

Anxiety and Panic Disorder

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.

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PREFACE

The treatment of anxiety disorders in the Clinical Research Unit for Anxiety Disorders began in 1978 when the Agoraphobia Treatment Program was set up at Prince Henry Hospital. Since then, various programs have been developed for other anxiety disorders, especially Social Phobia, Panic Disorder, Generalised Anxiety Disorder, Obsessive-Compulsive Disorder, and Specific Phobias.

Several people have contributed to the writing of the treatment manuals for the various programs. These are: Gavin Andrews, Rocco Crino, John Franklin, Caroline Hunt, Stephen McMahon, Richard Mattick, Carmen Moran, Andrew Page and Susan Tanner. In addition, various books have been useful in obtaining ideas regarding treatment; these are cited at the end of this manual.

We would like to acknowledge the work of the Centre for Stress and Anxiety Disorders, University of Albany, State University of New York, and the University of Oxford, Department of Psychiatry. Much useful material from the Anxiety and Panic program devised by David Barlow and Michelle Craske has been used in the development of the present treatment manual.

The present version of this manual was edited by John Lam-Po-Tang and Stephanie Rosser, and represents the state of treatment in 1999.

CHAPTER 1

THE NATURE OF ANXIETY AND PANIC DISORDER

1. Panic Attacks, Panic Disorder & Agoraphobia

A **Panic Attack** is a sudden spell or attack when you felt frightened, anxious or very uneasy in a situation when most people would not feel afraid. During one of these attacks the following symptoms may occur:

shortness of breath

pounding heart

dizzy or light headed

tingling fingers or feet

tightness or pain in the chest

a choking or smothering feeling

feeling faint

sweating

feeling you can't get your thoughts together or speak

fear you might die, lose control or act in a crazy way

trembling or shaking

hot or cold flushes

things around you feel unreal

dry mouth

nausea or butterflies

"jelly legs"

blurred vision

muscle tension

Panic Disorder is the name given to the condition in which people have unexpected panic attacks, worry about what panic attacks might do or mean, and change their behaviour as a result of having panic attacks. Individuals with panic disorder will have experienced a number of these symptoms during a panic attack. Different people will find different symptoms more frightening or unpleasant than others.

When the panic becomes severe most people try to get out of the particular situation, hoping the panic will stop. Alternatively, they get help because of fears they might collapse, have a heart attack, or go crazy. Occasionally, some people want to be alone so that they don't embarrass themselves in some way. When individuals start associating panic attacks with certain situations, they often try to minimise the panic attacks by avoiding the same or similar situations. For example, some people who have their first panic attack on a train may start to avoid trains and buses in the future. When this avoidance is widespread and severe, the condition is called **Agoraphobia**.

Situations that are avoided by people with agoraphobia (or endured with anxiety or discomfort) can usually be understood as situations from which escape might be difficult (physically or socially) or in which it might be difficult to obtain help if a panic attack occurs. An underground train is an example of a situation from which it is physically difficult to escape, whereas a dinner party is an example of a situation from which leaving might be socially awkward. Being alone at home or alternatively, a long way from home, are examples of situations in which it might be difficult to obtain help. There are, of course, situations that combine elements of these: being on a peak-hour train could be seen to involve difficulty escaping as well as difficulty obtaining help.

The first few times that someone experiences a panic are usually very frightening, because this is a new experience that seems strange and abnormal. However, after many such experiences most people know deep down that they are unlikely to either collapse, die, or go crazy. At least they haven't up till now. However, many fear that next time may be different - that the next panic may be the worst. Some people manage to resign themselves to the experience of panic, even though they don't like the experience. Panics rarely come truly out of the blue. Even the first attack usually occurs at a time when the individual is under emotional pressure, or unwell (e.g., recovering from the flu), or when they were tired and exhausted and beginning to feel at the end of their tether. Panic attacks are very uncommon when someone is truly safe and relaxed.

We have already talked about avoidance of actual situations, but there are also other types of avoidance which, although more subtle, are nevertheless connected to panic attacks.

Do you avoid medication of any kind even if your doctor prescribes it?

Alternatively, do you avoid going out without medication?

Do you avoid exercise?

Do you avoid becoming very angry?

Do you avoid sexual relations?

Do you avoid very emotional movies such as horror movies or even very sad movies?

Do you avoid being outside in very hot or very cold conditions?

Do you hate being startled or frightened?

Do you avoid being away from medical help?

Do you keep an eye out for exit routes?

Do you avoid standing and walking without structural support?

If so, these forms of avoidance may well be connected to panic attacks and will need to be overcome.

Distraction can act as another form of avoidance. Many people attempt to cope with situations in which they are afraid of having panic attacks by distracting themselves. For example, if you feel yourself becoming anxious or panicky do you:

Carry around something to read and then read it as intensely as you can?

Open windows?

Play loud music?

Try to imagine yourself somewhere else?

Tell somebody who is with you to talk to you about something - anything?

Seeking reassurance

Play counting games?

These behaviours often become strong habits on which many people come to depend. Using these techniques may have helped you to get through a panic attack in the past. In the long run these strategies are not helpful since they do not change the core element of panic attacks or your anxiety about further panic attacks.

2. Rationale of the program

The aim of this program is to help individuals manage their anxiety. This involves learning to control the physical symptoms of anxiety, but as importantly, learning to reduce fear of panic attacks. This second aspect of the program is important, because individuals often learn to avoid panic attacks by controlling the symptoms, but remain apprehensive because of the possibility of future panic attacks and their perceived consequences.

This treatment program will teach you to alter your responses by learning to change the way you think and the way you react to certain events. The program will teach you techniques designed to control physical sensations of panic, techniques to help you to confront situations and activities you have been avoiding, and techniques designed to change the way you are thinking about your symptoms and feared situations. We will start by teaching you techniques to manage your physical sensations. This will be done through breathing control and progressive muscle relaxation. Overbreathing is the major reason for many of the panic sensations that you experience. Learning to control your breathing will help to reduce many of the panic symptoms. Progressive muscle relaxation is a way of reducing your general arousal and muscle tension.

The next part of treatment involves exposure or practice in the situations that you have been avoiding which in the past have become associated with panic and anxiety. One of the problems with avoiding situations in which panic has occurred is that each time a situation is avoided, the need to avoid it next time is heightened or increased.

Another important component of treatment is cognitive restructuring which involves looking at the things you say to yourself before, during and after a panic attack and looking at the specific kinds of misinterpretations and assumptions that contribute to your anxiety. You will be shown how to directly question and challenge these assumptions and misinterpretations.

A further component of treatment involves exposure to the physical sensations that are part of your panic response and helping you to repeatedly experience those sensations so that they become less fear-provoking.

It is important to understand that it is not the aim of this course to have no anxiety at all or to prevent appropriate anxiety. In fact, it would not be possible to do so, any more than it is possible to stop people from feeling happy, angry or sad, when it is appropriate for them to feel this way. There are many situations in which most people (including people without anxiety disorders) feel anxious. An appropriate goal of this program is to learn to reduce and manage unnecessary anxiety.

Lastly, it is important to realise that achieving control of your anxiety and panic 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 panic or avoidance, how long you

have been panicking, or how old you are that predicts the success of this program, but rather it is your motivation to change, and practising the techniques.

3. Anxiety and the fight or flight response

People who have suffered panic attacks soon become afraid of even small amounts of anxiety for they know that a rise in anxiety occurs at the beginning of a panic. But anxiety is useful. Consider the following:

A person is waiting at a pedestrian crossing at a busy street. Just as they are about to cross the road, a bus drives straight through the intersection, just 2 metres away and startles the person.

Automatically a series of changes occur in the body:

and so the individual jumps back onto the kerb, avoiding collision.

The *fight or flight* response is a normal and useful response to external threats, especially those that can be avoided by physical exertion. However, it may not be helpful or appropriate in stressful situations that do not involve external physical danger. It is important to realise that all humans have had the fight or flight response for hundreds of generations. Humans share this response with many other species, because it has very real survival value. The main purpose of the fight or flight response is to activate the organism and protect it from harm when confronted with threat.

The instinctive association between threat and the fight or flight response is what causes us to feel a pounding heart and slightly breathless when we feel threatened for any reason, even in those situations in which there is no actual physical danger. When we experience the physical symptoms of the fight or flight response, this association makes us think that we are somehow under threat. However, because we realise that there are no actual outside dangers causing this feeling, we fear that the danger comes from within us. As a result, we fear that something is happening to our bodies (e.g. a heart attack or stroke) or our minds (e.g. going crazy or losing control). The physical sensations (e.g. pounding heart or breathlessness) therefore become threatening.

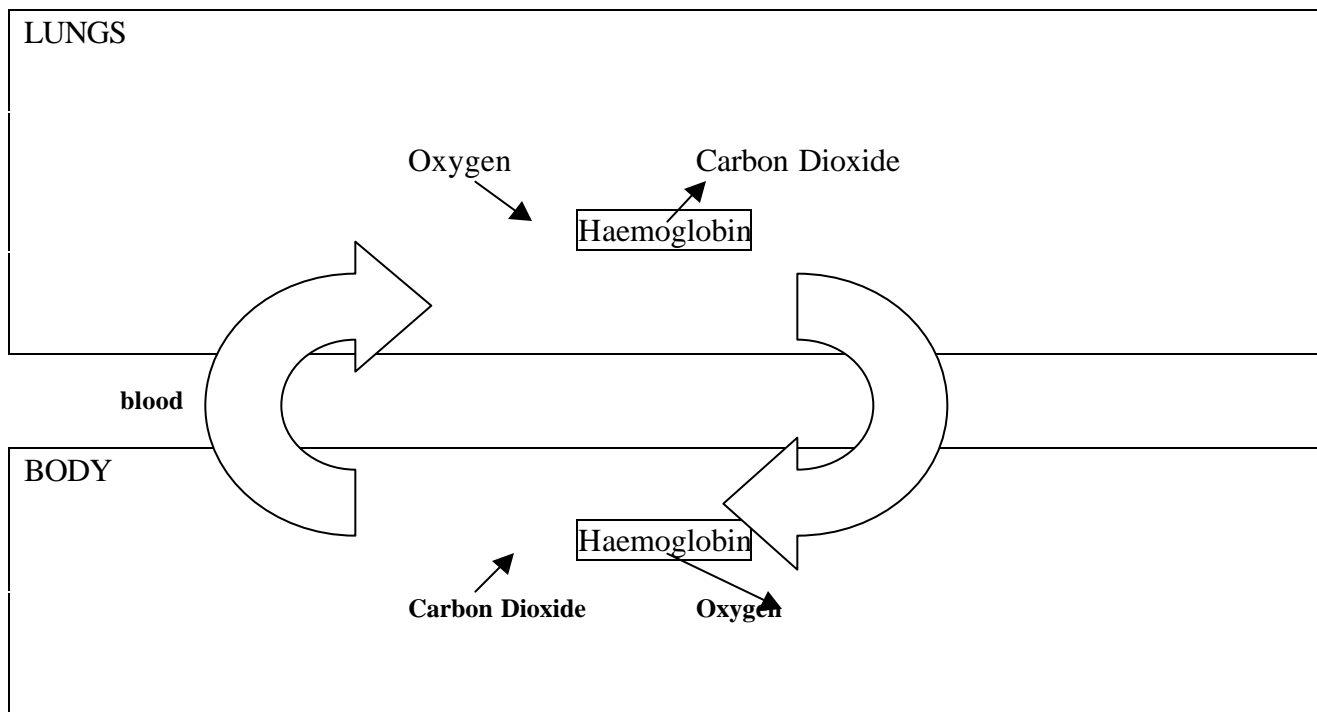
Also consider that anxiety helps you perform any skilled activity. If you are totally relaxed when you take an exam, play a game, solve a quarrel between your children or discuss a problem with your in-laws you will not do your best. To do anything really well you need to be alert, anxious to do well, or 'focussed'. Anxiety in moderation is a drive that can work well to make you more efficient. People with anxiety disorders often fear all anxiety, even anxiety that can help them perform well. They often worry it may spiral out of control, and they may panic, and hence try to avoid any anxiety.

