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Recovery: A Comprehensive Approach

Chapter 2 demonstrated how many different types of factors are contributing causes of anxiety disorders. Heredity, physiological imbalances in the brain, childhood deprivation and faulty parenting, and the cumulative effect of stress over time can all work to bring about the onset of panic attacks, agoraphobia, or any of the other anxiety disorders. The maintaining causes of these disorders—what keeps them going—are many and varied as well. Such factors can operate at the level of your body (for example, shallow breathing, muscle tension, or poor nutrition), emotions (such as withheld feelings), behavior (avoidance of phobic situations), mind (anxious self-talk and mistaken beliefs), and "whole self" (such as low self-esteem or a lack of self-nurturing skills).

If the causes of anxiety disorders are so varied, then an adequate approach to recovery needs to be, too. It is the basic philosophy of this workbook that the most effective approach for treating panic, phobias, or any other problem with anxiety is one that addresses the *full range* of factors contributing to these conditions. This type of approach can be called "comprehensive." It assumes that you can't just give someone the "right" medication and expect panic or generalized anxiety to go away. Nor can you just deal with childhood deprivation, having someone work through the emotional consequences of bad parenting, and expect the problems to disappear. By the same token, you can't just teach people new behaviors and new ways of talking to themselves and expect these things alone to resolve their problems. Some therapists still treat anxiety disorders solely as psychiatric conditions which can be "cured" by medication, or solely as childhood developmental problems, or solely as behavior problems; but the trend in recent years has been away from such single-gauged approaches. Many practitioners have discovered that problems with anxiety go away only temporarily when merely one or two contributing causes are dealt with. Lasting recovery is achieved when you are willing to make basic and comprehensive changes in habit, attitude, and lifestyle.

This chapter outlines and illustrates a comprehensive approach to recovery that has evolved over the years during which I have treated anxiety problems. What makes this approach truly comprehensive is that it offers interventions addressing seven different levels of contributing causes. These levels are as follows:

- Physical
- Emotional
- Behavioral
- Mental

- Interpersonal
- Whole Self
- Existential and spiritual

Some brief descriptions of these levels, and a preview of the rest of the chapters in this workbook, follow.

Physical Level

Physical-level causes include possible physiological imbalances in the brain and body (see the section on biological causes in chapter 2). Such causes also include 1) shallow breathing, 2) muscle tension, 3) bodily effects of cumulative stress, and 4) nutritional and dietary factors (such as excess caffeine or sugar in your diet). Strategies for dealing with physical-level causes can be found in five different chapters in this workbook. Chapter 4 offers breathing techniques to help modify your breathing pattern from the shallow, chest-level breathing that contributes to anxiety. That chapter also provides two deep relaxation techniques designed to reduce muscle tension and the effects of stress—progressive muscle relaxation and meditation. When practiced on a regular basis, either of these techniques can help you feel calmer in general, often making it unnecessary to rely on tranquilizers.

Chapter 5 on exercise makes a strong case for getting involved in a program of regular aerobic exercise. Many of my clients have found regular exercise to be the *single most effective* strategy for reducing muscle tension, stress, and hence anxiety (both chronic and acute). Chapter 15 discusses a variety of dietary changes that can help reduce anxiety. These include eliminating stimulants and substances that stress the body and relying more on foods and supplements that promote a calmer disposition. Chapter 16 examines a variety of health issues that can aggravate anxiety—conditions such as adrenal exhaustion, PMS, seasonal affective disorder, and insomnia. All need to be dealt with in a comprehensive program for overcoming anxiety. Finally, chapter 17 discusses situations where it is *appropriate* for you to take medication, along with the risks and benefits of each of the major types of medications used to treat anxiety disorders.

Emotional Level

Suppressed feelings—especially withheld anger—can be a very important contributing cause to both chronic anxiety and panic attacks. Often feelings of panic are merely a front for buried feelings of anger, frustration, grief, or desperation. Many people with anxiety disorders grew up in families that discouraged the expression of feelings. As an adult you may have difficulty just identifying what you *are* feeling, let alone expressing those feelings. Chapter 12 provides specific guidelines and strategies for

- Recognizing symptoms of suppressed feelings
- Identifying what you are feeling

- Learning to express your feelings
- Communicating your feelings to someone else

Behavioral Level

Phobias persist because of a single behavior: avoidance. As long as you avoid driving freeways, crossing bridges, speaking in public, or being in your home alone, your fear about these situations will persist. Your phobia is maintained because your avoidance behavior is so well rewarded: you don't have to reckon with the anxiety you'd experience if you confronted what you fear. Chapter 7 describes strategies that have been found to be very effective in dealing with phobias. Desensitization through imagery allows you to first confront your fear mentally, imagining over and over that you can handle it well. Real-life desensitization involves confronting your phobia in actuality—but with the help of a support person and in small increments. Perhaps the most important feature of both types of desensitization is that they break down into small steps the process of confronting what you fear.

Certain behaviors tend to encourage panic attacks. Trying to fight or resist panic will usually only aggravate it. Most of the time it is impossible to will your way out of panic. Chapter 6 suggests strategies you can use to minimize panic when it first develops. Learning to observe and "go with it" instead of reacting to the bodily symptoms of panic is perhaps the most important behavioral shift you can make. Specific techniques such as talking to another person, distracting your mind, becoming physically active, expressing needs and feelings, doing abdominal breathing, and repeating affirmations can all foster an increased capacity to *actively cope* with, rather than passively react to, the bodily symptoms of panic.

Mental Level

What you say to yourself internally—what is called *self-talk*—has a major effect on your state of anxiety. People with all types of anxiety disorders tend to engage in excessive "what-if" thinking, imagining the worst possible outcome in advance of facing what they fear. Scaring yourself through what-if scenarios is what has traditionally been called "worry." Self-critical thinking and perfectionist self-talk (statements to yourself that start with "I should," "I have to," or "I must") also promote anxiety.

