Specific Phobias

Patient Treatment Manual

This manual is both a guide to treatment and a workbook for persons who suffer from Anxiety and Panic Disorder. During treatment, it is a workbook in which individuals can record their own experience of their disorder, together with the additional advice for their particular case given by their clinician. After treatment has concluded, this manual will serve as a self-help resource enabling those who have recovered, but who encounter further stressors or difficulties, to read the appropriate section and, by putting the content into action, stay well.

From: *The Treatment of Anxiety Disorders*.
Andrews G, Crino R, Hunt C, Lampe L, Page A.
New York: Cambridge University Press (1994)

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Section 1

1. The Nature Anxiety and Phobias

A phobia is a particular type of fear. Just as people fear many things, there is a large range of things that can become a phobic concern. However, a phobia is different from a fear for three reasons. The first of these is that the fear is intense and includes many of the following sensations:

BODILY SENSATIONS

- Heart racing
- Sweating
- Trembling
- Rapid breathing
- Breathlessness or shortness of breath
- Muscular tension
- "Butterflies" in the stomach
- Nausea
- Weakness in muscles
- Tingling in hands and feet
- Hot and cold flushes
- Chest tight or sore

ACTIONS

- Feeling like fleeing or doing so
- Feeling frozen to the spot
- Crying or screaming

THOUGHTS

- Fear
- Worry "what if . . ."
- Embarrassed or irritated
- Shame
- Confused thinking
- "Something might happen"
- "This is dangerous" or "I might act in a dangerous way"

All of these actions, thoughts, and feelings are indications of fear and anxiety. It is important to note that while they are unpleasant to experience, on their own they are not dangerous or life-threatening. We will discuss later why these experiences occur, but before we do, the second feature of a phobia needs to be described.

Phobias involve avoidance of what is feared (or, at the very least, the object or situation is endured with distress). Because anxiety is unpleasant and people worry what might happen when they confront what they fear, people with phobias avoid the objects or situations that make them afraid. This avoidance may take many different and subtle forms, such as:

- Not going near the feared object or situation
- Escaping the situation
- Making excuses for not doing what scares you
- Imagining yourself somewhere else
- Thinking about something else
- Looking the other way
- Drinking alcohol or taking other drugs
- Taking antianxiety medications
- Seeking the presence of others
- Talking to the people you are with about anything

Many of the ways in which people with phobias avoid what they fear are subtle and this, in part, may be due to the final important characteristic of a phobia, its "irrationality." As you may have found, people who do not have phobias have difficulty understanding those who do; they may say that the fears are silly, childish, and nonsensical. And while you also know that the situation does not represent a real danger, at another level you may believe that it may do so. You may even be able to agree with your family and friends and say that "I know that nothing will happen" but it doesn't help. There is still this other part of you that is afraid a nagging doubt that says "what if . . ."

To summarize what we have covered so far, phobias are characterized by three things. First, there is an intense fear and anxiety about some object or situation. Second, there is an avoidance of the feared object or it is endured with great difficulty. Finally, there is a conflict between the knowledge that the situation is relatively safe and the belief that it may not be.

1.1 Rationale the Program

The program will focus on the three aspects of the phobia and you will be given skills that specifically target each of them. As such, the treatment is like a tripod. It requires all three legs to be present to stand firmly. This means that you will need to learn, practice, and keep using all of the techniques to control your anxiety. The three strategies that this program covers are techniques designed (1) to control your physical sensations, (2) to help you face more comfortably the things that you currently fear and avoid, and (3) to modify what you say to yourself. A further module will cover skills that have specific relevance to controlling the fainting in the presence of blood and injury.

It is important to realize that achieving control of anxiety is a skill that has to be learned. To be effective, these skills must be practiced regularly. The more you put in, the more you will get out of the program. It is not the severity of your fear or avoidance, how long you have had your phobia, or how old you are that predicts the success of the program. Rather, it is your motivation to change your reactions. Using all three techniques, you will be able to master your fear.

1.2 The Nature of Anxiety

People who have suffered with a phobia often become afraid of even small amounts of anxiety. But anxiety is useful.

Consider the following:

A person is walking across a field that seems to be empty. Suddenly, a bull emerges, sees the walker, bellows, and then charges. The walker realizes the danger and starts running for the fence some distance away. Automatically, changes occur in the body so that the walker is able to run very quickly toward the fence.

Your brain becomes aware of danger. Immediately, adrenaline is released to activate the involuntary nervous system, which causes a set of bodily changes. Every change enables you to act quickly, avoid injury, and escape danger. By examining each of the changes in turn, the advantages of this alarm response can be made clear.

- Breathing speeds up and the nostrils and lungs open wider, increasing the oxygen available for the muscles.
- Heart rate and blood pressure increase so that oxygen and nutrients required by the body can be transported quickly to where they are needed.
- Blood is diverted to muscles. Less blood goes to areas that do not immediately require nutrition. Blood moves away from the face and you may "pale with fear."
- Muscles tense, preparing you to respond quickly.
- Blood-clotting ability increases so that blood loss will be minimized.
- Sweating increases to cool the body.
- The mind becomes focused. It becomes preoccupied with the thought, "What is the danger and how can I get to safety?"
- Digestion is put on hold. Your mouth dries as less saliva is produced. Food sits heavily in the stomach and nausea or "butterflies" may occur. Glucose is released to provide energy.
- The immune system slows down. In the short term, the body puts all of its efforts into escape
- Sphincter muscles around the bowel and bladder constrict so that no trail is left by which a predator could track you down.

It is the automatic activation of this flight or fight response that allows you to run and escape. The flight or fight response is an automatic reaction that will first lead you to flee from danger. Only when escape is impossible will you turn and fight for your life.

In contrast to this life-saving alarm, it is clear that not all anxiety is of the same intensity. The prospect of examinations or a job interview may increase anxiety but not usually to the same degree as if one were faced with a vicious dog. However, whatever the degree of anxiety experienced, it is controlled by the involuntary nervous system.The alarm is triggered, but to a lesser degree.

1.3.1 Anxiety: A False Alarm

Anxiety problems originate when the flight or fight response is too sensitive. Like a too sensitive car alarm that goes off at the wrong time, when the body's alarm is too sensitive, the flight or fight response is triggered at the wrong times. If your anxiety alarm goes off too easily, you will be more likely to become anxious in situations where other people would not feel anxious. If you have become anxious in situations in which other individuals would not be so anxious, it suggests that your anxiety "alarm" (the flight or fight response) is too sensitive. The alarm reaction, designed to protect them from charging bulls and other physical dangers, was triggered at the wrong time.

The flight or fight response is useful in the short term, especially if the danger can be avoided by physical exertion. But it is of no use in the long term and certainly of little use in most stressful situations in the modern world. It does not help to run when the traffic cop pulls you over and it doesn't help to fight physically when you are threatened by the boss. However, because the flight or fight response was useful when we were cavemen and cavewomen, it is still part of our bodily make up.

1.3 Why Do Have False Alarms?

If phobic fears are false alarms, because your flight or fight response is too sensitive, why has this happened? Psychological research has revealed three causes of a sensitive anxiety alarm. The first is stress, which we all know can increase anxiety. The second is overbreathing (or hyperventilation), and we will discuss this soon. The third reason for false alarms is your personality.

1.4 The Effect of Personality

Personality refers to the usual way we react, feel, and behave. Most people who seek treatment have come to regard themselves as nervous, not just because of their phobias but because they consider themselves to be people who are usually sensitive, emotional, and worry easily. There are advantages to being like this, for the sensitivity means you can understand other people quickly and hence are often liked in return. But the emotionality and the proneness to worry can be the seeds from which a phobia can grow. The relaxation exercise that we will teach you will aid you to control this aspect of your personality. This type of personality makes it very easy for you to lose your temper and make mistakes when trying to cope under stress.

1.5 The Effect History and Learning

One thing that stands out about phobias is the limited number of objects and situations that are

feared when the total number of possible objects and situations is considered. Common phobias include:

- Fear of the dark
- Fear of heights
- Fear of animals (e.g., dogs, insects, and reptiles)
- Fear of enclosed spaces or being trapped
- Fear of blood and injury
- Fear of water

If you look over this list, one of the things that becomes obvious is that they are all sensible objects or situations to be wary of if one lived more as our predecessors did. For instance, those people who had a healthy respect for the dark would not venture into potentially dangerous caves, and so on. People who had these fears would be more likely to live to an age at which they could pass on the genes to their children. Over many years, human beings would all acquire a certain degree of fearfulness of these potentially dangerous objects and situations. In fact, children as a rule develop fears of the dark, heights, enclosed spaces, and so on. These fears are common and occur at predictable ages. Thus, humans develop fears of potential dangers as part of growing up. It is such situations that adults appear to be able to learn to fear very rapidly.

Obviously, there are some exceptions to this general rule. Some dangers have not been around long enough for the effects to be passed across generations. It is about these things that parents spend so much of their time and energy trying to teach us: "Don't put your hand into the power socket," "Look before you cross the road," "Don't play with matches." Therefore, we learn to be afraid of some things because of what we have been taught. Interestingly, it has been noted that people can acquire fears just by observing another person being afraid. This is interesting, because if you were to ask that person what they were afraid would happen, they would be unable to tell you. Perhaps this is why some people with phobias say they are afraid even though they cannot express what it is they worry might happen, or that they worry about events that they know to be improbable.

