

# How to Help Your Patients Overcome Anxiety with Mindfulness

How to Help Your Clients Tolerate Discomfort

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## How to Help Your Patients Overcome Anxiety with Mindfulness:

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## How to Help Your Clients Tolerate Discomfort

**Dr. Siegel:** The approaches to anxiety that we've discussed so far are probably suitable to a very wide range of people.

Even folks with trauma history can begin to see how the role that avoidance has played in their life and how perhaps that has cost for them.

They can begin to practice some sort of mindfulness, particularly if they do the informal practices – practices like walking meditation or eating meditation or listening meditation, that don't bring attention to inner thoughts and feelings so much but bring attention to the outer world.

The next set of techniques I'm going to suggest to you are suitable only for people who don't have bad trauma histories or at least don't have bad unresolved trauma histories. (We'll discuss what to do for folks like that in a little bit.)

But at this point, I want to give you an idea of how you can deepen one particular aspect of mindfulness practice for people for whom it might be suitable.

This aspect of mindfulness practice that we're going to deepen is the capacity to really embrace fear – to increase affect tolerance.

Now, it turns out that emotions have basically three components to them.

If I ask you to allow yourself to feel a little bit sad right now, just for an example, and I ask you, "Where in your body do you feel that?"

You'd probably say something like, "Well, I feel it in my throat/my belly/my chest," or perhaps, "in the eyes."

"Emotions exist on one level as somatic experiences, and those somatic experiences are usually accompanied by a thought or image."

If I asked you to describe *fear*, you might say, "I feel it in my chest. I feel an overall body tension."

It's the same for other emotions as well: they all exist on one level as somatic experiences, and those somatic experiences are usually

accompanied by a thought or perhaps an image. When I asked you about sadness, perhaps you imagined the loss of a loved one or some disappointment.

“Anything that’s going to help us increase our capacity to be with pain is going to help us to deal with anxiety.”

Since emotions and anxiety all involve bodily sensations, and since our goal here is to increase the capacity to *be with* emotions—in particular, to be with *anxious* feeling—anything that’s going to help us increase our capacity to be with pain is going to help us to deal with anxiety.

One avenue into this for a lot of people is to deal with physical pain first.

It was the Buddha who introduced mindfulness practice to the world in many ways. It came from other cultures as well, but it was quite refined in Buddhist traditions.

The Buddha has a story, or a *sutra*, known as “The Story of the Two Arrows.” It’s very famous because it addresses a central component in dealing with pain, and I’d like to share that with you. Here’s what he said:

“When touched with a feeling of pain, the uninstructed run-of-the-mill person sorrows, grieves and laments, beats his or her breast, becomes distraught.”

“So, he or she feels two pains, physical and mental, just as if they were to shoot a person with an arrow and then right afterward they were to shoot him or her with another one – the person would feel the pains of two arrows.”

This is very important to using mindfulness practice to deal with physical pain *and* emotional pain, and particularly the pain of anxiety.

The first arrow is simply the moment-to-moment sensations of anxiety in the body: the racing heart, the tension, perhaps the feeling in the pit of the stomach.

The second arrow is the aversion response to it: the sorrow, grieving and lamenting – all the thoughts that, *I hate this. I want this to stop. Oh, my God, how long is this going to last? I’ll never be free of it. This is going to interrupt my life. I’m never going to sleep...* – on and on and on.

It turns out that the first arrow, we actually can’t do much about – it simply arises when it arises. The body, if you have a body, is going to experience pain. If you have a body and a mind, you’re going to experience anxiety.

But the second arrow – the aversion to it and the fighting with it – that’s something we can do something about – that’s something we can address.

“Very often, pain is moderate—the aversion to it is what causes the misery.”

In the case of physical pain, it turns out that, very often, pain is moderate, but the aversion to it is what causes us the misery.

For example, I remember doing a meditation retreat where I was sitting outside and meditating - and this was before the days of Eastern equine encephalitis or West-Nile Virus – and they told us, “If a mosquito alights on you, don’t kill it; simply let it do what it does.”

I remember sitting there and watching the back of my hand, and I was hearing, “Zzzzzzzzz.”

The sound stopped, and of course when the sound stops, that’s when the trouble begins.

I saw the mosquito on the back of my hand, and she (it’s the females that do this) dug her sharp little proboscis into the skin, filled up with blood – you could see the whole back part of the mosquito getting big and red – and then she flew off to make other mosquitoes – to use the blood meal to turn the protein into eggs.

Frankly, watching it with mindfulness was not an aversive experience. It was like having my own little *National Geographic* film happening right there on the back of my hand.

Yet taking a mosquito in a similar situation – camping at night and zipping up the tent and starting to hear, “Zzzzzzz” – then the discussion of: “It’s not in the tent, is it?” “No, we zipped it up quickly... I don’t think it’s in the tent.” “Zzzzzzz.” “Maybe it’s in the tent.” “No, it’s probably not.” “Zzzzzzz.” “Oh, my God, it’s in the tent. We’ll never sleep...”

