5.4), the main treatment for phobias is graded exposure (Marks, 1987). We know that if a person confronts their phobia by remaining in the feared situation, the 'fight or flight' response ends within 30–45 minutes (Anthony et al., 2006). This is called 'habituation'. It happens because anxiety reduces naturally (the behavioural view) and because the person learns that nothing bad has happened (the cognitive view). Therapists may introduce the idea of confronting rather than running away from fears by drawing a simple graph (figure 5.9). Exposure can be gradual or sudden ('flooding'), done in real life or imagination ('implosion'), combined with relaxation (systematic desensitization) or used alongside cognitive approaches (e.g. in panic disorder with agoraphobia). But it is important to remain collaborative when setting targets. A therapist cannot simply handcuff a client to their wrists and march them towards a situation to have a panic attack (see box 5.3).

Five rules for success

The point of graded exposure is for a person to face their fears – broken up into manageable 'chunks'. To be effective, exposure should be:

Prolonged: Habituation is like entering a noisy room – we eventually stop noticing the noise. Or jumping into a lake or the sea – it feels cold at first but we get used to it when we begin to swim.

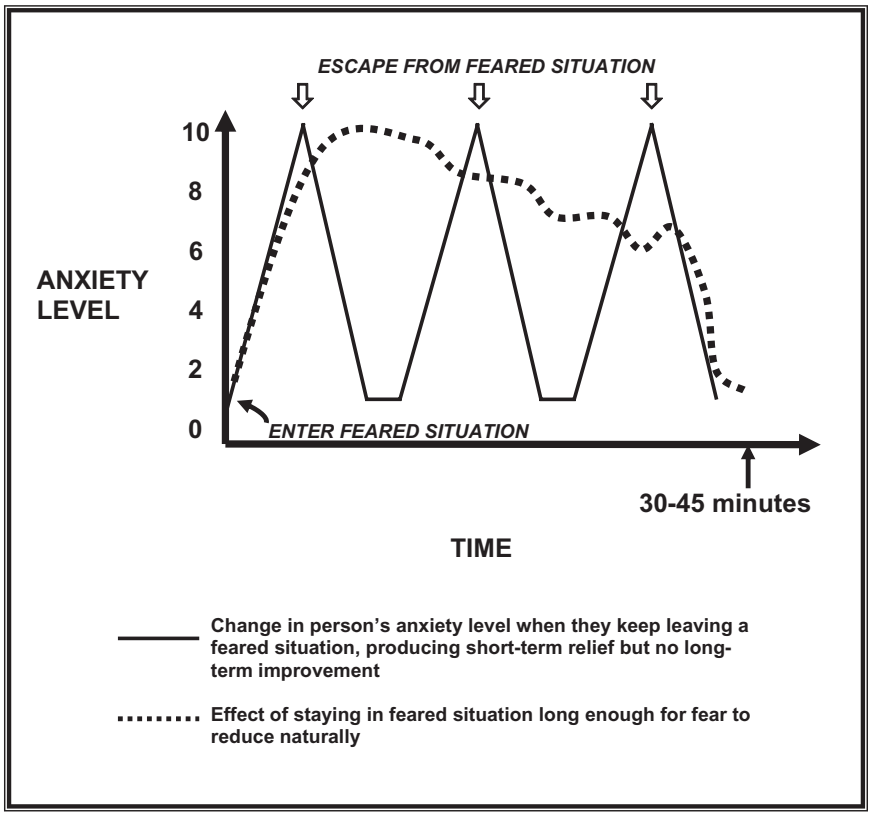

Figure 5.9 Escape versus Exposure

Repeated: It takes practice to learn a new skill – once is not enough. A child is learning to *ride his bicycle*. What do you do if he falls off? You put him back on. 'The first ten times you do anything … will be difficult, so get through the first ten times as quickly as possible' (Smith, 2003).

Graded: No goal is too small to start with. As Martin Luther King Jr (1929–68) said: 'You don't have to see the whole staircase, just take the first step'. Ten flights of stairs appear daunting, but one flight might look achievable. As confidence grows during exposure, a person often sprints up the remaining stairs (targets). Repeated practice (relapse prevention) will prevent them slipping upon a metaphorical banana skin down the stairs again.