Thus, we pass through childhood with a host of fears and anxieties, some of which arise automatically and others from what we experience. But as children grow up they are taught by their parents not to be too scared of these things. As children's abilities to think for themselves develop, they are able to judge if the situation is dangerous. Adults therefore encourage children to approach nondangerous objects and situations that elicit fear so that they can learn to overcome the anxiety. Gradually, the automatic fear reactions come under control. This general fearfulness is important because two pathways to the development of a phobia become clear. The first of these occurs because as children we all acquire, fairly automatically, fears of a really quite sensible range of objects and situations. These childhood fears have a strong correspondence to adult phobias. The reason for this similarity probably occurs because we have been taught that some feared situations are not really dangerous. For example, going into the reptile house at the zoo, where there is no real danger, we learn not to be afraid as we remain there until the anxiety has gone away. Obviously, the more opportunities and encouragement you had as a child to be in the presence of what you feared (when it was safe), the more chance the fear would have to go away. Also, the more nervous a person you are in general, the more fear

you would have been likely to have and therefore it would have taken more frequent and longer exposure for the fear and anxiety to dissipate. If you had insufficient opportunities and learning as a child, the fear would be more likely to return as an adult.

When you reached adolescence, an important change would have happened. Before early teens, we develop a capacity for hypothetical thought: We can think along the lines of "what if. ...." If the fear has not been properly overcome in childhood, then it is likely that you would start to worry, "What if the snake got out, then it might bite me," "What if I was to lose control of myself and throw myself off the cliff." As a result, the fear would begin to gradually edge its way back in. Gradually, you would avoid the situations more and more as you imagined more and worse catastrophes that would result.

The second major pathway that phobias develop is as a result of something bad happening. If a person was to walk down a dark alley and be bitten by a large dog, any sensible person would react by being less than enthusiastic about venturing down the alley again. The amount of fear will be related to how unpleasant the incident was.

1.6 Role of Hyperventilation

Having talked about why a phobia may have developed, we shall focus on one aspect of the flight or fight response of concern in phobias, namely, overbreathing (or hyperventilation). Hyperventilation causes many of the symptoms that occur in phobias. These symptoms are important among people with phobias, because some people fear the occurrence of the anxiety reaction more than the danger in the feared situation.

The body needs oxygen in order to survive. Whenever a person inhales, oxygen is taken into the lungs where it is picked up by the hemoglobin (the "oxygen-sticky" chemical in the blood). The haemoglobin carries the oxygen around the body where it is released for use by the body's cells. The cells use the oxygen in their energy reactions, subsequently producing a by-product of carbon dioxide that is, in turn, released back to the blood, transported to the lungs, and exhaled.

Efficient control of the body's energy reactions depends on the maintenance of a specific balance between oxygen and carbon dioxide. This balance can be maintained through an appropriate rate and depth of breathing. Breathing "too much" will have the effect of decreasing the levels of carbon dioxide, while breathing "too little" will have the effect of increasing levels of carbon dioxide.

Hyperventilation is defined as a rate and depth of breathing that is too much for the body's needs at a particular point in time. Naturally, if the need for oxygen and the production of carbon dioxide both increase (as during exercise), breathing should increase appropriately. Alternatively, if the need for oxygen and the production of carbon dioxide both decrease (as during relaxation), breathing should decrease.

While most of the body's mechanisms are controlled by "automatic" chemical and physical means (and breathing is no exception), breathing has an additional property of being able to be put under voluntary control. For example, it is quite easy for us to hold our breaths (e.g., swimming under water) or speed up our breathing (e.g., blowing up a balloon). Therefore, a

number of "nonautomatic" factors (and these also include emotion, stress, or habit) can cause us to increase our breathing. These factors may be especially important in people who suffer from a phobia when they are in the presence of the feared object or situation, causing these people to breathe too much.

Interestingly, while most of us consider oxygen as the determining factor in our breathing, the body actually uses carbon dioxide as its "marker" for appropriate breathing. The most important effect of hyperventilation, then, is to produce a marked drop in carbon dioxide. This, in turn, produces a drop in the acid content of the blood leading to what is known as alkaline blood. It is these two effects a decrease in blood carbon dioxide content and an increase in alkalinity that are responsible for most of the physical changes that occur during hyperventilation.

One of the most important changes produced by hyperventilation is a constriction or narrowing of certain blood vessels around the body. In particular, blood going to the brain is somewhat decreased. Coupled together with this tightening of blood vessels is the fact that the hemoglobin increases its "stickiness" for oxygen. Thus, not only does less blood reach certain areas of the body, but the oxygen carried by this blood is less likely to be released to the tissues. Paradoxically, then, while overbreathing means we are taking in more oxygen, we are actually getting less oxygen to certain areas of our brain and body.

This effect results in two broad categories of symptoms:

1. Some symptoms are produced by the slight reduction in oxygen to certain parts of the brain. These symptoms include:

    - *dizziness*
    - *light-headedness*
    - *confusion*
    - *blurred vision*
    - *feelings of unreality*

2. Some symptoms are produced by the slight reduction in oxygen to certain parts of the body. These symptoms include:

    - *increase in heartbeat to pump more blood around*
    - *breathlessness*
    - *numbness and tingling in the extremities*
    - *cold, clammy hands*
    - *stiffness in the muscles*

It is important to remember that the reductions in oxygen are slight and totally harmless.

Hyperventilation is also responsible for a number of overall effects:

1. The act of overbreathing is hard, physical work. Hence, the individual may often feel hot, flushed, and sweaty.

2. Because it is hard work to overbreathe, prolonged periods will often result in tiredness and exhaustion.

3. People who overbreathe often tend to breathe from their chest rather than their diaphragm. As the chest muscles are not made for breathing, they tend to become tired and tense. Thus these people can experience symptoms of chest tightness or even severe chest pains.

If overbreathing continues, a second stage of hyperventilation is reached. This produces symptoms such as:

- *severe vertigo*
- *dizziness and nausea*
- *an inability to breathe freely*
- *a crushing sensation or sharp pains in the chest*
- *temporary paralysis of muscles in different parts of the body*
- *actual momentary loss of consciousness ("blackouts")*
- *rising terror fears that something terrible is about to happen,*
- *for example, a heart attack, brain hemorrhage, or even death.*

The symptoms in the second stage of hyperventilation are produced by the body's automatic defense reaction to decreasing levels of carbon dioxide. This defense reaction forcibly restricts the person's breathing, allowing carbon dioxide levels to return to normal.

Probably the most important point to be made about hyperventilation is that it is not dangerous. Increased respiration is part of the flight or fight response and so is part of a natural biological response aimed at protecting the body from harm. Thus, it is an automatic reaction for the brain to immediately expect danger and for the individual to feel the urge to escape. In particular, remember that increased heart rate caused by anxiety alone will not damage your heart and people do not die of fright. Even though it can feel uncomfortable and sometimes very unpleasant, severe anxiety alone does not harm you physically.

It is these symptoms of hyperventilation that produce what are known as "panic attacks" and that are common in people with phobias but can occur in the absence of any phobic trigger. Mild hyperventilation can also cause an individual to remain in a state of perpetual apprehension. For example, knowing that you have to do or go near what you fear, your breathing rate may increase slightly and help raise your anticipatory anxiety.

Hyperventilation is often not obvious to the observer, or even to the persons, themselves. It can be very subtle. This is especially true if the individual has been slightly overbreathing over a long period of time.In this case, there can be a marked drop in carbon dioxide but because the body is able to compensate for this drop, symptoms may not be produced. However, because carbon dioxide levels are kept low, the body is less able to cope with further decreases and even a slight change of breathing (e.g., a sigh, yawn, or gasp) can be enough to trigger symptoms.

1.7 Types of Overbreathing

There are at least three types of overbreathing that you should learn to recognize. The first two tend to be episodic and are probably more common among people with specific phobias. That is, they occur only during episodes of high anxiety, such as when you are exposed to what you fear.

The other is habitual. That is, it occurs most of the time and is essentially a bad breathing habit or style.

1.7.1 Panting Rapid Breathing

Such breathing tends to occur during periods of acute anxiety or fear. This type of breathing will reduce carbon dioxide levels very quickly and produce a rapid increase in anxiety.