Chapter 8 presents specific strategies for recognizing and *countering* destructive thinking patterns. By reconstructing negative self-talk into more supportive, confidence-building statements, you can begin to undo the long-standing habits of worry, self-criticism, and perfectionism that perpetuate anxiety.

Beneath anxiety-provoking self-talk are *mistaken beliefs* about yourself, others, and the world that produce anxiety in very basic ways. For example, if you see yourself as inadequate compared to others—or view the outside world as a dangerous place—you'll tend to remain anxious until you revise these basic attitudes. Chapter 9 offers strategies for both identifying and countering mistaken beliefs that contribute to anxiety.

Interpersonal Level

Much of the anxiety people experience arises from difficulties in interpersonal relationships. When you have difficulty communicating your real feelings and needs to others, you may find yourself swallowing frustration to the point where you're chronically tense and anxious. The same is true when you're unable to set limits or say no to unwanted demands or requests from others. Chapter 13 offers a variety of strategies for learning to stand up for your rights and express your true wants and feelings. Assertive communication provides ways to express what you want or don't want in a manner that preserves respect for other people. Learning to be assertive is a very important part of the recovery process, especially if you're dealing with agoraphobia or social phobia.

Being able to talk about your condition with others is also an important step in the recovery process. Ways to do this are discussed at the end of chapter 6.

"Whole Self" Level (Self-Esteem)

Of all the contributing causes to anxiety disorders, low self-esteem is among the deepest. You may have grown up in a dysfunctional family, which, through various forms of deprivation, abuse, or neglect, fostered your low sense of self-worth. As a result, you may carry into adulthood deep-seated feelings of insecurity, shame, and inadequacy, which tend to show up, on a more noticeable level, as panic attacks, fear of confronting the outside world (agoraphobia), fear of humiliation (social phobia), or generalized anxiety. Frequently, low self-esteem is tied in with all of the various contributing causes described above—in particular, lack of assertiveness, self-critical or perfectionist self-talk, and difficulty expressing feelings.

There are many ways to build self-esteem. Developing a positive body image, working toward and achieving concrete goals, and countering negative self-talk with validating affirmations can all help. Many of my clients have found it particularly worthwhile to cultivate a relationship with their own *inner child*. The inner child is the part of you that is spontaneous and playful but also carries the insecurity, shame, or pain that may be left over from your childhood. It is quite possible to make up for the inadequate parenting you may have received by becoming a strong, nurturing parent to your own child within. Chapter 14 provides specific strategies and exercises for strengthening your feelings of self-worth.

Existential and Spiritual Level

Sometimes people can improve on all of the levels previously described and yet remain anxious and unsettled. They seem to have a vague sense of dissatisfaction, emptiness, or boredom about life, which can lead to panic or to chronic, generalized anxiety. Certain of my clients have found that the ultimate "solution" to their problem with anxiety was to find a broad purpose or direction that gave their life greater meaning. Frequently, this involved taking up a vocation that fulfilled their true talents and interests. In one case it involved

developing an artistic talent that provided a creative outlet. Anxiety symptoms (as well as depression) can be the psyche's way of pushing you to explore and actualize an unrealized potential in your life, whether this involves intellectual development, emotional development, or even getting more in touch with your body. Instead of regarding your panic or phobias *merely* as a reaction to negative physical, emotional, or mental factors, you may be surprised to discover that they represent a call to realize your full potential.

For many individuals, a deep spiritual commitment and involvement provides a significant pathway to recovery from anxiety problems. Twelve-step programs have demonstrated the potency of spiritual awakening in the area of addictions—and the same is true for recovery from anxiety disorders. Developing a connection with a Higher Power (call it God, Spirit, or whatever you like) can provide a profound means for achieving inner security, strength, peace of mind, and an attitude that the outer world is a benevolent place. An existential-spiritual level of recovery is considered in chapter 20.

Four Examples of a Comprehensive Recovery Program

The preceding section may have helped to broaden your understanding of the various levels that come into play in a comprehensive approach to recovery from anxiety disorders. To make this more concrete, I want you to consider what such an approach would look like in four specific cases. These four examples are the same ones that were presented at the beginning of chapter 1 and reflect the four most common types of anxiety disorder seen by therapists: panic attacks, agoraphobia, social phobia, and obsessive-compulsive disorder. As you read through each of the examples, you may begin to formulate what strategies you want to include in your own recovery program. The *Problem Effectiveness Chart* and *Weekly Practice Record* that follow these examples will enable you to work out your own unique program in greater detail.

Susan: Panic Disorder

You may remember from chapter 1 that Susan was awakened every night by panic attacks marked by heart palpitations, dizziness, and a fear that she was going to die. She would get up and try to make these symptoms go away, becoming more and more anxious when they didn't, to the point where she might spend an hour or more walking about her house. Terrified and confused, she worried about whether she was going to have a heart attack. After a week of recurring panic episodes, she made an appointment with a cardiologist.

Let's suppose that her cardiologist was enlightened about anxiety disorders. After ruling out any heart problems, the cardiologist diagnosed her panic disorder and sent her to a therapist who specialized in the treatment of phobias and panic. This therapist utilized a comprehensive treatment approach with a number of components designed to diminish Susan's problem on a physical, emotional, and mental level.

First, the therapist sent her back to a medical doctor, an internist, to rule out any other possible physical bases for her problem, such as hyperthyroidism, hypoglycemia, mitral valve

prolapse, or a calcium-magnesium deficiency. Once these possible medical conditions were ruled out, Susan began her recovery program by learning abdominal breathing techniques (see chapter 4) that helped her to slow down the physiological arousal response that accompanies a panic attack. She was also asked to practice progressive muscle relaxation on a daily basis (chapter 4) to train her body to enter into a relaxed state easily. Regular practice of progressive muscle relaxation had a cumulative effect (the same would be true for regular practice of any other deep relaxation technique, such as visualization or meditation). After several weeks, Susan noticed that she was feeling more relaxed *all the time.* In addition to breathing and deep relaxation techniques, she was asked to maintain a program of regular, vigorous exercise (see chapter 5). She had discretion in choosing the type of exercise to do, but preferably it was to be aerobic exercise lasting for a half hour four to five times per week. Regular exercise worked together with the breathing techniques and deep relaxation to help relieve excess muscle tension, metabolize excess adrenaline, reduce vulnerability to sudden surges of anxiety, and increase Susan's overall sense of well-being. This combination of relaxation and exercise alone went a long way to significantly reduce the intensity and frequency of her panic attacks.