Box 5.3 How Not To Do CBT

Story no. 3: A Leap in the Dark

Jane had a frog phobia. Her main worry was that 'frogs always seek me out' and 'I can't cope with the anxiety'. However, the prolonged exposure session with her therapist Simon was going well. Jane had moved up her 'fear ladder' from looking at a picture of a frog, to touching that picture, to handling a rubber toy frog. Then Simon brought a live frog into the room, secured inside a transparent container. At first, Jane's fear rating was 9 out of 10 and she stood near the door. After 30 minutes, her anxiety had fallen to 5 out of 10. Simon was keen to make more progress, so he decided to remove the frog from the box in order to model holding it in front of Jane. But as he lifted the lid, the frog proved impossible to grasp. It eventually jumped out and headed across the floor in Jane's direction. Jane let out a scream, ran all the way out of the building and refused to return. When Simon phoned her at home, she explained how 'that experience just proved how bad my fear is'.

In supervision, Simon admitted that taking the frog out of the box had been a 'spur of the moment' decision. He had not discussed it with Jane beforehand, sought her permission or prepared her for it. Simon felt he had completely undone Jane's earlier progress. He agreed to be more collaborative in future and not jump to conclusions about the best pace of change for clients. Fortunately, Jane was able to reframe the experience as 'learning to face the unpredictable' and agreed to continue graded exposure. The frog was eventually recaptured.

Mindful: Clients should focus on the here and now. This means avoiding distraction and accepting, rather than trying to control thoughts and feelings (see 'third-wave' therapies like mindfulness, chapter 10).

Clear: Agree SMART targets (Specific, Measurable, Achievable, Realistic and Time-limited), for example: 'To sit beside this spider in a jar until my anxiety level falls below five out of ten.'

Stories and analogies for graded exposure

Simply telling clients a story about their phobia may start to desensitize them. Anecdotes can also motivate individuals to pluck up the courage to

begin graded exposure, picture themselves making progress and help them break it down into stages. For example, the *lion and the water* story (chapter 1) tells of a thirsty lion that has to face his own fearful reflection in order to drink from the pool. In another Sufi tale, the master Nasrudin promises someone: 'I will make you a potion that you can drink to completely cure you of fear. But first you must bring me the *whisker of a tiger*' (Shah, 1983a).

Anxiety ladder (figure 5.10)

Kate had a bird phobia. Her therapist helped plan her graded exposure by suggesting: 'Write a list of all the situations that frighten you to the extent

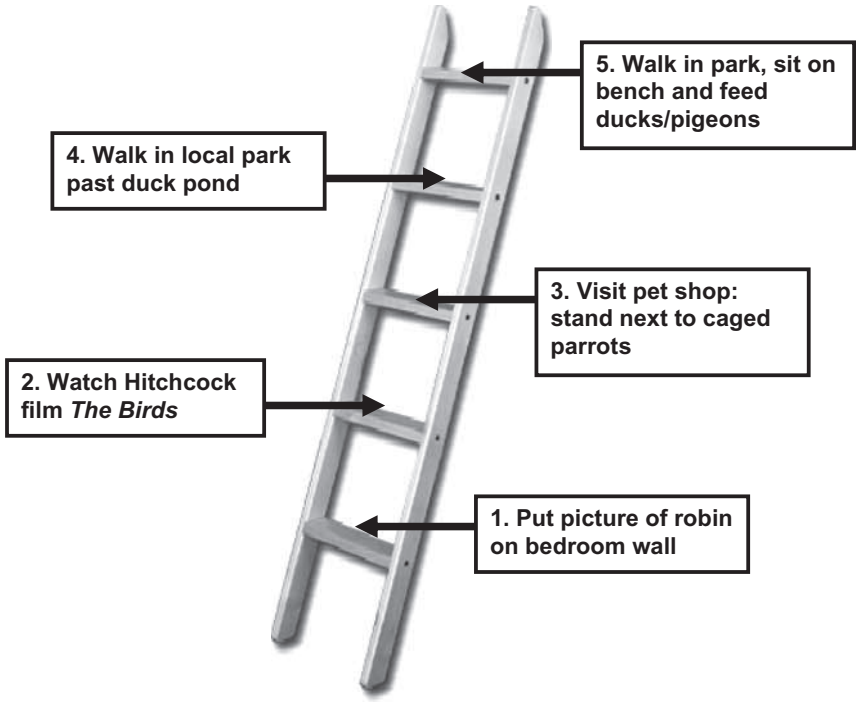

Figure 5.10 Anxiety Ladder for Rachel's Bird Phobia

that you avoid them. Include details like the type of bird and the situation if these affect how much anxiety you have. Next, create an "*anxiety ladder*". Imagine the bottom rung of the ladder is your least feared situation and the top rung is the situation that most frightens you – the one you most want to overcome. Add each situation from your list onto each rung of the ladder – from the easiest at the bottom to the most difficult at the top. Congratulations – you now have a graded exposure plan to follow. As you learned to walk before you could run, start practising the easiest situation first. Remember – I am holding the ladder so it will be safe, but you will be doing the climbing.'