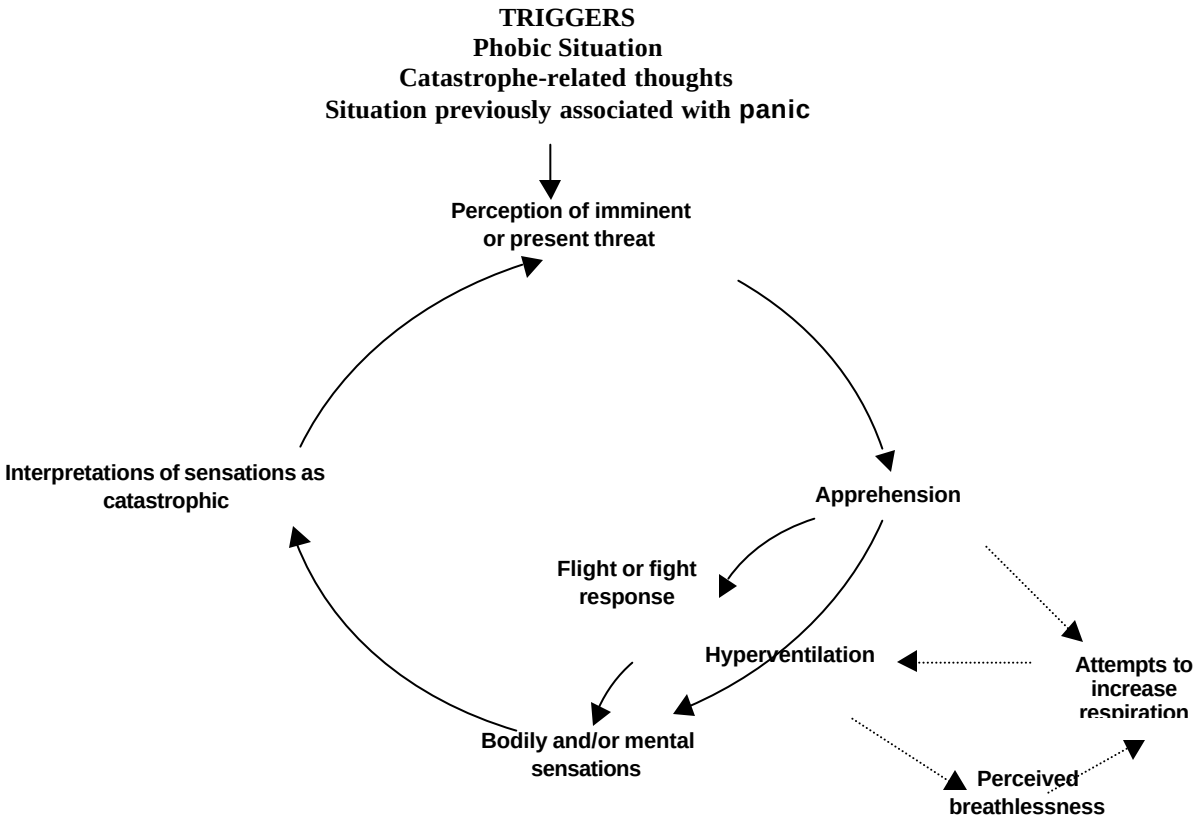
1.7.2 Sighing, Yawning and Gasping

Sighing and yawning tend to occur during periods of disappointment or depression and both involve excessively deep breathing. Gasping occurs when people think of frightening things such as doing something that they have avoided for a long time.

1.7.3 Chronic Habitual Overbreathing

This type of breathing involves slight increases in depth or speed of breathing sustained over a long period. Generally, this happens during periods of worry. It is not enough to bring on a sense of panic, but leaves the person feeling apprehensive, dizzy, and unable to think clearly. If such people are placed in the presence of what they fear and increase their breathing even by a little, this may trigger panic.

The relationship between phobias and hyperventilation is summarized in the following diagram.



Modified from Salkovskis, P.M. (1988) Hyperventilation and anxiety. *Current Opinion in Psychiatry*, 1, p. 78.

1.8 Common Myths About Anxiety Symptoms

When fear is intense, people often worry about the possible consequences of extreme levels of anxiety. They may worry that anxiety will escalate out of control or that some serious physical or mental problem may result. As a result, the sensations themselves become threatening and can trigger the whole anxiety response again. This accounts for why many people with phobias fear being anxious as much as, and sometimes more than, the potential dangers in their feared situation. It is therefore important to review the common misinterpretations about anxiety that some people have.

1.8.1 Going Crazy

of stress will cause the disorder. A third important point is that people who become schizophrenic usually show some mild symptoms for most of their lives. Thus, if this has not been noticed in you, then the chances are that you will not become schizophrenic.

1.8.2 Losing Control

Some people believe that they will lose control when anxious. Often, they mean that they will become totally paralyzed and not be able to move, or they will not know what they are doing and will run around wildly, hurting people or yelling out obscenities and embarrassing themselves. From our discussion of the flight or fight, we can see where this feeling may come from. During the anxiety response, the entire body is ready for action and there is often an overwhelming desire to get away from any potential danger. There has never been a recorded case of anybody doing anything "wild," out of control, or against their wishes. Ironically, once you take action, you are able to think faster and more clearly; you are actually physically stronger and your reflexes are quicker. Think of examples of parents dealing very well with very frightening situations because they are trying to save their children.

1.8.3 Something May Happen

Many people worry that anxiety will escalate to such heights that something may happen. Looking at the flight or fight response we can see where this concern may come from. Activation of the flight or fight response increases an individual's tendency to focus upon threatening situations and anticipate possible dangers. Just as when you walk down a dark alley you are sensitive to possible dangers, when anxious at other times you will tend to look for danger. It is important to note that this experience is part of the flight or fight response and is designed to protect you from harm. If you are safe, then this extra sensitivity is not necessary but will occur all the same. Rather than worry, it is better to remember that just because you are anxious, catastrophes are no more likely to occur than when you are calm.

Section 2

2. Control Hyperventilation

2.1 Recognizing Hyperventilation

The first step in preventing and controlling hyperventilation is to recognize how and when you overbreathe.

Try monitoring your breathing rate now. Count one breath in and out as 1, the next breath in and out as 2, and so on. It may be difficult at first, but don't try to change your breathing rate voluntarily. Write the answer here~~ . As part of treatment you will be required to monitor your breathing rate for one minute during various times of the day. The form at the end of this section should be used for this purpose.

Now consider the following:

- **Do you breathe too quickly?**
  The average person only needs to take 10 12 breaths per minute at rest. If your rate of breathing is greater than this, then you must reduce it.

- **Do you breathe too deeply?**
  Does your chest sometimes feel overexpanded? You should breathe from the abdomen and through the nose, consciously attempting to breathe in a smooth and light way.

- **Do you breathe from your abdomen?**
  Sit with your arms folded lightly across your tummy and while breathing naturally observe your arms, chest, and shoulders. While all three will move, the main movement should be in your tummy if you are breathing correctly from your diaphragm.

- **Do you sigh or yawn more than others?**
  Become aware of when you sigh or yawn and avoid taking deep breaths at these times.

- **Do you gasp or take in a deep breath when, for example, someone mentions what you fear?**
  Taking one deep breath can trigger the hyperventilation cycle in many people.

- **Do you breathe through your mouth?**
- You are more likely to hyperventilate if you breathe through your mouth. Whenever you notice this, you should consciously revert to breathing through your nose.

2.2 Slow-Breathing Technique

To be done at first signs of anxiety or panic.

You must learn to recognize the first signs of overbreathing and immediately do the following:

- Stop what you are doing and sit down or lean against something.

- Hold your breath and count to 10 (don't take a deep breath).
- When you get to 10, breathe out and say the word "relax" to yourself in a calm, soothing manner.
- Breathe in and out slowly in a six-second cycle. Breathe in for three seconds and out for three seconds. This will produce a breathing rate of 10 breaths per minute. Say the word "relax" to yourself every time you breathe out.
- At the end of each minute (after 10 breaths), hold your breath again for 10 seconds, and then continue breathing in the six-second cycle.
- Continue breathing in this way until all the symptoms of overbreathing have gone.

If you do these things as soon as you notice the first signs of overbreathing, the symptoms should subside within a minute or two and you will not experience any panic attacks. The more you practice, the better you will become at using it to bring your phobic fear under control. Remember, your goal should always be to stay calm and prevent the anxiety and fear from developing into panic. You need to identify the very first symptoms of hyperventilation, and the moment you experience any of these, use the above slow breathing techniques immediately.

2.3 Daily Record Breathing Rate

Instructions: Your breathing rate should be monitored at the times shown below unless you are performing some activity that will inflate your rate, such as walking upstairs. In that case, take your breathing rate about 10 minutes after you have finished the activity. Try to be sitting or standing quietly when you count your breathing. Each breath in and out counts as 1: so on the first breath in and out, count 1; on the next breath in and out, count 2, and so on. Do not attempt to slow your breathing at this stage because we are interested in finding out about your normal breathing rate, not how well you can slow it down. We would then like you to practice the breathing exercise, and monitor your breathing again after this exercise. In this way, your therapist will be able to check whether your breathing rate remains low following the exercise.

Daily Record of Breathing Rate

	8.00 a.m.		12 noon		6.00 p.m.		10.00 p.m.	
Date	Before	After	Before	After	Before	After	Before	After

Section 3

3. Relaxation Training

3.1 The Importance Relaxation Training

Human beings have a built-in response to threat or stress known as the flight or fight response. (This response has been discussed in detail earlier.) Part of this flight or fight response involves the activation of muscle tension, which helps us perform many tasks in a more alert and efficient manner. In normal circumstances, the muscles do not remain at a high level of tension all the time but become activated and deactivated according to a person's needs. Thus, a person may show fluctuating patterns of tension and relaxation over a single day according to the demands of the day, but this person would not be considered to be suffering from tension.

If you remain tense after demanding or stressful periods have passed, you remain more alert than is necessary and this sense of alertness ends up turning into apprehension and anxiety. Constant tension makes people oversensitive and they respond to smaller and smaller events as though they were threatening. By learning to relax, you can gain control over these feelings of anxiety. In this program, you will be taught how to recognize tension, how to achieve deep relaxation, and how to relax in everyday situations. You will need to be an active participant, committed to daily practice for two months or longer.