Susan's therapist also discovered that she was drinking three to four cups of coffee per day. Although for some people this might be a manageable amount, most individuals dealing with panic disorder find that their condition is aggravated by even small amounts of caffeine. Susan was asked to gradually taper off her caffeine consumption and replace regular with decaffeinated coffee. Her therapist also recommended a balanced diet, consisting largely of whole, unprocessed foods with minimal sugar and salt. She was also advised to take high-potency vitamin B-complex, vitamin C, and calcium-magnesium supplements (see chapter 15).

Susan was then taught specific techniques for interrupting the onset of panic when she first began to notice the approach of symptoms (see chapter 6). These techniques included calling a friend, physically exerting herself by doing housework, or writing out her feelings in a journal if she was feeling angry or frustrated. Special emphasis was given to her self-talk—what she said to herself at the very onset of feeling panic symptoms (see chapter 8). Her therapist found that Susan had a tendency to scare herself into a high state of panic by internally saying such things as "What if I have a heart attack?" "I can't stand this!" or "I've got to get out of here!" She was taught to replace this "scare-talk" with more positive, self-supportive statements, such as "I can handle these sensations," "I can flow with this and wait for my anxiety to diminish," or "I can let my body do its thing and this will pass." After practicing these "coping affirmations" many times, Susan found that she could simply *observe* her bodily symptoms rather than react to them. After a while she was able to avoid severe panic reactions altogether. Her therapist also helped Susan to identify some of the fundamental mistaken beliefs underlying much of her behavior (see chapter 9). She began to let go of such basic assumptions about herself, such as "I have to be completely successful at everything I do," "Life is a struggle," and "Everything must be totally predictable and in control." She was able to take life a little more easily and view its inevitable challenges with more perspective. The net result was a significant reduction in her overall level of anxiety.

A final issue associated with Susan's panic reactions was her tendency to completely suppress her anger and frustration. Early on, her therapist noticed that Susan was most vulnerable to panic on days when she had encountered numerous frustrating situations at work. She had grown up in a family where everyone was supposed to always do their best without ever complaining. Direct expression of feelings and needs was discouraged—she had learned to keep up a pleasant front both to strangers and friends, no matter how she was feeling inside. Although Susan couldn't believe it at first, she eventually concluded that her panic reactions were sometimes nothing more than intense feelings of frustration and anger in disguise. Her exercise program helped her to discharge some of these feelings. She also found it helpful to write her feelings down in a journal whenever she noticed herself beginning to feel on edge.

Susan's recovery program consisted of a variety of interventions on a physical, behavioral, emotional, and mental level, as summarized below.

Physical	Breathing exercises Regular practice of deep relaxation Regular aerobic exercise Elimination of caffeine Nutritional improvements, including vitamin supplements
Behavioral	Coping techniques to abort panic reactions at their onset—such as abdominal breathing and distraction techniques
Emotional	Identifying some panic reactions as anger in disguise Learning to express frustrations verbally and in writing
Mental	Changing scare-talk at the onset of panic to supportive, calming self-talk Practicing coping affirmations Reevaluating underlying mistaken beliefs and adopting a more relaxed, easygoing perspective on life

It was through a combination of all these interventions that Susan was able to find lasting relief from her panic attacks. Six months from the time she began her program, she was still occasionally anxious but only rarely experienced symptoms of panic. On those occasions when she did, she had a variety of tools that allowed her to dissipate the reaction before it gained momentum.

For Susan it was possible to achieve a lasting recovery from panic without the use of prescription medications. This is not always the case. When panic is so frequent or severe that it interferes with your work, relationships, or general ability to function (or when it does not yield to approaches like those discussed above), it may be appropriate to take medication. An antidepressant medication such as Zoloft (sertraline), taken over a period of six months to one year, can often be quite helpful in these instances (see chapter 17).

Cindy: Agoraphobia

You may recall Cindy's case from the example in the first chapter. She not only had panic attacks but was beginning to avoid situations such as grocery stores, restaurants, and movie theaters, where she was afraid she might have an attack. She was also very concerned that she might have to stop going to work. This avoidance of situations out of fear of panic is the hallmark of agoraphobia. What would a comprehensive recovery program for Cindy look like?

Just about all the interventions described in the example of Susan were also used in Cindy's case, because she, too, was experiencing panic attacks. Breathing techniques, regular practice of progressive muscle relaxation, regular (if possible, aerobic) exercise, and nutritional improvements were all necessary to help her reduce the physiological component of panic (see the corresponding chapters in this workbook). She also learned the same coping techniques for panic so that she was able to *act* rather than *react* when she felt the first bodily symptoms of panic coming on (see chapter 6). Cindy also worked on changing counterproductive self-talk (see chapter 8). In her case, this was especially important—not only for coping with panic itself but for curbing her excessive tendency to worry about panicking when she went to work. Finally, Cindy, just like Susan, needed to reexamine some of her basic mistaken beliefs about herself, such as "I can't make mistakes," "I must always be pleasing to everybody," and "Success is everything." She developed affirmations to counter these beliefs and made an audio recording that she listened to every night as she went to sleep (see chapter 9).

