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**A CONTROLLED COMPARATIVE INVESTIGATION
OF LARGE GROUP THERAPY FOR
GENERALISED ANXIETY DISORDER - "STRESS CONTROL"**

BY

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VOLUME THREE

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APPENDIX 1

ANXIETY DISORDER INTERVIEW SCHEDULE - REVISED.(EXTRACTS)

Anxiety Disorders Interview Schedule — Revised (ADIS-R)

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Instructions for the Anxiety Disorders Interview Schedule-Revised
(ADIS-R)

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Introduction

The Anxiety Disorders Interview Schedule-Revised (ADIS-R) is a structured interview designed to permit differential diagnosis among the anxiety disorders according to DSM III, and DSM IIIR criteria, and to provide detailed information for functional analyses of the anxiety disorders.

The ADIS-R is designed for detailed examination of the anxiety disorders and related problems, and therefore will be of most use for research or clinical purposes directly related to the anxiety disorders. For general outpatient clinics or more broad-based research efforts covering all DSM III diagnoses, other structured interviews now exist which are more comprehensive, but provide considerably less detail concerning the anxiety disorders. For these purposes, we recommend highly the Structured Clinical Interview for DSM III (SCID) which can be obtained from Dr. Robert Spitzer, 722 W. 168th Street, New York, New York 10032.

The ADIS-R and its predecessor the ADIS have been developed over a period of years in an NIMH funded research clinic for the anxiety disorders. Both the content and the wording of the questions, as well as the general arrangement of the interview, are based on several years' experience in interviewing and diagnosing anxiety disordered patients using DSM III and lately DSM IIIR criteria. Information on the reliability of DSM III anxiety disorder categories using the ADIS can be found in Di Nardo et al., (1983), with updated reliability figures in Barlow, (1985).

Questions are included to allow screening of psychosis, substance abuse, somatoform disorders, and major affective disorders. Since depression is often a part of the clinical picture in anxiety disorders, several sections of the interview provide information which is used in determining if depressive symptoms are primary or secondary to the anxiety disorder.

The Hamilton Anxiety Scale and Hamilton Depression Scale are included in the body of the schedule so that ratings on the various scale items can be obtained during the course of the interview. The Hamilton Scales provide a detailed assessment of current depressive and anxiety symptomatology, and yield quantifiable scores which can be used in comparisons with other populations in other clinical settings. The interviewer may opt to omit the Hamilton Scales, since the interview itself provides sufficient information for establishing basic diagnostic criteria and for making differential diagnoses.

The schedule is organized so that questioning can proceed in an integrated manner, maintaining the continuity of the interview. Brief descriptions of DSM III criteria are provided, along with suggested phrasing of questions, which appear in bold italic print. Most of the interview items require some elaboration by the patient, so clinical judgment is required in evaluating

responses and deciding upon further questioning. The sections on several of the disorders begin with a general screening question which the patient answers with a "yes" or "no". A negative response to a screening question may permit the interviewer to skip the section dealing with that category, but if there is any doubt about whether the patient has significant symptomatology associated with a disorder, or if the interview is being used to gather information for research purposes, the interviewer may wish to proceed with the detailed questions for that category. Skip instructions are set apart from the text of the interview by rows of stars.

Because of the complexity of the interview, it is very important that the interviewer become familiar with the text of the interview and with this manual before attempting to administer the ADIS-R. The interviewer should carefully read through the text of the interview, with particular attention to the instructions regarding rating scales, diagnostic decisions, and skipping sections. Average time for administration is 2 hours, including Hamilton Scales.

While obtaining a brief initial summary of the problem, the interviewer should make a preliminary determination of the presence of panic attacks, situational or phobic anxiety, and general anxiety. This inquiry will provide the interviewer with a general overview of the patient's anxiety problems, and more importantly, establish a common frame of reference for the interviewer and patient to use in the detailed inquiry. Many patients with multiple anxiety problems experience some combination of panic attacks, phobic anxiety and general anxiety or tension. In such cases, the interviewer can use the patient's responses to the initial inquiry to orient the patient to the detailed questions for the specific anxiety disorders. The distinction between situational/panic anxiety and general anxiety is continued on the Hamilton Anxiety Scale, which immediately follows the Panic and GAD sections. Hamilton Depression Scale items adjacent to Hamilton Anxiety items cover similar areas of symptomatology, and may be rated at the same time.

Detailed instructions for administration and scoring of the Hamilton Scales are provided in this manual. If opting to omit the Hamilton Scales, the interviewer should skip to Generalized Anxiety Disorder symptom ratings after completing the initial GAD inquiry.

The interviewer will be able to arrive at primary and additional diagnoses, and rate the severity of all diagnoses. Detailed questions in the anxiety disorder category will provide sufficient information to permit differential diagnoses among the anxiety disorders, and to assess the relationship between anxiety and depressive symptomatology. Where DSM III does not provide criteria for making a primary/secondary distinction between two diagnoses, the interviewer should use the guidelines provided in this manual.

In October 1984, the American Psychiatric Association Work Group to Revise DSM III sponsored a meeting to revise the DSM III Anxiety Disorders criteria. We have not included the detailed criteria in the interview, since the proposed criteria may be subject to further revision prior to the publication of DSM IIIR, currently scheduled for January, 1987. However, since the anxiety section is largely complete, we have designed the ADIS-R and the diagnostic guidelines in this manual to be compatible with the January, 1985 draft of these revisions.

Since the ADIS is intended to gather information beyond the basic DSM III criteria, it will in most cases provide sufficiently comprehensive information to permit diagnosis according to III-R criteria. We have added questions in some sections of the interview where the revised criteria require specific additional information (e.g., symptoms required for Panic Disorder and GAD). These questions are identified by the notation "(IIIR)".

In addition to such specific questions, the ADIS-R is constructed in accordance with the following general considerations:

1. According to the revised criteria DSM IIIR, a phobic response to a situation is defined either as avoidance of the situation, or as endurance of the situation with intense anxiety. In the ADIS-R, separate ratings are made for intensity of fear experienced in a situation, and degree of avoidance.

2. Under the revised criteria, a diagnosis of GAD may be assigned in the presence of another Axis I disorder provided that the focus of apprehensive expectation is not primarily on the core symptoms of the other existing Axis I disorder. Thus, GAD may be assigned in the presence of any other anxiety disorder. In addition to the presence of apprehensive expectation, DSM IIIR requires the presence of 6 of 18 specific symptoms for a duration of 6 months. We have integrated these 18 symptoms with the Generalized Anxiety Disorder symptom ratings in the text of the interview.

3. In DSM III, a diagnosis may be excluded if its symptomatology is "due to" another disorder. In the revisions, an attempt has been made to be more explicit regarding such exclusions. In general, the diagnostic decision in cases of phobic avoidance would depend on the presumed mediators of the avoidance. For example, a diagnosis of Social or Simple Phobia would be excluded in cases where the phobic stimulus is part of the obsessional content of an Obsessive-Compulsive Disorder. Similarly, avoidance of social situations which has developed as a result of Panic Disorder would not warrant a Social Phobia diagnosis.

The ADIS-R includes specific questions which will facilitate the assessment of such functional relationships among the anxiety disorders. Also, the diagnostic guidelines which are included in this manual are compatible with those in the revisions. A more detailed discussion of functional relationships among the anxiety disorders can be found in Barlow et al., (1985).

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Assigning diagnoses

Many anxious patients meet basic DSM III criteria for more than one anxiety disorder, and may also meet criteria for one of the affective disorders, particularly Major Depressive Episode and Dysthymic Disorder. In such cases, DSM III provides for exclusion of a diagnosis if the symptoms of that disorder are judged to be "due to" another disorder. For example, if a patient presents with panic symptoms which meet Panic Disorder criteria, and symptoms of general anxiety which meet the criteria for Generalized Anxiety Disorder, only the diagnosis of Panic Disorder would be assigned, since general anxiety is presumed to be an "associated feature" of Panic Disorder. Aside from certain automatic exclusions such as the above, DSM III does not provide decision rules for determining whether one disorder is an associated feature of another. We propose the following guidelines for making diagnoses based on the ADIS:

When assigning diagnoses based on the ADIS interview, the interviewer should determine:

- (1) all diagnoses for which the patient meets the basic criteria.
- (2) those diagnoses which can be excluded.
- (3) of those diagnoses which are assigned, which can be considered primary and which are additional or secondary diagnoses.

Decisions (2) and (3) should be made on a case by case basis, and should include consideration of the temporal and functional relationship between the disorders. Decision (3) will include the additional consideration of the relative severity, or interference with functioning created by each syndrome.

Excluding Diagnoses

One diagnosis can be excluded by a second when its symptomatology is part of a broader cluster which can be represented by the second diagnosis. An obsessive-compulsive syndrome characterized by a fear of contamination would include phobic avoidance of dirt, so an additional diagnosis of Simple Phobia would not be assigned. Similarly, a fear of enclosed places or heights (more accurately, tall buildings) in patients with an agoraphobic syndrome may be mediated by a fear of not having a quick escape route in case of panic. Since fear of panic is a defining feature of Agoraphobia, an additional diagnosis of Simple Phobia would not be made. It should be noted here that this particular decision is made not on the basis of the avoidance behavior per se, but on the factors which mediate the avoidance. This is an example of what is considered a functional relationship between two symptom clusters.

Many patients with diagnosable phobias, obsessive-compulsive syndromes, and panic symptoms also meet the basic criteria for Generalized Anxiety Disorder, since they report chronic tension and anxiety. In such cases, GAD would be excluded if the chronic anxiety is anticipatory to the next encounter with the phobic situation, the possibility of a panic attack, or concern over obsessive thoughts or compulsive rituals.

Independent Diagnoses

The patient may meet the basic criteria for two or more disorders which, because of different times of onset and/or different antecedents, can be considered independent. In such cases, both diagnoses should be assigned. For example, one client reported longstanding problems with anxiety, worry, and tension, and also reported a more recent fear of blood which was precipitated when he witnessed a particularly gruesome suicide. This patient met the criteria for GAD, and the blood fear was sufficiently severe and independent of the general anxiety to warrant an additional diagnosis of Simple Phobia.

We believe that Generalized Anxiety Disorder can be meaningfully assigned as an independent diagnosis in the presence of other Anxiety Disorder diagnoses. This should be done when the patient reports chronic anxiety symptomatology which predates the onset of phobic or panic symptoms and when the focus of apprehensive expectation is on multiple situations in addition to phobic or panic symptomatology. This is consistent with the DSM IIIR guidelines.

A more difficult diagnostic problem arises when patients with panic symptoms also report fears of social situations. In such cases careful questioning is required to determine if the social fears are mediated solely by fear of panic, and are therefore an associated feature of the panic symptomatology. In some patients, social fears which began in adolescence are exacerbated by panic symptomatology which developed later in life. If panics occur unpredictably in situations other than social situations, a diagnosis of Panic Disorder would be warranted. In view of the temporal independence of the two sets of symptoms, a diagnosis of Social Phobia would also be assigned.

Primary and Additional Diagnoses

If two or more such independent diagnoses are assigned, the disorder which is responsible for greater interference with functioning should be given primary status. In the case of GAD and Simple Phobia above, the blood and injury fear was sufficiently severe to warrant a separate diagnosis, but the chronic anxiety was interfering with a number of areas of functioning, so GAD was assigned as the primary diagnosis. It should be noted here that the more longstanding disorder is not automatically assigned primary status.

Agoraphobia, Panic Disorder, and Obsessive-Compulsive Disorder are often associated with significant depressive symptomatology. In a number of these cases, an examination of the temporal and functional relationship between the symptoms reveals that the depressive symptoms began after the anxiety symptoms and in response to the restrictions imposed by the anxiety and avoidance. While the depressive symptoms are secondary to the anxiety symptoms, they are not simply a part of the defining characteristics of the anxiety symptomatology, and would warrant separate diagnosis. In such cases, the Anxiety Disorder should be given primary status, with the Depressive diagnosis as an additional diagnosis.