When people do get too anxious, the anxiety can interfere with performance, as they are focussed on the symptoms of anxiety and want to escape. High levels of anxiety may lead to mistakes. The more difficult the task, the more important it is to manage anxiety carefully; ideally one should remain alert, tense and in control for maximum efficiency. The relationship between anxiety and skill is shown in the diagram. On this course we will teach a number of techniques for remaining calm when the situation is appropriate, and alert, tense, and in control in difficult situations.

4. The Effect of Personality

Personality refers to the usual way we react, feel, and behave year in and year out. Most people who seek treatment have come to regard themselves as nervous people in general. They consider themselves to be people who are usually sensitive, emotional and worry easily. This has advantages including being sensitive to other people. But the emotionality and the proneness to worry can make you more vulnerable to developing panic disorder. People with a high degree of general nervousness tend to respond to stressful events with more physical arousal. They may then tend to become overaware of slight changes in body sensations and wrongly treat these as signs of panic. The rational thinking techniques and relaxation strategies that we will teach you will aid you to control this aspect of your personality.

5.1 Anxiety & Hyperventilation:



The above diagram demonstrates how the major components of breathing relate to each other. Haemoglobin is a chemical compound found in blood cells. Its role is to transport oxygen from the lungs to the body, and to take carbon dioxide from the body to the lungs. Oxygen is needed by the body to survive. Carbon dioxide is a waste product produced in the body, and is eliminated from

the body through the lungs. The rate of breathing affects the rate at which carbon dioxide is eliminated. The amount of oxygen taken into the body is not affected by the rate of breathing, because under normal circumstances, we inhale four times as much oxygen as we need.

Breathing more than we need to, or hyperventilating, does not increase the amount of oxygen in the blood. What hyperventilating does is reduce the amount of carbon dioxide in the blood.

It is the reduced level of carbon dioxide in the blood that causes symptoms in panic attacks, not a reduction in oxygen levels, as many people think.

Symptoms of hyperventilation:

Symptoms that occur early on may include:

Breathlessness

Light-headedness

Dizziness

Body feels different or unreal

Things around you seem unreal

Confusion

Increased heart rate

Tingling, “pins and needles” or numbness in hands, feet or face

Muscle stiffness

Sweating hands

Dry mouth or throat

Symptoms that may occur later on include:

Vertigo

Nausea

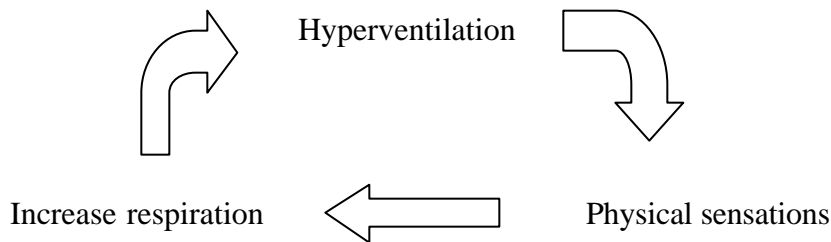
A feeling of restricted breathing

Chest pain, constriction or tenderness

Muscle paralysis

Increasing apprehension or fear

One of the most distressing sensations caused by hyperventilation is a feeling that you cannot get enough air. This can trick you into breathing even harder or faster, which will just make the symptoms worse.



When individuals hyperventilate, they use more energy than they need to. This may cause other symptoms:

Feeling hot or flushed

Sweating

Feeling tired

Muscle fatigue, especially chest muscles

Looking at the lists of physical sensations produced by hyperventilation, there is some overlap with symptoms commonly reported in panic attacks. It is also easy to see how individuals might mistake the sensations produced by hyperventilation as signs of some serious physical illness. When individuals do this, their anxiety increases, they hyperventilate more, and thus worsen or prolong their symptoms.

It is important to remember that hyperventilation produces physical sensations that are unpleasant (and for some, frightening) but they are not dangerous. The physical sensations produced may be experienced as physically unpleasant, but will not harm you. When you stop hyperventilating (or when your body's protective mechanisms step in), the sensations will go away.

Another requirement for survival is that the levels of oxygen and carbon dioxide in the body are balanced. The body has a number of protective mechanisms that prevent this relationship from becoming too unbalanced. When hyperventilation occurs for a while, the body takes steps to correct it. There are many examples of protective mechanisms in the body that maintain the body's function. For example, there is a protective mechanism that maintains blood pressure at a stable level, thus preventing people from fainting every time they stand up. Other protective mechanisms

exist to regulate eating, sleep and temperature. These mechanisms are in-built, durable, and generally automatic.

Breathing has automatic and voluntary control. That is, when you are not thinking about it, your body maintains your breathing rate. When you want to, you can change your breathing rate, for example, holding your breath under water. In the next chapter, you will learn that you can take advantage of this voluntary aspect of breathing control to reduce the panic symptoms produced by hyperventilation.

5.2. Types of Over-breathing

There are at least 3 types of over-breathing that you should learn to recognise. The first two tend to be episodic, That is they occur only during episodes of high anxiety or depression. The other is habitual. That is, it occurs most of the time and is essentially a bad breathing habit or style.

1. Panting or rapid breathing: This 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 physical symptoms.
2. Sighing, yawning and gasping: Sighing and yawning tend to occur during periods of disappointment or depression and both involve excessively deep breathing. Gasping may occur when people are startled, or when confronted with situations they have avoided for a long time.
3. Chronic habitual over-breathing: This type of breathing involves slight increases in depth or speed of breathing sustained over a long period. Generally, this is not enough to bring on a panic attack, but leaves the person always feeling apprehensive, slightly dizzy and feeling as though they are unable to think clearly. If such people are placed in a stressful situation and increase their breathing even by a little, this may trigger a full-blown panic attack.

The relationship between stressors preceding hyperventilation, your physical response to hyperventilation and your psychological response is summarised in the following diagram.

6. Common myths about anxiety symptoms.

People with panic disorder often misinterpret the symptoms of anxiety and panic as signs that something serious is wrong with them. As mentioned earlier, it is understandable that, in the absence of clear explanations for the symptoms, people believe that they have a serious physical or mental problem. As a result of this misinterpretation, however, the symptoms themselves are seen as threatening, and can trigger the anxiety response.

There are a number of typical fears about anxiety symptoms which people with panic disorder have.

Heart attacks.

Many people believe that their panic symptoms indicate they are having a heart attack. This belief arises from the assumption that the symptoms of breathlessness and chest pain are the same as those that occur during a heart attack. Most people have never had a heart attack, and hence are not aware of the differences in symptoms between a heart attack and a panic attack. Dull, central chest pain radiating to the left shoulder, arm or jaw, is a typical sign of a heart attack. The pain associated with a heart attack is not made worse by overbreathing, which is in contrast to the symptoms of panic. The symptoms of heart disease are generally related to effort, and reduce at rest. This is in contrast to panic attacks which can occur during exercise, but also happen at other times. Finally, heart disease produces changes in the electrical activity of the heart, which are not produced during a panic attack.

Fainting or collapsing.

Other people believe that as a result of their panic symptoms such as dizziness and lightheadedness, they will faint or collapse. The anxiety response actually involves an increase in blood pressure, so it very unlikely that fainting, which involves a drop in blood pressure, will occur. Consider that a fight or flight response designed to protect an individual from harm would not be very useful if it involved collapsing at the first sign of danger.

Losing control.

Another common belief is the fear of doing something "wild" or strange as a result of panic. This assumption seems to arise from people's experience of feeling overwhelmed by panic. During the fight or flight response, the whole body is on alert, preparing to deal with the threat and there is often a great urge to flee the source of danger. This is an adaptive function of the fight or flight response. Symptoms of "confusion" and feelings of unreality can be a result of your mind being focused on the perceived source of danger (the anxiety symptoms themselves). Overbreathing can also contribute to these sensations. Consider that even though you may feel "out of control", you still decide what action to take in response to panic, ie. whether to stay or leave.

Going crazy.

Some people believe that the panic symptoms mean that they are going mad or crazy. Not knowing what is happening to you can be very frightening, particularly when the symptoms are occurring frequently. While the symptoms of the fight or flight response may have been interpreted as strange, however, particularly when no obvious explanation for them has existed, these symptoms are very different from those of a severe mental disorder like schizophrenia. Schizophrenia is characterised by thought disorder and delusions and/or hallucinations. Schizophrenia runs strongly in families; only a certain number of people have the vulnerability towards developing the condition, and in other people no amount of stress will precipitate the disorder.

Other fears.

Other common fears that people with panic disorder report include having a stroke, having a brain tumour, stopping breathing, or dying.

It is easy to see how these beliefs about panic symptoms can maintain and exacerbate your symptoms. If someone believes that they may stop breathing when they panic, then the experience of panic is understandably very frightening. The person constantly worries about panic occurring, and attempts to avoid it at all costs because of what they fear may happen. Learning to challenge these false beliefs about the symptoms of panic is an important part of treatment.

CHAPTER 2

CONTROL OF HYPERVENTILATION

1. Recognising Hyperventilation

The first step in preventing and controlling hyperventilation is to recognise how and when you overbreathe. Try monitoring your breathing rate now. Count one breath in and out as one, the next breath in and out as two, 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 rates at various times of the day. The form at the end of this chapter should be used for this purpose.

Now consider the following:

Do you breathe too quickly? The average person only needs to take 10-12 normal 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 over-expanded? You should breathe from the abdomen and through the nose, consciously attempting to breathe in a smooth and light way. Breathing through the mouth is a bad habit in most cases, and can be controlled by practice.

Do you sigh or yawn more than others? Excessive sighing or yawning may be a sign of hyperventilation.

Do you gasp or take in a deep breath when for example, someone suggests an outing or you hear the telephone ring? Taking one deep breath can trigger the hyperventilation cycle in many people.

Apart from recognising the way that you overbreathe, it is also important that you recognise the sorts of activities or events that may trigger overbreathing.

Are you smoking too much or drinking too much tea or coffee? Tobacco, tea and coffee are all stimulants that will accelerate the fight-or-flight response. Try to reduce your smoking to a minimum and do not smoke just before anxiety-provoking situations. Switch to decaffeinated coffee or tea during the programme, and later keep the number of cups you have to 1 - 2 per day. A significant percentage of people have their panic attacks triggered by caffeine, and if you find you are one of these it will be better to avoid all caffeine.

Are you drinking too much alcohol? Initially alcohol acts as a depressant, however, a few hours after drinking it acts as a stimulant. At this time and at times when you experience "hang over" symptoms you are more susceptible to hyperventilation attacks.

Are you suffering from pre-menstrual tension or period pain? Some women experience an increase in bodily sensations in the week before their periods. For this reason you may experience a

worsening of panic-like sensations prior to menstruation. Become aware of these changes and use the opportunity to deal with a predictable period of increased bodily sensations and panic.

Are you always rushing? Are you over conscientious - working too hard or too fast? Slow down and give yourself adequate time to do things. Organise events so that you are not always rushing from place to place. Physical activity will increase your body's need for oxygen, and as a result, breathing rate and depth of breathing will increase. You will achieve more by staying calm and working at a reasonable pace.