It was important for Cindy to work not only on her panic reactions but on her avoidance behavior as well. At the outset, she was avoiding crowded public situations, such as grocery stores, restaurants, and movie theaters, and had nearly reached the point where she was afraid to go to work. In only a few weeks, she had severely limited where she would go. It was through the processes of imagery and real-life desensitization that she learned to reenter all these situations and be comfortable with them (see chapter 7). There were three phases in this process. First, she broke down the goal of reentering each specific situation into a series of steps. For example, in the case of the grocery store, she had eight steps:

1. Spending one minute near the entrance of the store
2. Spending one minute inside the door of the store
3. Going halfway to the back of the store, spending one minute, and then leaving
4. Going to the back of the store, spending one minute, and then leaving
5. Spending three minutes in the store without buying anything
6. Buying one item and going through the express checkout line
7. Buying three items and going through the express checkout line
8. Buying three items and going through a regular checkout line

The second phase involved practicing imagery desensitization—going through each of these steps in her *imagination* until she could visualize the final step in detail without feeling any anxiety.

Third, Cindy practiced real-life desensitization, going through each of the eight steps in real life. She practiced each step several times at first with the help of a support person—usually her boyfriend—and then tried it out alone. For example, after she had mastered step 3 by herself, she started practicing step 4 with her support person. She found that the process worked best if she temporarily stopped or retreated any time she felt anxiety coming on so strongly that she felt it might get out of control. It was easier to advance from one step to the next if she didn't "overexpose" or resensitize herself by pushing herself to the point of feeling intense anxiety.

Cindy undertook this three-phase process—1) breaking the goal down into steps, 2) imagery desensitization, and 3) real-life desensitization—with each of her specific phobias. By practicing desensitization on a regular basis, she was able after three months to reenter all the situations she had previously avoided and to feel comfortable with them.

Cindy had a high degree of self-motivation. The consistent encouragement and reinforcement she got from her boyfriend, who always accompanied her on her first run of entering a phobic situation, sped up her progress considerably.

The most direct and efficient way to overcome any fear is simply to face it. If you are agoraphobic, however, the prospect of confronting long-standing fears can seem overwhelming at first. Cindy learned that this confrontation process can be made manageable if it is broken down into sufficiently small steps that are first negotiated in imagination.

Apart from overcoming her phobias, another important part of Cindy's recovery was learning to be assertive (see chapter 13). A major part of the stress that contributed to her first panic attack came from her inability to say no to unreasonable demands placed on her by her boss. Cindy's friends also noted that she couldn't stand up for her rights or say no to her boyfriend for fear of his leaving her. She had grown up in a family where her father had left when she was eight. In addition, her mother was very demanding and critical. Consequently, Cindy was never quite sure that she was loved, and she had a deep-seated insecurity about being abandoned. As a child she feared that standing up for herself would jeopardize the tenuous and conditional love she received from her mother. Cindy carried this pattern of dependency and fear of abandonment into adulthood and replayed it in her relationship with her boyfriend. In subtle ways, it actually served to reinforce her agoraphobia. On an unconscious level, she felt that if she were dependent on her boyfriend to take care of her, he would never leave her.

During her recovery, Cindy realized that she wanted to rework her "life script." She was feeling increasingly frustrated about always accommodating everyone else, and she began to recognize the need to develop a stronger sense of herself and her own rights. Through learning to be assertive, she discovered that she could ask for what she wanted, say no to what she didn't want, and still obtain the love and support she needed from her boyfriend and others. In fact, she was surprised to find that everyone, including her boyfriend, respected her more for being able to stand up for herself. The independence Cindy gained from learning to confront situations she had previously avoided went hand in hand with the independence she gained from developing a more assertive interpersonal style. There was no longer any need for her agoraphobia because there was no longer any need for the dependency that maintained it.

Because of the insecurity and fear of abandonment left over from her childhood, it was also critical for Cindy to work on self-esteem (see chapter 14). She discovered that the only remedy for the inadequate parenting she had received was to become a good parent to herself. She did this in part by improving her body image and countering her *inner critic* (self-critical inner dialogue) with affirmations of self-acceptance and self-worth. What she found most helpful, though, was cultivating a relationship with her *inner child.* (The inner child is that part of you which is playful and creative but also carries old wounds—the pain, insecurity, or sense of inadequacy you may have felt since childhood.) Cindy learned to relabel moods in which she felt insecure or frightened as requests for nurturing from her inner child. She gained considerable inner strength and self-confidence as she learned a variety of ways to support, nurture, and care for her own child within.

In sum, Cindy's recovery program for agoraphobia contained all of the elements of Susan's program for panic attacks *plus* imagery and real-life desensitization to overcome her specific avoidances. It was also necessary for Cindy to address assertiveness and self-esteem issues. She needed to overcome feelings of insecurity and a fear of abandonment that she had carried over from childhood—an insecurity and fear that tended to reinforce her agoraphobia. Her total program involved interventions on six different levels:

Physical	Breathing exercises Regular practice of deep relaxation Regular aerobic exercise Nutritional improvements, including vitamin supplements
Behavioral	Coping techniques to abort panic reactions at their onset Imagery and real-life desensitization to overcome specific phobias
Emotional	Learning to identify and express feelings
Mental	Countering negative self-talk that contributed to panic attacks as well as worry about panicking Countering underlying mistaken beliefs with self-supporting affirmations
Interpersonal	Developing a more assertive interpersonal style
Whole Self	Developing self-esteem through □ working on her body image □ overcoming her inner critic □ cultivating a relationship with her inner child

It took Cindy about a year to fully implement these interventions. At the end of one year, she was close to being free of her agoraphobia as well as panic attacks. She decided to go back to school part-time to train to become a registered nurse while continuing her job as a medical secretary.

Steve: Social Phobia

You may recall from chapter 1 that Steve had difficulty attending meetings at work. He would clam up in group sessions and feared that his coworkers would look upon him critically for not contributing. His very worst fear was of being asked to give a presentation before a group. When this finally happened, he was so terrified that he felt he might have to quit his job.

Steve's problem fits the picture of a social phobia very well—he feared embarrassment and humiliation as a result of being unable to perform in a group situation. His recovery program depended heavily on the processes of imagery and real-life desensitization.