The interviewer should begin with a brief introduction and explanation of the purpose of the interview and obtain a brief description of the presenting complaint.

In this section, a preliminary determination of the presence of phobic anxiety, panic attacks, and chronic tension and anxiety should be made.

I will be asking you a number of questions about different areas of your life. First, I would like to get a general idea of what sorts of problems you have had recently. What have they been?

AFTER BRIEF INQUIRY:

Now, I want to ask you more questions about some specific kinds of problems which may or may not apply to you. We have already talked about some of them generally, but now I would like to get more details.

GENERALIZED ANXIETY DISORDER

Questions in this section should be used to establish the presence of tension or anxiety with no apparent cause, or anxiety which is related to excessive worrying about family, job performance, finances, etc., and minor matters. This tension or anxiety is NOT part of, or anticipatory to panics or phobic anxiety.

Ask questions 1, 2, and 3.

1. a. *What kinds of things do you worry about?*

If patient identifies anxiety or tension which is anticipatory to panics or exposures to phobic situations, e.g., "I worry about having an attack; I worry whenever I know I will have to cross a bridge", as a major source of anxiety:

- 1) *Are there things other than _____ which make you feel tense, anxious, or worried?*

YES _____ NO _____

If YES, *What are they?*

2. *Do you worry excessively about minor things?*

YES _____ NO _____

3. *Do you feel tense or nervous or jittery for no apparent reason?*

YES _____ NO _____

If YES to Question 1 or 2 or 3, continue;

If NO, go to HAMILTON SCALES (optional) (p. 10) or PTSD (p. 22)

4. *On an average day over the last month, what percent [how much] of the day do you feel tense, anxious, worried?*

_____ %

5. *Last time you experienced an increase in tension, anxiety, or worry, [aside from panics or phobic exposures] what was happening/what were you thinking?*

When _____

Situation _____

Thoughts _____

6. *How long has the tension, anxiety, worry been a problem?*

From _____ To _____

Duration in months _____

7. *How much does this interfere with your life, work, social activities, family, etc.*

Rate interference:

0	1	2	3	4
/	/	/	/	/
None	Mild	Moderate	Severe	Very severe/ grossly disabling

If Hamilton Scales are to be administered,

Go to next page.

If Hamilton Scales are not to be administered,

Skip to p. 20 to make GAD symptom ratings.

Generalized Anxiety Disorder Symptom Ratings

If Hamilton Scales have been administered, Skip to PTSD (p. 22)

If Hamilton Scales have not been administered, inquire briefly about each symptom and check those which apply. If Hamilton Scales have been administered, severity ratings can be based on Hamilton Anxiety items which are listed next to each category. (Use General rating)

(Persistent symptoms (continuous for at least 1 month) [6 mo. for III-R] in 3 of the 4 categories.
Inquire about each symptom listed in each category.

1. During the past month [6 mo. for III-R] have you been bothered by _____ ?

If YES, How often are you bothered by it; how severe is it?

				Hamilton Anxiety Item
a. Muscular Tension				
"Jittery" or "jumpy"	_____	Twitching		2, 7
Trembling or shakiness	_____	(e.g., eyelid)	_____	
Muscle tension, aches,		Restlessness	_____	
or soreness	_____	Fatigability	_____	
0	1	2	3	4
/	/	/	/	/
None	Mild	Moderate	Severe	Very severe/ grossly disabling
b. Autonomic Hyperactivity				
Sweating	_____	Upset stomach		7, 8, 9, 10, 12
Palpitation or		or diarrhea	_____	
tachycardia	_____	Frequent urination	_____	
Cold or clammy hands	_____	Trouble getting		
Dry mouth	_____	breath; lump		
Flushing or pallor	_____	in throat	_____	
Dizziness or				
lightheadedness	_____			
0	1	2	3	4
/	/	/	/	/
None	Mild	Moderate	Severe	Very severe/ grossly disabling

c. Vigilance, Scanning

Hamilton
Anxiety
Item

Difficulty concen-
trating or mind
going blank because
of anxiety
Irritability or
impatience

Trouble falling
or staying asleep

4, 5

0	1	2	3	4
/	/	/	/	/
None	Mild	Moderate	Severe	Very severe/ grossly disabling

d. Apprehensive Expectation

Worrying or fearful
much of the time
about things that
might happen

1

0	1	2	3	4
/	/	/	/	/
None	Mild	Moderate	Severe	Very severe/ grossly disabling

GO TO PTSD (p. 22)

APPENDIX 2

DESCRIPTION OF THERAPY CONDITIONS

- A. Cognitive therapy condition.
- B. Behaviour therapy condition.
- C. Cognitive-behavioural condition.
- D. Placebo condition.

A. COGNITIVE THERAPY CONDITION.

Developed from the work of Beck and, in particular, Meichenbaum, this condition employed cognitive approaches adapted, by the present author, for use in a didactic group setting. No behavioural techniques, including relaxation therapy, were utilised.

The course entailed:

SESSION 1 : Overview of information contained in the cognitive booklet (see Appendix 4).

Anxiety was viewed as being sustained by mal-adaptive thought processes and the treatment explained in terms of identifying and then re-appraising these thought processes. The standard video (se page 219) was shown and discussed.

SESSION 2 : Tranquillisers and identification of automatic thoughts.

This session divided into two. The first section involved information about benzodiazepines. Patients currently using benzodiazepines were reminded not to decrease (or increase) their regular dosage. In common with patients in all other conditions, patients were told that, with their General Practitioner's agreement, a booklet containing information on a slow reduction method (written by the present author) would be given at the end of the course.

The second section concentrated on the identification of automatic thoughts. It divided into three stages:

- 1). Recognising the thoughts - the characteristics of automatic thoughts were defined.
- 2). Identifying thinking errors - catastrophising, ignoring the positive, etc.
- 3). Identifying automatic thoughts -
 - a) 'As If' technique role-played by therapists - one playing a GAD patient. In the sub-groups, the patients carried out several 'as ifs'.
 - b) Patients were then given the Three Column Diary as part of their homework assignment.

SESSION 3 : "Using positive thinking - 1".

While some time was devoted to the assessment of automatic thinking, most of this session was devoted to learning rational re-appraisal skills ("positive thinking") - both in a didactic session and in sub-group workshops. The five column diary was introduced as part of the patients' homework assignment.

SESSION 4 : "Using positive thinking - 2".

This session continued with the techniques taught in the previous session and was extended to include Meichenbaum's 'four stages' approach to positive self-statements:

- 1) Preparing
- 2) Confronting
- 3) Coping with feelings of being overwhelmed
- 4) Review.

Again, the bulk of this session was in the form of a workshop.

SESSION 5 : Assessment of values and controlling panic attacks.

This session divided into two :

a) Assessing your values : Looking in detail at the role of dysfunctional attitudes - their role in anxiety and their relationship to automatic thoughts. Use of the vertical arrow technique was taught.

b) Controlling panic attacks : Based on the Clark and Salkovskis treatment model (Clark, Salkovskis and Chalkley, 1985; Clark, 1986).

Although the hyperventilation provocation test (HVPT) was used, emphasis was placed solely on the cognitive aspects of this therapy i.e. more rational re-appraisal of symptoms.

SESSION 6 : Associated problems; Review and Relapse.

Prevention.

Cognitive approaches taught for anxiety were amended and taught for control of depression and insomnia. All sessions were then reviewed and any problems clarified. The "follow-up" cognitive video was shown (see page 219) and used to generate appropriate expectations of future coping. Cognitive rehearsal was taught as a coping strategy for preventing future stressful appraisals. Great emphasis was placed on the need for patients to take control of their problems by putting into effect what they had learned on the course.

B. BEHAVIOUR THERAPY CONDITION.

Devised by the present author, this approach comprised behavioural techniques found useful in previous individual and group therapies.

No cognitive approaches were utilised. The course entailed:

SESSION 1 : Overview of information contained in the behavioural booklet (see Appendix 5).

Anxiety was viewed as being sustained by both heightened arousal and mal-adaptive behaviour. Treatment was thus explained in terms of controlling arousal by means of relaxation techniques and by altering behaviour by means of exposure based therapies. The standard video (see page 219) was shown and discussed.

SESSION 2 : Tranquilisers and Progressive Muscular Relaxation.

As with the Cognitive condition, the first section detailed information about benzodiazepines was given. The second section, however, concentrated on the role of somatic symptoms in anxiety and the rationale for the use of relaxation techniques given. The present author carried out 'live' relaxation which lasted 25 minutes. A discussion of individuals' reaction to the relaxation followed. A tape of PMR (present author's voice) was given for daily home use. Emphasis was placed on learning relaxation at home and then practising cue-controlled relaxation (CCR). The PMR protocol was based on that suggested by Bernstein and Borkovec (1973).

SESSION 3 : Identification of mal-adaptive behaviours.

This session concentrated on patients engaging in self-monitoring and identification of mal-adaptive behaviours in a situational context. A functional analysis was used, i.e. :

A : antecedents.

B : behaviour.

C : consequences.

Most of this session took the form of a workshop.

SESSION 4 : Targetting and graded exposure.

After a didactic presentation of the rationale of exposure was given, sub-group workshops concentrated on targetting problem behaviours/ situational avoidance and patients were taught hierarchy construction. Using 'ladders', patients completed their own graded exposure therapy.

SESSION 5 : Behavioural Relaxation Training (BRT) and Controlling Panic attacks.

This session divided into two:

a) Behavioural Relaxation Training (Schilling Poppen, 1983; Poppen, 1988).

This technique focuses on achieving relaxation by concentrating on nine behaviours, e.g. no movement, eyes closed, shoulders sloped, etc. and is intended as a quick relaxation technique complimentary to PMR and can be carried out in situations not conducive to PMR (e.g. sitting on a bus). Patients were given a sheet containing the nine exercises for home use after BRT was carried out during the session.

b) Controlling panic attacks.

This followed the same format as in the Cognitive condition except that the emphasis was based exclusively on respiratory control. Cognitions were given no causal status in the production of panic and hence were not considered in the treatment.

SESSION 6 : Associated problems : Review and Relapse prevention.

Behavioural techniques for depression (graded tasks, activity scheduling) and insomnia (PMR, stimulus control) were taught. All sessions were reviewed and problems clarified. The 'follow-up' behavioural video (see page 219) was shown. Behavioural rehearsal was taught as a way of dealing with future problems. Great emphasis was placed on the need for patients to take control of their problems by putting into practice what patients had learned on the course.

C. COGNITIVE-BEHAVIOURAL CONDITION

This condition combined the main elements of the previous two conditions.

The course entailed:

SESSION 1 : Overview of information contained in the cognitive-behavioural booklet (see Appendix 6).

Anxiety was viewed as being sustained by :

- a) Heightened arousal.
- b) Mal-adaptive thinking.
- c) Mal-adaptive behaviour.

Treatment was explained in terms of controlling all three systems and thus stopping the 'vicious circle ' maintaining anxiety. The standard video (see page 219) was shown and discussed.

SESSION 2 : Tranquillisers and Progressive Muscular Relaxation.

As Behaviour therapy condition.

SESSION 3 : "Controlling your thoughts".

An abbreviated cognitive approach based on Sessions 2, 3 and 4 of the Cognitive condition was taught.

SESSION 4 : "Controlling your actions".

An abbreviated behavioural approach based on Sessions 3 and 4 of the Behavioural condition was taught.

SESSION 5 : Combining the Skills and Controlling panic attacks.

This session divided into two :

a) Combining the skills.

Patients were helped to 'mesh' the three systems techniques taught in the preceding sessions.

b) Controlling panic attacks.

In this section, the hyperventilation provocation test (HVPT) was carried out with equal emphasis being placed on respiratory control and symptom reattribution.