2. Slow-Breathing Technique

1. Stop what you are doing and focus your attention on your breathing.
2. Breathe in and out (through your nose) slowly in a 6 second cycle. Breathe in for 3 seconds and out for 3 seconds. This will produce a breathing rate of 10 breaths per minute. Say the word "relax" to yourself every time you breathe out. Use a timepiece with a second hand when you do this. Breathe using your diaphragm (lower stomach), not your chest.
3. Continue breathing in this way until all the symptoms of overbreathing have gone.

This technique may be used to prevent symptoms of hyperventilation, or to reduce symptoms of hyperventilation in anxiety-provoking situations.

Don't overreact to your symptoms of overbreathing. Remind yourself the symptoms of hyperventilation might be unpleasant and uncomfortable, but they are not dangerous. If you do the slow breathing exercise when you notice signs of overbreathing, the symptoms should subside within a minute or two. The more you practise this slow breathing technique the better you will become at using it to stop any panic attacks.

3. Troubleshooting

- ❖ Some people may find the slow breathing technique 'unnatural' or uncomfortable. Breathing at a rate of 10 breaths per minute is not unnatural, though for people who have been overbreathing for a long time, it may not be habitual. Regular practice in a variety of settings will make the slow breathing technique comfortable and habitual.
- ❖ If you feel your symptoms are getting worse using this technique, ensure you are keeping time with a watch. Simply counting to yourself may lead to accelerated breathing.
- ❖ Don't expect too much too soon. Regular practice in ideal circumstances will make it easier for you to use the technique in more tricky situations.
- ❖ Focussing on breathing may seem 'strange' for some people. Persevering with the technique will reduce this feeling.

RELAXATION TRAINING

1. What is relaxation training?

Relaxation is the voluntary letting go of tension. This tension can be physical tension in the muscles or it can be mental, or psychological, tension. When we physically relax, the impulses arising in the various nerves in the muscles change the nature of the signals that are sent to the brain. This change brings about a general feeling of calm, both physically and mentally. Muscle relaxation has psychological benefits as well as physical. Through relaxation training you will learn how to recognise tension and achieve deep relaxation. You will need to be an active participant, committed to daily practice for two months or longer.

2. Importance of Relaxation Training

Muscles are designed to remain in a relaxed state until needed to perform some activity. In usual 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. The fight-or-flight response also results in muscle tension. When people have been under stress for long periods of time, they may maintain high levels of muscle tension. They may experience muscle fatigue, pain and constant apprehension. Eventually these people may be unable to recognise tension or relax. As a result of high levels of tension, these people may feel jumpy, irritable, nervy, or apprehensive. Tension may appear to be almost relaxed compared with panic attacks.

When someone is in a continual high state of tension, it's easier for a panic attack to occur because the body is already highly activated. A minor event, such as getting stuck in traffic, can trigger further tension, which in turn can lead to hyperventilation and panic. Constant tension makes people over-sensitive and they respond to smaller and smaller events as though they were threatening. By learning to relax, you can reduce general levels of arousal and tension, and gain control over these feelings of anxiety.

Note that these responses are opposite to the fight-or-flight response.

Since some tension may be good for you, it is important to learn to discriminate between useful and unnecessary tension. Much everyday tension is unnecessary. Only a few muscles are involved in maintaining normal posture, e.g. sitting, standing or walking. Occasionally, an increase in tension is extremely beneficial, for example, when you are about to receive a serve in a tennis game. Likewise, it is probably helpful to tense up a bit before a job interview. Do not become frightened of this type of tension. The tension is unnecessary when (a) it performs no useful alerting function, (b) when it is too high for the activity involved, or (c) when it remains high after the activating situation has passed.

3. Components of Relaxation Training

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:

1. Learn to recognise tension
2. Learn to relax your body in a general, total sense
3. Learn to let tension go in specific muscles.

4. Recognising tension

Consider the following:

1. Where do you feel tension?
2. Do your muscles show characteristics of tension, such as soreness, fatigue or feeling hard?
3. Which reactions within yourself lead to an increase in tension?
(e.g. frustration, surprise, anger)
4. Which external events lead to an increase in tension?
(e.g. queues, waiting at traffic lights, work pressure)

5. Progressive Muscle Relaxation

Progressive muscle relaxation involves the muscles being relaxed in a progressive manner gradually working through different muscle groups in the body. Both sides of the tape you have been given have instructions for progressive muscle relaxation. Side A is a 25-minute version. Side B is an abbreviated 15-minute version. You will be starting with Side A for the first week of the program; your therapist will tell you when to use Side B.

Relaxation exercises should be done at least once a day to begin with. Initially, do the exercises in a quiet room, minimising interruption, so that you can give your entire concentration to relaxation. Explaining the exercises to those you live with, and perhaps playing the tape to them, will generally lessen any embarrassment and minimise interruptions. Select a comfortable chair with good support for your head and shoulders. Or cushions 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. You cannot learn to relax while asleep. Sleep is not the same as relaxation - consider those times when you have woken up tense. If you want a method to put you to sleep, go over the relaxation exercises in your mind or

keep a relaxation tape specifically for that purpose. As you master the relaxation exercises, try various postures and situations. You may use the relaxation tape as preparation for some activity over which you anticipate difficulty. Arrange your seating appropriately, finish all you need to do and then start the tape.

Do not practise progressive muscle relaxation while performing activities that require a high degree of alertness, e.g., driving a car or operating a machine.

6. Getting the most out of progressive muscle relaxation

- ❖ Avoiding tensing too tightly. A maximum of 60 – 70% tension is recommended.
- ❖ Don't tense to the point of pain or discomfort.
- ❖ Don't worry if your mind wanders during the tape – this is often a sign of relaxation. Gently try to focus back on the tape.
- ❖ Some people feel anxious during relaxation exercises. This usually is because they are unfamiliar with being physically relaxed.

7. Isometric Relaxation Exercises

Isometric relaxation exercises can be done in everyday situations. Most of the exercises below do not involve any obvious change in posture or movement. Others involve some movement. The majority of exercises can be done quite unobtrusively, even when in company. In the early stages of training you may have to do these exercises several times a day to counteract tension and maintain a relaxed state, particularly when under stress. As you improve, they will take less time and become easier. Eventually, you will find that you are doing them without thinking - that is, they may well become a habit that you will use automatically to counter tension.

There are some important points that need to be remembered when doing the isometric exercises. You are asked to hold your breath for 7 seconds while you hold in tension, but some people occasionally find this too long. Try to hold it for 7 seconds if you can but this is not crucial. The most important thing is to concentrate on putting the tension in slowly over approximately 7 seconds and releasing the tension slowing over approximately 7 seconds. 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 7 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 down or lying in private:

- Take a small breath and hold it for up to 7 seconds.
- At the same time straighten and stiffen your arms and legs out in front of you.
- After 7 seconds breathe out and slowly say the word "relax" to yourself.
- Let all the tension go from your muscles.
- Repeat if necessary until you feel relaxed.

When in a public space:

- Take a small breath and hold it for up to 7 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.
- After 7 seconds breathe out and slowly say the word "relax" to yourself.
- Let all the tension go from your muscles.

- As an alternative you can pull the legs sideways in opposite directions while keeping them locked together at the ankles, or combine these two movements.

When standing in a public place:

- Take a small breath and hold it for up to 7 seconds.
- At the same time straighten legs to tense all muscles, bending the knees back almost as far as they will go.
- After 7 seconds breathe out and slowly say the word "relax" to yourself.
- Let all the tension go from your muscles.

Other movements:

- Place hands comfortably in your lap, palm against palm, and pressing down with the top hand whilst trying to lift the lower hand.
- Place hands under the sides of chair and pulling into the chair.
- Grasp hands behind chair and trying to pull them apart whilst simultaneously pushing them in against the back of the chair.
- Place hands behind the head, interlocking the fingers and whilst pushing head backward into hands trying to pull hands apart.
- Cup hands together in front and try to pull them apart.
- Cup hands together behind and try to pull them apart.
- Tightly grip an immovable rail or bar and let the tension flow up the arms.

Further Isometric Exercises

There are various muscles that can be tensed and relaxed in order to make up additional isometric exercises. You need firstly 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.

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 tense.
3. Develop the habit of reacting to tension by relaxing.
4. With practice the tensing of your hand and leg muscles can be done without any movement that would attract attention. It helps to slowly tense and relax the muscles.
5. When circumstances prevent you holding the tension for seven seconds, shorter periods will still help but you may have to repeat it a few more times.
6. Do not tense your muscles to the point of discomfort or hold the tension for longer than seven seconds.
7. Each of these exercises can be adapted to help in problem settings such as working at a desk or waiting in a queue. Use them whenever you need to relax.
8. Using these exercises you should in a few weeks be able to reduce your tension, prevent yourself from becoming overly tense and increase your self-control and confidence.

8. Difficulties with Relaxation

Some people report they cannot relax, or they can't bring themselves to practice relaxation. Since all human beings share the same biological make-up there is no purely physical reason why relaxation should work for some and not others. The reason relaxation may not work for some people is usually due to some psychological factor or insufficient practice. These problems can be overcome. If you are experiencing difficulty relaxing you should discuss this with your therapist. Some examples of difficulties are given below.

1. "I am too tense to relax"

In this case the individual uses the very symptom that needs treating as an excuse for not relaxing. Relaxation may take longer than expected, but there is no reason why someone should have to remain tense. It might be useful to consider whether there is some other factor getting in the way of relaxation.

2. "I don't like the feelings of relaxation."

About 1 in 10 people report that when they relax they come into contact with feelings they don't like or that frighten them. These feelings indicate you are coming into contact with your body again and noticing sensations that may have been kept under check for many years. You do not have to worry about losing control during relaxation sessions. You can always let a little tension back in until you get used to the sensations. As you keep practising these sensations will pass.

3. "I feel guilty wasting so much time"

You need to see relaxation as an important part of your recovery. Relaxation exercises take time, just like many other therapies.

4. "I can't find the place or time".

Be adaptive. If you can't find 20 minutes, find 10 minutes somewhere in the day to relax. If you do not have a private room at work, go to a park. You may need to consider if other factors are preventing you from relaxing if you keep making the excuse that there's no time.

5. "I'm not getting anything out of this."

Unfortunately, many people expect too much too soon from relaxation training. People often exaggerate the speed of recovery. You cannot expect to undo years of habitual tensing in a few relaxation sessions. Impatience is one of the symptoms of anxiety and often indicates a need to continue with relaxation training. Give the training time to take effect.

6. "I haven't got the self control."

You need to realise that quick, easy cures for panic disorder calling for no effort from you do not exist. The longest lasting treatment effects occur when an individual takes responsibility for his or her recovery. Responsibility means self-control, but self-control is difficult if you are not motivated.

In the table below, write down exercises that you found helpful for your areas of tension:

Body part	Isometric Exercise

CHAPTER 4

GRADED EXPOSURE

1. Development of situational fears

When a panic attack occurs for the first time in a certain situation, many people believe that if they are in that situation again they would be more than likely to panic. The occurrence of severe panics is frightening and so, as any sensible person would, sufferers soon learn to try and anticipate situations likely to trigger their panics. For most people with panic disorder these are situations from which it is difficult to escape easily or in which help couldn't easily arrive. Common situations include public transport, or crowded, isolated, or enclosed places. The individual usually feels that help is needed in a severe panic. Occasionally, some people prefer to panic on their own, to save themselves from possible embarrassment for fears of losing control.

When someone with panic disorder approaches a feared situation, their anxiety increases (“anticipatory anxiety”). If they leave the situation or avoid it altogether, their anxiety drops, producing a feeling of relief. While this feeling of relief may feel good in the short term, it has an unwanted effect of strengthening or reinforcing the avoidance (“escape”) behaviour. Unfortunately, the panics really don't stop, you just find more and more situations that could be "dangerous" and avoid them also.