Like Susan and Cindy, Steve required a comprehensive treatment approach. Because he tended generally to be anxious much of the time, the same strategies were needed that were used to reduce the physical component of anxiety for Susan and Cindy. Steve first learned abdominal breathing techniques to reduce anxiety on a short-term basis. He found these to be very helpful in reducing the apprehension that came up when he was asked to attend meetings at work. He also practiced a deep relaxation technique twice a day. In Steve's case, meditation seemed to work better than progressive muscle relaxation for soothing his active mind (see chapter 18). He also found that jogging four times a week made a substantial improvement in his level of tension and anxiety (see chapter 5). Finally, he learned that when he reduced his consumption of refined sugar, his mood swings diminished and he was less prone to bouts of depression (see chapter 15). By upgrading his overall health and wellness, Steve became more confident about tackling his social phobia.

The phobia of being in meetings at work was dealt with first through imagery desensitization. As in Cindy's case, Steve broke down the goal of being able to handle meetings into steps:

1. Sitting in a small group (fewer than five people) for fifteen minutes
2. Sitting in a small group for forty-five minutes to one hour
3. Sitting in a larger group for fifteen minutes
4. Sitting in a larger group for forty-five minutes to one hour
5. Repeating steps 1 to 4, but making at least one comment during the course of the meeting
6. Repeating steps 1 to 4, but making at least two comments during the meeting
7. Giving a one-minute presentation before a small group
8. Giving a three-minute presentation before a small group
9. Giving a five- to ten-minute presentation before a small group
10. Repeating steps 7 to 9 with a larger group

The next phase was to go through each of the steps in detail in his imagination. Steve would keep working with a particular step until he no longer felt any anxiety and then would

go on to the next one. If at any point his anxiety started to come on very strong—to the point where he felt it might get out of control—he would "switch off" the scene he was visualizing and retreat in his mind to a very peaceful, relaxing scene. Steve found it useful to make an audio recording which guided him through visualizing all ten of the steps in his program.

After he had successfully desensitized himself in his imagination, Steve undertook the mission to conquer his fear of groups in real life (see chapter 7). First, he sat down with his boss and discussed his problem. He explained that he wanted to be able to participate in meetings and was working through a specific step-by-step program to overcome his phobia. He made an arrangement with his boss to attend only small, short meetings; he had permission to temporarily leave if his anxiety level became too high. After mastering small, brief meetings, he would be able to progress to larger and longer ones. Knowing he would always be free to retreat if he needed to, he felt more willing to undertake real-life desensitization. After working up to a point where he could verbally participate in large meetings, he began to work on his fear of making a presentation. Instead of starting out trying to do this at work, Steve decided to take a course in public speaking at a local junior college. The demands for performance in a classroom setting, where everyone was learning, seemed less intense than the expectations at work. After completing the public speaking class, he arranged to make a brief presentation at work before a small group of coworkers he knew well. From there he progressed to larger groups, to longer presentations, and finally to speaking before groups of strangers.

Steve continued to feel anxious when he got up before a group, but he was now able to *handle* his anxiety through a combination of abdominal breathing techniques and coping affirmations: "I can ride through this anxiety and be fine"; "As soon as I get started, I'll be fine"; "What I have to say is worthwhile—everyone will be interested." With time and practice, he got to the point where he no longer feared making presentations and, in fact, looked forward to them as an opportunity to contribute his own insights and ideas.

Besides practicing imagery and real-life desensitization, Steve, like Cindy, worked on assertiveness and self-esteem (see chapters 13 and 14). He had grown up in a family where he was the youngest of three brothers. Always being bossed around by his older brothers, he had learned to suppress his own feelings and ideas. Throughout his life, he had been afraid to stand up for himself. This fear played no small role in his difficulty with speaking up or making presentations before a group. Through practicing assertiveness skills, he learned how to express his feelings and wants to others directly. He was pleasantly surprised to find that others usually appreciated and were interested in what he had to say.

As the youngest child in his family, Steve had also been "babied" during childhood. He grew up with an underlying fear of standing up as his own person and assuming full responsibility as an adult. He had to work on self-esteem to realize that he was just as valuable, important, and able to contribute as anyone else. Overcoming his social phobia certainly helped, but, like Cindy, Steve also worked on developing a relationship with his inner child. By consistently validating and supporting the little boy within, he gradually overcame the feelings of inadequacy and shame that had fed his phobia.

Steve's program for recovery from social phobia contained many of the same components as Cindy's program for recovery from agoraphobia. The only significant difference was

that Steve didn't have to deal with panic; his phobia centered around fears of embarrassment and humiliation rather than fears of losing control during a panic attack. All of the following strategies contributed to his recovery, with real-life desensitization perhaps being the most crucial:

Physical	Breathing exercises Regular practice of deep relaxation Regular aerobic exercise Nutritional improvements (specifically, reducing sugar intake and thus hypoglycemic mood swings)
Behavioral	Imagery desensitization Real-life desensitization, including taking a public speaking class prior to making presentations at work
Emotional	Learning to identify and express feelings
Mental	Countering negative self-talk Countering mistaken beliefs
Interpersonal	Developing an assertive interpersonal style
Whole Self	Developing self-esteem by cultivating a relationship with his inner child

Mike: Obsessive-Compulsive Disorder

Mike, you may recall, was a successful businessman who had a recurring, irrational fear while driving that he had run over a person or animal. So strong and insistent was this fear that he continually had to retrace the route he'd just driven to assure himself that no one was lying in the street. By the time he sought treatment, his compulsion to check was so strong that he needed to retrace his route three or four times before he could go on. Because he felt both ashamed and powerless to control his behavior, he was also significantly depressed—a common complaint of people with obsessive-compulsive disorder. Mike's problem was an example of the "checking" type of obsessive-compulsive disorder. But the comprehensive recovery program he undertook could apply equally well to other forms of obsessive-compulsive disorder, including washing, counting, or other compulsions.

In many respects Mike's road to recovery was similar to that of Susan, Cindy, and Steve in the preceding examples. His therapist asked him to practice breathing exercises, progressive muscle relaxation, and aerobic exercise on a daily basis to reduce the physiological component of his anxiety. Mike also reduced the amount of caffeine and sugar in his diet and started taking high-potency B-complex and vitamin C supplements with breakfast and dinner. Mike felt so much better from these practices alone that there were certain days that he didn't need to retrace his driving route at all. However, his problem didn't disappear altogether.