SESSION 6 : Associated problems; Review and Relapse prevention.

Combined cognitive-behavioural approaches in the treatment of depression and insomnia were taught. All sessions were reviewed and problems clarified. The cognitive-behavioural 'follow-up' video was shown (see page 219). Cognitive and behavioural rehearsal were taught as ways of dealing with future problems.

D. PLACEBO CONDITION.

Devised by the present author, 'Sub-conscious reconditioning' (the term was borrowed from Lent et al (1981) as far as possible followed the same format as found in the active therapy conditions.

The maintenance of anxiety is described in vaguely Freudian terms.

The sub-conscious is described as the 'storehouse' of the mind which forgets nothing. This part of the mind is described as erratic and irrational in nature; dreams are explained as manifestations of the sub-conscious. Anxiety results from disharmony between the conscious and sub-conscious minds and, due to the greater power of the sub-conscious, this "deep, dark, irrational part of the mind" begins to dominate the rational conscious mind. The aim of therapy is, therefore, to re-train or 'recondition the sub-conscious.

Therapy is explained by examining the effects of subliminal perception, i.e. by flashing up signs, on a cinema screen, of 'DRINK COKE'; the audience will buy more Coke even although, when asked, they do not know why they bought it. This anecdote is forwarded to demonstrate how the sub-conscious has reacted to a stimulus undetected by the conscious mind and has caused the individual to behave apparently without conscious control. It is suggested that by using this information, a therapy has been devised by the present author which aims special subliminal "anti-anxiety messages" at the sub-conscious. Doing so may destroy the roots of anxiety which lurk in the sub-conscious. It is explained that this therapy has not been attempted yet and therefore this group is an experimental condition.

Patients were told that the anti-anxiety messages have been encoded into audio-tapes by using a special computer programme which translates the messages into a 'language' the sub-conscious can readily understand but which will be completely undetected by the conscious mind. In fact, no messages appear on any of the audio tapes.

A series of audio tapes were produced - two "general anti-anxiety" tapes and six "specialised anti-anxiety" tapes. These latter tapes related to :

- 1) Controlling your body.
- 2) Controlling your thoughts.
- 3) Controlling your actions.
- 4) Asserting yourself.
- 5) Controlling panics.
- 6) Controlling depression.

Each tape lasts for 15 to 20 minutes and consists of :

- 1) Voice of the present author describing how to use the tape.
- 2) White noise which, patients are told, contains anti-anxiety messages, e.g. "I can be more confident"; "I will defeat my anxiety" (general anti-anxiety tape); "My body is relaxing" (Controlling your body tape); "I will beat my depression" (Controlling your depression tape).
- 3) "Micro-condensed messages". It is explained that after approximately 60 seconds, the conscious mind becomes irritated by white noise and thus, in this part of the tape, the conscious mind is diverted by the inclusion of music while more anti-anxiety messages, coded slightly differently, are allowed to bombard the sub-conscious mind without interference.

4) White Noise returns for 60 seconds.

5) Voice ends the tape.

The musical tracks were either relaxing pop music, e.g. Song for Guy (Elton John) or light classical music, e.g. Pachelbel's 'Canon'. Generally three or four pieces of music (with 10 seconds of white noise separating them) were included in the "micro-condensed message" portion of the tape. Patients were told that the music had no role in controlling anxiety other than by averting the conscious mind and, to that extent, it made little difference what type of music was included on the tape. (A list of the musical tracks used can be found in Appendix 3).

Within the sessions, the format of the other conditions was adhered to as far as possible. Thus the description of anxiety in terms of thoughts, actions and body symptoms was maintained and a description of symptoms given. Following this teaching element, the therapy consists of playing the generalised anti-anxiety tape prior to the tea-break. A specialised anti-anxiety tape which formed the topic for that particular session was played in the second half of the session. The format of sessions were as follows:

SESSION 1 : Overview of information contained in the placebo booklet.

The standard video (see page 219) was shown and discussed.

SESSION 2 : a) Introduction of the generalised anti-anxiety tape.

b) Specific anti-anxiety tape 1 : Controlling your body.

SESSION 3 : Specific anti-anxiety tape 2 : Controlling your thoughts.

SESSION 4 : Specific anti-anxiety tape 3: Controlling your actions.

SESSION 5 : Specific anti-anxiety tape 4: Controlling panics.

SESSION 6 : a) Specific anti-anxiety tape 5: Asserting yourself.

b) Specific anti-anxiety tape 6: Controlling depression.

During each session, prior to the playing of the tapes, the room was darkened, patients were asked to close their eyes and "open their minds up to the tape". Following the playing of the tape, the feelings evoked during the playing were discussed.

The second generalised anti-anxiety tape was given for daily use at home at the end of Session 1. It was felt that different musical tracks on the two generalised tapes, and supposedly, slightly different generalised messages, would help stimulate both the conscious and sub-conscious minds. The specialised anti-anxiety tapes were given at each subsequent session. Patients were told to continue in the daily use of tapes, alternating the generalised and specialised tapes.

APPENDIX 3.

MUSIC ON GENERALISED AND SPECIALISED TAPES. (PLACEBO CONDITION).

Tape 1. Generalised Anti-Anxiety Tape

Meditation	(from Thais)	Massenet
Largo	(from New World Symphony)	Dvorak
Chi Mai		Ennio Morricone
Coinleach Glas an Flamhair		Clannad

Tape 2. Specialised Tape A : Body.

Canon Suite		Pachelbel
Moonlight Sonata		Beethoven
Song for Guy		Elton John.

Specialised Tape B : Thoughts

Nimrod	(from Enigma Variations)	Elgar
Aria		Bardotti
Why worry?		Dire Straits.

Tape 3. Specialised Tape A : Action.

Cavalleria Rusticana		Mascagni
Light of Experience		Belmonde.
Out of Africa theme		Barry.

Specialised Tape B : Assertiveness.

Chariots of Fire		Vangelis
Chords		Jon Anderson
Rhapsody on a Theme by Paganini		Rachmaninov
Bolero		Ravel

Tape 4. Specialised Tape A : Panic Attacks

Southern Jukebox Music		Penguin Cafe Orchestra
Coventry Carol		Maddy Prior
Songbird		Kenny G.
Albatross		Fleetwood Mac.

Specialised Tape B : Depression.

E.T.		Soundtrack
Oxygene (Part IV)		Jean Michel Jarre
Troika	(from Lieutenant Kije)	Prokofiev
Cavatina		Williams
Bilitis		Lai.

APPENDIX 4

COGNITIVE BOOKLET

STRESS CONTROL

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Senior Clinical Psychologists

Lanarkshire Health Board

STRESS CONTROL

NOT TO BE REPRODUCED IN ANY PART
OR FORM WITHOUT WRITTEN PERMISSION

PART ONE

INFORMATION SECTION

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INTRODUCTION

Anxiety is the twentieth century 'disease'. Anxiety is something we have all experienced at one time or another. It is perfectly normal to be anxious and we can all call to mind unpleasant experiences which have resulted in a feeling of anxiety, e.g. waiting for exam results, going for a job interview, being at the dentist. This type of anxiety is common and usually does not require help as it clears up as soon as we have got the distressing situation out of the way.

However, anxiety becomes a problem when you experience it too often or when it is brought on by ordinary situations or things which really should not be stressful. At this stage, when anxiety starts to get on top of you and seems to be getting out of control, many people consult their doctor seeking further help. You have probably been asked questions about anxiety, both of yourself and your doctor. For example, "What is anxiety"?, "What has caused it"?, "Why do I feel the way I do"? and, most importantly, "What can be done about it"?

This booklet helps answer these questions. It has been written to accompany the series of meetings which you will be attending. The first half of the booklet explains the nature of anxiety, the second half describes the treatment. If you are currently taking tranquillisers but would like to cut them down, we strongly advise that you stay/

stay on them until the end of the course when, with your doctor's approval, we will give you a booklet on coming off tranquillisers.

Reading the booklet alone is unlikely to get rid of the problem, therefore good attendance at the meetings and hard work outwith the meetings is essential. During the course of the meetings, the therapies described in the booklet will be explained in greater depth so do not worry if some things are not immediately clear to you.

WHAT IS ANXIETY?

Anxiety is a greatly misunderstood problem. Most people we see tend not to understand why the anxiety started or why it is continuing.

When in a situation where they feel calm, most people are able to accept that their fears are irrational or exaggerated and that there is no rational basis for feeling as bad as they do. However, these thoughts are overwhelmed once the anxiety rises beyond a certain level.

Anxiety sufferers often feel that they are losing touch with reality because they feel unable to cope with situations which everyone else appears to cope with without any difficulties. This raises two points:

1). Everyone does not cope: Anxiety is an extremely common problem. Individuals suffering from anxiety often exaggerate other people's ability to cope while, at the same time, exaggerating their own inability to cope. Anxiety affects all types of people - outgoing or shy; intelligent or unintelligent; young or old; male or female.

2). Insight: It is, in fact, a good sign when an individual realises his fears are irrational and is a strong indication that the problem is an anxiety condition rather than a mental illness.

We call this understanding insight.

While it is reassuring to know that you are not mentally ill, you do still have a serious problem inasmuch as it will be greatly upsetting your life and possibly the lives of those around you.

Unfortunately, the common attitude in Britain towards anxiety is to 'give yourself a good shake'. This attitude is both simplistic and wrong. The causes and indeed the treatment of anxiety are complex - if all it took was a good shake then you would gladly have given yourself one. No-one deliberately suffers anxiety.

Often your most severe critic is yourself. Often we find anxiety sufferers blaming themselves for being anxious. This makes about as much sense as blaming yourself for having e.g., arthritis. It is not your fault that you have developed anxiety as this booklet will explain.

It is worthwhile bearing in mind that, although on the outside, you may look perfectly healthy and, indeed, calm, this is not a good indication of how you are feeling inside. This often creates guilt as there may be no obvious physical 'disease' or 'illness' and individuals often worry about 'wasting the doctor's time'.

In some ways, it is more reassuring to have a definite physical condition, e.g., a broken leg - you know exactly what caused it; everyone else can see what has happened and can understand your feelings; treatment is obvious and you also know that when the leg has mended/

the problem will disappear. This reassurance is often missing with anxiety as you often do not know the cause or why the problem persists and, up until now, have not been aware of an effective way to combat the problem.

It is for these reasons that we have designed STRESS CONTROL as a detailed method of treating anxiety and the first step is to make more sense of anxiety.

When we talk about anxiety in everyday life, we often use phrases such as "I can't think straight"; "I can't cope with this"; "I am uptight" and we assume we are talking about the same thing and lump all these symptoms under the one heading of 'Anxiety'. However, when we come to look at anxiety in detail, it is important to divide it into three separate parts:

1. What you think: i.e. what goes through your mind when you are anxious.
2. What you do: i.e. how you act when you are anxious.
3. How your body reacts: i.e. physical symptoms you get when you are anxious.

These are known as the THREE SYSTEMS of anxiety. You can remember this by thinking of TAB

T : THOUGHT
A : ACTIONS
B : BODY

We will now look in some detail at the nature of thoughts, actions and body and explain how each in turn has an effect on your anxiety condition.

THOUGHT

"If I try to go down to the shopping centre on my own, I feel really dizzy and I am sure that I'll collapse and I'll make a fool of myself. I can't stand being there unless someone is with me".

"I just can't help worrying. I never sit at peace and I can't relax doing anything any more. I know I shouldn't worry but I can't seem to stop myself".

"I never disagree with anyone at work even although I would like to. I'm afraid I'll burst into tears if someone challenged me. It's terrible because I know they just use me now".

"I'm just useless. Whatever I try to do ends up as a disaster. I just don't do anything now - I avoid having people up to the house and I avoid going out visiting. All the family think I'm a failure and they are right".