Parachute jump

Bruce had a phobia about injections. Unfortunately, he needed to go into hospital for tests. So he tried to construct an anxiety ladder, but it did not have many steps to it. Handling needles caused him little distress. For Bruce, there were no halfway stages, only one big leap – actually having the needle put into his arm. His therapist asked how Bruce had managed to overcome big challenges in the past. Bruce remembered doing a parachute jump and thinking beforehand: 'You are either going to jump or you are not.' He and his therapist then applied this approach to his needle phobia. He undertook the training session (CBT), had a test flight (met a blood-taking nurse) and reviewed safety measures (lying down during the procedure in case he fainted). Filled with determination, Bruce successfully went ahead with the injection.

The carrying monk

Faced with a challenge, it is better just to do it and get it over with, than to carry it in your mind. For example, an old Zen story tells of two travelling monks (Suler, 2007). They reached a river where they met a young woman. Wary of the current, she asked if they could carry her across. The first monk hesitated but the other quickly put her onto his shoulders, crossed the river and put her down on the other side. She thanked him and departed. As the monks continued on their way, the first monk was brooding and preoccupied. At last, unable to hold his silence, he said, 'Brother, our training teaches us to avoid any contact with woman, but you picked up that woman and carried her.'

'Brother,' said the second monk, 'I set her down on the other side, while you are still carrying her.'

Monday mornings (Otto, 2000)

Wendy was an advertising executive who suffered from agoraphobia. It all started after a panic attack in the middle of a busy shopping mall. Soon she was avoiding all shops and crowds. The conversation during one CBT session went like this:

Therapist: What is the worst day of the week for going to work for you?
Wendy: It's Monday.
Therapist: Isn't that amazing? Everyone answers that question with 'Monday'. It seems as if we get out of practice after only two days off. How long does that feeling last?
Wendy: Until about midday. Then I usually get back into the swing of things.
Therapist: So Monday afternoon becomes like any other day?
Wendy: That's right. But Monday mornings can be really hard after a three-day weekend. Or returning from a holiday. Then I even feel anxious on Sunday night.
Therapist: It sounds like there is almost no way to return to work without feeling apprehensive on Monday – and sometimes Sunday too.
Wendy: True – but I still manage to get on with my job.
Therapist: In many ways your agoraphobia is like that Monday morning feeling. Only it wasn't just a weekend or a holiday that happened. It was a panic attack. After that, you stayed away from crowded places. At this moment, there's really no way for you to go back into a shopping mall without feeling tense beforehand. After all, a bad thing happened when you were last there, and you are out of practice with being in that situation.
Wendy: I do have bad memories of my first panic attack. I thought I was going to die.
Therapist: When you think about going into a crowded shop, I bet you do not think: 'Hey, this is that Monday morning feeling, I will be able to get over it'
Wendy: No way! More like, 'Uh-no, I'm getting anxious – I hope I don't collapse'.
Therapist: That's the 'fear of fear' cycle we talked about earlier.
Wendy: Like anticipating Mondays on Sunday nights. You're saying I can overcome fear with practice – like my Monday Morning feeling?

This analogy helped Wendy to view her avoidance as a natural reaction. She became more willing to try graded exposure for her agoraphobia

because her therapist linked it to something she regularly confronted – Monday mornings at work.

Social Anxiety

A rainbow spectrum

Like the colours of a rainbow, social confidence lies on a spectrum. Going from one extreme to the other we have:

- inappropriate, disinhibited behaviour (e.g. in mania, alcohol misuse or frontal lobe brain damage);
- normal extraverts (e.g. the 'party animal' or after-dinner speaker);
- normal social anxiety (e.g. shyness at a wedding or meeting strangers);
- specific social phobia (one fear, e.g. eating in public);
- general social phobia (fear of many social situations, overlaps with agoraphobia);
- an anxious personality (lifelong fear of criticism, avoid most social situations).