2. More About Avoidance

Situational fears are fears of places or situations in which the panic sufferer thinks a panic attack could occur. The individual may have experienced such attacks in the same or similar situations in the past. But, due to the process of *generalisation* a person need not actually have experienced a panic attack in a certain situation in order to develop a fear of that situation.

Once situational fears are established, the individual with panic disorder will often develop an avoidance of the situation. The avoidance can be of sufficient strength that the person never again enters the situation and therefore never knows whether or not it would in fact trigger a panic attack. This is similar to someone who, having once been scared by a dog thereafter avoids going down the street and thus never learns that the dog is no longer there or is now tied up. The goal of treatment is for you to overcome avoidance and break down the association between panic attacks and specific feared situations. The process is a gradual one, as fears can often be made worse if the person suddenly forces himself or herself without sufficient preparation to confront something he or she may have avoided for years. In this situation the anxiety produced by such a sudden exposure can actually strengthen the association between the situation and the fear. This is known as *sensitisation*.

3. Overcoming avoidance

What then is the cure? If the fear is reinforced 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 next time you entered that situation the fear would be less. Eventually you would have minimal anxiety. But few people with situational fears can actually stay in the situation for the one or two hours required for a really big panic to wear off, so they keep avoiding those situations. Some situations, such as catching lifts, do not last very long, and so it is difficult to remain in the situation until anxiety has dropped.

The best remedy is to manage anxiety using hyperventilation control, isometric relaxation and rational thinking, and then stay in a situation until your anxiety settles. But how do you organize such experiences? First you make a list of all the situations in which you are likely to ever panic. You will then learn to master situations associated with only mild anxiety and then progressively master situations associated with greater anxiety. This process is known as *desensitisation*. It should be remembered that 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.

4. Planning your program

Draw up a list of goals that you would like to achieve. These should be specific goals that vary from being mildly to extremely difficult. You may have many goals but the ones which are relevant are those which involve anxiety in specific situations. Examples of general goals that do not lend themselves to graded exposure could include:

"I want to get better."

"I want to know what sort of person I am."

"I want to have purpose and meaning in life."

Although they are appropriate goals to have, they do not allow you to work out practical steps by which such problems can be solved. Your goals should be precise and clear situations that you can approach in a series of graded steps. The following examples are based on fears that some individuals with agoraphobia have, for example:

"To travel alone by train to the city and return at peak hour"

"To shop alone in the local supermarket and do the weekly shopping"

"To go to the movies at night with friends and sit in the middle of the row"

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 travelling by train. In order to be able to work towards eliminating this fear you would need to start with (i) small trips by train, starting with travelling one station and (ii) uncrowded trains. Then gradually, you would increase the number of stations and the number of people likely to be on the train.

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

Travelling one stop in an over-ground train, quiet time of day
Travelling two stops in an over-ground train, quiet time of day
Travelling two stops in an over-ground train, peak hour
Travelling one stop in an underground train, quiet time of day
Travelling two stops in an underground train, peak hour
Travelling five stops in an underground train, quiet time of day
Travelling five stops in an underground train, peak hour

The number of steps involved depends upon the level of difficulty of the task involved. To make the above steps a little easier at first you might wish to do them in the company of a friend or partner. Ultimately, of course, you would need to do the steps on your own. For other people, these steps might be too easy. In this case you would eliminate those that are too easy.

Consider **subtle avoidance** you may be engaging in. For example, if you tend to limit the amount of time you spend in a situation because of panic-related fears (e.g. “I’ll only stay one hour at the party because when I’m out at night it’s more likely that I panic”), then you will need to gradually increase how long you stay in the situation. Similarly, if you are relying on distraction (such as speaking to someone else while you’re anxious, reading, eating or drinking, etc.), then you will need to factor this into your exposure hierarchy. Your therapist will be able to help you with this.

You should start your exposure with activities that you can perform believing you have a reasonably good chance of managing your anxiety. At the same time, try not to hold back attempting an activity or situation completely- there will usually be some way of modifying it so that it is achievable for you.

5. Implementing your program

- Avoidance makes fears worse. Avoiding something one day may set you back two days as you will have built on the fear you are trying to reduce.
- Do at least one exposure task every day. If you are having a “bad day” you should still do some exposure task, as it is important that you learn you can manage your anxiety on these days. You could go over a step you have already mastered.
- Many fears need to be confronted frequently (i.e. 3-4 times/week) at first otherwise your fear may rise again by the time you do it next.
- The general rule is, **the more you fear it, the more frequently you need to confront it**. Once you have largely overcome the fears you need only do it less frequently.
- 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 structure your progress and

give you feedback as to how you are doing. It will also provide you with the opportunity to collect information about how you have tackled situations, for future use.

6. Practising the steps:

- Use the progressive muscle relaxation, isometric or slow breathing exercises if possible before you go out.
- Perform all activities in a slow and relaxed manner. Give yourself plenty of time.
- Mentally rehearse your activity. For example, if you are travelling by train, mentally rehearse some coping statements to say to yourself as the doors close, as more people get on and so on.
- Monitor your breathing rate at regular intervals e.g., once every 5-10 minutes. You may use your slow breathing exercise to reduce your breathing rate if it is higher than it should be.
- Do not leave a situation until you feel yourself to be calming down. 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 interpret it as a failure and lose confidence. Try to remain in the situation as long as possible.
- The longer you remain in a situation the calmer you will become and the faster you will overcome your fears e.g., staying for two hours in a shopping centre is better for you than going there for a total of two hours on four occasions.
- Congratulate and reward yourself for attempting or completing exposure tasks

7. Exercises in Planning Activities

As we have mentioned, 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 and you should learn to judge the size of the steps so that you are at least 75% confident of succeeding.

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

Whether it is quiet or rush hour

How far you are from home

How long you stay there

How many things you do while you are there

How far you go

Practice Examples: practise making sets of steps for the following goals

Example 1: *Travelling up Centrepont Tower lift*

Steps: _____

Example 2: *Doing the weekly shopping alone at a busy time*

Steps: _____

Example 3: *Driving alone through the Sydney Harbour Tunnel*

Steps: _____

8. Achieving your 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. Your goals should be clear and precise situations in which you become anxious. Before working out your own goals read the examples of well-defined and less well-defined goals.

Less well-defined goal	Well-defined goal
I want to be able to get in the car and drive wherever I want	I would like to be able to drive for one hour at peak hour, and manage my anxiety
I would like to use public transport	I would like to be able to travel from the City to Chatswood by train

Individual goals:

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

Now select three of the goals from the previous page that you would like to work on first, and write these on the next page. Set out beneath each goal the steps you intend to take in order to achieve it.

Individual Goal steps

Goal 1: _____

Steps: _____

Goal 2: _____

Steps: _____

Goal 3: _____

Steps: _____

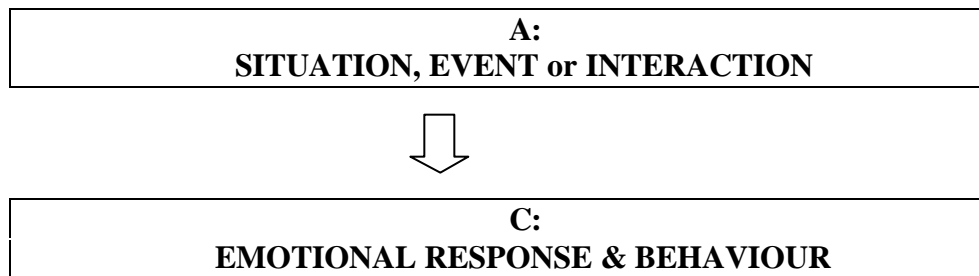
CHAPTER 5

COGNITIVE RESTRUCTURING I

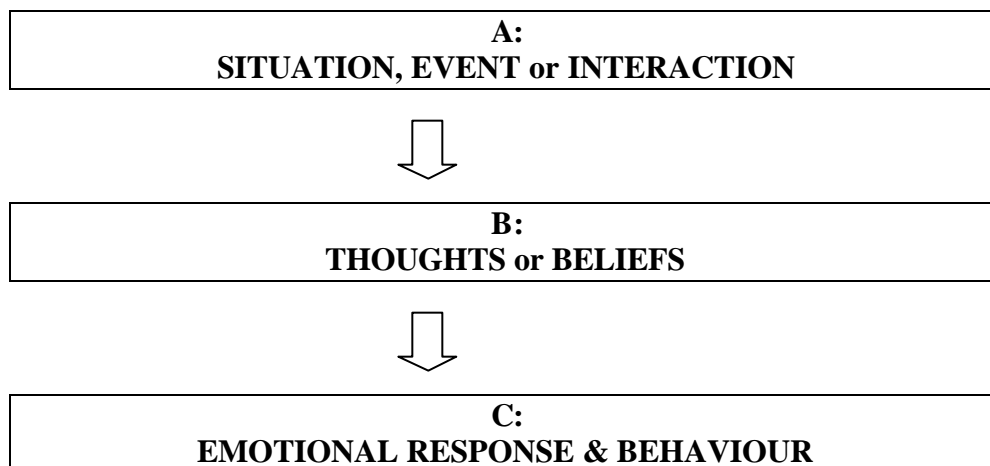
1. Introduction

This part of the program is designed to help you control thoughts you have that accompany and promote anxiety. This will be done by learning to label situations more appropriately and realistically, and reduce the frequency, intensity and duration of upsetting emotional reactions. The techniques in this chapter should be used in conjunction with other parts of the treatment program.

All people have various thoughts, feelings and behaviours in response to situations, interactions and experiences throughout their day. These thoughts, feelings and behaviours interact and influence each other. Sometimes, however, people are unaware of these interactions. People often assume that events lead directly to emotional responses:



This is very important, because it may lead people to believe they have no influence over the way they think, feel or behave. The way in which people think or interpret (B) their environment (A) is important in Panic Disorder, because it explains emotional responses people with panic disorder have (C).



Consider the following example. Three people are waiting at a bus stop. They see the bus approach, hail the bus – and it just drives past without stopping. The first person gets very angry, and starts jumping up and down. The second bursts into tears, while the third smiles and appears amused. The same event produced three different emotional responses. This is because it is not the event that directly produced the emotional response, but rather, the thoughts the three people had about the event. The first person might have thought, “I’m going to be late for an important meeting!”, and then felt angry. The second person might have thought “Nothing’s going right for me today”, and felt sad. The third might have thought “Great, I’ve got a good excuse for being late. I’m going for coffee”.

This model explains why different people respond differently to the same situation. Their emotional response and behaviour (C) is related to they way they think or interpret (B) any given situation or event (A).

2. Misinterpretation and mislabeling:

Many people recognise their emotional responses to various situations (e.g. a cinema, a boat ride) differ from others around them. This occurs because the person with panic labels such situations as threatening or dangerous, and therefore feels anxious. It is important to realise it is appropriate to feel anxious in response to objectively threatening or dangerous situations. The problem in panic disorder is that the label is incorrect, and is based on an exaggerated threat.

Individual with Panic Disorder	Individual without Panic Disorder
A: Crowded cinema	A: Crowded cinema
B: “What if I panic and can’t get out?” “What if others can see I’m anxious?”	B: “There are a lot of people here” “I’m glad I got a good seat in the middle”
C: Anxious & Tense Sits on aisle, near exit	C: Relaxed Settles down to watch movie

The person with Panic Disorder is responding appropriately to their thoughts, it is just that the thoughts are not appropriate to the situation. They have labeled the situation as more threatening than they need to. By changing the way a person labels or interprets events, a person can gain more control over their feelings, in a more helpful and adaptive way.