"I keep thinking there is something physically wrong with me, I keep wanting to check my body to look for changes. I'm convinced that I am seriously ill and I get anxious reading about illness and death in the paper."

These are common statements from anxiety sufferers. Often, the person suffering from anxiety cannot pinpoint the source of the anxiety but just find themselves constantly worrying about the future, anticipating that things will go wrong and sometimes

worrying about things he has done in the past.

In all cases of anxiety, however, the one common finding is that the anxiety sufferer feels threatened by situations or difficulties which in the past would have posed no great problems while realising that he would be able to cope if only he were able to control his anxious thoughts more effectively.

The thoughts printed above are quotes from anxiety sufferers when they were asked to describe their problem. The thoughts printed below are from the same people but these thoughts arise during anxious periods - thoughts which flash automatically through their heads, e.g.

"I'm going to die"

"I'm going to choke"

"I'm going to make a fool of myself"

"I'm losing control"

"People are looking at me"

"I'm going to go mad"

These are called AUTOMATIC THOUGHTS.

All these thoughts are irrational and unrealistic - you won't go mad and you won't die. However, if you truly believe that, for example, you are going to make a fool of yourself then naturally it increases your anxiety. Most people realise that if they could only learn to get a grip on their thoughts, they would be able to control the anxiety. That is why STRESS CONTROL concentrated very much on teaching

you a straightforward and effective method of doing just that.

ACTIONS

In the previous section we looked at how anxious people think when they are anxious. In this section, we look at what people do when they are anxious.

Here are some examples:

- avoiding day to day events; paying bills;
chatting to neighbours.

- avoiding going alone to the shops at busy times.

- avoiding making decisions; planning ahead;
taking responsibility.

- finding yourself acting unnaturally because
of tension.

- finding yourself unable to speak in case you
say the wrong thing.

- checking items around the house frequently
and needlessly.

- cleaning the house (or yourself) frequently
and needlessly.

The best way to look at this is to divide actions into two sections:

Avoidance

We noted previously that anxiety sufferers often anticipate that they will cope badly in situations, e.g. the prospect of having to go to a wedding or visit friends. If an individual feels that, for example, going to the shopping centre will lead to panic, he will often avoid going into that situation

This may work in the short term as a way of not facing up to anxiety but the minute you avoid any situation, you will make the problem worse and not better.

This is true whether it involves avoiding standing up for yourself, avoiding going into shops, avoiding going to parties or socialising or simply avoiding everyday necessities such as making meals or doing housework. It is also true when you take to your bed during the day, i.e. avoiding staying up. Thus while in the short term, avoiding a situation may bring some relief, in the long term it is simply building up a bigger problem.

Therefore the first important thing to remember about your actions is avoidance.

Behaviour

There are other actions which lead to anxiety, e.g. if you are talking to someone and you notice yourself talking too fast, stammering, mixing up your words, etc. or it may be that you are fidgeting - playing with your hair, moving from one foot to the other, twitching etc. These behaviours show that you are tense and because you can be painfully aware of them, they may increase the anxious thoughts you are having.

It may be that you are not good at different social skills, e.g. you may find it difficult to open a conversation with a stranger, keep a conversation going after you have talked about the weather.

It may be you find it difficult to stand up for yourself, e.g. complain in a shop, turn down unreasonable requests, etc. These problems may be affected by anxiety and, as above, may increase your anxious thoughts.

Another behaviour problem is linked to obsessional thinking and that is when you feel compelled to carry out certain actions that you realise are irrational but feel unable to stop, e.g. you may find yourself doing far too much housework, frequently checking that electric plugs have been pulled out of the socket at night or frequently checking that doors are locked and that windows are secure or that there are no gas leaks. These compulsions go hand in hand with obsessional thoughts.

Therefore the second important thing to remember about your actions is changes in your behaviour.

BODY

The body reacts in a variety of ways to anxiety and you will probably be aware of a wide range of physical symptoms, e.g.:-

shaking	headaches
dizziness	palpitations
sweating	breathing difficulties

Other symptoms are described later in this booklet.

These symptoms are unpleasant and a second problem may develop in that you have a fear of the symptoms themselves. You may find that these symptoms seem to appear without warning and do not seem to be triggered by anything happening to you.

This may lead to a fear that you have a serious physical disorder and that something bad is about to happen to you, e.g. you will have a heart attack if you become aware of pounding in your heart or a fear that you have cancer because you are experiencing odd symptoms which you cannot put a label to.

We often call these symptoms 'psychosomatic'. This does not mean they are 'just in your mind'. If you have a tension headache it is because anxiety has

caused the muscles around your head to tighten, leading to a painful sensation so you are not simply imagining it - it is real.

All bodily anxiety symptoms are caused by nervous tension. They are unpleasant but apart from that they need not cause you any concern - you will not do any damage to your body if your symptoms are severe.

How the body reacts to stress.

Imagine you are crossing the road when you realise that a car is fast approaching you - you have to get out of the way. What happens is that the nervous system puts the body on the 'alert' to prepare it for action. The heart beats faster to pump more blood; blood pressure rises so that blood reaches the muscles more quickly and so on. This helps you get out of the way of the car as you can run faster, can concentrate better on the danger by ignoring everything else, etc. When the danger is over, everything returns to normal and the body relaxes.

How the body reacts is virtually the same way to a psychological threat (threat criticised, going into a feared situation) as to a physical threat (a car coming towards you). In an anxiety condition, the

body gets into 'the habit' of being on the 'alert' all the time. In other words, the nervous system becomes too sensitive and can be set off by quite ordinary everyday situations. Not only this, but the body takes longer to return to a relaxed state after you have experienced anxiety.

It is important to remember however, that even although the body is 'alert' for long periods of time, you are still not causing any physical damage to it (you are, however, using up a lot of energy and may make you feel more tired than usual).

Just as people differ in the way in which they experience anxiety, so their bodies react differently. Some people develop headaches as a result of anxiety, others develop stomach upsets, still others have palpitations. Each individual has his own pattern.

It is very important to remember:

- 1). Anxiety (a psychological disorder) can cause marked temporary changes in your body. Most people underestimate the power of anxiety in producing marked physical symptoms.
- 2). These symptoms are not dangerous: you are

not damaging your body, therefore you will not, e.g. faint, have a heart attack or die.

- 3). The symptoms will go away: the body can only remain in an anxious state for so long and after a while your body will reduce all the symptoms itself.

We have now looked in some detail at the three important aspects of anxiety:

T : Thought
A : Action
B : Body

We have produced in the following pages a list of some of the common anxiety symptoms and have listed them under T A B headings. It is not exhaustive - there are many other anxiety symptoms which you may experience which are not on this list.

ANXIETY SYMPTOMS (1) : THOUGHTS

Apprehension	Self-consciousness
Fear of death	Fear of disease, illness
Fear of insanity.	Nightmares
Fear of losing control	Loss of self-confidence
Lack of assertiveness	Fear of being alone
Fear of failure	Fear of meeting people
Loss of sexual arousal	Fear of being criticised
Fear of becoming angry	Fear of being rejected
Fear of looking foolish	Fear of making mistakes
Loss of concentration	Loss of interest
Afraid to face the day	Overconcern about cleanliness
Feeling 'cut off' from your surroundings.	Feeling of impending doom.

ANXIETY SYMPTOMS (2) : ACTIONS

Behaviour:

Speaking too fast	Stammering/stuttering
Hesitating	Speaking too quietly/ loudly
Unable to sit at peace	Overconcern with safety checks
Poorer performance, e.g. work.	Taking longer to perform tasks.

Avoidance

Buses	Driving
Shops	Busy Places
Making decisions	Being alone
Leaving home	Travelling far from home
Going out in the dark	Talking to neighbours
Reading about cancer, heart attacks, etc.	Heights

ANXIETY SYMPTOMS (3) : BODY

Palpitations	Rapid heart rate
Missed heart beats	Dizziness
Faintness	Headache
Numbness	Chest pain
Shortness of breath	Stomach pains
Choking sensation	Muscle pains
'Butterflies' in stomach	Tiredness
Shakiness	Sweating
Sleeping problems	Difficulty in swallowing
'Jelly' legs	Diarrhoea
Weakness of the bladder	Increased appetite
Loss of appetite	Trembling
Flushing	Pains in the head
Nausea	'Pins and needles' in face and limbs.

ARE THERE DIFFERENT TYPES OF ANXIETY?

For too long, anxiety conditions have been viewed as an 'illness' which you either have or do not have. It is not that simple. We all have some degree of anxiety - you simply have too much anxiety at present. Therefore, do not view yourself as 'sick', 'mentally ill' or 'abnormal' but rather as having anxiety which is interfering with your daily life to an unacceptable extent at present.

There are several types of anxiety conditions, the most common being:

1). FREE-FLOATING ANXIETY

This is characterised by oversensitivity and a long lasting state of tension and apprehension and often the individual cannot pinpoint exactly why he is worried. The sufferer worries constantly, experiences unpleasant bodily symptoms and has trouble making decisions; may manufacture worries and problems and feels incapable of facing the stress of daily life. The anxiety can occur under any circumstances and it is not restricted to specific situations or objects, although it may come and go to a certain extent during the day.

Often free-floating anxiety is worse at times when the individual should be relaxing, e.g. after work, watching television, socialising etc. This may be related to the fact that he does not have to concentrate on anything else which would distract his attention away from the anxiety.

Often this state can be interrupted by acute and frightening panic attacks.

2). PANIC ATTACKS

Panic attacks may last from a few seconds to a few hours. They tend to come on suddenly, often without warning and involve an intense feeling of apprehension or impending doom.

There are a wide range of physical symptoms, e.g. :

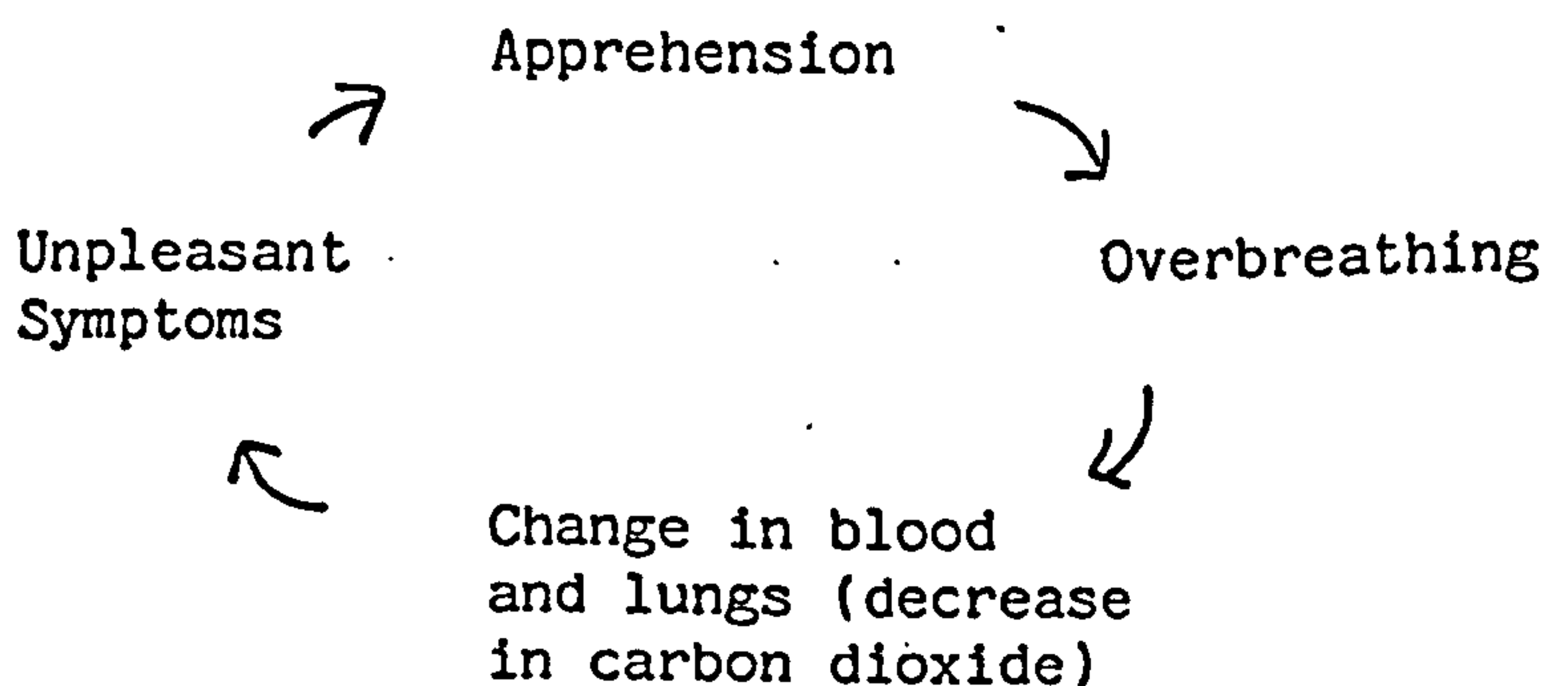
Breathlessness	Palpitations	Dizziness
Chest pain	Choking	Feelings of unreality
Hot and cold flushes	Sweating	Faintness
Trembling	Shaking	Numbness of extremities.