Stories and analogies for social phobia

Worrying what others think

Someone near you at a party is laughing. Are they laughing at you or a joke they have just heard? Individuals with social anxiety are sensitive to how others see them. They view themselves negatively and this leads to fears about how people are judging them. So they worry about acting in an unacceptable way (e.g. stammering, blushing, spilling food) *and* being rejected.

Lucy worried about other people's opinions of her. 'I'm like a dog chewing on a bone and getting little out of it,' she noted. Her therapist told the following tale (Suler 1997).

One day Chuang Tzu and a friend were walking by a river. 'Look at the fish swimming about,' said Chuang Tzu. 'They are really enjoying themselves'.

'You are not a fish,' replied the friend, 'So you can't truly know they are enjoying themselves'.

'You are not me,' replied Chuang Tzu. 'So how do you know that I do not know that the fish are enjoying themselves?'

Lucy was asked to think about this story. 'The conversation could go on forever', she commented. 'I suppose I can't directly know how I come across to others. It's like the fish trying to stand on the bank and watch itself. We all have different ideas about what others are thinking.' Lucy concluded it was unlikely that she was so special that everyone was constantly looking at her. Even if they were, she would say to herself, 'So what? That's their problem.'

Psych yourself down

Most people who are getting ready to go out to a social event try to 'psych' themselves up (Soloman, C., 2001). But individuals with social phobia actually psych themselves down. They mull over negative predictions, e.g. 'my wedding speech will go wrong'. This 'anticipatory processing' is like betting on the outcome of a horse race by listening to the voice of a *poor tipster* whose predictions never come true. Clients should ask 'is this a useful habit?' If not, they should drop it.

The post-mortem

After leaving a situation, socially anxious people ruminate on how bad they felt and how they imagined they looked. This 'post-event processing' dissects out their apparent failures. Clients should focus on facts, not feelings, list the pros and cons of the post-mortem and then ban it.

Outside looking in

Most people view the world from the inside looking out. But people with social phobia do the opposite – they see themselves from the outside looking in. This is called 'processing of the self as a social object'. These individuals use their thoughts, feelings and body reactions to paint an unpleasant mental picture of how they look to others (e.g. 'I'm a gibbering wreck with a beetroot-red face, rivers of sweat running down'):

> 'When you enter a feared social situation, you tend to focus your attention on yourself … Your anxiety symptoms become the centre of your attention, and because you feel bad, you think you must look bad. Focussing on yourself prevents you from getting a realistic sense of the social situation. To overcome your anxiety, you have to discover that your fears are not true. To do this, you should observe other people closely in order to gain clues about their reaction to you. For example, when you are self-conscious and it feels as if everyone is looking at you, you should look around and check this out. By

> focussing your attention on what is happening around you, you will become more confident and discover that your fears are not true'
>
> (Wells, 2000, p. 151).

To overcome social anxiety, clients need to focus outwards and ask: 'How do people around me really appear and act?' Useful metaphors for a therapist to suggest include *turning around the TV camera* (so it is pointing outwards) or interrogating the surroundings *like a detective* looking for evidence.

Dropping safety behaviours

Individuals with a social phobia may not appear anxious. In fact, others sometimes rate them as aloof or too relaxed. This may be because they try too hard to come across as confident and in control by using safety behaviours. Jim suffered from social anxiety in everyday conversations. He said, 'They don't realize how anxious I feel because I present them with a calm surface – like a *paddling swan* that appears to glide peacefully over a still lake. But below the water, my feet are working furiously.' It turned out that Jim mentally rehearsed every sentence before he spoke. He believed this made him appear more intelligent and less hesitant. But it stopped him listening to what others were saying. As a result, he appeared aloof and arrogant. And Jim found it mentally exhausting. His therapist suggested he test out the effect of dropping this *mental rehearsal*. Yet Jim's attention seemed to be elsewhere. No matter how many times safety behaviours were explained, Jim kept on replying, 'What do you mean?' Eventually, his therapist asked, 'What is actually going on here?' It suddenly dawned on Jim that saying 'What do you mean?' was his favourite stalling tactic to buy extra time to prepare the next sentence. Once he realized this might be an example of safety-seeking, he agreed to try to stop doing it. To his surprise, Jim discovered that not rehearsing every sentence actually made his conversations feel more fluent. Strangers responded more positively and he concentrated better on what they were saying.