You see how the aversion response – how hating the thought of being bitten – becomes much more problematic than simply being bitten.

So, what we do with mindfulness practice is simply bring our attention to the moment-to-moment sensations of pain when they arise, and this includes the pain associated with emotions.

If we do this, our affect tolerance increases dramatically.

There’s a famous Zen teaching story that I like a lot that addresses this. It’s a tragic story but a powerful one.

“If we bring our attention to the moment-to-moment sensations of pain when they arise, our affect tolerance increases.”

In this story, this general had come to town and he was horribly sadistic, and he and his troops were raping women, they were murdering the able-bodied boys and men, and they were destroying crops and buildings.

At one point, this general caught wind that the people really revered their Zen master. He wanted to utterly vanquish the town, so he rode his horse up the mountainside, rode into the main hall of the Zen temple, and there, sitting on his cushion, on his meditation zafu, was this little old man.

The general took up his bloody sword and he held it over the head of the Zen master and he said, “Don’t you realize I can run you through with this sword without blinking an eye?”

The Zen master looked up and he said, “Yes, and I, sir, can be run through with the sword without blinking an eye.”

It’s said that at that moment the general became flustered and left town.

“We want to use mindfulness practices to help folks struggling with anxiety to be more like a Zen master.”

Now, it’s not always going to work as a military intervention, but it speaks to something really important here: it speaks to this capacity to bear discomfort and even to open to what might be our worst possible fears.

What we want to do with folks is to use mindfulness practices to help folks struggling with anxiety to be a little bit more like that Zen master.

Now, what’s the mechanism here? How can mindfulness practice help us to deal with pain?

It does this by separating the two arrows – simply by sitting with the physical discomfort that arises when we do mindfulness practice.

Again, if you’re not experienced with this, I direct you to the *Mindfulness Solution* website to learn a little bit more about it and try the practices for a little bit of a longer period of time, so you can see how this works.

Usually, if we sit for more than, 20 or 30 minutes, we start to get some kind of physical discomfort. It could be pain in the back of our legs, in our buttocks, or pain in the neck. Pain can occur in different parts of the body, and some kind of discomfort will usually arise.

What we do is we simply turn the attention instead of to the chosen object of awareness such as the breath or sounds or something else, we use the sensations of pain as the object of our awareness.

And what we find when we do this is that the pain fluctuates. Sometimes it gets worse, sometimes it gets better – but you get to separate the two arrows.

You get to see the pain and the reaction to the pain as separate events.

Another thing that we observe when we work with pain in meditation is we notice that it's all transient – that pain changes over time.

Sometimes pain reaches a crescendo, and then it fades; sometimes it's burning; sometimes it's aching; sometimes it's throbbing. The longer we stay with it, the more we see these sorts of variations.

We also see the aversion responses for what they actually are.

“Sometimes pain reaches a crescendo, and then it fades; sometimes it's burning; sometimes it's aching; sometimes it's throbbing.”

We see that the aversion response involves tensing. It involves a sort of complex defensive stance, as though we're trying to fight this thing and get rid of it, and we realize that we don't *have* to fight it. We can instead open to it and allow it to be there.

We also notice in mindfulness practice that the pain is impersonal.

There's actually no one there – no person is there; there's simply this narrative passing through the mind of, “This hurts. When will this stop. I want to get rid of it.”

Finally, we see that thoughts of the future, *Oh, no, the pain will never go away/I won't be able to bear this/I'll have to give up* are really just thoughts of the future.

We start to get, gradually, that *only the present actually exists*.

These profound insights from mindfulness practice anyone can get if they devote enough time to the practice and they have a little bit of guidance about it.

“If a person is stuck in aversion responses to anxiety, a really nice learning experience is to begin to see that unpleasant sensations are actually tolerable.”

Again, if you haven't done much practice yourself, I encourage you to give this a try, and if you are working with clients or patients, encourage them to try doing just this kind of straight mindfulness practice first, before we move into what I'm going to explain to you now.

If a person is stuck in aversion responses to anxiety, a really nice learning experience is to begin to see that unpleasant sensations are

actually tolerable and it's our aversion to those unpleasant sensations – the second arrow, if you will – that becomes most problematic for us.

One way to do this is to spend a little bit of time practicing mindfulness. It can be listening meditation, it can be walking meditation, or it can be a brief period of breath meditation, and then to deliberately induce bodily discomfort and use mindfulness practice to stay with that bodily discomfort.

Now, there are a lot of different ways to induce this bodily discomfort, and it's usually helpful to try a number of them with a given individual. Each of us as a clinician has to figure out which of these would be not too threatening for a person so that they might give it a try.

I wouldn't suggest this exercise for somebody who has suffered from a lot of physical abuse, who is particularly reactive to physical pain and would be overwhelmed.

You have to gauge this, based on your clinical experience, as to how much a person would be able to tolerate at a given moment. But here are some ways to induce discomfort that you can try—

One of them is to induce dizziness – to simply have the person (and you can do this in the office) begin to turn around.