They can be brought on by such things as hang-overs, illness(e.g. flu), too much caffeine and rapid changes in posture.

You are also more likely to have a panic attack when tired, when your blood sugar is low, e.g. during crash dieting, or if you miss meals and by stressful situations. Women are more at risk before their period.

Panic attacks result from wrongly believing that the symptoms noted above are dangerous (e.g. palpitations will cause a heart attack). Many people wrongly think that they may die, become seriously ill or go mad during a panic.

During a panic attack you are likely to breathe very fast (hyperventilate) and/or too deeply. This causes temporary changes in the carbon dioxide levels in your blood and lungs which in turn will help create the unpleasant symptoms noted above. This, of course, will make you even more anxious.



As you can see from the diagram a vicious circle of fear has developed. In the second half of the booklet, we will teach you a simple way of controlling panic attacks.

3). PHOBIA

A phobia is a persistent fear of a specific object or situation for which there is no rational basis. The sufferer typically recognises that there is no danger but this awareness in itself does nothing, as a rule, to lower the anxiety.

The most common phobias are:

agoraphobia	:	fear of public places (not open spaces), e.g., shops buses, busy streets.
social phobia	:	fear of social situations, e.g. parties, meetings.
animal phobia	:	fear of animals, especially dogs, snakes, spiders, rats.
height phobia	:	fear of tall buildings, bridges.
claustrophobia	:	fear of enclosed spaces, e.g. lifts, small rooms.

Unlike free-floating anxiety, the sufferer usually only experiences marked anxiety when faced with these objects or situations. However, most phobic sufferers also feel anxious and/or depressed for long periods of time when not faced with these objects or situations.

4). . OBSESSIVE-COMPULSIVE REACTION

Obsessive and compulsions are often found together.

- a) Obsessions : This is the occurrence of persistent thoughts which the person may realise as irrational but cannot prevent, i.e. the individual simply cannot shut the thoughts off.. Common obsessional thoughts include worries about developing a serious illness, e.g. cancer or heartdisease, exaggerated concern about personal cleanliness, worries about whether you have carried out a task properly.
- b) Compulsions : These are impulses to perform actions that are also irrational. Common compulsions include repeated hand-washing repeatedly checking to see whether a door is locked, repeatedly cleaning the house although the sufferer knows it does not need cleaned.

Therefore an obsession is what you think.

A compulsion is what you do.

5). DEPRESSION

Often an anxiety sufferer will complain of feelings of depression and the individual's symptoms of dejection can be seen as a response to the anxiety problems.

It should not be assumed that if you are depressed, you will walk around in a slumped and dejected fashion.

Many people with depression manage to take part in conversations, smile and even tell jokes in order to present a good front to family and friends.

The common symptoms (some of which are shared with anxiety) are:

- Poor concentration

- Loss of (or increased) appetite

- Sleeping problems - often getting off to sleep

- Lack of energy

- Inability to face the future

- Crying spells

- Loss of sexual arousal

- Loss of interest

When people talk about being depressed, they usually mean a 'fit of the blues'. A 'fit of the blues' affects all of us from time to time and is generally associated with us feeling 'fed-up'. It usually clears up quite quickly and often can be helped by us doing simple things such as giving ourselves a treat, changing our routine, etc. Depression is more severe and is likely to last much longer and is less likely to respond simply by, for example, treating ourselves.

WHAT CAUSES ANXIETY?

We said in the introduction this booklet that everyone, no matter how happy or well-balanced, experiences anxiety at one time or another.

Anxiety is a normal and, indeed, unavoidable part of everyday living and, if it can be kept at a reasonable level, can actually be healthy because the anxiety is telling you something, i.e. there is something wrong with your life that you should be tackling. When we look at the causes of anxiety, we can ask (and answer) the question -

Are we born anxious or do we learn to become anxious?

Anxiety: Born or bred?

While we are all born with the ability to be anxious, some of us are more prone to anxiety conditions and we often refer to such people as 'natural' or 'born worriers'. This is due to the nervous system in our body - some systems are simply more sensitive to stress than others.

Although we cannot change your nervous system we can, through the type of therapy described later in the booklet, control it. So don't feel 'condemned' - remember that virtually all born worriers, when asked, can describe periods of their life when they coped well. This highlights the importance of events in your life in causing anxiety.

It is very important to realise that your nervous system is reacting to anxiety - it is not causing it. Anxiety is not a physical condition - it is a psychological condition and is best treated by psychological therapy.

Not everyone who suffers from anxiety is a 'born worrier'. Many, if not most, anxiety problems result from the various stresses and strains which we come across in our lives. At a simple level, many people who are frightened of dogs have been attacked by a dog in childhood.

At a more complex level, an individual may experience a number of events in life which, on their own, may not result in much anxiety but, taken together, may be enough to trigger an anxiety reaction. let us give you an example of this.

CASE HISTORY

Moirira is a 45 year old woman, married with two grown-up children. She had a normal childhood and had no unusual fears or phobias. No-one else in the family was particularly anxious. As an adult, she coped well with life, had a stable marriage and enjoyed a varied social life. At this stage she could have described herself as being self-confident, capable and happy in life.

The anxiety condition seemed to arise out of the blue and in the space of six months gradually worsened. Moira found her self-confidence disappearing, she became more apprehensive (although of what she didn't know) and was unable to sit down at night and relax. She had all the classic bodily symptoms - rapid heart rate, headaches, nausea. She felt she was losing control of her life and began to avoid socialising. Her concentration was affected and her work (as a Secretary) suffered. After tranquillisers had failed to control the anxiety, Moira was referred to the Clinical Psychology Department.

Once Moira had explained the problem in some detail, it was possible to see the factors which had triggered off the anxiety:

Six months before the anxiety developed, Moira changed jobs and moved into an office working on her own for two surveyors. She found it difficult coping with their unrealistic demands and unpleasant manner. Unable to assert herself, Moira found herself trying to please her employers by doing more and more work. In addition, she was criticised openly for minor mistakes and given no credit for good work.

She took her problems home and released her pent-up frustration on her husband. This caused marital problems which, in turn, led Moira to feel rejected. Faced with the prospect of Monday mornings, week-ends became a time of anxiety instead of relaxation.

Moira at this point was prone to develop an anxiety problem. She developed a bad flu and at a point when her physical and psychological energies were drained, she experienced her first anxiety attack.

This is a good example of events and experiences in life leading to an anxiety problem. In your own case, you may be able to pinpoint an event or, more likely, a series of events which led up to the current problem although sometimes it is very difficult to pinpoint any reasons. This does not mean that there is not a reason, simply that you have forgotten what was happening at the time. In any case, in the treatment of anxiety, it is much more important to tackle the reasons which are keeping it going rather than the causes which obviously, being in the past, cannot be changed.

Another example concerns John, a 24 year old man who, in the space of 6 months, married, moved to England with his job, suffered the unexpected death of his father and was made redundant. His anxiety condition developed shortly afterwards.

Of interest in this case is the fact that some of these events were pleasurable - getting married and moving into a new house. However, even these pleasurable events can have an impact on anxiety as they involve the person having to adjust to a new way of living and this may make him more vulnerable for a short period of time as it means building up a new routine.

In the next section, we will discuss a more important issue; namely, what keeps anxiety going?

WHAT KEEPS ANXIETY GOING?

In the last section we described examples of the causes of anxiety. However, when we come to the treatment of anxiety, the crucial element is not so much what caused the problem, but the factors which are keeping it going. We have already mentioned some of the reasons when we talked about the T A B symptoms.

However, the crucial factor involved in keeping anxiety going is the way you think about stress. You will be aware of the way your mind often gets things out of proportion or "distorts reality" - this "distortion" then affects your actions and body symptoms.

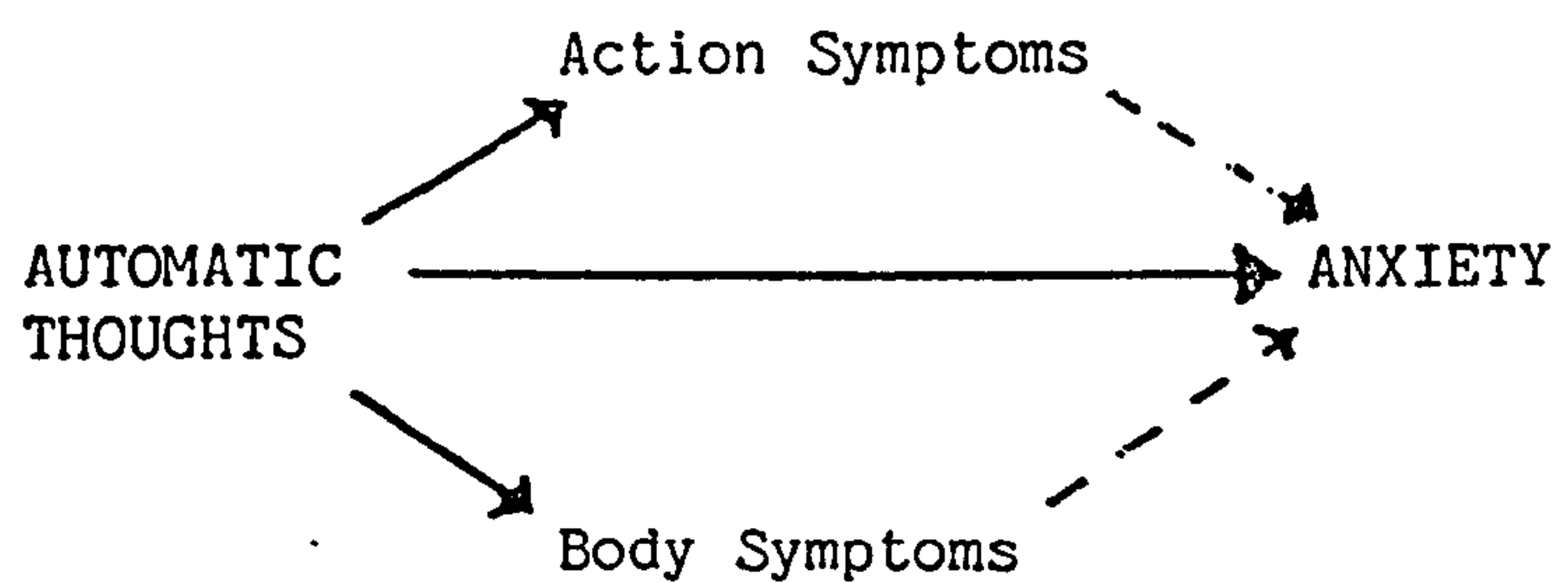
Let's take a simple example of this - imagine an anxiety sufferer sitting at home the day before a wedding to which he has been invited. His thinking maybe along these lines - "I don't want to go to this, I won't cope well with it, I know I'll be really anxious and won't be able to sit at peace. Everyone will see I'm a nervous wreck. I won't be able to eat anything at the reception because of my nerves and anyway I wouldn't be able to stop my hands shaking. I won't be able to talk sensibly to anyone. Why can't I just enjoy myself like everyone else instead of being so neurotic.