Some people with Panic Disorder have been labeling or interpreting places, events or interactions in unhelpful and fear-producing ways for months to years. After many repetitions, such patterns of thinking may occur extremely quickly, and almost seem automatic. Some people even seem to become experts at such unhelpful thinking patterns, and are able to make themselves anxious in many different situations, by applying unhelpful thinking patterns.

Avoiding situations only reinforces unhelpful and fear-producing thinking habits, as it prevents people from obtaining new, helpful information. This means they cannot prove their unhelpful beliefs to be wrong.

It is important to recognise that unhelpful thinking patterns are habits, and that habits can be changed with effort and practice. Identifying unhelpful thoughts associated with anxiety is the first step in changing your thinking.

- | | |
|----------------|--|
| STEP 1: | <u>IDENTIFY</u> anxiety-provoking thoughts |
| STEP 2: | <u>CHALLENGE</u> unhelpful anxiety-provoking thoughts |
| STEP 3: | <u>GENERATE</u> realistic, more helpful alternatives |

STEP 1: Identifying anxiety-provoking thoughts:

It may be difficult to detect anxiety-provoking thoughts at first, especially if they have been around for a long time. In situations where you feel anxious or uncomfortable, ask yourself:

1. What do I think about myself?
2. What do I fear will happen?
3. What do I think about the situation?
4. How do I think I will cope?
5. What will I do?

i) Anxiety-provoking thoughts in Panic Disorder:

Common errors in thinking that produce anxiety in people with panic disorder include:

1. Overestimating the chance they will panic

People with panic disorder often believe they are more likely to have a panic attack than they really are

2. Exaggerating the feared consequences of panic

People with panic disorder often believe the medical, psychological or social consequences of panic are more obvious, longer lasting or serious than they are

3. Underestimate their own ability to cope

People with panic disorder often judge themselves as being unable to cope. In most cases, they

actually are able to perform their activities on some level, it's just that they feel very anxious while doing so.

4. Misinterpreting normal and anxiety-related physical sensations

People with panic disorder often mistake day-to-day physical sensations as dangerous. They also misinterpret the physical sensations of anxiety and panic as dangerous, rather than just unpleasant.

ii) Misinterpreting physical sensations:

Many people with Panic Disorder misinterpret the symptoms of a panic attack as being the sign of some immediate medical illness. This is understandable, especially the first few times panic occurs. Some people also start to misinterpret normal physical sensations, such as those that occur during exercise. Some common misinterpretations are listed below.

Physical sensation	Common misinterpretation
Pounding heart	I'm having a heart attack I'm going to drop dead
Feeling short of breath	I'm going to stop breathing I'm choking
Feeling lightheaded	I'm going to pass out or collapse I'm having a stroke

Exercise:

Look through the list of physical sensations commonly associated with panic attacks. Write down those physical sensations that occur during your panic attacks, and the beliefs you have about those sensations. Having done this, we will later find alternative, less threatening, thoughts to challenge your original beliefs.

iii) Situational fears and unhelpful thinking:

As mentioned earlier, unhelpful thinking patterns may explain why some people generally feel uncomfortable in specific situations, such as a lift or train. These situational fears may be explained by two basic groups of unhelpful thoughts:

- ❖ If I have a panic attack, I won't be able to get out
- ❖ If I have a panic attack, help won't be able to get to me

Of course, some situations involve both types of thoughts. For example, a crowded underground train may be anxiety producing because it is difficult to get out, because it only stops at stations, and because it is difficult for help to get to the train.

People may apply anxiety-provoking thoughts about one situation to other similar situations, and then start to become more anxious in those situations. This process is known as generalisation. For example, an individual who is worried about panicking on a train may start to worry about being on buses and planes. This is understandable, because all three of the situations share some features: other people, limited opportunities to leave, and limited control over their direction.

Cognitive restructuring should be used with the technique of graded exposure, to help you re-enter situations that you currently avoid because of anxiety.

The following examples come from individuals with panic disorder.

Example 1:

Description of situation	Anxiety-provoking thoughts & initial anxiety rating	Realistic thoughts & subsequent anxiety rating
Catching an express train, where I couldn't get off 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? If I can't get out I'll do something stupid or out of control. I won't cope. No-one else feels this way. I must be loopy to feel this way.	I probably won't lose control, I'll just feel anxious. Even if I do feel anxious and uncomfortable, that doesn't mean the situation is dangerous. I've never done something out of control on a train, and probably won't do something this time either. I can use my techniques to manage my anxiety People won't notice me, and even if they do, they'll just think I'm a little tense. I'm not loopy, just anxious, and I'm doing something about that.

Example 2:

Description of situation	Anxiety-provoking thoughts & initial anxiety rating	Realistic thoughts & subsequent anxiety rating
Walking into a train station, noticing a pounding heart, and getting suddenly anxious.	I'm going to have a heart attack and die. I'd better sit down before I collapse. There is something physically wrong with me.	I'm experiencing an anxiety reaction. I'm not having a heart attack. The unpleasant physical sensations are due to anxiety, which I have learned to control. Breathing too hard will make the symptoms worse, which proves it is not a heart attack. I've never had a heart attack, collapsed or died as a result of a panic attack. I don't need to sit down, I can do my breathing exercise.

iv) Wishful thinking:

Rational thinking is not simply positive thinking; it does not reject all negative thoughts. It is looking at things in a way that is most helpful given the facts. It is therefore important to distinguish rational thinking from irrational positive, or wishful, thinking.

Some examples of the difference between unhelpful, realistic and wishful thinking are:

UNHELPFUL I didn't get the job, which proves that I'm a failure. I'll never get a job or have things go right for me.

WISHFUL Who cares! I didn't want the job anyway.

REALISTIC I'm disappointed I didn't get the job, but I'll get over it and cope in the meantime.

UNHELPFUL I feel really worthless now that I know what John's been saying about me.

WISHFUL He can say what he likes – it doesn't worry me a bit.

REALISTIC I'm sorry to hear John said that about me, but I'm not going to let myself get too upset by it.

UNHELPFUL	What if I can't cope with this? I just know I'll do something wrong.
WISHFUL	I wish I didn't have this problem
REALISTIC	I'm going to give this a try. I'll do my best, and see how it goes.

v) More tips on detecting unhelpful thoughts

If you have an unpleasant experience or event, go through the questions listed earlier in this chapter. At the same time, check if your response is reasonable. If so, face your disappointment, but don't make a catastrophe of it either! It is sometimes difficult to tell the difference between irrational, wishful and rational thinking. Here are some clues to help clarify these:

UNHELPFUL THINKING	I must... I've got to... What if...[something happened]...that would be terrible I couldn't stand it if...
---------------------------	---

WISHFUL THINKING	It'll work out I don't care... It wouldn't have done any good anyway I won't be anxious at all
-------------------------	---

HELPFUL or RATIONAL	I'd like to... I'd prefer not to... It's unlikely that... [something]...will actually happen If things don't go the way I want, I might be disappointed, but I'll probably cope.
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STEP 2: Challenging anxiety-provoking thoughts

It may be difficult to challenge anxiety-provoking thoughts, especially when they have been present for a long time. Some thoughts may even appear to be automatic. One of the best ways to challenge unhelpful thinking is to write them down on paper, and replace the unhelpful beliefs with more realistic or rational alternatives.

Some important questions to help you challenge unhelpful thoughts are:

- 1. What is the evidence for what I fear?**
- 2. How likely is what I fear to happen?**
- 3. What is the worst possible thing that will realistically happen?**
- 4. What alternatives are there?**
- 5. How helpful is the way I'm thinking?**

STEP 3: Generating alternative thoughts

Through the process of challenging unhelpful thoughts, you may have started to generate more helpful thoughts. We will begin by starting with common examples of unhelpful thoughts that individuals with panic disorder report. After this, we will look at specific examples from your own experience.

Generating alternative, more helpful thoughts is not easy to do at first. It will take time and practice, but your skill at this will improve if you apply the technique consistently. Start with the following examples of thoughts reported by individuals with panic disorder.

Anxiety-provoking thought	Realistic, helpful thoughts
I could faint the next time I panic – That'd be awful. People would think I was strange	
If I feel dizzy the next time I drive I could have an accident and kill someone	
If I'm left alone and panic, I'll really lose it and go crazy.	

Anxiety-provoking thought	Realistic, helpful thoughts
<p>What if I get trapped in the elevator for an hour and panic the whole time? I couldn't cope.</p>	
<p>What if all the doctors have been wrong and I've really got something seriously wrong with me? I could have only weeks to live.</p>	
<p>I can't stand the way I'm feeling. Maybe I'll be like this for the rest of my life.</p>	

Exercise:

Now think of a recent situation where you felt anxious or had a panic attack. Write down a description of the situation, and any anxiety-provoking thoughts you may have had. Then try to come up with some more realistic and helpful thoughts that could be applied to that situation, in order to reduce your anxiety. There is also space for a second personal example.

Description of situation	Anxiety-provoking thoughts & initial anxiety rating	Realistic thoughts & subsequent anxiety rating

Trouble-shooting:

1. I don't know what I'm thinking – I'm too scared

Ask yourself, “What am I scared of? What am I scared might happen?” It is difficult to identify unhelpful fears, especially to begin with. It may help to wait until the anxiety has dropped, then think about the situation and associated fears. Re-entering a situation may make the fears clearer.

2. I can't think of alternatives

After many months to years of having anxiety-provoking thoughts, it may be difficult to think up less threatening alternatives. Look at all available evidence, especially evidence that contradicts your thoughts. Ask yourself why others around you do not fear the situation, and try to consider what they might be thinking about the situation.

3. I'm doing it and it's not working

Use all available techniques, including relaxation and slow breathing, to reduce your anxiety. Do not expect to be perfect at cognitive restructuring or expect the technique to work immediately. Changing well-established patterns takes time and effort.

4. I still feel anxious

Cognitive restructuring is designed to provide more realistic and appropriate responses to given situations, events or interactions. If the reality is that a particular situation is associated with some anxiety for most people, do not expect to use the technique to reduce all anxiety.

5. I don't believe my new thoughts

You may not have addressed all of your anxiety-provoking thoughts. Go back and look at your thoughts about the situation or physical sensations and try to identify any other related fears that need challenging. Also remember that at this stage you are not expected to completely believe your “new”, helpful thoughts. Part of therapy involves you testing out what you fear, using exposure techniques. At this stage try to act as if your new thoughts are true, and see what happens.

CHAPTER 6

COGNITIVE RESTRUCTURING II

1. Directly testing out what you fear.

You have now had practice identifying and challenging anxiety-provoking thoughts associated with panic. Using your knowledge about anxiety and panic, reminding yourself of the anxiety management techniques, and considering past evidence that the absolute worst outcome did not necessarily happen, are ways of “answering back” to your unhelpful, catastrophic thoughts. You can obtain further evidence against your unhelpful beliefs by **actively testing out** what you fear.

Consider the following examples of anxiety-provoking thoughts:

If I spend time on my own, I will panic and I couldn't cope with that.

If my heart starts pounding and I exert myself, I could have a heart attack

If I catch a crowded bus, I'll have a panic attack and I'll pass out.

In addition to mentally questioning these unhelpful thoughts, further evidence can be obtained for yourself by actually doing what you fear, or provoking the very sensations you fear in a situation without safety objects or people. Graded exposure exercises are an obvious way of achieving this. Not only will they help elicit the thoughts (what better time to identify thoughts than when you are afraid), you will be able to test them at the same time.