Since some tension may be good for you, it is important to discriminate when tension is useful and when it is unnecessary. Actually, much everyday tension is unnecessary. Only a few muscles are involved in maintaining normal posture, for example, sitting, standing, walking. Most people use more tension than is necessary to perform these activities. Occasionally, an increase in tension is extremely beneficial. For example, it is usually helpful to tense up when you are about to receive a serve in a tennis game. Tension is unnecessary when (1) it performs no useful alerting function, (2) when it is too high for the activity involved, or (3) when it remains high after the activating situation has passed.

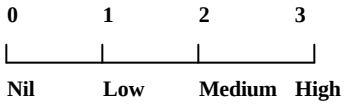
In order to be more in control of your anxiety, emotions, and general physical well-being, it is important to learn to relax. To do this you need to learn to recognize tension; learn to relax your body in a general, total sense; and learn to let tension go in specific muscles.

3.2 Recognizing Tension

When people have been tense and anxious for a long period, they are frequently not aware of how tense they are, even while at home. Being tense has become normal to them and may even feel relaxed compared with the times they feel extremely anxious or panicky. However, a high level of background tension is undesirable, because other symptoms, such as hyperventilation and panic, can be easily triggered by small increases in arousal brought on by even trivial events.

Where do you feel tension? For the next 15 days we want you to monitor the tension in your body. Use the following form to indicate the location of your tension and the degree of tension. Always choose approximately the same time each day to monitor your tension. Before your evening meal is usually a good time for this.

In each box place the number corresponding to your level of tension



MUSCLE TENSION RATING

Location of tension	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12	D13	D14	D15
Around the eyes															
Jaw															
Side of neck															
Top of scalp															
Back of neck															
Shoulders															
Top of back															
Lower back															
Chest															
Abdomen															
Groin															
Buttocks															
Thighs															
Knees															
Calves															
Feet															
Top of arms															
Lower arms															
Hands															

Relaxation Training

3.3 Progressive Relaxation

Progressive relaxation means that the muscles are relaxed in a progressive manner. This section will outline how to use both progressive relaxation and "isometric" relaxation. You should master both forms of relaxation, because the progressive muscle relaxation exercises are useful for becoming relaxed (before you confront you fears) and the isometric relaxation is useful for remaining relaxed (while you confront your fears).

Relaxation exercises should be done at least once a day to begin with, preferably before any activity that might prove difficult. Select a comfortable chair with good support for your head

and shoulders. If a chair does not provide good support, use cushions placed against a wall. Some people prefer to do the exercises lying down, but do not use this position if you are likely to fall asleep. These relaxation exercises are not meant to put you to sleep, since you cannot learn to relax while asleep. Sleep is not the same as relaxation consider those times when you have awakened tense. When possible, it is advisable that you use a relaxation tape as a preparation before you expose yourself to what you fear.

You will need to commit yourself to at least eight weeks of daily practice in order to achieve really long-lasting effects. Naturally, longer is even better. Some people continue daily relaxation many years after leaving treatment. If you can do this, we strongly advise it. However, not all people continue relaxation in this way. People who benefit most from relaxation either practice regularly, or practice immediately after they notice any increase in tension or anxiety.

3.4 Isometric Relaxation

Isometric relaxation exercises can be done when you experience fear. Most of the exercises do not involve any obvious change in posture or movement. This is because isometric refers to exercises in which the length of the muscle remains the same. Because it stays the same length, there is no obvious movement.

The most common mistakes that people make with isometric exercises is putting the tension in too quickly, or putting in too much tension. These are meant to be gentle and slow exercises. The aim of the exercise is to relax you, not get you even more tense. If circumstances do not allow you to hold the tension for seven seconds, you can still benefit from putting in the tension slowly over some period of time and releasing it in the same manner.

When sitting in a public place

- Take a small breath and hold it for up to seven seconds.
- At the same time, slowly tense leg muscles by crossing your feet at the ankles and press down with the upper leg while trying to lift the lower leg.

OR

- Pull the legs sideways in opposite directions while keeping them locked together at the ankles.

OR

- After seven seconds, breathe out and slowly say the word "relax" to yourself.
- Let all the tension go from your muscles.
- Close your eyes.

- For the next minute, each time you breathe out, say the word "relax" to yourself and let all the tension flow out of your muscles.

Choose other parts of the body to relax, for example, the hands and arms

- Take a small breath and hold it for up to seven seconds.
- At the same time, tense hand and arm muscles by placing hands comfortably in your lap, palm against palm, and pressing down with the top hand while trying to lift the lower hand.

OR

Place hands under the sides of chair and pull into the chair.

OR

Grasp hands behind chair and try to pull them apart while simultaneously pushing them in against the back of the chair.

OR

Place hands behind the head, interlocking the fingers, and while pushing the head backward into hands try to pull hands apart.

- After seven seconds, breathe out and slowly say the word "relax" to yourself.
- Let all the tension go from your muscles.
- Close your eyes.
- For the next minute, each time you breathe out, say the word "relax" to yourself and let all the tension flow from your muscles.
- If circumstances permit, continue with various muscle groups.

When standing in a public place

- Take a small breath and hold it for up to seven seconds.
- At the same time, straighten legs to tense all muscles, bending the knees back almost as far as they will go.
- After seven seconds, breathe out and slowly say the word "relax" to yourself.
- Let all the tension go from your muscles.

- Close your eyes.
- For the next minute, each time you breathe out, say the word "relax" to yourself and let all the tension flow from your muscles.

Other exercises for hand and arm muscles

- Take a small breath and hold it for up to seven seconds.
- At the same time, cup hands together in front and try to pull them apart.

OR

Cup hands together behind and try to pull them apart.

OR

Tightly grip an immovable rail or bar and let the tension flow up the arms.

- After seven seconds, breathe out and slowly say the word "relax" to yourself.
- Let all the tension go from your muscles.
- Close your eyes.
- For the next minute, each time you breathe out, say the word "relax" to yourself and let all the tension flow from your muscles.

3.5 Further Isometric Exercises

Various muscles that can be tensed and relaxed in order to make up additional isometric exercises. You need first to decide which of your muscles tense up most readily. (If you have difficulty deciding, consider what people say to you: "Your forehead is tense"; "You're tapping your feet again"; "You're clenching your jaw.") Once you have decided on a muscle or muscle group, decide how you can voluntarily tense these muscles, and finally how you can relax them. In this way, you can design your own tailor-made set of isometric exercises.

Instructions

Some example exercises are given on the next page. Complete the remainder by starting with those muscles that you rated as highly tense on the muscle tension rating form earlier in this section. Write down some suggestions for putting tension in the muscle area and then suggestions for relaxing that muscle. Give the suggestions a try, but remember to tense gently and slowly.

Site of muscle tension	Manner of tensing	Manner of relaxing
Shoulders and neck	Hunching shoulders up toward the head	Letting shoulders drop and let arms hang loos
Hand tension	Make a fist	Let all fingers go loose. Place hands palm facing upward on lap

Important points about learning to relax quickly

1. Relaxing is a skill it improves with frequent and regular practice.
2. Do the exercises immediately whenever you notice yourself becoming afraid.
3. Do not tense your muscles to the point of discomfort or hold the tension for longer than seven seconds.
4. Each of these exercises can be adapted to help in problem settings. Use them whenever you need to relax.
5. After a few weeks of using these exercises you should be able to reduce your tension, prevent yourself from becoming overly tense, and increase your self-control and confidence.

Section 4

4. Graded Exposure

It has already been discussed that one of the hallmarks of a phobia is that the feared object or situation is avoided or endured with considerable distress. Remember that the sorts of avoidance that we are talking about are not only the obvious ones (e.g., running away from or not going near what you fear) but also the more subtle ones (e.g., thinking about something else). However, avoiding the feared object or situation is good in the short term but its longer-term implications are not good. Whether you avoid in a subtle or obvious way, the result is the same. Each time a person with a phobia approaches some situation and then avoids it, in whole or in part, the fear subsequently increases because the drop in anxiety (which follows the "escape") is rewarding. Thus, the avoidance is rewarded: after all, if you can avoid the fear by avoiding why not do so? Unfortunately, the fear really doesn't stop, you just find more and more situations that could be "dangerous" and avoid them also.

What, then, is the way out? If the fear is strengthened by leaving the situation, what would happen if you stayed put? Actually, if you stayed in the situation for an hour or so, the fear would eventually go and the fear the next time you entered that situation would be less. But few people with situational fears can actually stay in the situation for the time required for intense fear to wear off. So they keep avoiding those situations.

The best remedy is to control the level of the fear using hyperventilation control, isometric relaxation, and straight thinking (which will be discussed in the next section), and then stay in a situation until you are calmer. Obviously, intense fear will take substantially longer to decrease than would lower levels of anxiety. For this reason, it is recommended that you begin with situations associated with small amounts of anxiety and work up to situations associated with higher levels of anxiety. In this way, you will experience anxiety, but only levels that you will be able to manage relatively quickly. As a result, you will have more successes in managing your fear.

But how do you organize such experiences? First, you make a list of all the situations in which you are likely to ever have your phobic fears. Next, you rank those situations in terms of the fear associated with them. Then, you work your way up the hierarchy (which is the name for the list that you have constructed), staying again and again in a situation at each level until the situation loses its power to evoke excessive anxiety. This procedure is discussed in more detail in the following sections.