Mike worked on changing his inner dialogue, or self-talk, while driving. Instead of always asking himself, "What if I hit someone?" he learned to counter with the statement, "If I hit anything, I certainly would hear it or feel it. But this hasn't happened, so I'm okay."

Repeating this reassuring statement over and over helped him to reduce the number of times he needed to retrace his route from three or four to one or two, but it didn't dispel his obsession completely.

Another helpful intervention was learning to identify and express his angry feelings. Mike found that by getting angry with his compulsion to check and shouting "No!" very loudly in his car, he could sometimes dissipate his anxiety enough so that he didn't have to check. Getting in touch with and acknowledging his frustrations also helped him to reduce stress in other areas of his life apart from his specific problem with checking. Yet expressing needs and feelings was not enough, any more than the physical and mental strategies he had tried, to completely resolve his obsessive-compulsive problem.

From his reading on the subject, Mike learned that obsessive-compulsive disorder responds best to the combination of two specific interventions:

- A behavioral intervention called *exposure and response prevention*
- Medication—specifically, antidepressant medications such as clomipramine (Anafranil) and fluoxetine (Prozac)

Under the supervision of his therapist, Mike practiced exposure and response prevention in two steps. First, he was instructed to reduce to one the number of times he retraced his route. He had already brought the frequency down from four or five repetitions to two or three, and over the course of a month he was able to reduce the number further, to one. At this point his therapist rode with him in the car and instructed Mike, whenever he felt the urge to retrace, to pull the car over to the side of the road and stop. Mike then waited several minutes for the anxiety he felt about not retracing his route to subside. Then he resumed his driving. After two weeks of practicing response prevention with his therapist, Mike was finally able to do it on his own. It was very liberating to Mike not to have to spend so much time and energy on retracing his driving route.

A problem that remained, though, was that he couldn't get the obsession about having run over someone out of his mind completely—even though positive self-talk had helped somewhat. He continued to be vigilant while driving and was depressed that he had so little control over his thoughts.

Mike's therapist referred him to a psychiatrist who instructed him about the medication clomipramine, a drug that has been effective in eliminating or reducing the symptoms of obsessive-compulsive disorder in about 60 percent of the cases in which it has been used. Within three weeks of starting the medication, Mike found that his obsessions had disappeared altogether and that his depression had lifted significantly. He began to relax and enjoy driving again, free of any concern about having hit someone. His doctor told him that he would need to stay on the medication for one year, at which point Mike would gradually taper off the dose and see if he could continue to live free of obsessions without taking medication.

Although Mike's obsessive-compulsive disorder responded quite well to the combination of interventions described above, he continued to feel depressed from time to time. It became apparent to his therapist that Mike was feeling somewhat bored with his line of work and with his life in general. The final phase of his recovery program involved making two major

adjustments that added meaning and direction to his life. First, he decided to make a career change. Over the course of a year, he moved from a corporate position in marketing to starting a small retail business of his own. All his life, Mike had had a strong interest in music but had never done anything to fulfill it. So, as a second step, he began taking piano lessons. After a year, he took this pursuit a step further, bought a synthesizer, and began to compose his own original piano pieces. This creative outlet added a new dimension to Mike's life and enabled him to express a previously unrealized potential. It was after this that his depression fully lifted.

The most critical component of Mike's recovery from obsessive-compulsive disorder was the combination of response prevention and medication. The crux of his recovery from depression was the combination of overcoming his obsessive-compulsive disorder *and* developing a creative outlet that gave his life a new dimension of meaning. His total program for recovery can be summarized as follows:

Physical	Breathing exercises Regular practice of deep relaxation Regular aerobic exercise Nutritional improvements plus vitamin supplements
Behavioral	Exposure and response prevention to eliminate checking
Emotional	Learning to identify and express anger and frustration
Mental	Self-talk to counter fears about having run over someone
Medication	Taking clomipramine for one year
Existential-Spiritual	Pursuing a creative interest in playing the piano and musical composition

Developing Your Own Recovery Program

By this point I hope that you've gained an idea about three things: 1) the wide range of strategies used in a comprehensive recovery program, 2) the specific types of strategies employed, and 3) how such strategies are actually implemented in specific cases.

You can now begin to develop your own recovery program. The following two charts are designed to assist you with this. The first is the *Problem Effectiveness Chart*. It correlates different types of anxiety disorders with specific chapters in this workbook. Chapters that are particularly relevant for *everyone* with the disorder are marked with an "X." Those chapters that are often relevant are marked with a lowercase "x." Your choice of strategies will, of course, depend on the nature and causes of your particular difficulty. After reading the first three chapters of this workbook, you should have some idea of what strategies to emphasize.

Problem Effectiveness Chart

"Ordinary" Anxiety	Post-Traumatic Stress Disorder	Obsessive-Compulsive Disorder	Generalized Anxiety Disorder	Specific Phobia	Social Phobia	Agoraphobia	Panic Attacks	
X	X	X	X	X	X	X	X	Relaxation
X	X	X	X	X	X	X	X	Exercise
					x	X	X	Coping Techniques for Panic
				X	X	X	X	Exposure
X	X	X	X	X	X	X	X	Self-Talk
X	X	X	X	X	X	X	X	Mistaken Beliefs
X	X	X	X		X	X	X	Expressing Feelings
x	*x*	*x*	*x*		X	X		Assertiveness
X	X	X	X	X	X	X	X	Self-Esteem
X	X	X	X	X	X	X	X	Nutrition
	X	X	*x*		*x*	*x*	X	Medication
x	*x*	*x*	*x*		*x*	*x*	*x*	Meaning/Spirituality

The second chart, called the *Weekly Practice Record*, enables you to outline in detail your own personal program for recovery. The chart lists all the specific strategies and skills offered in this workbook. Following each skill, in parentheses, is the recommended frequency for practice in a one-week time period. This chart enables you to check off, for each day of the week, which exercises you have practiced.

