

# How to Help Your Patients Overcome Anxiety with Mindfulness

Strategies for Working with Specific Anxiety Diagnoses

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

## Strategies for Working with Specific Anxiety Diagnoses

**Dr. Siegel:** Up until now, we've been discussing ways in which mindfulness practices can be used to help folks with a wide variety of anxiety disorders.

Anxiety disorders come in a number of different flavors, and it can be helpful to look at which particular

"Anxiety disorders come in a number of different flavors."

practices and which particular approaches are going to be most useful for the various disorders.

Let's start with OCD or obsessive compulsive disorder.

I find it very helpful to think of OCD as fundamentally a disorder of doubt. What happens when we have OCD is we desperately want certainty; we desperately want control.

So there's the person, for a classical example, who goes to the men's room or the ladies' room and washes their hands and comes out and starts to think, "Did I wash my hands sufficiently well? Might I have contracted a disease?"

Or there's the person who leaves home and thinks, "Could I have left the stove on?" – goes back and checks it, goes back out again and after a few minutes thinks, "Well, it's possible, just possible that I overlooked it when I went back and maybe the light was on a little bit."

What they want is they want to know for sure that things are going to be OK.

Of course, in the universe as it is construed, we never know for sure that things are going to be OK. We never have certainty about anything.

So, one of the ways that we can use mindfulness practice is to help people to start to shift their relationship to the world.

We are going to talk about this in more detail in a little bit, but basically to get it that everything changes and, in fact, our thoughts are relatively unreliable – we can never be sure of any of our thoughts.

"We can use mindfulness practice to help people to shift their relationship to the world."

Now, that of course is a tough pill to swallow and we have to move gradually to help people to begin to

“We can use mindfulness practices to help people observe their obsessions and observe their compulsions.”

consider that this might be the case.

More concretely, we can use mindfulness practices to help people observe their obsessions and observe their compulsions. It’s useful to help them have an understanding of what these are.

Obsessions are recurrent, persistent thoughts or images that bring on anxiety (making the thought of the house burning down because the stove is on or getting the dreaded diseases).

Compulsions are repeated ritualistic behaviors, such as checking or hand washing, or mental acts like counting or praying or reviewing things/events that have occurred over and over in a kind of ruminative way that reduce the anxiety temporarily.

The key in working with both obsessions and compulsions is to help people to notice that in both the obsession and the compulsion, oddly, the symptom is actually designed to try to avoid the feeling of anxiety.

In the case of the obsession, it’s worrying and going over and over the same territory that gives the illusion that, by thinking about it, “Somehow that’s going to help keep me safe.”

With the compulsions – obviously when you wash your hands – you have the momentary release and feeling like it’s going to be OK.

The problem is, all of these things are very much like addictions: they feel good in the short run but in the long run they don’t work for us very well.

In fact, in the long run, they hook us into the very same painful experience that we are going through the activity to try to avoid.

When we’re going to use mindfulness practice, we are going to use, in the case of the obsessions, thought labeling to simply watch them coming and going – letting them appear and watching them go.

It’s not that we’re going to try to block out the obsessional thoughts, but rather we are going to let them appear and go like clouds in the sky, across the backdrop of perhaps the breath, perhaps the sensation

in the walking or eating meditation – whatever the sensory object is that we’ve chosen in our practice.

“It’s not that we’re going to try to block out the obsessional thoughts, but rather we are going to let them appear and go like clouds in the sky.”

In the case of compulsions, we're going to ask the person to interrupt the compulsion – to not go back and wash their hands, and then use mindfulness practice for urge-surfing.

Now, urge-surfing involves being with and feeling the sense that “I've got to do something! I've got to do something!” and just noticing how that urgency feels in the body – noticing the tightening of the chest, perhaps the hunching of the shoulders, perhaps the motor impulse to do the compulsion that the person thinks would be helpful to them.

Much as we talked about using mindfulness practice to increase the capacity to be with various kinds of physical discomfort, we can use it to increase the capacity to be with the urge and to coach people how to do that.

Now, another difficulty that people have – it doesn't show up as frequently probably as OCD kinds of things do in the clinical arena – are specific phobias.

Folks with phobias are afraid of animals, or driving over bridges, or getting on a bicycle – it could be any one of a million different specific things that people are afraid of.

I'm sorry to use the phrase from a Nike commercial, but you want to help people to “Just do it.”

And what we want to do is help folks to shift their goal from “How do I do this?” or “How do I get the anxiety to go away?” to “How do I live a full life?”

If the goal is to live life without any restrictions, then we use mindfulness practice to ride the waves of discomfort – to ride the waves of fear when they come about – to be like the astronaut I described earlier who felt plenty of fear as he went up in the spacecraft.

Fear of situations is very similar: these are things like fear of being alone, fear of the dark, fear of being out in nature, the woods, or perhaps fear of blood and needles, or even bodily events – people who are afraid of choking, of eating certain foods, of vomiting.

Here again we want to take the “Just do it” approach – encourage a person to do it, but use mindfulness practice so that they now have a tool that allows them to feel the feelings that come up.

We want them to simply notice the transient nature of the feelings that come up, of the anxiety that comes up, the disgust that comes up, whatever it is, and again with the goal of increasing the capacity to be with the discomfort, rather than, “We're going to try to make the discomfort less or go away.”

Now, **GAD**, or **Generalized Anxiety Disorder**, is interesting because that's where folks feel stressed all the time – whether it's about the “to do” list or simply feeling a sense of arousal and fear in whatever they do.

A straight mindfulness practice is a great antidote to this, because with GAD, we're afraid of everything!

“With mindfulness, by simply allowing whatever arises in the mind to arise, we're basically doing exposure treatment for everything.”