4.1 Facing Your Fears

Situational fears are fears of places or situations that the person with a phobia thinks are dangerous or fear provoking. Once situational fears are established, avoidance often develops. It is the goal of treatment to have you overcome avoidances. The process is a gradual one, as fears can often be made worse if the person suddenly forces him- or herself, without sufficient preparation, to confront something he or she may have avoided for years.

If the associations are instead to be weakened, exposure to the feared situations is managed most easily when it is gradual. First, the person must learn to master situations associated with only mild anxiety and then progressively master situations associated with greater anxiety. It should be remembered that anxiety is different from fear and panic, and moderate anxiety in new or previously feared situations is a perfectly normal and reasonable response. Thus, we do not expect you to wait until you have no anxiety at all to enter a situation. Instead, identify specific goals that you wish to achieve and then break them down into smaller steps. Each step is practiced and mastered before moving onto the next. The skills you have learned for the control of anxiety and hyperventilation are to be used in practicing each step.

Planning Your Program

1. Draw up a list of goals that you would like to be able to achieve. These should be specific goals that vary from being mildly to extremely difficult. The following examples are based on fears that some individuals with phobias have, for example:

    - *To travel to the city by underground train in rush hour*
    - *To be able to hold a nonpoisonous spider for five minutes*
    - *To swim out of my depth for 15 minutes*

2. Break each of these goals down into easier, smaller steps that enable you to work up to the goal a little at a time. Note that the first goal comes from an individual with a fear of traveling by train. In order to be able to work toward eliminating this fear, you would need to start with (1) small trips by train, starting with traveling one station aboveground, and (2) uncrowded trains. Then, gradually you would increase the number of stations, the number of people likely to be on the train, and eventually go underground.

The first goal mentioned above could be broken down into the following steps:

- *Traveling one stop on an aboveground train, quiet time of day.*
- *Traveling two stops in an aboveground train, quiet time of day.*
- *Traveling two stops in an aboveground train, rush hour.*
- *Traveling one stop on an underground train, quiet time of day.*
- *Traveling two stops in an underground train, rush hour.*
- *Traveling five stops in an underground train, quiet time of day.*
- *Traveling five stops in an underground train, rush hour.*

The number of steps involved depends upon the level of difficulty of the task involved. To make the above steps a little easier, you might wish to do them in the company of a friend or partner to begin with, and then do them alone. For other people, these steps might be too easy. In that case you would eliminate those that are too easy.

You should always be working on those activities that you can perform knowing you have a reasonably good chance of managing the anxiety that you experience.

All of your goals can be broken down into smaller steps within your, capabilities. Use this method to more easily achieve your goals.

3. You may also need to consider the practical aspects of how you are going to organize your exposure tasks. For example, if you need to be in the presence of a spider, how are you going to get one into a jar for the exercise if you have a spider phobia? Often a useful strategy is to recruit the assistance of someone without your phobia maybe a partner or a reliable friend.

Implementing Your Program

- Make sure that you perform some activity related to your phobia every day. Avoidance makes fears worse. If you are having a bad day, you should always do something, but you only need to go over the steps that you have already mastered.

- Confront a situation frequently and regularly until you overcome the fear.

  Many fears need to be confronted frequently (i.e., three to four times a week) at first, otherwise your fear will rise again by the time you do it next. Once you have largely overcome the fear, you need only do it less frequently.

  The general rule is:

  The more you fear it, the more frequently you need to confront it.

- Carefully monitor and record your progress.

  Keep a diary of your goals, steps, and achievements, together with comments about how you felt and how you dealt with particular situations. This will help you to both structure your progress and give you feedback as to how you are doing.

  Practicing the Steps

- Use the progressive relaxation exercises before you perform the activity.

- Mentally rehearse successful performance of your activity. A good time is at the end of the relaxation session.

- Perform all activities in a slow and relaxed manner. This means giving yourself plenty of time.

- Monitor your breathing rate at regular intervals during the activity. This may be once every 5 10 minutes for an extended activity or more frequently if it is shorter.

- When the circumstances allow it, stop your activity at the point at which you become anxious. Stop and implement the strategies you have learned to overcome your fear and then wait for it to pass.

- Do not leave a situation until you feel your fear decline substantially. This means you need to agree to yourself (and anyone who accompanies you) *exactly* how long or *exactly* how much your anxiety must decrease before you leave the situation.

  Never leave the situation out of fear face it, accept it, let it fade away and then either move on or return. If you do not do this, you may see it as a failure and lose confidence.

- Try to remain in the situation as long as possible.

- Congratulate yourself for successful achievements.

Coping with Difficulties

It is important to acknowledge that many phobic objects and situations are potentially dangerous or at minimum need to be dealt with effectively. You will need to work out the ways in which you can cope with various difficulties associated with what you fear. By way of illustration, consider a person who has a phobia about being trapped in elevators. Exposure to the elevator will reduce the anxiety associated with elevators but it is possible, though not very probable on any day, that the person could get trapped in an elevator. In such a situation, the person is faced with two difficulties. The first is coping with any anxiety and fear, which would involve breathing control, relaxation, and thinking straight. The second problem is how to get out of the elevator. Being prepared to cope with this eventuality will help minimize worry about what may happen and also would make responding more efficient. A planned coping strategy could include:

- Begin breathing control and isometric relaxation.
- Challenge any unhelpful thoughts (we will see how to do this later).
- Try pushing the "door open" button or the button for the level to which you wish to go.
- Look for the emergency bell and ring until someone responds.
- Use the emergency telephone if present.
- Continue using anxiety management strategies where necessary.

Think about what you fear and how you may choose to cope with any possible difficulties. Remember, this is an exercise in planning realistic and effective coping strategies for possible eventualities, not a chance to worry about everything that you fear.

4.2 Facing Fears in Imagination

In a few instances, it may be difficult to approach your goal in a series of real-life steps. In such cases, some steps can be practiced in imagination. This is slower than real-life exposure, but it does provide a useful way of adding in-between steps in some "all-or-none" types of activities.

In order to use desensitization in imagination, you will need to specify the characteristics of the type of step you would ideally like to perform, write this on a card or series of cards, and then practice the activity specified on the card in your imagination after your next relaxation session. You will need to use cards so that you can read predetermined details about the situation that you are "rehearsing" we do not want you to let your imagination run riot. Simply imagine yourself performing the activity in a calm, collected manner. If you imagine yourself getting overly anxious or panicking, continue the session, using one of the various techniques outlined in previous sections to control anxiety.

Remember, you imagine yourself in these scenes operating in a competent manner. Even if you do not think you would, you imagine that you are. In this way, you can rehearse competent behavior at the same time as facing your fears. Only imagine one scene at a time. You do not have to imagine all scenes in a single session.

4.3 Exercises Planning Activities

An essential skill in overcoming situational fears is the ability to establish clear, realistic goals for yourself and to break these down into a number of smaller, easier steps through which you can progress. Nothing will encourage you like previous success.

A goal can always be broken down into a series of smaller, easier steps by varying the following:

- Whether you do the activity in company or with a companion
- How far you are from help
- How long you stay in the feared situation
- How many things you do while you are there
- How close you go to what you fear

Using various combinations of these, you can easily build up a set of steps that enable you to more easily achieve your goals.

PRACTICE EXAMPLES:

We would now like you to practice making out a similar set of steps for each of the following goals:

1. ***Goal:*** Traveling up the tallest available building in an elevator.

Steps:_____

_____

_____

_____

_____

2. ***Goal:*** Picking up a spider and holding it for five minutes.

Steps:_____

_____

_____

_____

_____

ACHIEVING YOUR OWN PERSONAL GOALS

In the space below, we would like you to work out 10 goals of your own choosing. These goals should vary in difficulty from those things that you hope to achieve in the next few weeks, to those that may take six months to attain.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Now select three (at the most) of the above goals that you would like to work on first, and write these below. Set out beneath each goal the steps you intend to take in order to achieve it.

1.***Goal:*** _____

Steps: _____

_____

_____

_____

_____

_____

2. ***Goal:***_____

Steps: _____

_____

_____

_____

_____

_____

3. ***Goal:***_____

Steps: _____

_____

_____

_____

_____

_____

Section 5

5. Thinking Straight

This part of the program is designed to help you to control the kinds of thoughts that occur when you are in the presence of something you fear. These thoughts not only accompany your anxiety reactions, but also promote them. You will achieve this control by learning procedures that reduce the frequency, intensity, and duration of upsetting emotional reactions by labeling the situation more appropriately and accurately. Simply put, the procedures you will practice involve learning how to "think straight."

5.1 The Importance the Way You Think

Humans are thinking, feeling, and behaving beings. These three aspects of our make-up interact with each other. However, thoughts can often go unrecognized.