Since this is a weekly chart, I recommend that you *make fifty-two copies* of it to take you through a one-year time period. (Of course, your actual recovery may turn out to take significantly less than one year.)

At the top of the chart be sure to specify the dates of the particular week as well as your goals for that week. At the bottom of the chart, you can estimate, on a scale of 0 to 100 percent, how much you believe you have recovered up to the time of that particular week. (Note: Be prepared for your level of recovery to be marked by progressions and regressions from week to week.) It is obvious that you will not implement *all* of the strategies recommended in this workbook *every* week. As you go through each chapter, you'll likely emphasize the skills taught in that chapter. There are four skills, though, that I recommend trying to practice *five to seven times a week* for fifty-two weeks a year, regardless of the type of anxiety disorder you happen to be dealing with. These are

1. A deep relaxation technique (such as muscle relaxation, visualization, or meditation)
2. One half hour of vigorous exercise
3. Good nutritional habits
4. Countering negative self-talk or using affirmations to counter mistaken beliefs

If you happen to have phobias, there are two additional strategies I recommend practicing three to five times a week until you are phobia-free, namely

5. Imagery desensitization
6. Real-life desensitization

Beyond these guidelines, you will be working out for yourself how much time you need to spend with the various other strategies that constitute your particular recovery program.

A *consistent commitment over time* to practicing strategies that are helpful to you is what will make the difference between a partial and a complete recovery. The *Weekly Practice Record* is designed to help keep you on track with your personal program for recovery over the long haul.

Weekly Practice Record

Goals for Week Date:

1.

2.

3.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Used deep breathing technique (6–7)							
Used deep relaxation technique* (5–7)							
Did one-half hour vigorous exercise (5–7)							
Used coping techniques to manage panic**							
Practiced countering negative self-talk (5–7)							
Used affirmations to counter mistaken beliefs (5–7)							
Practiced imagery desensitization (3–5)							
Practiced real-life desensitization (3–5)							
Identified/expressed feelings**							
Practiced assertive communication with significant other**							
Practiced assertive communication to avoid manipulation**							
Self-esteem: worked on improving body image**							
Self-esteem: took steps toward achieving goals**							
Self-esteem: worked on countering inner critic**							
Self-esteem: worked on nurturing inner child**							
Nutrition: eliminated caffeine/sugar/stimulants (7)							
Nutrition: ate only whole, unprocessed foods (5–7)							
Nutrition: used anti-stress supplements (5–7)							
Medication: used appropriate medications as prescribed by doctor (7)							
Meaning: worked on discovering/realizing life purpose**							
Spirituality: utilized spiritual beliefs and practices to reduce anxiety**							

Estimated percent recovery (0 percent to 100 percent): _____

* e.g., progressive muscle relaxation, visualization, or meditation

** Recommended frequency varies depending on focus

Necessary Ingredients for Undertaking Your Own Recovery Program

By now you may have some idea of the strategies you want to utilize for your own recovery. The *Weekly Practice Record* will enable you to specify, on a weekly basis, the particular strategies and skills you incorporate in your personal program. You may have already guessed, though, that recovery entails much more than just a series of strategies. Your ability to *implement* the strategies recommended in this workbook depends entirely on your attitude, commitment, and motivation to really *do* something about your problem. Your recovery depends on the extent to which you can adopt and incorporate the five necessary ingredients described below.

1. Taking Responsibility—In a Context of Support

Do you feel responsible for your problem? Or do you attribute it to some quirk of heredity, abusive parents, or the stressful people in your life? Even if you feel you aren't solely responsible for having created your disorder, you are the one who is ultimately responsible either for holding on to it or for doing something about it. It may be difficult initially to accept the idea that the decision is yours whether to maintain or whether to overcome your problem. Yet accepting full responsibility is the most empowering step you can take. If you are the one who keeps your condition going, you are also the one with the power to change and outgrow it.

Taking responsibility means you don't blame anyone else for your difficulties. It also means that you don't blame *yourself.* Is there truly any justification for blaming yourself that you have panic attacks, phobias, or obsessions and compulsions? Is it truly your fault that you developed these problems? Is it not more accurate to say that you've done the best you could in your life up to now with the knowledge and resources at your disposal? While it's up to you to change your condition, there is simply no basis for judging or blaming yourself for having it.

Taking responsibility for overcoming your condition does *not* mean that you have to do it all alone. In fact, the opposite is true: you are more likely to be willing to change and to take risks when you feel adequately supported. A most important prerequisite for undertaking your own program for recovery is to have an adequate support system. This can include your spouse or partner, one or two close friends, and/or a support group or class specifically set up to assist people with anxiety disorders.

2. Motivation—Overcoming Secondary Gains

Once you've decided to acknowledge your share of the responsibility for your problem, your ability to actually do something about it will depend on your motivation. Do you feel truly motivated to change? Enough so that you'll be willing to learn and incorporate several new habits of thought and behavior into your daily routine? Enough so that you'll be willing to make some basic changes in your lifestyle?

Psychologist David Bakan once made the observation that "suffering is the great motivator of growth." If you are experiencing considerable distress from your particular problem, you're likely to be strongly motivated to do something about it. A basic belief in your self-worth can also be a strong motivation for change. If you love yourself enough to feel that you sincerely deserve to have a fulfilling and productive life, you simply won't settle for being impeded by panic, phobias, or other anxiety symptoms. You will demand more of life than that.

This brings up the issue of what interferes with motivation. Any person, situation, or factor that consciously or unconsciously *rewards you for holding on to your condition* will tend to undermine your motivation. For example, you may want to overcome your problem with being housebound. However, if consciously or unconsciously you don't want to deal with facing the outside world, getting a job, and earning an income, you will tend to keep yourself confined. Consciously, you want to overcome agoraphobia, yet your motivation is not strong enough to overcome the unconscious "payoffs" for not recovering.

