

How to Help Your Patients Overcome Anxiety with Mindfulness

The Root of Most Anxiety Problems and How to Overcome It

with Ron Siegel, PsyD

National Institute for the Clinical
Application of Behavioral Medicine





How to Help Your Patients Overcome Anxiety with Mindfulness:

Ron Siegel, PsyD

The Root of Most Anxiety Problems and How to Overcome It

Dr. Siegel: I'd like to explore now what is probably the central mechanism in virtually all anxiety disorders, and that's our attempt to avoid feeling anxious.

There are other mechanisms as well, which we'll discuss in other videos, but at this point, I'd like to hone in on this one because it plays a role for virtually all clients or patients in virtually all anxiety disorders.

Let me give you an example of what I mean: if I get anxious flying on airplanes or I become anxious making a video like this one, but I fly in the airplane anyway or make videos like this one, then I probably don't have an anxiety disorder; I'm just an anxious guy.

But if I *avoid* flying on the airplane, or *avoid* making the video, or *avoid* any one of the million other activities that I've associated with fear, I'm likely on my road to or entrenched in an anxiety disorder.

There's a story that I heard once from an actor who wanted to play an astronaut in one of the movies about the early space travelers, and this actor was trying to get inside the head of the astronaut so he could play him faithfully.

He said to the astronaut, "You know, I don't get it. I never would have had the courage to go up in those untested rocket ships – I would have been terrified."

And the astronaut said, "I don't think you understand courage so well. Courage isn't about not feeling fear; courage is about doing what matters to you, doing what's meaningful – even *as* you feel the fear."

This rather simple concept simply is lost on a lot of folks who are stuck in anxiety disorders.

We tend to think that what we have to do is get rid of the fear *in order* to live the life, rather than to realize that if we can live the life, that's actually going to make us able to tolerate the fear much more readily.

What we're going to work with in virtually all the different anxiety disorders in a mindfulness-oriented approach is to help people to face their fears – to do things that bring up anxiety and to be able to feel these anxious feelings.

"We tend to think that we have to get rid of the fear *in order* to live life."

Now, that's not going to come naturally to folks. In fact, most people are going to resist that, so we need to help them to develop some kind of motivation to be interested in pursuing such a project.

One of the ways to instill this motivation is by reviewing with them what they've tried so far and how successful it has been.

ACT, Acceptance and Commitment Therapy, which is one of the mindfulness-oriented treatments, has a phrase that they use over and over for all sorts of different disorders, which is basically this:

If I continue to do what I've always done, then I'm going to get what I've always gotten.

If you've used avoidance strategies in the past and you're still pretty anxious, you're probably going to still be very anxious if you continue to use those strategies.

"We can help our clients see that many of their habits may actually be avoidance strategies even though they don't necessarily think about them that way."

It can be very useful for clinicians to have a sense of all of the different avoidance strategies that people try in order to make their anxiety go away.

If we understand all of the different ways that this might manifest, then we can talk to our clients and patients about it and help them to see that many of their habits may actually be avoidance strategies even though they don't necessarily think about them that way.

Let me give you an example from the "greatest hits" list of ways to try to avoid anxiety.

The most obvious form of avoidance has to do with not entering into situations that we associate with anxiety.

That's what I mentioned before – the flying in airplanes or making the videos – but it applies equally well to going to a party, going out to the store, or being out in the dark. There are many, many examples of this – they're basically ways in which we play it safe.

Another method that people use a lot involves trying to control the mind, and this involves suppressing thoughts and feelings that are associated with anxiety.

"The most obvious form of avoidance has to do with not entering into situations that we associate with anxiety."

This tends to backfire. We have a tremendous amount of research data now on thought suppression that shows that when we consciously try to block out a thought from the mind, it tends to occur more frequently and more vividly.

The obvious example of this is if I ask you to *not* think of a pink elephant, or, for example, *not* to think of a flying pig, the mind becomes preoccupied with pink elephants and flying pigs.

But there are other experiments that have been done that shows that this is actually a very universal and robust quality of the mind.

Very popular nowadays, particularly as our culture has so many different electronic devices, are distraction strategies.

The classic ones are watching television, shopping, and now it's expanded to surfing the Internet and talking on smartphones.