Now, you don't want to get so far that they fall on the floor, but even my doing it just that much has now created a sense of dizziness, and I can spend a moment and close my eyes and just mindfully feel what it feels like to feel dizzy.

I might notice the sensation of dizziness, but also notice – “Oh, no! What's going to happen? I'm going to fall. Oh, I don't like this...” – these other aversion responses to dizziness.

Here's another easy one to do: staring at a spot on the wall. I'm doing this right now and I'm choosing the spot.

I'm allowing myself to breathe, and things start to get a little disorienting – the rest of the visual field starts to pulse, move, and change in different ways.

If I'm an anxious person who likes to have a lot of control, I might start having difficulty with this. So, by doing this, I can notice the sensations, the changes in the visual field that occur, and then notice my reactions to those as a separate event.

Another exercise is holding the breath. Many of us did this as kids. At a certain point it gets uncomfortable.

I'm not going to do it now because I won't be able to talk while doing it, but basically, you're going to inhale and hold it until you reach a point where you really can't hold it anymore.

Again, you're just being with the moment-to-moment sensations and noticing the aversion response as being separate from them.

Another one is breathing through a straw – a soda straw. The sense of air hunger that comes from that is another sensation that you can bring your attention to, which can be difficult.

Jogging in place, for people who aren't accustomed to exercising and don't feel good about exercising and feeling breathlessness and sweatiness – that can be a sensation which people find unpleasant, but they can pay attention to. You can get the same experience from climbing stairs.

If you have one available, another favorite is holding an ice cube. Just simply have the person take an ice cube, hold it in their hand – it's not dangerous to do this but the cold gets pretty uncomfortable after a while. Here again, you can see the sensations and the aversion responses to them.

A variation on this that I've tried on a number of occasions is pinching the thumb: you simply take your thumb and take the fingernail of another hand and dig it in to the point where you get some pain but not excruciating pain. Then, try to relax and breathe and feel the pain.

It's very easy to notice the pain sensations themselves and the aversion response to the pain sensations.

You can get something similar by biting the tongue – again, in both of these cases, don't do it so hard that you draw blood!

Here's an interesting one: staring at yourself in the mirror. I don't have a mirror handy here to show you, but give that a try for a while.

Most of us get a bit “weirded out” by this: self-consciousness comes up – noticing our age and the things that we think of as flaws come up.

Any one of these activities can give a person a chance to stay with discomfort and use mindfulness to notice the discomfort and how the discomfort itself is separate from the reaction to the discomfort.



Now, while I suggested that this exercise you have to go into a bit judiciously – to make sure that it's not going to be overwhelming to the person – the next exercise I'm going to suggest takes it to an even higher level.

With this one, you have to be really careful for people who are easily overwhelmed. You don't want to do this unless you have a good therapeutic alliance – the person understands what they're trying to do, gets it that they're trying to increase their tolerance for discomfort, knows that that's the goal, and they're reasonably stable in their lives.

If somebody fits those criteria and you want to move this mindfulness practice to the next level, ask them to do this – and do this in the office so that you're there to provide support:

*Make a list of five things that would be extremely difficult to bear if they occurred.*

When I make this list, what first came to *my* mind was the thought of a loved one dying – family, close friends dying and what that would be like for me.

Another one was the thought of losing employment, becoming destitute, running out of money, imagining – taking this scenario the full way – what it would be like to be homeless, to be on the street, to be alone in that way.

What I fantasize about from time to time is my house burning down – all of my things, all of my records, all the memorabilia, all the stuff I'm connected to – my place to live all suddenly gone.

What I fantasize about with great regularity is getting a dire diagnosis: hearing from the doctor that it's a terminal cancer, that it's a serious heart disease, that it's a progressive neurological disease, and imagining what it would be like to hear that.

Finally, on my list of five was having a serious car accident and becoming disabled in some way or being thrown into chronic pain.

Now, the list is going to be different for different people, but with each one of those, we want to bring it to mind, close the eyes and stay with what that would feel like – to hear about that or to get that news, or to see that – whatever it might be.

We want to notice the aversion responses that come up in response to the bodily sensations, and spend a minute or so with each of these imagined scenarios, just to notice that it's possible to actually *be with* these imagined scenarios.

The real-life situation, of course, might be very, very difficult for any of us, but we can begin to work toward allowing all of these different kinds of thoughts and feelings to arise.

This is not that unlike what you see in Buddhist traditions, by the way, where the monks routinely go to the charnel grounds where the bodies are cut up or laid out and left for the animals to eat them. Just getting that this is our fate is a way to try to increase our capacity to bear the feelings that are associated with the bad things that can happen in our lives.

The goal of this is to notice that even these painful feelings are really *just feelings* and feelings that are happening in the here and now.

Again, be judicious with this exercise. You don't want to use it for folks who are in any way fragile because it quickly can become overwhelming.

“We want to notice the aversion responses that come up in response to the bodily sensations, and notice that it's possible to actually be with these imagined scenarios.”