I don't feel well - maybe I should phone to say I'm ill and can't go - that would get me out of it. What a state for a grown man to get into!"

What has happened in this instance? Firstly, it is clear that this man is very apprehensive about the next day and he is anticipating the worst. Indeed, he paints a very black picture - everyone will see how anxious he is, he isn't as good as other people, etc. He doesn't see any alternative way of coping with the wedding - he seems 100% sure that he won't cope. This triggers off other thoughts about his behaviour - he won't be able to speak to anyone or sit at peace. He also worries about his underlying body symptoms - his hands will shake, he will lose his appetite, etc. Finally, he begins to feel ill and uses this as an excuse to avoid.

All this has come about because of the way he is thinking and while, let us say, two days later he would realise that he was exaggerating how bad things would be, the crucial thing is that, firstly, he believed it at the time, and, secondly, he was unable to control his thoughts.

To simplify this, what is happening is:



Once you reach this stage, the anxiety feeds itself and if unchecked, will lead to further anxiety symptoms developing. During the course we will, therefore, concentrate on controlling your thoughts and, hence, control your actions and body symptoms.

CONCLUSION

You now have a good knowledge of anxiety and the way it affects you. As we noted earlier, although the causes of anxiety will be of interest to you, knowing about them will not greatly help get rid of the problem as it is the factors which are keeping it going which are of more importance.

Thus, in the treatment section which follows this, we concentrate very much on the present and not on the past for the simple reason that we cannot change the past but we can alter the present and, therefore, alter the future.

On the following page, we have listed some important statements about anxiety. Try to memorise these and to recall them when you next become anxious.

IMPORTANT STATEMENTS ABOUT ANXIETY

The following statements are all true about your condition. It may be helpful if you memorise them and bring them to mind when you next get tense.

1. You do not have a unique disorder.
Anxiety is normal and, at times, can be helpful.
2. Anxiety is not a mental illness.
3. Anxiety develops because of what happens to you in life - you are not born anxious.
4. You will not 'go mad' because of anxiety even if the anxiety is very severe.
5. You will not die because of your anxiety symptoms even if they are very severe. No-one ever has.
6. Anxiety is kept going by the way you think.
Thereby changing the way you think will reduce anxiety.
7. You are not 'weak', 'inadequate' or 'abnormal'.
The successful treatment of anxiety is a lot more complicated than simply giving yourself a good shake.
8. Tranquillisers may help dampen the symptoms but they will not cure the problem.
9. Anxiety can be successfully treated : with hard work and active co-operation between the psychologist and yourself.
10. You can be taught the 'danger signs' and thus help prevent relapse in the future.
11. There is no magic cure - don't be impatient - overcoming anxiety takes time.
12. Believe in yourself : you can do it.

PART TWO

TREATMENT SECTION

INTRODUCTION

Over six sessions, you will learn a good deal about anxiety, and more importantly, will be taught ways of overcoming the anxiety. The best way to overcome anxiety is to break it down into manageable parts and we will do this at each session by looking at just one aspect of the anxiety. At the end of the course, all the skills that you have learned will be brought together so that, by that stage, you will have an effective 'weapon' to fight anxiety. These skills go under the heading STRESS CONTROL.

On the following pages, there is a summary of what you will be doing at each session. Do not worry if you do not follow all of this as we will be going into it in detail during the sessions.

Each session is divided into two. The first half will concentrate on providing information and teaching ways of overcoming anxiety. This will include videos which help to demonstrate the use of particular techniques. The second half concentrates on practising the skills before you try them out in 'real life'. There will be a tea break in between.

You will be given 'homework' based on what you have learned at each session as it is only with practice that you can master anxiety.

SESSION 1.

Stress Control: Step 1 - Introduction to the Course

PART 1: INFORMATION

The psychologists will look in detail at the nature of anxiety and we will spend some time talking about anxious thoughts, anxious actions and the effect of anxiety on the body. Remember, there is nothing mysterious about anxiety and once you have learned about the nature of anxiety, you will find that you don't fear it as much because you will know exactly what is happening to you when you are anxious.

Video.

You will see a video interview with an anxiety sufferer. The person describes what caused the anxiety problem and then describes the various symptoms he experiences. It is unlikely that your problem will be exactly the same, however you should be able to see some similarities.

BREAK

PART 2: PRACTICE

After the break we divide into two groups, each group led by a psychologist. This will give you the chance to discuss particular anxiety symptoms and to discuss the booklet in more detail. If you do not want to join in the discussion, don't worry as you will still benefit from listening to what others have to say. Remember that in the group, you are not expected to disclose personal information about yourself so don't feel in any way threatened. The groups are simply to provide very practical ways of overcoming anxiety. At the end of the first session, you will be given diary forms which we will ask you to complete every day.

SESSION 2

Stress Control: Step 2 - Identifying Anxious Thoughts

SUMMARY

PART 1: INFORMATION

We will begin by explaining the nature and use of tranquillisers. However, the main task of this session is to identify the thoughts which led to anxiety.

BREAK

VIDEO This will demonstrate how to get in touch with the actual thoughts which create anxiety.

PRACTICE

We will divide into two groups and we will practise the skills discussed earlier.

Stress Control: Step 2 - Identifying Anxious Thoughts

In the first half of the booklet, we talked briefly about the 'AUTOMATIC THOUGHTS' which appear to come out of the blue. We also noted that these thoughts led to body and action symptoms developing which, of course, lead to further anxiety.

Working on the principle that knowing your enemy is half way to winning the battle, the first step in controlling your thoughts is learning more about the AUTOMATIC THOUGHTS so that you can recognise them in yourself. We do this in four stages:

STAGE 1 - Recognising the thoughts

Most people say they are not thinking of anything in particular when they are anxious. In fact, there are many thoughts in your mind even although you may not be aware of them.

To help recognise the AUTOMATIC THOUGHTS, remember that:

1. They often happen 'out of the blue'.
2. The thoughts often become such a habit that you can be completely unaware of them.
3. The thoughts are often irrational, inaccurate and unreasonable, but they may seem plausible and believable to you at the time even although you may be able to see how irrational they are when you are more relaxed.

4. The thoughts are often alarming and depressing.
5. The thoughts often appear even when you don't want them to.
6. The thoughts are often about what is about to happen in the near future.
7. Most people would become anxious if they believed in the AUTOMATIC THOUGHTS.

Examples of AUTOMATIC THOUGHTS can be found in the first half of the booklet.

STAGE 2: Recognising the mistakes in your thinking.

As you can see from STAGE 1, AUTOMATIC THOUGHTS are very important in producing anxiety. AUTOMATIC THOUGHTS are clearly stopping you from getting as clear a view of the world as you need in order to control anxiety. This is one of the reasons why it is often very difficult coming up with alternative ways of thinking your way out of anxiety.

This will be easier to do once you can recognise the types of mistakes maintained in the AUTOMATIC THOUGHTS.

Some common mistakes are:

1. ALL OR NOTHING THINKING: Seeing things only in black and white - there are no shades of grey (i.e. you are either a total success or a total failure). An example of this may be a school pupil who unless he is always top in his class, sees himself as a total failure.

2. OVERGENERALISING: Assuming that if you have one bad experience in a certain situation then you will always have bad experiences there. An example of this may be a woman with agoraphobia who, after having a panic attack at the check-out of a supermarket believes that the exact same thing would happen if she returned.
3. IGNORING THE POSITIVE: Rejecting any success or achievement because it 'doesn't count' for some reason. A recent example of this was recorded by a patient. After organising a presentation for a workmate who was retiring, he felt upset because his speech could have been better. When asked if he didn't feel he had done well to organise and go through with the presentation, he simply replied "But anyone could do that - it's no big deal. The fact is that my speech was very poor".
4. EXAGGERATING: Blowing things out of proportion. Often patients report 'major disasters' but on going into this in depth, what appears to be happening is only mildly upsetting. An example of this could be forgetting the name of a neighbour you meet in the street.
5. CATASTROPHISING: Magnifying or exaggerating the importance of anything that goes wrong. We recall the example of a man who, some time ago, recounted an incident in which after dropping a friend off, drove home only to find himself in a state of acute panic half way there. By tracing his thoughts back, we are able to find

a good example of 'catastrophising' - After dropping his friend he became aware that he should have visited his friend's toilet. As it was very late, there were no public toilets open and he had a long drive in front of him. He became more and more aware of his need and decided to stop, jump behind a wall (in the centre of Glasgow) and relieve himself. At this point, however, his anxiety became acute due to a series of increasingly upsetting AUTOMATIC THOUGHTS.

These went as follows:

"What if someone sees me" -

"What if the police catch me" -

"I'll be arrested" -

"I'll end up in Barlinnie" -

"It'll be in all the papers" -

"My wife will leave me and the children will disown me" -

"I'll be finished" -

The problem was made more critical by the fact that he was a minister!

On tracing the series of thoughts, which he was unaware of at the time, his anxiety made sense - one anxious AUTOMATIC THOUGHT led to another until he had a catastrophe on his hands. Although he found it very amusing to see this, he was amazed at seeing how AUTOMATIC THOUGHTS could so quickly build up a marked anxiety.

STAGE 3 - Identifying your own anxious thoughts.

Most people find it difficult 'getting in tune' with their thoughts. There are a number of ways of learning how to do this, however. We will concentrate on one way. This is called the 'AS IF' technique.

The 'AS IF' technique really means reliving an anxious event or anxious experience 'as if' it is actually happening.

The idea is that you think of a situation and, into yourself, give a running commentary on it, almost like running a film in front of your eyes. This is difficult and takes practice but, once you pick up the idea, you will become more aware of the anxious thoughts and this is a crucial step in then going on to control them.

STAGE 4 - Homework

Practise is your watchword. Only by working very hard at understanding your AUTOMATIC THOUGHTS can you learn to control them. That is why we ask you to carry the special Diary Forms around with you and to fill them out whenever you are aware of being under stress and then to concentrate on your AUTOMATIC THOUGHTS.

You should note:

1. WHERE YOU ARE, i.e. your situation.
2. HOW YOU FEEL, i.e. your emotions.
3. AUTOMATIC THOUGHTS.

Here is an example:

SITUATION	EMOTIONS	AUTOMATIC THOUGHTS
sitting in the tea room at work	worrying, fed-up	I was feeling very anxious and I didn't know how to relax

This is the first example of a patient trying to become aware of AUTOMATIC THOUGHTS. As you can see, it is not a good example because he has been unable to identify real AUTOMATIC THOUGHTS (see The Nature of Automatic Thoughts on Page 41). You will probably have this difficulty as well as the start. Don't worry, as you can see in the following example taken only one week later, he picked up the idea very quickly to produce good AUTOMATIC THOUGHTS.

SITUATION	EMOTIONS	AUTOMATIC THOUGHTS
morning tea break at work	anxious	everyone is looking at me. I want to get out of here

SESSION 3

Stress Control : Step 3 - Positive Thinking

SUMMARY

PART 1 : INFORMATION

In the first half, we will concentrate on how to reduce anxiety by thinking more appropriately and more positively about stress. In other words, you will learn to 'think your way out of anxiety'.

BREAK

PART 2 : VIDEO

PRACTICE

Following the video demonstration of how to use Positive Thinking, we will split into two groups and work out ways of using this to help your own problems.