Consider the following example:

> **Peter is on an errand from work and enters an office building. He approaches the elevator and thinks to himself, "Here we go again, another elevator. I hate elevators. Maybe if I got inside I may get anxious and panicky. What if someone saw me, I would be so embarrassed because they would see what a weak person I am. What if the elevator was to break down. I might get stuck in there for weeks a few weeks without food, I am bound to die. Maybe it would be better to take the stairs." Peter then looks slightly anxious and turns around and climbs 15 flights of stairs to reach his destination.**

Why did Peter become anxious and climb the stairs? The most accurate answer is "Peter made Peter anxious." To make this clear consider another version of the same story:

> **Peter is on an errand from work and enters an office building. He approaches the elevator and thinks to himself, "The office is on the 15th floor what if the elevator broke down? Chances are that it will not, and even if it did, I would be able to use the telephone in the elevator to call for assistance. There is no need to worry unnecessarily." He becomes less anxious and enters the elevator.**

As you can see, the situation is exactly the same in the two stories except for two important features. First of all, Peter's thoughts have changed. Second, Peter's emotional reaction has changed: In the first scene he became anxious; in the second, he remained in a pleasant mood. Peter's emotional reaction is no accident: The elevator hadn't made him afraid. Rather, it was the catastrophic thoughts that Peter had that caused him to feel afraid.

Putting this all together, we can make a general statement about the steps that occur in the production of an emotion. We can begin by describing the "theory" that Peter held in the first scene described. First, there was an activating event the elevator. This was presumed to lead to the consequence of Peter feeling afraid and later angry with his boss. However, in the expanded story, it was apparent that Peter's theory was incomplete because there were a number of intervening beliefs or thoughts that he had. Thus, the way in which emotions are produced can

be written as As, Bs, and Cs. A is the Activating event, B is the Beliefs or thoughts that a person has about the activating event and its meaning, while C is the emotional and behavioral consequence of having those beliefs and thoughts about the event.

Now that we have discussed the importance of the role of thoughts in producing feelings, we need to consider what we can do with that knowledge. Knowing that these thoughts are important is not the same as being able to identify them and do anything about the feelings.
Most often these thoughts occur almost automatically because they are so well practiced.
Just as you no longer have to think about how to balance on a bicycle, you don't have to think through what you believe about a situation or some action in order to know how to respond.
Most of the time it feels as if the emotion has arisen without any thoughts occurring at all.

Because the thoughts are automatic, they are often difficult to catch. Even so, there are a number of ways in which automatic thoughts can be identified. The first clue that an automatic thought has occurred is the presence of a negative feeling. So, whenever you are in any situation or interaction in which you find yourself unhappy with your feelings or actions, ask yourself:

- ***What do I think about myself?***
- ***What do I think about the other person?***
- ***What do I think about the situation?***

To make it easier to determine what you were thinking, ask yourself, "What could I just hear?" Often it will be some phrase such as "I can't stand it when I have to be in a crowded room," or "This is awful. . . I can't cope."

Acknowledging that automatic thoughts are difficult to identify as they occur, it is necessary to examine how emotions can be modified. In a nutshell, if thoughts intervene between an activating event and an emotional consequence, there are three options. You can change the situation, you can change your thoughts, or you can change the intensity of your feelings.
In the context of a phobia, changing the situation usually means avoidance. While there are many situations where changing the situation may be an appropriate response, we have already seen that avoidance is not a useful strategy as far as phobias are concerned. Changing the situation may be appropriate when you are engaging in problem solving. Avoiding what you fear is not solving anything, it just avoids the feelings. Graded exposure tasks seek to reduce the intensity of your anxious and fearful feelings. Therefore the remaining skill is to modify the thoughts that underlie your fears.

Modifying the responsible thoughts involves disputing the thoughts. Once you have been able to identify what you have been saying to yourself, you will be in a better position to challenge the belief and dispute it.

Thinking in an irrational way maximizes your chances of having something go wrong or of making you feel that you cannot cope. Helpful or rational thinking does not reject all negative thoughts; but it is not simply positive thinking, either. It is looking at things in a way that

maximizes the chances of success using the facts. It is therefore important to distinguish rational thinking from wishful. Some examples of the difference between irrational, wishful, and rational thinking are:

IRRATIONAL THINKING: What if I can't cope with this? It will be absolutely disastrous.

WISHFUL THINKING: It'll be easy.

RATIONAL THINKING: I'm going to give this a try. I'll give it my best shot and see how it goes.

If things do not go as you would hope or if people do not act as you would like, check if your disappointment is reasonable. If so, face your disappointment but do not make a catastrophe out of it either!

Thinking straight is about replacing irrational with rational thinking. Thoughts that are unhelpful and have no evidence for them are challenged and replaced with more helpful thoughts for which evidence can be found. To change the ways in which you think will involve arguing with yourself about the evidence for your beliefs.

When you are aware of upset feelings do the following:

- Discover what your feelings really mean (e.g., are you hurt or really angry, or perhaps even tired).
- Identify what assumptions you are making in what you are saying to yourself.
- Question the assumption. Accept what is true and accurate.
- Change those thoughts and assumptions that are irrational and inaccurate by substituting more accurate, rational thoughts.

Having discussed how irrational thoughts can be identified, challenged, and disputed, we shall consider the second. Rather than engaging in a mental exercise of weighing the evidence, a person can actively go out and seek evidence for and against the belief.

Examples of irrational thoughts could include:

- ***I will never be able to get to sleep without my sleeping tablets.***
- ***If I go near what I fear, my anxiety will increase forever.***
- ***If I was to sit in a tiny room, the air would run out and I would suffocate.***

Each of the above thoughts may be irrational. If you had them, you could argue with yourself about the truth of them, but the best test would be to try to sleep without the tablets, see if the anxiety decreased, or the air ran out. Obviously, to achieve this result, the exposure exercises you planned in the last section are very relevant. Not only will they help elicit the thoughts (what better time to identify phobic thoughts than when you are in the presence of your phobic object or situation), but you will be able to test them at the same time.

To do this, it will be helpful to have a record sheet drawn up in your diary like the following:

EXPOSURE EXERCISE	
Irrational Thoughts	**Rational Thoughts**

In the left-hand column you will write down the irrational thoughts that you notice during exposure to the object or situation that you fear. When you have finished the task, you will then write down more rational statements that dispute the irrational ones, because the irrational thoughts (e.g., the elevator is going to drop 15 floors) can make your fears much worse than they otherwise would have been. Sometimes it is possible to think yourself into a fearful state without even being near what you fear. Disputing the irrational thoughts will decrease the power that they have over your feelings and even more, as you begin to replace the irrational thoughts with rational ones, your feelings will become more appropriate to the situation you face.

It is all very well to say that you should dispute your irrational thoughts, but how do you do that? To help you in this there are four types of questions that you can ask yourself that may make the unhelpful aspects of the thoughts more clear. Following each one is an example of an irrational thought that you can try to challenge using the strategy described.

What is the evidence for what I thought?

Ask yourself if the thought would be accepted as correct by other people. From your or other people's experience, what is the evidence that what you believe is true? Ask yourself if you are

jumping to conclusions by basing what you think on poor evidence. How do you know what you think is right?

For example: When I go near what I fear, my anxiety will continue to increase into panic and beyond until I flee.

What alternatives are there to what I thought?

Is the thought the only possible one that you could have? Perhaps there are alternative explanations of an event or ways of thinking about something.

For example: I know something bad will happen when I approach what I fear.

What is the effect of thinking the way I do?

Establish in your own mind what your goals are and then ask if the way you are thinking is helping you achieve those goals or is it taking you further away. Another way of disputing your thoughts is to ask yourself what the advantages and disadvantages of thinking that way are. If you can think of an equally valid way of thinking that brings more advantages, why choose the one that brings disadvantages?

For example: Perhaps my phobia isn't that bad after all. Maybe I needn't face my fear.

What thinking errors am I making?

Some examples of common thinking errors include:

- Thinking in all-or-nothing terms. This is black-and-white thinking in which things are seen as all good or all bad, either safe or dangerous there is no middle ground.
  For example: I became anxious when I faced my fear. I failed.

- Using ultimatums. Beware of words like always, never, everyone, no one, everything, or nothing. Ask yourself if the situation really is as clear-cut as you are thinking.
  For example: Everyone else is improving so much faster than I.

- Condemning yourself on the basis of a single event. Because there is one thing that you cannot or have not done, you then label yourself a failure or worthless.
  For example: I avoided doing my exposure task today, I am a complete failure.

- Overestimating the chances of disaster. Things will certainly go wrong and there is danger in the world but are you overestimating these? How likely is it that what you expect will really happen?
  For example: I could never achieve the last step in my hierarchy because it would be too dangerous.

- Exaggerating the importance of events. Often we think that some event will be much more important than it turns out to be. Ask yourself, "What difference will it make in a week or 10 years? Will I still feel this way?"
  For example: My breathing rate is not decreasing as fast as everyone else in the group.

- I can do nothing to change the situation. Pessimism about a lack of ability to change a situation leads to feelings of depression and lowered self-esteem. There may be no solution but you will not know until you try. Ask yourself if you are really trying to find answers and solutions.
  For example: I will never completely get over my phobia.

5.2 Irrational Thoughts in Phobias

Those who have suffered anxiety for many years develop habitual and maladaptive ways of thinking about feared situations. They often tend to expect the worst; often so much so that they bring the "worst"on. The way an individual reacts to events and to people is largely tied into the expectations and assumptions that that individual holds about particular situations. Expectations such as: "Everyone will see that I'm not coping," "If I climb the ladder I will almost certainly fall off and hurt myself," "There is a 95% chance that the elevator will break down when I get in and there will be no one to help," "I can't stand how anxious I get." In addition, there are doubts that people with phobias often entertain. Doubts such as: "I know the spider is not poisonous but what if it were?" "What if the snake were to escape?" "But the railing by the cliff might break and I may fall." Typically, these expectations and assumptions have been built up over a number of years, so much so that they at times seem automatic. They do, however, have significant implications for how upset you feel and how you actually behave.