Many years ago, Sigmund Freud referred to the idea of unconscious payoffs as "secondary gains." Wherever there is strong resistance to recovering from any chronic, disabling condition—whether it is an anxiety disorder, depression, addiction, or obesity—secondary gains are often operative. If you find that you have difficulty developing or *sustaining* motivation to do something about your condition, it's important to ask yourself, "What payoffs am I getting for staying this way?" The list below enumerates some of the more common secondary gains that can keep you stuck:

- A deep-seated belief that you "don't deserve" to recover and lead a normal life—that you're unworthy of being reasonably happy. When self-punishment is a secondary gain, it is often the case that you're punishing yourself to get back at someone else. Self-punishment also can occur because you feel guilty about your condition. The way out of guilt and the tendency to hold yourself back is to work on your self-esteem (see chapter 14).
- A deep-seated belief that "it's too much work" to truly change. After all, you may already be feeling stressed out and overwhelmed. Now you are being asked to take on considerably more responsibility and work in order to recover. Unconsciously, it may just seem like too much work, leaving you discouraged about ever breaking out of your condition. The solution to this dilemma is to replace your assumption of "too much work" with more positive beliefs, such as "I don't have to be completely well tomorrow—I can take small steps toward recovering at my own pace" or "Any goal can be achieved if broken down into sufficiently small steps." (The 12-step recovery programs have abbreviated these constructive attitudes with the slogan "One day at a time.")
- If you're agoraphobic and relatively housebound, you may be attached to the payoffs you get from your spouse or partner. These include attention, being taken care of, and being financially supported, or, in general, not having to deal with adult responsibilities.
- The reverse of the last situation may also be true. Your spouse or partner may be getting payoffs from your being dependent on him or her. These can include the

opportunity to take care of, control, and even take responsibility for your life (this is a case of *codependency*—see chapter 14). The payoff can also be assurance that you will never leave. That is, your partner may fear that if you fully recover and become more independent, you'll leave. You need to realize that you won't be held back by your partner's secondary gains unless you are unconsciously colluding with him or her to maintain them.

The above is only a partial list of secondary gains. They may or may not apply in your case. If you feel that you're having difficulties with motivation at any point in your recovery, it's important to raise the question "What is the payoff for avoiding change?"

3. *Making a Commitment to Yourself to Follow Through*

The initial motivation and enthusiasm you have when you first decide to do something about your problem is usually sufficient to get you started. The real test is in following through. Are you willing to make a commitment to *consistently* practice skills and strategies that work for you over the many months and sometimes years that it takes to achieve a full and lasting recovery? In my experience, it is difficult to sustain a high level of motivation over such periods of time unless you have a deep and sincere *commitment* to persist with your recovery program until you're fully satisfied with the results. On a practical level, this means going out and exercising, practicing desensitization, or working on your self-esteem even on those days when you don't feel like it. It means that you get up and keep going even after you've had a setback that makes you wonder whether you'll *ever* feel better. While your motivation may wax and wane, a personal commitment to follow through with your program is what is going to make the difference between a partial and a complete recovery.

4. *Willingness to Take Risks*

It is simply not possible to change or grow in any area of your life unless you are willing to take some risks. To recover means being willing to experiment with new ways of thinking, feeling, and acting that may be unfamiliar to you at first. It also means giving up some of the payoffs for not changing, as were described in the section on motivation. If you are dealing with phobias, the way to overcome them is simply to face those situations you've been avoiding—gradually and in your imagination at first. If you are dealing with panic attacks, it may be necessary to risk relinquishing some control and learning to flow with unpleasant bodily sensations instead of resisting and fighting them. If you're dealing with obsessions and compulsions, it may be necessary to risk experiencing anxiety when you resist engaging in compulsive behavior. Or it may be necessary to risk taking a prescription medication.

An effective program for recovery is predicated upon your willingness to risk trying out new behaviors that may cause you *more* anxiety at first yet which in the long run can be quite helpful. As in the case of taking responsibility, having support from others who believe in you and back you up will make taking risks considerably easier.

5. *Defining and Visualizing Your Goals for Recovery*

It's difficult to tackle and then overcome a problem unless you have a clear, concrete idea of the goal you're aiming for. Before embarking on your own program for recovery, it is important that you answer the following questions:

- "What are the most important positive changes I want to make in my life?"
- "What would a complete recovery from my present condition look like?"
- "Specifically, how will I think, feel, and act in my work, my relationships with others, and my relationship with myself once I've fully recovered?"
- "What new opportunities will I take advantage of once I've fully recovered?"

Once you've defined what your own recovery might be like, it can be very helpful to practice *visualizing* it. During the time you allocate for practicing deep relaxation, take a few minutes to imagine what your life would look like if you were entirely free of your problems. Visualize in detail any changes in your work, recreational activities, and relationships, and the body image and appearance you would like to achieve. To assist you in developing this positive scenario, use the space below or preferably a separate sheet of paper to write out a "script" of how your life would *ideally* look when you have fully recovered. Be sure to cover as many different areas of your life as possible.

Ideal Scenario for My Life After I've Recovered

Practicing visualizing your goals for recovery on a daily basis (preferably in a relaxed state) will increase your confidence about succeeding. This practice will actually make a full recovery more likely. There is abundant philosophical evidence—both ancient and modern—that what you believe in with your whole heart and see with your whole mind has a strong tendency to come true.

Summary of Things to Do

1. Review the case histories in this chapter and examine the *Problem Effectiveness Chart* to determine which chapters of this workbook are relevant to your particular problem.
2. Decide in what order you're going to work with the various chapters that are relevant to you. I recommend using the chapters in the order they are presented.
3. Make fifty-two copies of the *Weekly Practice Record* to monitor your personal recovery program for one year. (Your recovery, of course, may take less than one year.)
4. Reread the final section, "Necessary Ingredients for Undertaking Your Own Recovery Program," to reinforce in your mind the five keys to a successful and complete recovery: *taking responsibility, motivation* (including overcoming secondary gains), *commitment, a willingness to take risks,* and *defining goals.*