For example, you could develop a graded exposure hierarchy aimed at challenging the idea that you cannot cope on your own. To do this, you might gradually spend more and more time alone, in different situations. Ultimately you could consider hyperventilating for a set time while alone to properly challenge the idea that you could not cope if you panicked on your own.

To directly test out the belief that exerting yourself might cause a heart attack, you could regularly perform some strenuous activity or exercise which will provoke a rapid heart rate. Rather than stopping as soon as you notice the sensations, continue with the activity while thinking realistically about the sensations.

To test out the belief that you will panic on a crowded bus and pass out, you could structure an exposure program which involves you travelling alone on a bus at progressively more crowded times of the day or on busy routes. Travelling on a hot, humid day might be more difficult as it might be more likely you experience some physical sensations similar to those you experience when you panic. Ultimately you could hyperventilate on the bus, while standing up, to thoroughly test out your fears of fainting.

It is important to be performing these “experiments” in the absence of safety behaviours, safety objects or “safe” places. This assists in proving to yourself that your beliefs may not be correct, that you can cope on your own, and that the physical sensations are not dangerous.

2. More about cognitive therapy.

You now know that irrational thoughts (e.g. “I will panic and collapse”) can make your anxiety much worse than it otherwise might have been. Sometimes it is possible to think yourself into a fearful state without even being near situations you fear. Challenging irrational thoughts will eventually decrease the power the thoughts have over your feelings, particularly when you are using cognitive therapy in combination with graded exposure. As you begin to consistently replace the irrational thoughts with rational ones, your feelings will eventually become more appropriate to the situation you face.

Challenging irrational thoughts is not always that easy, however. To give you some extra help there are four types of questions you can ask yourself which may make the unhelpful aspects of the thoughts more clear. Try to generate more helpful, realistic responses to the examples of irrational thoughts below.

1. What is the evidence for what I thought?

Ask yourself if other people would accept your thought as correct. 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. How do you know what you think is right?

Example: If I panic I will definitely lose control.

Rational Response:

2. What alternatives are there to what I thought?

Is there only one way of looking at the situation (or body sensations)? Consider alternative explanations for an event or ways of thinking about the situation. What might someone else say about the situation?

Example: My heart is beating fast- there must be something wrong with it.

Rational Response:

3. What is the effect of thinking the way I do?

How helpful is the way you are thinking about this? What might be a more helpful way of looking at things?

Example: I felt “out of it” at the movies- I’m never going to get better.

Rational Response:

4. What thinking errors am I making?

Some examples of common thinking errors include:

i) Thinking in all-or-nothing terms. This is black-and-white thinking in which things are seen as all good or all bad, safe or dangerous - there is no middle ground.

Example: Anxiety is bad for me.

ii) Using absolutes. 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.

Example: No-one else's problem is as "bad" as mine, everyone else in the group is improving so much faster than me.

iii) 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.

Example: I avoided doing my exposure task today, I am a complete failure.

iv) Concentrating on weaknesses and forgetting strengths. Try to think of other times you have attempted or even been successful at something and think about the resources that you really do have.

Example: I haven't made any progress and that's just typical of me.

v) 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?

Example: If I go to the movies tonight it will be so crowded and I'll panic and pass out.

vi) 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?"

Example: My breathing rate is not decreasing as fast as everyone else in the group.

vii) Fretting about the way things ought to be. Telling yourself that things SHOULD be different or that you MUST act in a certain way indicates that you may be worrying about how things "ought" to be rather than dealing with them as they are. Challenge the "should's" and "must's." Why should it be that way? Why must you act that way? E.g. I ought to be better by now.

viii) 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.

e.g. I'll never completely get over my panics.

ix) Predicting the future. Just because you acted a certain way in the past does not mean that you have to act that way forever. Predicting what you will do on the basis of past behaviour means that you will cut yourself off from the possibility of change.

e.g. I'm a nervous person, I'll always be afraid.

Coping Statements

There are times when you may need some short cuts to coping with feelings. Here are a few:

1. Have a cue that makes you turn a potentially bad feeling into a coping one. For example, if you feel butterflies in the stomach, instead of saying "Oh no, I'm really getting anxious and upset" say "I know what these feelings mean. They mean I'm getting anxious. That means: slow down, regulate my breathing and do some isometric exercises."
2. Develop some personal self-statements, such as "Take this step by step", "Don't jump to conclusions" or "This fear can't hurt me - I can tolerate it". Make these statements up yourself so that they are relevant to your life.
3. Don't always put yourself down. Don't say, "A baby should be able to do this", "I'm hopeless" or "I'll never get the hang of this". As long as you say these sorts of things to yourself you make them come true (but only for as long as you say them, fortunately).
4. Praise yourself. Say things like "That was good" or "I felt I was having a bad day this morning, but I still managed to get on the crowded train." Remember the most important source of praise is from inside you, because you know yourself best and what your actions mean to you.

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CHAPTER 7

PRODUCING PANIC SENSATIONS

1. Introduction

One of the elements central to panic is the fearful reaction to bodily sensations, such as a pounding heart, dizziness etc. We deal with this subject towards the end of the first part of the program because the techniques involved are not easy for all people to do and we want to be sure that you have some anxiety management techniques. In this chapter we will deal with your reactivity to different panic sensations.

As we noted on the first day, individuals differ in the particular sensations that frighten them the most. If you are not sure which symptoms are most relevant to your fear we can use a series of exercises that generate sensations similar to the sensations experienced during anxiety and panic. The aim is to practice the exercises regularly in order to reduce or eliminate your fear of the bodily sensations. In other words, you aim to become desensitized to internal bodily feelings in the same way you become desensitized to situations you fear through graded exposure. Fear reduction can only be accomplished by repeatedly confronting the things that frighten you, in this case, the bodily feelings associated with panic.

Although you may not like the idea of deliberately bringing on the feelings that are similar to those you experience when you panic, dealing with these fears is very important. Many everyday experiences will cause you to feel sensations that are similar to panic sensations. For example, any individual who engages in a hard game of squash or goes for a jog, may experience breathlessness, sweating and lightheadedness. These are normal reactions to the stress of exercise and should not lead to fears of panic. In this part of the program we wish to dampen down, or even extinguish, your anxiety response to these harmless sensations.

In addition, performance of the exercises will provide you with a chance to practice more purposely the strategies you have acquired up to this point, especially the rational thinking exercises. Their application during these repeated practices will enhance their effectiveness and their preparedness. The more you rehearse a particular strategy, the more powerful and natural it becomes.

2. Panic Sensations Exercises

First we will begin by practicing specific exercises. The goal is for you to identify any sensations that you feel as a result of each exercise. After performing the exercises set out below, write down all the physical sensations you experienced during or after the exercise, as well as any anxiety-provoking thoughts. After you have done this, rate 3 different aspects of the sensations:

1. The physical unpleasantness of the sensations (rated on a 0 – 8 scale where 0 = not at all and 8 = extreme)
2. The maximum level of anxiety you experience in response to those physical sensations (rated on a 0 – 8 scale where 0 = not at all and 8 = extreme)
3. How similar the physical sensations are to the physical sensations you experience in a panic attack (rated on a 0 – 8 scale where 0 = no similarity at all and 8 = identical)

Panic Sensations Exercises

1. Hyperventilating for 1 minute. Breathe deeply and quickly, using a lot of force
2. Shaking head from side to side for 30 seconds
3. Placing your head between your legs for 30 seconds, then standing upright quickly
4. Stepping up on a step or box, then stepping down again, quickly, for 1 minute
5. Holding your breath for 30 seconds, holding your nose shut at the same time
6. Maintaining complete body tension for 1 minute. Hold a push-up position for 1 minute, or alternatively, tense every muscle in your body for 1 minute
7. Spinning for 30 seconds whilst standing. Don't hold onto things or sit down immediately afterwards
8. Breathing through a straw for 1 minute. Hold your nose whilst you do this
9. Breathing with chest fully expanded for 1 minute. Fill your lungs with air until your chest feels fully expanded. Take quick, shallow breaths, and breathe from your chest

Panic Sensations Ratings

	Physical Unpleasantness (0 – 8)	Anxiety or fear (0 – 8)	Physical similarity (0– 8)
1. Hyperventilation			
2. Shaking head			
3. Head between legs			
4. Step-ups			
5. Holding breath			
6. Body tension			
7. Spinning			
8. Breathing through straw			
9. Chest breathing			

Other individually tailored exercises can be designed to suit your own pattern of responding. For example, if you are most distressed by visual distortions, practice staring at the same spot for two minutes or practice looking at a light for 30 seconds and then looking at a blank wall to experience the after-image. If you are concerned mainly about throat sensations, practice putting pressure against the sides of your throat or pressing down on the back of your tongue. You should know the sensations that scare you most, so be creative and invent some ways to produce those sensations.

3. Constructing a hierarchy of panic sensation exercises:

1. Asterisk (*) or circle the exercises that produced a score of 3 or more on the physical similarity scale.
2. Rank the list of asterisked exercises from the least anxiety provoking (that is, the lowest score) to the most anxiety provoking.

Practising the panic sensation exercises:

1. Start with the two asterisked exercises that produced the least anxiety.
2. Perform the exercises as set out on page 44 of the manual. You will need to organise a timepiece.
3. If you feel like stopping before the time for the exercise is up, try to persevere with the exercise for as long as you can. If necessary, reduce the intensity of the exercise a little, but try to keep on going.
4. Once the exercise is over, allow the physical sensations to gradually diminish. When the physical sensations are finished, write down:
 - All the physical sensations experienced
 - Any anxiety-provoking thoughts about the exercise (before, during or after)
 - Physical unpleasantness, anxiety and physical similarity scores

DO:

Bring on the sensations as strongly as you can during the exercises

Try to experience the sensations fully

Use the exercises as a chance to identify and challenge anxiety-provoking thoughts

DON'T:

Use anxiety management techniques before doing the exercises

Use distraction techniques during the exercises

Try to stop the sensations as soon as the time is up

4. Scheduling the panic sensation exercises during the program:

1. Practise two exercises each day. Plan in advance which two exercises you intend to do, and write them down in the diary forms provided.
2. If you have an anxiety rating of more than 2 after any exercise, you should repeat it (either once later that day, or on another day), until the anxiety rating is 2 or less.
3. You may wish to repeat these exercises once again later in the day. More than this is not necessary.
4. Once you have managed to bring anxiety associated with these exercises to a minimal level (or even have no anxiety whilst doing them), you can extend them by doing the following:
 - Increasing the length of time by another 30 to 60 seconds
 - Standing up whilst doing the exercises
 - Doing the exercises in a park or other place away from help

5. Troubleshooting:

1. I don't need to do these exercises – I already know what my panic feels like

These exercises allow controlled exposure to physical sensations associated with panic attacks. Repeated exposure will reduce the amount of anxiety that these normal, everyday physical sensations produce.

2. These exercises don't work, because I know that I'm safe

Try doing these exercises in a variety of settings: in the clinic, at home, or in a park. If you have anxiety in any of these situations, try to examine the thoughts that are behind this anxiety. For example, you may be more anxious at home than in the clinic, because of a belief that you are somehow more at risk alone. Spend some time challenging these unhelpful thoughts.

3. I don't feel anxious, because I'm in control of these physical sensations

The physical sensations produced are normal, everyday physical sensations. They are the same as the physical sensations produced by daily activities, which may trigger panic attacks in some people. Later in the program, we will be instructing people in how to incorporate these kinds of exercises in their day to day lives.

4. I can't stand these sensations

Try to identify the underlying thoughts that are producing these fears, and challenge them. It is

important to persevere with these exercises, and gradually reduce your fear of them. This may take several repetitions for some people. Some sensations may be unpleasant, but they need not produce anxiety.