As people learn that certain situations often tend to distress them, they anticipate that the distress will always happen. They can build up distress before going into a situation just by remembering the last time that they were in a similar situation, and then focusing upon the feelings of anxiety and inability to cope. Indeed, if people are given sufficient time to think about doing something, they can be worse than if they had simply been put in the situation without warning.
Similarly, people generalize their fears, so that fears that were specific to a limited number of situations can begin to build up in other situations simply because the person anticipates, expects, and eventually gets the "worst."

A basic goal of thinking straight is to learn that your idea about some situation can cause you to be more upset than the situation warrants. It should become clear to you that some events may be unpleasant but they are not, of themselves, awful.

People can take a potentially unpleasant situation and make it worse than it has to be by dwelling upon it, and by thinking in intricate detail of all the things that could possibly go wrong. If you have come to label certain situations as dangerous or awful, then indeed you will be upset in direct response to the label "dangerous" or "awful." So that even if the situation is not dangerous at all, minimally threatening, or simply unpleasant (and many of the feelings you get are unpleasant), you have allowed yourself to make it even worse by the way you think. Also if you

call yourself weak, stupid, childish, or foolish for having a phobia, you will make having a phobia much more distressing than it really is. Not only will you be distressed by what you fear but you will also be distressed by what you are saying to yourself that puts you down.

It is not your fault that you developed the fear in the first place. However, now that the phobia has developed, you can make it worse by what you say to yourself. You quite obviously don't do this deliberately, but over the years you have developed patterns of thinking about the situations that upset you, that are distorted and out of touch with reality. If, for example, you have labeled a situation accurately as being dangerous, such as if you are on a cliff and the railing gives way slightly under your weight, then the emotional arousal that you feel and your reaction, to get away from the railing, would be deemed both If, on the other hand, an individual has mislabeled a situation as being dangerous, as in the case of an individual who worries that something awful is going to happen even in settings that are safe, then one would correctly judge the reaction to be inappropriate, inaccurate, and maladaptive.

> From the discussion so far you will see the sequence of events is the same as we described earlier. First of all there is an Activating event (e.g., being on the cliff or stuck in an elevator). Second, there is a Belief, interpretation, or appraisal of the event (e.g., "I will fall," or "I will remain stuck forever"). Third, there is a reaction to these beliefs, which is some emotional and often behavioral Consequence.

In order to gain control over your reactions we will show you how to look more accurately at situations that you fear or that upset you. That is, we will begin to dispute the unhelpful beliefs and replace them with new beliefs that lead to more helpful emotional reactions . When our thoughts are based upon false assumptions, difficulties will ensue. If such thinking is well learned and practiced until it becomes habitual, it can become difficult to shake. Our objective in changing the way you think is not to try to convince you that situations are not dangerous when they are; rather, we want you to recognize when you are being unrealistic in your thinking. More important, we want to teach you a more realistic view of yourself and your surroundings. If you can learn to think about unpleasant and feared situations realistically, they may stay unpleasant but they won't become awful, terrible, and worthy of a panic. Then you will find yourself being less and less afraid in those situations that currently distress you. To say it in a different way, we are not in the business of wishful or positive thinking but in more accurate, appropriate, and helpful thinking.

Over the next pages are some examples of such irrational thinking, together with some accurate appraisals of each of the situations involved. We will spend some time going over these now and getting you to try to learn how to implement these procedures in your own case. Each time you think of a situation that has caused you distress, we will be getting you to identify the inaccurate views you are taking and replace these with correct information about the situation.
The kinds of thoughts you would have had initially, and may still have, would include:

"I'll panic and be unable to cope." "I might collapse or faint." What if I can't escape in time?" " I could have a heart attack or even die." "I may stop breathing and die." "I'll lose control and end up in a mental hospital."	→	***Possible Diagnosis*** Agoraphobia/ Panic Disorder

OR

"What'll they think of me?" "The boss thinks I'm a fool and doesn't like me." "I'm inadequate to deal with this." "They'll dislike me." "Something will go wrong and I won't be able to cope."	→	Generalized Anxiety

OR

"I know I'll slip and fall from the cliff." "I just couldn't cope if I had to get into the water." "I would suffocate and die if I got into a cupboard and closed the door." "I know the spider will bite me."	→	Phobic Anxiety

Of course, you don't have to belong to one of the above diagnostic categories to be distressed by these types of thoughts. For example, many people with phobias fear making a fool of themselves or being seen to be inadequate, but they are not necessarily suffering from social phobia. Many people with social phobia fear fainting, but they are not necessarily agoraphobic.

Note that this is a true example from a person with claustrophobia		
Description of Situation	**Irrational Thoughts and Initial Anxiety Rating**	**Rational Thoughts and Subsequent Anxiety**
Catching an express train where I couldn't get off even if I wanted to.	I'll panic – being on a train makes me lose control and panic. I'll go crazy if I can't get out. What'll people think of me? It'll be worse if I can't escape. I won't cope. No one else feels this way. I'm a failure and everyone probably can tell. ***Anxiety 75/100***	I probably won't lose control or pass out. Even if I do feel uncomfortable, that doesn't mean that the situation is dangerous, or even terribly awful. I won't go crazy, I'll simply feel rotten. I can cope with that. I can practice what they taught me to control my panic. People probably won't notice, at worst they'll just think I'm tense. ***Anxiety 50/100***

Note that this is a true example from a person with panic disorder		
Description of Situation	**Irrational Thoughts and Initial Anxiety Rating**	**Rational Thoughts and Subsequent Anxiety**
I suddenly became panicky walking into the railway station.	I'm going to have a heart attack and die. ***Anxiety 100/100***	I'm experiencing an anxiety reaction. There is nothing physically wrong with me. I'm not having a heart attack. I won't die from this. The awful physical symptoms are due to anxiety, which I have learned to control. I know I can bring the symptoms on by breathing too hard or too fast. In the past I haven't died. If I keep breathing too fast, the worst that will happen is that I will pass out. ***Anxiety 60/100***

Now *you* go over some situation in which you recently felt fearful and note both irrational and rational thoughts in the manner described above.

Description of Sitution	**Irrational Thoughts and Initial Anxiety Rating**	**Rational Thoughts and Subsequent Anxiety**

Having discussed how thoughts modify feelings and how these thoughts can be changed to alter the feeling, you will be in a position to use this skill. During your exposure tasks you will need to take note of any irrational thoughts that occur (it is often easier to write them down immediately after rather than during the exercise). Once identified, you can then challenge the thoughts (once again, after the exercise is over is often easier at first) to modify your future anxiety reactions.

You now have three skills that you have been taught and now need to practice. You need to use the exposure tasks, working up the graded hierarchies, to reduce your fear of your phobic situations. Relaxation will help reduce your general levels of tension before the exposure task and the isometric exercises will regulate tension during exposure. The slow breathing will finally help keep control of any anxiety that you may experience during the exposure, and by thinking straight you will be able to wait in the feared situation until the anxiety levels have decreased significantly to levels that are mild to moderate.

Over the next few weeks you will need to keep a record of your daily activities. This will help you to remember what you did, the steps forward, and the difficulties. To help in planning, on the next page is a schedule that you can complete. On the first page, you can plan what you are going to do. Remember that your aim should be to attempt a graded exposure exercise and a relaxation session every day. Below the plan is room for you to write any comments that you may have about the activities. On the page after the plan are tables for you to write in the irrational thoughts and level of fear that occur during your graded exposure exercises.
You can then write down rational thoughts so that you will be better able to manage your fear.

DAY _____

Graded Exposure Exercise: _____

Panic Sensations Exercise: _____

DIARY

Time	
7-8	
8-9	Breathing exercise
9-10	
10-11	
11-12	
12-1	Breathing exercise
1-2	
2-3	
3-4	
4-5	
5-6	
6-7	Breathing exercise
7-8	
8-9	
9-10	Breathing exercise

Comments

_____

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Graded Exposure Exercise 1

Description of Situation	Irrational Thoughts and Initial Anxiety Rating	Rational Thoughts & Subsequent Anxiety

Graded Exposure Exercise 2

Description of Situation	Irrational Thoughts and Initial Anxiety Rating	Rational Thoughts & Subsequent Anxiety

Section 6

6. Blood and Injury Phobia
6.1Fear and Fainting

Blood and injury phobias are relatively common, being found in about 4% of people. People with blood and injury phobias can be divided into two overlapping groups. On the one hand, there are those who, as is typical of the phobias, experience fear when faced with blood or injury. On the other hand, there are those who faint when faced with blood or injury. Therefore, some people experience only fear, some only fainting, and others both.

The skills that have been covered in the Patient Treatment Manual so far have addressed fear and how to cope with it. These same skills are just as applicable for dealing with blood and injury fears as for any other phobia: You must continue to expose yourself to the distressing situations and wait for the discomfort to decrease. What has not been covered is how to control fainting when in the presence of blood or injury. This requires additional skills, but before describing these, we shall consider why the fainting occurs.