Behavioural experiments like this challenge beliefs in an efficient, tailor-made way. As David Lloyd George (1863–1945) said 'Do not be afraid to take big steps. You can't cross a chasm in two small jumps.' But clients need to understand and agree to what they are testing – then review their learning afterwards. Behavioural experiments are more than 'fast-track' exposure therapy (see box 5.4).

Box 5.4 How Not To Do CBT

Story no. 4: Shaken But Not Stirred

Garry's problem was social anxiety. Whenever he was asked a question during work meetings, he panicked, his throat become dry and he always said little. He never drank from the glass of water placed near him on the meeting room table because he feared his hands would shake uncontrollably, he would spill water everywhere, be ridiculed by his colleagues and banned from further meetings. After Garry described this problem, Lesley (his therapist) suddenly noticed that the CBT session was due to finish. There was no time left to discuss homework. She quickly decided he should drop this safety behaviour. 'Why don't you test your fears by deliberately drinking from a glass of water during the next meeting?' she suggested. Garry left, mumbling that he would try to do this. At the next session, he reported that it had all gone terribly wrong. Although he had managed a few sips of water during a meeting he recalled being unable to concentrate because he still felt sweaty and 'terrible' inside.

Lesley brought the 'failed' homework task to clinical supervision. She admitted that she had not left much time for discussing homework. Her supervisor described the PETS approach (Plan, Expose, Test, Summarize) to behavioural experiments. Lesley had not asked Garry to repeat his understanding of the exact purpose of the homework or write it down. This allowed her client to 'change the goalposts' during his mental 'post-mortem' and confuse feelings with behaviour. Lesley felt she could have responded by saying 'Remember your goal was just to test out your predictions about drinking water, not to feel better'. She came up with several guided questions that would have helped Garry: 'Did you do it? Did anyone notice? Were you banned from future meetings as you predicted? What does that say about your fears? What if you deliberately spilled water next time?' Lesley realized that when it came to successful behavioural experiments, handling a client's feedback after the event was just as important as the collaborative preparation before it.

Summary

'We must travel in the direction of our fear.' John Berryman (1914–72)

Anxiety is a fear reaction to a real or imagined attack on a person's safety, including their goals and dreams. CBT aims to 'undo the knots' that bind together their worries, unhelpful beliefs and self-defeating behaviours. The worry tree (figure 5.5) may help to classify the type of anxiety. Then therapists and clients can approach each disorder using a particular 'model' (diagram), e.g. the chain of worry (for GAD), the cycle of catastrophic misinterpretation (panic) or the escape versus exposure graph (phobias). But a story or analogy can be useful in more than one type of anxiety disorder. What matters is the specific behaviour or thought pattern that is maintaining the anxiety (tables 5.1 and 5.2).

This chapter has described several ways in which anecdotes, metaphors and quotations can help clients. First, to understand possible causes for their anxiety. Fear may be due to 'nature' (a survival instinct) or 'nurture' (previous learning). Second, to appreciate that 'stress' is in the mind of the beholder. Achieving a balance between pressure and healthy ways of coping is the key. Third, to enable clients to gain the confidence to change old habits – appraising situations in new ways allows people to confront their fears without seeking safety. Fourth, to help individuals notice when they are undermining themselves with negative 'self-talk'. Practising a kinder and more compassionate self-talk will help prevent anxiety returning (Mansell, 2007b).

Although professionals can guide and support, it is ultimately an individual's own responsibility to address their anxiety. As Mark Twain (1835–1910) observed, 'Courage is not the absence of fear. It is acting in spite of it.' The profound message for clients is to 'feel the fear and do it anyway' (Jeffers, 2007). Simple in theory, but often challenging to put into practice.

Box 5.5 Key Points

- Anxiety is normal. It helps people perform better ('fight or flight')
- Anxiety disorders cause distress and disability. They include generalized anxiety (excessive worry), panic (extreme bursts) and phobias (specific fears)
- Stories and analogies help people tolerate and overcome their fears
- A central goal of CBT is to 'do the thing you cannot do'
- If a person is *doing* something that is maintaining their anxiety, encourage them to stop (e.g. drop safety behaviours, don't think the worst)
- If a person is *avoiding* a fearful situation, help them to start confronting it (e.g. using an anxiety ladder for graded exposure)