5. I'm not having a good day today

Most day to day illnesses can't be predicted, and sometimes it isn't possible to avoid commitments because of them. It is better to prepare for the colds and viral illnesses which affect most people each year, increasing your chances at better coping when they happen. It is very important to continue to do your exposure tasks even on the "bad" days. Otherwise you learn that you can only cope if you are feeling o.k.

6. These exercises will trigger a panic attack

These exercises may increase anxiety, because the physical sensations they cause generate anxiety-producing thoughts. Try to identify these thoughts and challenge them with more adaptive and helpful thoughts. If necessary, use other techniques you have learned to reduce your anxiety. Avoidance of physical sensations, like avoidance of situations, will not reduce anxiety in the long-term.

Plan for the Break

During the break, please keep a daily diary of your activities and experiences, in the forms provided. By doing this, you will help yourself work out which management skills you were able to use successfully, and which skills need some attention.

Before the end of the first part of the program, set yourself one graded exposure task for each day, and two panic sensation exercises for each day. Try to stick to this schedule as much as possible. For other events that occur during the break, you may use your anxiety management skills, but still try to stick to the program you have set yourself. Day to day events are not exactly the same as graded exposure exercises: you don't have as much control over the intensity or duration of the experience.

Homework

- **Slow breathing exercise 4 times per day**
- **Relaxation tape once a day**
- **Isometric exercises once a day**
- **One graded exposure exercise a day**
- **Two panic sensations exercises a day**
- **Rational thinking as much as possible**
- **Diary entry every day**

Saturday

Graded Exposure Exercise: _____

Panic Sensations Exercise: _____

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 & Notes

Graded Exposure exercise

Situation	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Panic sensations exercise

Panic sensations exercise	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Sunday

Graded Exposure Exercise: _____

Panic Sensations Exercise: _____

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 & Notes

Graded Exposure exercise

Situation	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Panic sensations exercise

Panic sensations exercise	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Monday

Graded Exposure Exercise: _____

Panic Sensations Exercise: _____

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 & Notes

Graded Exposure exercise

Situation	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Panic sensations exercise

Panic sensations exercise	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Tuesday

Graded Exposure Exercise: _____

Panic Sensations Exercise: _____

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 & Notes

Graded Exposure exercise

Situation	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Panic sensations exercise

Panic sensations exercise	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Wednesday

Graded Exposure Exercise: _____

Panic Sensations Exercise: _____

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 & Notes

Graded Exposure exercise

Situation	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Panic sensations exercise

Panic sensations exercise	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Thursday

Graded Exposure Exercise: _____

Panic Sensations Exercise: _____

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 & Notes

Graded Exposure exercise

Situation	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Panic sensations exercise

Panic sensations exercise	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Friday

Graded Exposure Exercise: _____

Panic Sensations Exercise: _____

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 & Notes

Graded Exposure exercise

Situation	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Panic sensations exercise

Panic sensations exercise	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Saturday

Graded Exposure Exercise: _____

Panic Sensations Exercise: _____

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 & Notes

Graded Exposure exercise

Situation	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Panic sensations exercise

Panic sensations exercise	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Sunday

Graded Exposure Exercise: _____

Panic Sensations Exercise: _____

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 & Notes

Graded Exposure exercise

Situation	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Panic sensations exercise

Panic sensations exercise	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Monday

Graded Exposure Exercise: _____

Panic Sensations Exercise: _____

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 & Notes

Graded Exposure exercise

Situation	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Panic sensations exercise

Panic sensations exercise	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Tuesday

Graded Exposure Exercise: _____

Panic Sensations Exercise: _____

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 & Notes

Graded Exposure exercise

Situation	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Panic sensations exercise

Panic sensations exercise	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Wednesday

Graded Exposure Exercise: _____

Panic Sensations Exercise: _____

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 & Notes

Graded Exposure exercise

Situation	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

Panic sensations exercise

Panic sensations exercise	Irrational thoughts and initial anxiety rating	Realistic thoughts and subsequent anxiety

CHAPTER 8

PANIC SENSATIONS II

Some everyday activities may cause physical sensations that individuals with panic disorder may misinterpret as signs of impending panic. Some individuals may develop an avoidance of certain activities because they produce sensations that are frightening, though the avoidance may not be obvious. Examples include aerobic activity (because of cardiovascular effects) such as running and sports. Anaerobic activity, such as lifting heavy objects, may also cause physical sensations (because of increased blood pressure). These may trigger panic attacks, even though this may not be recognised at the time. The aim of this part of the program is to reduce anxiety associated with physical sensations produced by day to day activities. A similar technique to the 'panic sensations' exercises will be used.

There is a difference between the panic sensation exercises done previously and the activities outlined in this chapter. Symptoms that are produced by the panic sensations exercises start and stop when you start and stop the exercises. In many of the cases where panic-like sensations are produced in your daily activities, the onset and offset of the symptoms will be less clear. This should not be a cause for further fear or anxiety. Natural activities are not as predictable as the exercises in terms of eliciting symptoms, and may be associated with more anticipatory anxiety because of your expectations. For example, you may have a lot of anticipation about going out on a hot humid day because of panic symptoms in the past, and expect to experience those symptoms again. The symptoms may not occur straight away because it may take some time for you to build up a sweat and become breathless. You can't predict when those symptoms may diminish as you may not be able to cool down straight away. If you focus on the sensations, and wish they would go away and worry about them, they will last longer because you are feeding the fear response.

Following is a list of activities that may produce panic-like sensations. Consider these activities and decide whether you avoid, or find uncomfortable, any of these activities for fear of having a panic attack. There may be other activities of your own that you wish to add to the list.

Heated vehicles or public transport
Hot stuffy shops or shopping centres
Watching medical programs
Watching suspenseful TV programs or movies
Watching sporting events on TV or in person
Eating rich or heavy meals
Arguments
Amusement park rides
Riding on boats or ferries
Sexual activity
Bushwalking
Jogging or exercising of any kind
Going to the gym or lifting weights
Sports

Dancing
Surfing or swimming
Getting up quickly from lying down
Running up hills or stairs
Walking in hot or humid conditions
Heavily air-conditioned places
Having showers with doors and windows closed
Scuba diving or snorkelling
Smoky or hot rooms

ANXIETY MANAGEMENT TECHNIQUES, SPECIFICALLY GRADED EXPOSURE AND STRAIGHT THINKING

Begin with exposure to the least anxiety-provoking activity. The goal is to repeat the activity a number of times until only mild anxiety is experienced. Then move on to the next most anxiety-provoking activity.

Below list up to 5 activities you are aware of avoiding for fear of panic:

Goals:

Now choose one goal you would like to start working on in the near future. Write down the goal in the space provided, then break it down into steps. Also, write down any anxiety-provoking fears you may have about doing this activity, and then challenge and replace those thoughts.

Goal:

Steps:

Anxiety provoking thoughts

Realistic Thoughts

As with the graded exposure tasks you have been carrying out the important points to **remember** are:

- 1. Clearly specify the task you are to attempt in advance.**
- 2. Continue the activity until a decrease in anxiety is experienced.**
- 3. Use your anxiety management skills such as breathing control, relaxation and thinking straight (of course you will not be able to slow your breathing if you are engaging in an activity that requires increased oxygen e.g., walking quickly).**
- 4. Make sure that you practice some activity every day.**

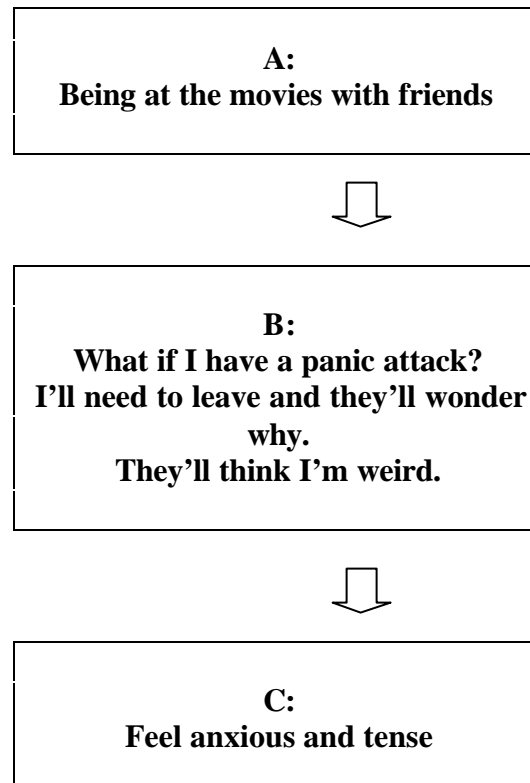
The goal of this part of the treatment is to reduce your sensitivity to physical symptoms, whether they are directly predictable and controllable or not. The fact that the symptoms may be prolonged does not mean that they are any more dangerous. Remember to expect different sensations when you attempt such activities, rather than worrying about feeling dizzy or breathless. Expect the sensations, and learn to cope with them by reducing your fear of them.

You should try to generate physical sensations associated with panic attacks in situations that provoked anxiety in the past. For example, you might hyperventilate in a large park on your own, or do step-ups on the Harbour Bridge. Try to produce the symptoms as strongly as you can; do not try to limit the intensity of the physical sensations. Use these exercises as an opportunity to change previously-held beliefs about panic and your ability to cope.

SOCIAL CONCERNS IN PANIC DISORDER

As mentioned previously, some people with panic disorder fear the social consequences of panic attacks. More specifically, they fear embarrassing themselves by their behaviour in response to a panic attack in social situations.

Fears of panicking in front of family, friends or colleagues are common. Such fears can involve beliefs that panic attacks will occur and that discomfort or nervousness will be noticeable. Other concerns involve fears of being unable to leave the situation and being overwhelmed by panic. Worrying about what friends will think if you do leave the situation (in response to a panic attack) is also common.



Situations associated with social concerns.

Common situations that may trigger concerns about what other people think include:

- *Workplace (e.g. meetings, presentations, work functions, being observed working)*
- *Socialising with friends (e.g. having a meal at a restaurant, going to a party)*
- *Attending courses (lectures, tutorials, seminars)*
- *Being in anxiety-provoking situations with friends (e.g. being at a football game, a crowded place, being in crowded shops)*

Individual Examples

other people. Try to identify what specific fears you had in the situation. What did you fear might happen? If that did happen, what would that mean?

Situation:

Specific fears:

Realistic thoughts:

Applying the skills you have learned to social situations

Having identified some of the negative thoughts driving your anxiety in this situation, try to generate some rational alternatives. Consider what evidence you have for your fears, and what alternatives there might be. Is what you fear really likely to happen?

Please complete the following questionnaire. This is one general indication of your concern about others' opinions of you.

FNE SCALE

In each case indicate whether or not the statement applies to you by writing either 'T' for true or 'F' for false. Please be sure to answer all the statements.