Among individuals with blood and injury phobias, fainting is extremely common and is associated with a characteristic pattern of physiological responding. The particular pattern of responding has been called vasovagal syncope. The vasovagal syncope involves a two-stage process. In the first stage, an increase in heart rate and blood pressure occurs. This happens because there is an increase in arousal caused by the sympathetic part of the involuntary nervous system. It is the sympathetic branch of the involuntary nervous system that is responsible for the flight or fight response and activation of it will trigger the fear reactions described in Section 1 of the manual. However, the involuntary nervous system has another branch that opposes the sympathetic branch. This so-called parasympathetic branch of the involuntary nervous system serves to regulate the body and does the opposite to the sympathetic part of the nervous system. In people with a blood and injury phobia, this compensation is very rapid and tends to be an overcompensation. The heart slows too much and the blood pressure falls too low. Therefore, the blood (obeying gravity) will run away from the brain causing a deficiency in oxygen for the brain cells. If you do not lie down at this stage, the brain will shut down and you fall unconscious. This reaction, when you think about it, is really quite sensible because you are forced to lie down and the blood can return to your brain cells.

As you can see from this description, the fainting is beyond your control. The changes in heart rate and blood pressure are controlled by the autonomic part of the nervous system, which is not under direct conscious control. The reason why your brain responds this way is not entirely clear but some parts of the puzzle are available. It is now known that just under half of people with blood and injury phobias have other members of their family who faint. Interestingly, it was also found that while people who fainted were more likely to report a parent who also did, people who reported fear of blood and injury did not report that their parent did. This suggests that the fainting may be inherited but the fear is not. It has also been found that people who faint tend to be more empathic; that is, they are more able to see things from another person's point of view. It is possibly the ability to be able to "get inside another person's shoes" that leads to people fainting when they witness, think, or hear about injuries.

Hearing these facts about fainting may lead you to feel frustrated. "If I have inherited it from my family and it is controlled by the nonconscious part of my brain, what can I do?" The answer is that just because the fainting may be inherited and controlled unconsciously does not mean that you cannot control it. Think for a moment can you increase your heart rate and blood pressure at will? If you run quickly up a steep flight of stairs, your heart rate and blood pressure will increase. If you sit down and do relaxation exercises, they will decrease. Thus, you can engage in certain activities that can change these processes. The next section will therefore go on to describe what techniques you can do to avoid fainting activities that are a little more practical and unobtrusive than running up stairs.

6.2 Fainting Control Skills

It is important to learn to control fainting because people with blood and injury fears often tend to avoid medical situations because of the possibility of fainting. You will learn two techniques that can help you avoid fainting. The first we have already covered but a reminder is in order.

6.2.1 Slow Breathing

People with blood and injury fears may increase their breathing rates when a needle is placed on their arm. As you will remember, overbreathing has a number of results one of which is feeling faint. You should monitor your breathing rate and check to see if it is elevated before you start your exposure hierarchy. Also check to see if it is subtly increasing during exposure. In order to counter these experiences, you need to use your hyperventilation control exercise.

> **The most important point to remember is that slow breathing will be of most use early in the physical reaction.**

As the heart rate increases and the body prepares itself for danger, slow breathing will help restore the normal level of arousal to the body. However, once you are aroused you need to stop the rapid decrease in heart rate and blood pressure. For this, a different skill is needed.

6.2.2 Applied Tension

The second technique you will need to learn and master is "applied tension." The aim of applied tension is to counteract the drop in blood pressure so that you have control over your reactions. Essentially it aims to increase physical arousal, much the same as running up a set of stairs would do, in a manner that is appropriate to most medical settings. The steps involved require you to:

- Tense muscles in the arms, chest, and legs simultaneously.
- Continue to apply the tension until there is a feeling of warmth in the face (usually about 10-20 seconds).
- Release the tension and relax to starting level (without becoming too relaxed remember the technique is applied tension).
- Wait 20 seconds.
- Repeat the whole cycle a minimum of five times and always until the feelings of faintness have significantly decreased to manageable levels. You will need to be able to identify your particular signals of fainting, which may include light-headedness or dizzy feelings.

This technique will need to be incorporated into your exposure tasks and combined with relaxation and slow breathing. As you develop your skill with breathing control and applied tension, you will become able to discriminate when the best time is to apply the slow breathing and the applied tension. The rule of thumb is that you begin with slow breathing to keep you relaxed as you move into the situation but then switch (still keeping an eye on your breathing rate) as you approach the blood or injury stimulus or when you notice the very first signs of faintness. The first signs are different for different people, but some commonly reported ones include dizziness, a cold sweat (across the forehead), a queasy feeling in the stomach, or nausea.

A commonly reported problem with applied tension is headaches. This indicates that you are applying too much tension. This problem is solved by increasing the length of time between muscle tensions from 20 seconds to a time when the headaches do not occur. Also you can try to avoid tensing muscles in the face (e.g., the jaw and eyebrows) that constrict and cause pressure to be applied to the head. Another problem is difficulty in identifying the muscles to tense and how to make them taut. Looking back at the isometric exercises for some ideas may be helpful. Many people find it useful to imagine they are a bodybuilder and think about how a bodybuilder would tense those muscles. One other problem is that tensing muscles can interfere with venipuncture and make receiving injections more painful. You will need to be able to relax the muscle group in which the injection will be given (typically the nondominant arm) while maintaining tension in your other arm, torso, and legs.

Section 7

7. Keeping Your Progress Going

7.1 Coping with Setbacks Difficulties Making Progress

Setbacks or difficulties in making progress are generally the consequence of either poor management or poor planning of goals and steps. If you should experience such difficulties, you must carefully analyze the way in which you carry out these two exercises.

Managing Anxiety and Hyperventilation

- Are you regularly monitoring your breathing while performing activities?
- Are you using the isometric relaxation exercises and the slow-breathing technique when you experience the first signs of anxiety?
- Are you regularly practicing the progressive muscle relaxation exercises, especially prior to entering a situation?
- Are you too obsessed about having antianxiety medication with you?
- Are there mounting background stresses in your life that need to be defused, for example, marital, family, or financial problems?
- Are you suffering from any form of physical stress, for example, illness, premenstrual tension, poor diet, lack of sleep, or overwork?

Planning of Goals and Steps

- Are you trying to progress too quickly or too slowly?
- Is the difference between levels of difficulty at each step too great?
- Do you need to develop in-between steps of gradually increasing difficulty that lie between the last step you completed successfully and the step with which you are now having difficulty?
- Do you need to practice new steps more frequently and for longer periods before moving on to more difficult ones?
- If your objectives are too easy or too difficult, you will not make progress.
- Are you sure that you are not expecting too much of yourself? Make sure that you give yourself sufficient praise for your achievements. Remember that the key to success is gradual but regular progress.

7.2 Emotional Problems During Setbacks

Setbacks *do* occur occasionally, even in persons who are making excellent progress. When this happens, some people become alarmed and despondent, fearing they have gone back to their very worst. Remember, no matter how badly you feel during a setback it is very rare for you to go all the way back to your worst level of incapacitation. For most people, the apparent setback is only a passing phase, due to factors such as outside stressors, the flu, or school holidays. In such cases, the setback is often viewed as devastating because it has a lot of emotional meaning for the person who has put considerable effort into recovering. This effort is not wasted, and after the stressors pass you will find it easier to get yourself out and about again. This pattern has been demonstrated again and again. Therefore, if you have a setback, don't add to the problem with all the old catastrophic, emotional, and self-destructive ideas. Keep practicing all the techniques you have been taught and you will be able to make progress. If you feel that you have genuinely lost the skills necessary to control anxiety and panic, then you may want to consider retreatment. Most people do not lose the skills but need some fine tuning of their skills. "Booster" sessions or follow-up meetings are the best way to receive this form of assistance.

7.3 Expect Lapse Occasionally

Here, a lapse means that you stop listening to your relaxation tape, start to worry about having a panic attack, or stop slow breathing. Most people will have some sort of lapse when they are trying to change their behavior.

The trick is not to turn a lapse into a relapse and exaggerate the lapse into being bigger than it really is. If you have noticed that you have stopped using your panic control skills, don't say things to yourself like:

> *"I'm really hopeless, I'm right back where I started from, I'll never be able to change."*

Instead, you should view your lapse in the following light:

> *"I'm disappointed that I have let things slip, but I can cope with that and I'm not going to turn it into an excuse for giving up altogether. Now I'll get out my manual and start again."*

Of course, some people do stop things like relaxation training or slow breathing when they have been feeling okay for some time. This is fine, as long as you keep aware of any stress or anxiety that may be creeping back into your life, and restart the training as soon as you become aware of any increase. Also, it will be important to reinstate such techniques if you have recently experienced any stressful life event.

Conclusion

You now have three skills that you have been taught and now need to practice. You need to use the various exposure tasks, working up the graded hierarchies, to reduce your fear of your panic. The relaxation tape will help reduce your general levels of tension before the exposure task and

the isometric exercises will regulate tension during exposure. Slow breathing will help keep control of any anxiety that you may experience and by thinking straight you will be able to stop anxiety from spiraling into panic.

Recommended Reading

8. Recommended~~Paperbacks

The following books are available from most large bookstores, many smaller ones, and some newsstands. If in doubt, ask if the book can be ordered. We also suggest that you use your local library to gain access to many of these books. When you read these or any similar books on the management of anxiety, remember that they are best regarded as guidelines only. Be critical in both a positive and negative sense when reading these books, so that you get what is best for you out of them. Most of these books are inexpensive.

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