HOMEWORK

PRACTISE remains the watchword. Only by concentrating on what is running through your head and by challenging the AUTOMATIC THOUGHTS immediately can you get on top of your anxiety. At this stage, you are your own therapist - having diagnosed the problem and having worked out the treatment, you must now apply the treatment. Practise makes perfect and therefore we will give you diary forms which you should use every day. Soon you will do this subconsciously so don't worry about having to fill out diaries for the rest of your life.

SESSION 3

Stress Control - Step 3 - Using Positive Thinking

Having concentrated on finding out what you are currently thinking when anxious, we go on, in this Session, to discover a way of challenging these thoughts and replacing them with more appropriate and realistic POSITIVE THOUGHTS.

Positive Thinking will give you a weapon with which to fight back at your anxiety and, with practice, you will be able to control your stress instead of it controlling you.

Examples of Positive Thinking can be found on the following pages. However, for now, let us think of an example of using this. Imagine someone who has identified AUTOMATIC THOUGHTS concerning a fear of becoming seriously ill as a result of stress. His diary may read as follows:

SITUATION	EMOTION	AUTOMATIC THOUGHTS
Argument with my work-mates	very anxious	I am going to have a heart attack. This stress is going to kill me.

Now, he needs to take this one step further and he does this by immediately challenging the AUTOMATIC THOUGHTS:

SITUATION	EMOTION	AUTOMATIC THOUGHTS	POSITIVE THOUGHTS	OVERCOME
Argument with work mates	very anxious	I am going to have a heart attack. This stress is going to kill me.	it's only anxiety - it can't kill me. Relax, I'm in control	good bit better although still a bit on edge

Here is another example of using POSITIVE THINKING. to get rid of AUTOMATIC THOUGHTS.

SITUATION	EMOTION	AUTOMATIC THOUGHTS	POSITIVE THOUGHTS	OUTCOME
In living room alone	anxious, very depressed	I don't want to go out tonight. I can't cope with people yet - I'll make a fool of myself	I have never made a fool of myself yet - take it one step at a time	better - no chance of panic now.

SESSION 4

Stress Control : Step 4 - Breaking Anxiety Up.

SUMMARY

PART 1 : INFORMATION

In the first half you will learn how to divide your anxiety up into stages.

By doing this and by using POSITIVE THINKING during each stage, you will find it easier to cope as you are weakening the stress by dividing it.

BREAK

PART 2 : VIDEO

PRACTICE

We will split into two groups and practise the skills learned earlier.

SESSION 4

Stress Control : Step 4 - Breaking Anxiety Up.

Anxiety is not an all or nothing affair. When you get anxious, there are different stages and STRESS CONTROL will help you cope with each stage rather than to cope with a possibly overwhelming anxiety attack.

Clearly it is easier to tackle parts of a problem than to tackle the whole thing. The important four stages are:

1. Preparing to face anxiety.
2. Confronting anxiety.
3. The feeling of being overwhelmed by anxiety.
4. Reviewing.

Breaking Anxiety Up.

Having recognised your anxious thoughts and having learned how to break anxiety attacks into stages, you will be in a good position to use your POSITIVE THINKING. This will greatly help both to reduce your anxiety and to prevent any more anxiety developing. Study the examples we have listed below and pick the statements which you feel you would most be able to use when faced with anxiety.

1. Preparing for Anxiety

"What is it I have to do? I can develop a plan to deal with this".

"Just think about what I can do about it. That's better than getting anxious".

2. Confronting Anxiety

"I'll just psych myself up, I can beat this".

"I can convince myself to do it".

"One step at a time; I can handle the situation".

"Don't think about anxiety; just think about what I have to do".

"This anxiety is what the psychologists said would happen. It is a reminder for me to use these coping thoughts".

"Relax, I am in control. I'll control my breathing and use my relaxation".

3. Coping with the feeling of being overwhelmed by anxiety

"When fear comes, I'll just let it flow over me".

"I should expect my anxiety to rise but I know it will go away again".

"I won't try to get rid of my anxiety completely, but I will keep it manageable".

"Just keep thinking about the present; what is it I have to do now?"

4. Review

"It worked; I did it".

"Wait until I tell the psychologist (or group) about this".

"It wasn't as bad as I expected".

"I've made more out of my fear than it was worth".

"When I can control my ideas then I can control my anxiety".

"It's getting better each time that I use this technique".

"I did it!"

After you have sorted out which of these thoughts suits you best and have practised them during the session, the psychologist will suggest that you go out and practise changing your thoughts whenever you are in an anxious state. Obviously it is harder to change your thoughts in 'real life' than it is during the sessions but with practise you will find that it becomes that bit easier each time you use them.

SESSION 5

Stress Control : Step 5 - a) Assessing your values
b) Controlling Panic Attacks

SUMMARY

PART 1 : INFORMATION AND PRACTISE - ASSESSING YOUR VALUES

We will look at your values and beliefs,
i.e. the way that you characteristically
look at the world and at yourself, explain
why certain inappropriate values may make
you more vulnerable to anxiety and show
you how to change them using the skills you
have already learned.

BREAK

PART 2 : INFORMATION AND PRACTISE - CONTROLLING PANIC ATTACKS

You will learn how to control panic by
using your POSITIVE THINKING.

SESSION 5

Stress Control : Step 5 -

Part 1 - Assessing your Values

Your values and beliefs refer to the characteristic ways in which you tend to look at the world and at yourself. For example, an anxious person often has excessive needs for love and approval from other people or believe that always being successful at work is of vital importance to being a worthwhile person. He may have unrealistic expectations of life that, as they are unlikely to be fulfilled, may cause stress. He may have excessive feeling of responsibility for other people.

You will be given the questionnaire which allows you to test yourself whether your values or beliefs could be causing stress in your life. If so, you can alter them by using the skills you have already learned.

The following statements are examples of unrealistic values which are likely to make you more vulnerable to stress:

1. In order to be happy, I have to be successful in everything I do.
2. I must be liked by people at all times.
3. If I make a mistake I must be incompetent.
4. I can't live without being loved.

5. If somebody disagrees with me, it must mean he doesn't like me.
6. My value as a person depends on what other people think of me.

SESSION 5

Stress Control : Step 5 -

Part 2 - Controlling Panic Attacks.

Recall the diagram in the first half of the book.

In it we noted the importance of AUTOMATIC THOUGHTS, i.e. the panic attacks result from wrongly believing that physical symptoms of panic are dangerous (for example, palpitations will cause a heart attack).

In this session, therefore, we will practise changing your thinking to POSITIVE THINKING and therefore help control panic.

SESSION 6

Stress Control : Step 6 - Associated problems, review relapse prevention.

SUMMARY

PART 1

We will deal with two common problems often associated with anxiety: insomnia and depression. We will also review the course, clarifying any problems that may have arisen.

BREAK

PART 2

In this section, we will teach you ways of anticipating future problems and dealing more effectively with them before anxiety can develop - this will help prevent relapse.

We will also be very interested in any comments you may have on STRESS CONTROL.

SESSION 6

Stress Control : Step 6 - Associated Problems

- 1). INSOMNIA: Many of you will suffer from sleep disturbance - problems getting over to sleep and/or waking up during the night. Many people find that it is, strangely, when they try to relax that they are most aware of stress and, of course, lying in bed in a quiet, dark bedroom means that distracting your attention becomes more difficult.

Therefore, if you cannot sleep because of a host of anxious thoughts buzzing through your head, you should try to get rid of them by using the exact same skills you have been using during the day. The better control you can establish over your thoughts, the easier you will be able to sleep at night.

SESSION 6

Stress Control : Step 6 - Associated Problems

21. DEPRESSION: As with insomnia, you will find that the skills you have learned for dealing with anxiety can be easily adapted for dealing with depression. You should become aware of your depressed thoughts, look for a more positive thought to replace them and 'carry' this positive thought about with you. It is almost like breaking a bad habit - the longer you can avoid thinking in a depressed way, the easier it becomes to accept your new POSITIVE THINKING.

SESSION 6

Stress Control : Step 6 - Review and Relapse Prevention

At the beginning of the booklet, your main concern was with learning how to control your anxiety problems so that you would be able to cope with everyday living. Now, as you come to the end of the booklet, your concern may have moved to another issue : the thought of the problem returning.

Many people become overconcerned with this. They do not allow themselves to enjoy the success they have had in overcoming the problem. Instead they become apprehensive and preoccupied with worries about being unable to cope should the problem arise again. Of course, it is a good idea to think about the chance of the anxiety returning and to wonder how you will cope with it but it is foolish to become overly concerned.

Will the anxiety return?

One way to prevent relapse is to expect to have some 'bad' days, i.e. there may be some days when you will feel more anxious than others.

Do not set your expectations so high that you expect to cope without any difficulty every day. If you do expect this, you will only become disappointed when you have had a 'bad' day. You may even react by

panicking and giving up altogether because you believe you have gone back to the beginning again. You have not, you have just had a bad day and remember, if you can succeed even on bad days then you are proving to yourself that you can cope with anxiety even under difficult circumstances.

Always think of the 'bad' day in terms of a slip up rather than a relapse. Don't panic. Admit that you are feeling anxious and that you are not coping so well. Sometimes it is helpful to confide in someone - that way you put the problem into perspective rather than blowing it out of proportion.

One way of staying on top of your anxiety is to deliberately confront, in your mind, future events which you are worrying about, e.g. if you have been invited to a wedding, rehearse how you expect to feel - become aware of the AUTOMATIC THOUGHTS which might run through your head at that time. Having become aware of these, you can then confront them with your POSITIVE THINKING in order to control them. By actively preparing yourself in this way, you will find that anxiety cannot build up as strongly as it otherwise might.

Will I be able to cope if the anxiety returns?

Remember, you know much more about the nature and causes

of anxiety and about ways of controlling your anxiety symptoms now. Previously, you may have been confused by the symptoms, e.g. you may have worried that there was something physically wrong with you or worried that you were going mad. Now you know more about anxiety and will be able to recognise it right away and will be able to put your newly found skills into action immediately. Therefore, there is less chance of the problem coming back to the same extent. You are now in a much better position to cope with your anxiety.

CONCLUSION

Now that you have reached the end of the course, don't regard it as an end but rather as a beginning as the hard work will have to continue after this series of meetings. Do not feel as if you are now on your own and unable to cope without the group. Remember, you have learned very important skills and you will now be good at using these skills, not only to tackle problems but also to predict and prevent future problems arising.

Because of this series of meetings, you are now much more capable at dealing with anxiety and you have much less to fear now than you did before you came along to the meetings. Work hard and believe in yourself and you will get there.

APPENDIX 5

BEHAVIOURAL BOOKLET

STRESS CONTROL

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STRESS CONTROL

NOT TO BE REPRODUCED IN ANY PART
OR FORM WITHOUT WRITTEN PERMISSION

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PART ONE

INFORMATION SECTION

INTRODUCTION

Anxiety is the twentieth century 'disease'. Anxiety is something we have all experienced at one time or another. It is perfectly normal to be anxious and we can all call to mind unpleasant experiences which have resulted in a feeling of anxiety, e.g. waiting for exam results, going for a job interview, being at the dentist. This type of anxiety is common and usually does not require help as it clears up as soon as we have got the unpleasant situation out of the way.

However, anxiety becomes a problem when you experience it too often or when it is brought on by ordinary situations or things which really should not be stressful. At this stage, when anxiety starts to get on top of you and seems to be getting out of control, many people consult their doctor seeking further help. You have probably been asking yourself questions about anxiety, both of yourself and your doctor. For example, "What is anxiety"?, "What has caused it"?, "Why do I feel the way I do"?, and, most importantly, "What can be done about it"?.

The booklet helps answer these questions.
It has been written to accompany the series of meetings which you will be attending.
The first half of the booklet explains the nature of anxiety, the second half describes the treatment.