1. I rarely worry about seeming foolish to others
2. I worry about what people will think of me even when I know it doesn't make any difference
3. I become tense and jittery if I know someone is sizing me up

impression of me

5. I feel very upset when I commit some social error
6. The opinions that important people have of me cause me little concern
7. I am often afraid that I may look ridiculous or make a fool of myself
8. I react very little when other people disapprove of me
9. I am frequently afraid of other people noticing my shortcomings
10. The disapproval of others would have little effect on me
11. If someone is evaluating me I tend to expect the worst
12. I rarely worry about what kind of impression I am making on someone
13. I am afraid that others will not approve of me
14. I am afraid that people will find fault with me
15. Other people's opinions of me do not bother me
16. I am not necessarily upset if I do not please someone
17. When I am talking to someone, I worry about what they may be thinking about me
18. I feel that you can't help making social errors sometimes so why worry about it
19. I am usually worried about what kind of impression I make
20. I worry a lot about what my superiors think of me
21. If I know someone is judging me, it has little effect on me
22. I worry that others will think I am not worthwhile
23. I worry very little about what others may think of me
24. Sometimes I think I am too concerned with what other people think of me
25. I often worry that I will say or do the wrong things
26. I am often indifferent to the opinion others have of me
27. I am usually confident that others will have a favourable impression of me
28. I often worry that people who are important to me won't think very much of me
29. I brood about the opinions my friends have about me
30. I become tense and jittery if I know I am being judged by my superiors

Your therapist will discuss your responses to this questionnaire. You can reflect on your responses to elicit any unhelpful beliefs associated with anxiety in social situations.

Beliefs about the social implications of panic.

opinions, and fear being judged negatively. In some cases this occurs in many areas of their day to day lives, while in others, it is specific to having panic attacks. Worrying excessively about what people may think of you may increase your general arousal and the likelihood of a panic attack. At the very least, you may feel more anxious than you need to. If you find you are avoiding certain situations because of these fears, you will need to use graded exposure to reduce your fear. Use cognitive restructuring in combination with this technique.

Let's look at the following example:

Goal: *To attend a large party for 3 hours with friends*

Anxiety-provoking thoughts:

*I'll have a panic attack... people will notice
I'll have to leave, people will wonder why
I won't know what to say
I could faint and embarrass myself
I might panic and get confused*

Helpful, realistic thoughts:

*I don't always panic... I can use my breathing if I need to
People won't notice
I don't have to leave
It's unlikely I'll faint, as I haven't before
I can manage my anxiety and enjoy the party*

Some individuals may be able to reduce their anxiety using this technique alone. Others may need to use graded exposure as well. The above goal can be broken down into the following steps.

Steps:

*Attend a small party for 1 hour
Attend a larger party for 1 hour
Attend a larger party for 2 hours*

ASSERTIVENESS

1. Introduction

When managing anxiety it is important to keep general arousal levels low. Because feelings such as anger or frustration affect arousal and tension levels in the body, it is important to learn how to handle these feelings so that tension can be minimised. Many anxious people have difficulty asserting themselves because they are fearful of the predicted consequences of behaving assertively. Before going any further, let's look at the difference between assertiveness and aggression:

Assertiveness: is being able to communicate my opinions, thoughts, needs and feelings in a direct, honest and appropriate manner.

Aggressiveness: is standing up for my rights, but in such a way that I am offending or denying the rights of others.

2. What factors influence assertiveness?

Many of the factors that influence assertiveness originate in the way families handle conflict. Often, under-assertiveness is an attempt to avoid conflict. Consider the following:

1. How did my family handle conflict?
2. How did my parents tell me or train me to deal with conflict? What were their messages? Were they attempts to push any disagreement aside, such as 'don't rock the boat' or 'nice girls don't fight'? Were they confrontational, for example, 'If you think that way I'll disown you', or 'Shut up, who asked you'?
3. How did I learn to get what I wanted without asking for it directly?
4. Do I still use those ways today to get what I want?
5. What problems does my avoidance of conflict lead to, e.g., lowered self esteem or increased doubt?

3. Defining assertion further.

Assertion is the ability to express how you feel and what you want when you want to. It is the ability to exercise your own rights, without interfering with the rights of others. Assertion training involves acquiring skills to do with conversation and self-expression. It involves learning how to avoid being taken advantage of by others and in general teaches people how to acquire more control over their lives, and to gain increased self-respect. It therefore involves listening to others' views. After an encounter, neither person needs to feel put down; both should feel they've had their say.

Assertion is different from problem solving. Assertive communication outlines the problem openly, but doesn't automatically solve it. Open and honest communication

badly to your assertion, you can regard this as their problem, not your own. People who try to make you feel bad after healthy assertion are usually trying to manipulate you, without concern for your needs.

4. What is faulty assertion?

There are two forms of faulty assertion. The first is "under-assertion". This is holding back your feelings and thoughts. People may hold back their feelings and bottle them up until they explode aggressively. After this, they feel guilty and start bottling their feelings up again. Being "underassertive" can lead to more aggression than being assertive! When people are "underassertive", they are left feeling that something is unfinished. They may brood on themes like "if only I had said that". The second is aggression, that is, achieving your goals at the expense of others. When people are aggressive they are left feeling guilty and ashamed of their behaviour. Their victims often feel put down and want to get their own back. To distinguish between assertion, non-assertion, and aggression think about the following examples.

Example 1: Your reckless brother wants to borrow your car. You don't want to lend it to him because you feel he might crash it. What do you say?

Non-assertive: Oh, all right, but please be careful.
Aggressive: You've got a nerve asking to borrow my car I'm not that stupid.
Assertive: I'm not comfortable with the way you drive, so I won't lend it to you. That doesn't mean I don't want to help you. Have you thought of hiring a car in the meantime?

Note that you may want to add a constructive suggestion to show you are aware the person has an unresolved problem. This is your choice and will vary with circumstances.

Example 2: Mary works every day and enjoys the time to herself when she gets home. Most afternoons, her neighbour, who stays home all day, pops in for a cup of tea. Mary doesn't want this. How can she tell her neighbour?

Non-assertive: I'll put the kettle on.
Aggressive: Look, do you have to come over every afternoon. I've got to have some time to myself.
Assertive: I like having tea in the afternoon, but I need some time to myself after work. How about getting together every Wednesday afternoon.

In this case you may want to compromise because you think your neighbour is lonely. You don't have to do this, it is your choice.

Example 3: The boss comes out of his office and puts your latest assignment down in front of you. "What's this rubbish meant to be?" he asks you. How do you respond?

Non-assertive: I'm sorry, is it that bad?

Assertive: It would be good if you would tell me exactly what you think is wrong with it.

Example 4: Waiting at the counter at the bank, Janice is about to be served when someone starts to speak and says "It's only a quick question." There are many people waiting. What would you do?

Non-assertive: OK, go ahead.

Aggressive: Hey! Wait your turn!!

Assertive: I've been waiting too, and it's my turn now. I won't be long either.

Complete the following examples with responses that you think fit the three categories

You're about to answer a question your brother has asked you when your father answers for you. He always has done this since you were young. You want to answer for yourself. Your response to your father is:

Non-assertive

Aggressive

Assertive

Your friend sees that you are just going shopping. She says "While you're shopping, will you pick up my dry-cleaning please?" You are not planning to go anywhere near the dry-cleaners and parking there is inconvenient, so you don't want to say yes.

Non-assertive

Aggressive

Assertive

You've bought an electric kettle from a department store. You return it when you find it isn't working, expecting a replacement, instead you are told it will be repaired by the manufacturer. You want a new kettle today.

Non-assertive

Aggressive

Assertive

A Bill of Assertive Rights

1. You have the right to be the judge of what you do and what you think.
2. You have the right to offer no reasons and excuses for your behaviour.
3. You have the right not to be responsible for finding solutions to other peoples problems.
4. You have the right to change your mind.
5. You have the right to make mistakes.
6. You have the right to say "I don't know".
7. You have the right to make your own decisions.
8. You have the right to say "I don't understand".
9. You have the right to say "I don't care".
10. You have the right to say no without feeling guilty.

5. Protective Skills

In some situations it is impossible to assert yourself in a healthy way. For example we may receive unfair criticism, or others may behave irrationally. In these circumstances you may need to use protective skills. These are less than ideal in that they rarely resolve a situation in a mutually satisfactory way, but they help you deal with

solutions have not worked.

Protection 1: Broken Record

This technique involves repeating your answer over and over again until the other gets the message. For example, saying no, without explanation, repeatedly again to a pushy salesperson. The most common mistake people make at this stage is that they make explanations or answer questions the other person raises. When it is clear the other person is not prepared to let you assert yourself then it's time to give up on explanations, stop answering questions and simply repeat your answer.

Protection 2: Selective Ignoring

This technique involves failing to respond to the inappropriate aspects of another person's communication to you, until they give up. For example, someone continues to harp on some past event, despite a clear message you don't want to discuss this with them. When you stop responding to their criticism, while continuing to respond to other aspects of their conversation, they will eventually get tired of trying to criticise. It is hard to ignore criticism, especially if we think it is unfair or if we have already paid the price for our actions. Sometimes it helps to say once and for all: "I hear what you're saying, but I'm not going to respond to it from now on. We've discussed this before, you know my views. If you bring this up again I'll ignore it, but I will discuss other issues. Then make sure you do ignore it."

Protection 3: Disarming Anger

This involves a trade-off. When someone is being inappropriately aggressive towards you it is sometimes possible to disarm his or her anger by refusing to carry on the conversation until the anger dies down. For example, you can say, "I will talk about whatever you want, but I can't while your angry. Calm down first and then we'll talk." Be prepared to listen if they do calm down.

Protection 4: Sorting Issues

Often people will mix up issues in order to persuade you to act the way they want. Don't let them confuse you, concentrate on the important issue and refuse to be put off. For example, someone close to you might say "since you won't lend me the money it is clear that you don't really care for me". It is important to sort the issues here, e.g., "It is not that I don't care for you, it is just that I don't wish to lend money". You may need to combine the broken record technique with this technique to get maximum effectiveness.

Protection 5: Dealing with Guilt

Some people find it easy to get others to do what they want by making them feel guilty. For example, some children can give off messages to their parents "you would be a perfect parent, if only you wouldn't stop me playing in the park". Irrational

perfect. If you find yourself feeling guilty, you could try to identify what might be behind your feelings of guilt? What have you not done that you told yourself you should have? Alternatively who is triggering your guilty thoughts? What are they expecting you to be perfect at?

Protection 6: Apologies

The words "I am sorry" are frequently over used. Often they are not genuinely meant. The person who is always saying sorry feels guilty when there is no need. They fail to recognise a right to their own opinions. Avoid apologies unless you genuinely feel there are good reasons to apologise.

Protection 7: Fog

When faced with unfair criticism, there are times when you simply want to turn it off with minimum effort. You can do this by seeming to agree with your critic, while not really doing so. You can use phrases such as "you may be right", "that's probably so", or "really".

6. Decision to Change

Having discussed assertiveness it should be clear that being assertive is difficult and requires determination on your part. To achieve this goal - you have to make a conscious decision to change your present behaviour. The following points may help you to make this decision.

Advantages of being assertive

Independence
Ability to make decision
Honesty in relationships
Respect from others
Ability to interact and influence others

Advantages of being non-assertive

Protection
Praise from others for conforming
Avoidance of responsibility
Avoidance of possible conflict

Do the advantages of being assertive outweigh the advantages of being non-assertive? If not, why? What is stopping you from behaving assertively? Is anxiety or negative thinking getting in the way of you acting more assertively? How willing are you to make the changes?

What are my short-term assertiveness goals?

What are my long-term assertiveness goals?

NB: Don't be too anxious to practise being assertive in everything you do - people will need time to adjust to your changing behaviour and to become comfortable with the new qualities in relationships. So, introduce your new assertive behaviour gradually and people won't feel overly threatened and attempt to make you feel guilty.

References and Recommended Reading.

Most of the following books are available from large bookshops (e.g. Dymocks, Angus and Robertson), as well as University Co-op. Bookshops (Bay Street Co-op., Broadway, and the University of New South Wales Coop Bookshop, Kensington) and other selected bookshops. We also suggest that you try to use your local library to gain access to many of these books. These books are suggested as additional references and serve only as guidelines. Be critical in a positive and negative sense when you read these or other books on the management of anxiety, so that you get what is best for you out of them.

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