With mindfulness, by simply allowing whatever arises in the mind to arise, we're basically doing exposure treatment for everything. We're allowing ourselves to be with whatever comes up.

Also, the connecting with underlying emotions that I was talking about earlier becomes particularly useful for GAD.

Very often with folks who are struggling with GAD, there isn't a precipitant. There isn't a bridge or a germ that they're afraid of.

Rather there's a general fearfulness, and very often this general fearfulness is indeed fear of the tiger within – fear of some kind of emotion which the person is having difficulty even identifying, no less being with.

And here, using the investigative techniques of being with emotions that we discussed previously can be very, very useful.

Hypochondriasis, or body worries, is interesting. Oftentimes those come about because people start to get it that they're mortal.

The bad news is we're mortal and the body is going to fall apart over time, and that can be very frightening to us, especially if you have lived in the first world and have the fantasy that, “I'm going to live forever and I've got good medical care so everything's going to be just fine.”

This is a rather in-depth topic as to how to work with hypochondriasis, particularly when people start to avoid certain activities because they're afraid that they're going to injure themselves or worsen their condition.

In general, what we want to do here is connect with the underlying emotions, including connecting with the worst-case fears, the kind of things we discussed earlier – trying to face what you're afraid of, which means: allowing the person to play out the illness fantasy, allowing them to play out the disability fantasy, and then working with the anxiety that comes up with that.

Panic disorder is very interesting because panic disorder is so deeply rooted in the desire to avoid panic attacks.

Panic attacks are indeed very, very unpleasant so it makes perfect sense that people would want to avoid having them, but it means going through the world always scanning for *might this be the beginning of a panic attack?* every time the heart starts to race a little bit.

Some people start to get panicky when they've gone up a flight of stairs and they have a little bit of aerobic activity going on.

Here, the way in which we can use a mindfulness-oriented approach is absolutely to move toward the panic feeling.

Even though it turned out to be pretty bad foreign policy to say, "Bring 'em on," in a war zone, this is actually the approach that works quite well here. When somebody starts to have a panic attack, you want to "bring it on."

I'm a bit of a cowboy about this. If I have a patient come in to see me and they're in the office and they say, "I think I'm going to have a panic attack," and if I have the therapeutic relationship with them and some trust built up over time, I'll say, "Oh, good – this is an opportunity to work with it. Can you bring it on?"

They may start sweating or panting, and I'll say, "Well, can you intensify it a little bit more so we can really work with this? Is that as strong as you can get it?" and I'll keep egging them on to make it stronger and stronger.

It's a very interesting phenomenon. If you're having a panic attack and you shift the cognitive framework from "How do I get this to stop?" to "How do I amplify this?" it tends to be very hard to maintain it.

Once a person has realized that it's actually hard to maintain a panic attack when you deliberately try to do that, it can help shift their whole relationship to the disorder.

Now, another rather broad category of anxiety disorders involves social anxiety.

This can take on so many different forms: it can be the fear of public speaking; a fear of blushing when in front of other people; maybe a fear of using a toilet in public and then having difficulty urinating or defecating because of that fear; a fear of crowds; a fear of parties.

Sometimes there are slightly more unusual variations of this that people don't talk about, but that are not that uncommon. There's the fear of being watched at work, or the fear of writing or signing a check in public and having somebody see that, or the fear of choking or spilling food in public.

These almost always come down to some kind of a feeling that, *if this bad thing happened, I would be humiliated. I wouldn't be able to bear the feeling of humiliation and people wouldn't want me anymore – either I'd lose my job, lose the client, or I wouldn't get love anymore and the relationship would end.*

Playing out the worst-case scenario and letting the person actually imagine and be with and sit with the feeling of humiliation that would occur can be helpful.

You can't guarantee that these things aren't going to happen. There simply is no way to do that.

But what we can guarantee is that it's possible to bear the feelings associated with the event happening.

Here again, all of the practices we've been talking about of increasing the capacity to be with the discomfort and using mindfulness practice to do that, allows us to be with the discomfort associated with all of these embarrassing events.

Finally, I want to mention what I think is a kind of funny fear – it's not really an anxiety disorder, but it's so prevalent in our culture that it's worth mentioning, and this is FoMO.

I was once contacted by a British journalist who said, "I'd like to interview you about FoMO."

And I said, "Sure. What's FoMO?"

I hadn't heard of it before, and increasingly, it's become a thing – the Fear of Missing Out. This is a pervasive kind of anxiety that somehow everybody else is having a good life and I'm not.

Since the advent of Facebook, I think this is a lot worse – people get to see how everybody they've ever known in their life is having wonderful parties, beautiful relationships and all of that, and "What's wrong with me? How am I missing out?"

The way in which I see mindfulness as an antidote to that is: start to enjoy the little things.

If we can mindfully (we haven't been emphasizing this aspect of mindfulness because this is a course on anxiety disorders) but if I can simply enjoy eating a tangerine or enjoy the feeling of the breeze on my face, or

*"It's a thing—the Fear of Missing Out. This is a pervasive kind of anxiety that somehow everybody else is having a good life and I'm not."*

“The vast majority of these anxiety problems follow the same general principles.”

feel grateful about being able to walk and enjoy the sensation of walking, I’m going to be much less afraid of missing out.

So, across the board, we see that the vast majority of these anxiety problems follow the same general principles: it’s mostly about wanting to avoid the feeling of anxiety, doing things to try to ward off that anxiety, and getting ourselves either into more trouble or having a more restrictive life because of it.

In general, the way in which we’re going to use mindfulness practice is to open to the experience and increase the capacity to be with the discomfort, and we’re going to vary it some depending on the particular kind of difficulty that a person is struggling with.