“There are endless activities that we can do that bring our attention out of the mind and body.”

In fact there are endless activities that we can do that basically bring our attention out of the mind and body toward some form of entertainment out there.

And while these things work in the short run to bring us away from whatever we're thinking and feeling – very much like thought or feeling suppression – if what we've done is to distract ourselves, then we don't get rid of whatever is underneath. As a patient of mine put it, “If you bury feelings, you bury them alive.”

Another technique, which may be a little bit less common, is trying to replace bad thoughts with good ones.

There are some folks who put a lot of energy into what we see in *The Sound of Music*. I think the song goes something like, “When the dog bites, when the bee stings, when I'm feeling bad, I simply remember my favorite things and then I don't feel so bad.”

As you can see, I can't carry a tune, but you get the idea – and the idea of this is: “I'll replace unpleasant thoughts with pleasant ones.” Again, this works well in the short run, but not so well in the long run.

Closely related to this is our attempt to talk ourselves out of our fears. This is making up all the reasons why we shouldn't be afraid of what we're actually afraid of, or, on the other hand, telling ourselves to be strong.

Closely related to that are affirmations, or thinking of positive attributes. In other words, “I’m frightened, but I think I’m really a good person, or I’m a talented person in this/that...” – we try to make the positive feeling about something else replace the feeling of anxiety.

Many folks – we see this in children, but it plays out in adults as well – like to stick close to safe people. This is usually family or friends that we feel comfortable with.

For a lot of folks struggling with anxiety disorders, they’re fine when they’re with certain people, but they feel not so fine when they’re with others—particularly when they’re with strangers and when they’re with somebody of the opposite sex, or their own sex, who they might be attracted to – they have difficulty with that.

When people are sticking close to family or friends, they often also ask for reassurance. We see this in OCD all the time where the person says, “Are you sure I turned off the stove?” They want it repeated over and over and over. Or, “Was I okay at the party?” They need that repeated as well.

A little more subtle is the carrying of sacred objects – and they might not be sacred in a religious sense, but can be a lucky charm or something that reminds us of another person.

Having these – they call them in mythic traditions a *talisman* – and performing rituals with them serves a similar role. If we’re going to do the same ritual over and over, that can help us to feel more comfortable.

Some folks talk about their anxiety a lot – not just to be open about it, but because in the act of talking about it, they get a moment’s relief.

Then, of course, there are all of the different kinds of medicines that we can take.

Some of these are legal, like prescribed benzodiazepines, or alcohol perhaps. Some of them are illegal, like the opiates that people take largely for their anxiolytic properties. There are sedative hypnotics that may be prescribed, but often people get barbiturates and things like that on the street.

Some people smoke cigarettes to avoid anxiety, others smoke pot, and then there’s comfort food. Who among us hasn’t, at some point when we’ve felt anxious, gone to the refrigerator to try to feel a little bit better?

Now, there are other things that we do with anxiety that we think of as quite positive, but actually they’re also part of avoidance strategies.

One of these is exercise, which is great and it's probably one of the most important things we can do for our physical health, but a lot of us exercise in order to try to make the anxiety go away.

"If we examine them closely, even some very positive human behaviors, turn out to be part of avoidance strategies."

Similarly, a lot of us do productive things in order to make the anxiety go away. If we feel that we're involved in something which is useful and worthwhile, then we don't feel so anxious for a moment.

Even some very positive human behaviors, if we examine them closely, turn out to be part of avoidance strategies.

What we see, overall, is that anxiety management and control strategies actually feed the fear, shrink our lives and trap people in their suffering.

Traditional cognitive behavior therapy, or CBT, is kind of problematic in this regard because traditional CBT suggests that in order to live a full and vibrant life, you have to first learn how to control or manage your anxiety.

Everything from positive reframing, noticing the irrationality of catastrophic thinking, relaxation exercises – all of these things are designed to get rid of the anxiety so that you'd be able to live your life well.

A mindfulness-oriented approach is somewhat different from this. It says that what we want to do, as our goal, is to increase our capacity to be able to feel the fear – to be more like the astronaut so that we can feel the fear and live a good life anyway.

What we find is that when we start to avoid the avoidance strategies and turn our attention toward feeling the fear and other feelings as well – as we'll discuss later – that in the long run, this actually leaves us, paradoxically, less anxious.

If we don't – if we take the avoidance strategies – we wind up devoting a tremendous amount of energy trying to get rid of the anxiety, and that simply shrinks our lives.

The alternative – not trying to control the anxiety – winds up freeing people to live much more fully.

In order to help people to be motivated around this, it can be quite useful to look at all of the different costs that anxiety induces for a person, and as it turns out, all of these avoidance strategies mean giving up quite a bit of life!

"Not trying to control the anxiety winds up freeing people to live much more fully."

After discussing in this session and with your client or patient the many forms that anxiety can take, I invite you to try this: have the client list – and you can do this in the session – all of the various choices they have.

List the choices at work or at school, in relationships – both intimate and not such intimate relationships – choices in leisure activities that are driven by the desire to reduce or avoid anxiety.

You can go through the various ones that I just mentioned to give you a guideline – to inquire with your client as to whether any of these might be active for him or her.

Invite him or her to make an avoidance list. This can also include rather subtle things like worrying so as not to feel the greater fear, or worrying so as to avoid intimacy. There may be other things that I haven't mentioned so far that are more subtle that your client or patient is aware of that contribute to this kind of avoidance.

A tricky part of this is that sometimes avoidance strategies are simply seen as preferences or “just my personality” – “Oh, I don't like being social; I'm more of a loner.

Now, somebody *might* not like being social; they may be more of a loner. Or they might be saying, “I don't like being social because I feel so anxious when I'm being social and I'd really like to get rid of that anxious feeling. So that's why I'm becoming a loner.”

This can be quite subtle, but you can explore it with them.

To further enhance motivation, here's another exercise – and this is an exercise that you can invite your client to do between sessions and come in and report to you about it.

This involves constructing a chart that's basically going to monitor their avoidance and control strategies during the week in between sessions.

You can find a version of the chart in your course resource materials. This is the “Lost Activities Chart.”

Basically, you are going to list all of the activities that you've given up because of anxiety, and this stems from the various things that you find that you avoid.

You keep the list with you so that you can keep monitoring what you do – every time you see yourself shirking or pulling back from some kind of activity, you can add it into the chart.

For each activity, you would rate the activity in terms of how pleasant or unpleasant the activity would be if you weren't anxious about it, and how difficult the activity would be if you weren't so anxious about it.

These activities can be categorized in various ways: you can talk about daily routines, work activities, sports and recreation, social activities, personal family relationships, perhaps travel – and, again, an example of this sort of chart is in your resources.

Sending people home to work with that can become very helpful to identify exactly what they've given up because what we're going to do, going forward, is encourage them to try doing some of those things – doing some of the things that would normally be pleasant if they weren't plagued by anxiety around them.

Another exercise, related to this, is to have people chart the cost of anxiety management. It has costs across the board – interpersonal costs, career costs, health costs.

Anxiety management saps our energy and makes us miserable; often it even has financial costs.

So, this would be another chart that you can do with folks, but probably not in the same week. This one – the “Cost of Anxiety Management Chart” – will also be in your resources.

It has columns for each of these: there's a column for the situation or event that occurred; a column for the anxiety or concern that came up in response to that; a column for the anxiety coping behavior – what you did in order to try to manage or reduce the anxiety in the situation; and then finally, the important column – “What were the costs?”

In other words, “What did you give up – what did you lose in terms of living a full life – by responding in the way that you responded to that anxiety?”

These two exercises together can really give you a basis for having some motivation for moving forward in the next test that we're going to face or tackle, which is using mindfulness to actually *be with* painful

moments of anxiety.

“In terms of living a full life, what did you lose by responding in the way that you responded to that anxiety?”

What we're going to do is see how mindfulness practices can help tolerate the discomfort of anxiety, as well as how they can work to provide soothing and holding for us and to help us to connect with the underlying emotions.

Finally, we'll see how mindfulness practices can be used to face the various existential realities that make all of us scared – basically the reality that

everything changes: death, illness, old age, and loss are inevitable, and somehow we need to learn to live in a universe which is not under our control.