Reading the booklet alone is unlikely to get rid of the problem, therefore good attendance at the meetings and hard work outwith the meetings is essential.
During the course of the meetings, the therapies described in the booklet will be explained in greater depth so do not worry if some things are not immediately clear to you.

WHAT IS ANXIETY?

Anxiety is a greatly misunderstood problem. Most people we see tend not to understand why the anxiety started or why it is continuing.

When in a situation where they feel calm, most people are unable to accept that their fears are irrational or exaggerated and that there is no rational basis for feeling as bad as they do. However, these thoughts are overwhelmed once the anxiety rises beyond a certain level.

Anxiety sufferers often feel that they are losing touch with reality because they feel unable to cope with situations which everyone else appears to cope with without any difficulties. This raises two points:

- 1). Everyone does not cope: Anxiety is an extremely common problem. Individuals suffering from anxiety often exaggerate other people's ability to cope while, at the same time, exaggerating their own inability to cope. Anxiety affects all types of people - outgoing or shy, intelligent or unintelligent, young or old, male or female.
- 2). Insight: It is, in fact, a good sign when an individual realises his fears are irrational and is a strong indication that the problem is an anxiety condition rather than a mental illness. We call this understanding insight

While it is reassuring to know that you are not mentally ill, you do still have a serious problem inasmuch as it will be greatly upsetting your life and possibly the lives of those around you.

Unfortunately, the common attitude in Britain towards anxiety is to 'give yourself a good shake'. This attitude is both simplistic and wrong. The causes and indeed the treatment of anxiety are complex - if all it took was a good shake then you would gladly have given yourself one. No-one deliberately suffers anxiety.

Often your most severe critic is yourself. Often we find anxiety sufferers blaming themselves for being anxious. This makes about as much sense as blaming yourself for having, e.g. arthritis. It is not your fault that you have developed anxiety as this booklet will explain.

It is worthwhile bearing in mind that, although on the outside, you may look perfectly healthy and indeed, calm, this is not a good indication of how you are feeling inside. This often creates guilt as there may be no obvious physical 'disease' or 'illness' and individuals often worry about 'wasting the doctor's time'.

In some ways, it is more reassuring to have a definite physical condition, e.g. a broken leg - you know

exactly what caused it; everyone else can see what has happened and can understand your feelings; treatment is obvious and you also know that when the leg is mended, the problem will disappear. This reassurance is often missing with anxiety as you often do not know the cause or why the problem persists and, up until now, have not been aware of an effective way to combat the problem.

* * * * *

It is for these reasons that we have designed STRESS CONTROL as a detailed method of treating anxiety and the first step is to make more sense of anxiety.

When we talk about anxiety in everyday life, we often use phrases such as "I can't think straight"; "I can't cope with this"; "I am uptight" and we assume we are talking about the same thing and lump all these symptoms under the one heading of 'Anxiety'.

However, when we come to look at anxiety in details, it is important to divide it into three separate parts :

1. What you think : i.e. what goes through your mind when you are anxious.
2. What you do : i.e. how you act when you are anxious.
3. How your body reacts : i.e. physical symptoms you get when you are anxious.

These are known as the THREE SYSTEMS of anxiety.
You can remember this by thinking of TAB.

T : thought
A : actions
B : body

We will now look in some detail of the nature of thoughts, actions and body and explain how each in turn has an effect on your anxiety condition.

THOUGHT

"If I try to go down to the shopping centre on my own, I feel really dizzy and I am sure that I'll collapse and I'll make a fool of myself. I can't stand being there unless someone is with me".

"I just can't help worrying. I never sit at peace and I can't relax doing anything any more. I know I shouldn't worry but I can't seem to stop myself".

"I never disagree with anyone at work even although I would like to. I'm afraid I'll burst into tears if someone challenged me. It's terrible because I know they just use me now".

"I'm just useless. Whatever I try to do ends up as a disaster. I just don't do anything now - I avoid having people up to the house and I avoid going out visiting. All the family think I'm a failure and they are right".

"I keep thinking there is something physically wrong with me, I keep wanting to check my body to look for changes. I'm convinced that I am seriously ill and I get anxious reading about illness and death in the paper".

These are common statements from anxiety sufferers. Often, the person suffering from anxiety cannot pinpoint the source of the anxiety but just find themselves constantly worrying about the future, anticipating that things will go wrong and sometimes worrying about things he has done in the past.

In all cases of anxiety, however, the one common finding is that the anxiety sufferer feels threatened by situations or difficulties which in the past would have posed no great problems while realising that he would be able to cope if only he were able to control his anxious thoughts more effectively.

The thoughts printed above are quotes from anxiety sufferers when they were asked to describe their problem. The thoughts printed below are from the same people but these thoughts arise during anxious periods - thoughts which flash automatically through their heads, e.g.

"I'm going to die"

"I'm going to choke"

"I'm going to make a fool of myself"

"I'm losing control"

"People are looking at me"

"I'm going to go mad"

These are called AUTOMATIC THOUGHTS.

All these thoughts are irrational and unrealistic -
you won't go mad and you won't die because of stress.

In order to get on top of these thoughts, we will
show you a treatment based on the next two 'systems' -
ACTIONS AND BODY.

ACTIONS

In the previous section we looked at how anxious people think when they are anxious. In this section, we look at what people do when they are anxious. Here are some examples:

avoiding day to day events; paying bills;
chatting to neighbours.

avoiding going alone to the shops at busy times.

avoiding making decisions: planning ahead;
taking responsibility.

finding yourself acting unnaturally because of
tension.

finding yourself unable to speak in case you say
the wrong thing.

checking items around the house frequently and
needlessly.

cleaning the house (or yourself) frequently and
needlessly.

The best way to look at this is to divide actions into
two sections:

Avoidance

This is a crucial factor in keeping anxiety problems

going and it is one that we will concentrate on a good deal when we come to the treatment. We noted previously that anxiety sufferers often anticipate that they will cope badly in situations, e.g. the prospect of having to go to a wedding or visit friends. If an individual feels that, for example, going to the shopping centre will lead to panic, he will often avoid going into that situation. This may work in the short term as a way of not facing up to anxiety but the minute you avoid any situation, you will make the problem worse and not better.

This is true whether it involves avoiding standing up for yourself, avoiding going into shops, avoiding going to parties or socialising or simply avoiding everyday necessities such as making meals or doing housework. It is also true when you take to your bed during the day, i.e. avoiding staying up. Thus while in the short term, avoiding a situation may bring some relief, in the long term it is simply building up a bigger problem.

Therefore the first important thing to remember about your actions is avoidance.

Behaviour

There are other actions which lead to anxiety, e.g. if you are talking to someone and you notice yourself talking too fast, stammering, mixing up your words,

etc. or it may be that you are fidgeting - playing with your hair, moving from one foot to the other, twitching etc. These behaviours show that you are tense and because you can be painfully aware of them, they may increase the anxious thoughts you are having.

It may be that you are not good at different social skills e.g. you may find it difficult to open a conversation with a stranger, keep a conversation going after you have talked about the weather. It may be you find it difficult to stand up for yourself, e.g. complain in a shop, turn down unreasonable requests, etc. These problems may be affected and, as above, may increase your anxious thoughts.

Another behaviour problem is linked to obsessional thinking and that is when you feel compelled to carry out certain actions that you realise are irrational but feel unable to stop, e.g. you may find yourself doing far too much housework, frequently checking that electric plugs have been pulled out of the socket at night or frequently checking that doors are locked and that windows are secure or that there are no gas leaks. These compulsions go hand in hand with obsessional thoughts.

Therefore the second important thing to remember about your actions is changes in your behaviour.

BODY

The body reacts in a variety of ways to anxiety and you will probably be aware of a wide range of physical symptoms, e.g. :-

Shaking	headaches
dizziness	palpitations
sweating	breathing difficulties

Other symptoms are described later in this booklet.

These symptoms are unpleasant and a second problem may develop in that you have a fear of the symptoms themselves. You may find that these symptoms seem to appear without any warning and do not seem to be triggered by anything happening to you.

This may lead to a fear that you have a serious physical disorder and that something bad is about to happen to you, e.g. you will have a heart attack if you become aware of a pounding in your heart or a fear that you have cancer because you are experiencing odd symptoms which you cannot put a label to.

We often call these symptoms 'psychosomatic'. This does not mean they are 'just in your mind'. If you have a tension headache it is because anxiety has caused the muscles around your head to tighten, leading to a painful sensation so you are not simply

imagining it - it is real.

All bodily anxiety symptoms are caused by nervous tension. They are unpleasant but apart from that they need not cause you any concern - you will not do any damage to your body even if your symptoms are severe.

How the body reacts to stress.

Imagine you are crossing the road when you realise that a car is fast approaching you - you have to get out of the way. What happens is that the nervous system puts the body on the 'alert' to prepare it for action. The heart beats faster to pump more blood; blood pressure rises so that blood reaches the muscles more quickly; digestion slows down as blood is needed elsewhere; breathing quickens and so on. This helps you get out of the way of the car as you can run faster, can concentrate better on the danger by ignoring everything else, etc. When the danger is over, everything returns to normal and the body relaxes.

Now the body reacts in virtually the same way to a psychological threat (being criticised, going into a feared situation) as to a physical threat (a car coming towards you). In an anxiety condition, the body gets into 'the habit' of being on the 'alert' all the time. In other words, the nervous system becomes too sensitive and can be set off by quite ordinary everyday situations. Not only this, but the

body takes longer to return to a relaxed state after you have experienced anxiety.

It is important to remember however, that even although the body is 'alert' for long periods of time, you are still not causing any physical damage to it (you are, however, using up a lot of energy and may make you feel more tired than usual).

Just as people differ in the way in which they experience anxiety, so their bodies react differently some people develop stomach upsets, still others have palpitations. Each individual has his own pattern.

It is very important to remember:

1. Anxiety (a psychological disorder) can cause marked temporary changes in your body.
Most people underestimate the power of anxiety in producing marked physical symptoms.
2. These symptoms are not dangerous: you are not damaging your body, therefore you will not, e.g. faint, have a heart attack or die.
3. These symptoms will go away : the body can only remain in an anxious state for so long and after a while your body will reduce all the symptoms itself.

We have now looked in some detail at the three important aspects of anxiety:

T : Thought

A : Action

B : Body

We have produced in the following pages a list of some of the common anxiety symptoms and have listed them under T A B headings. It is not exhaustive there are many other anxiety symptoms which you may experience which are not on this list.

ANXIETY SYMPTOMS (1) : THOUGHTS

Apprehension	Self-consciousness
Fear of death	Fear of disease, illness
Fear of insanity	Nightmares
Fear of losing control	Loss of self-confidence
Lack of assertiveness	Fear of being alone
Fear of failure	Fear of meeting people
Loss of sexual arousal	Fear of being criticised
Fear of becoming angry	Fear of being rejected
Fear of looking foolish	Fear of making mistakes
Loss of concentration	Loss of interest
Afraid to face the day	Overconcern about cleanliness
Feeling 'cut off' from your surroundings	Feeling of impending doom.

ANXIETY SYMPTOMS (2) : ACTIONS

Behaviour:

Speaking too fast	Stammering/stuttering
Hesitating	Speaking too quietly/too loudly
Unable to sit at peace	Overconcern with safety checks
Poorer performance, e.g. work	Taking longer to perform tasks.

Avoidance

Buses	Driving
Shops	Busy places
Making decisions	Being alone
Leaving home	Travelling far from home
Going out in the dark	Talking to neighbours
Reading about cancer, Heart attacks, etc.	Heights

ANXIETY SYMPTOMS (3) : BODY

Palpitations	Rapid heart rate
Missed heart beats	Dizziness
Faintness	Headache
Numbness	Chest pain
Shortness of breath	Stomach pains
Choking sensation	Muscle pains
'Butterflies' in stomach	Tiredness
Shakiness	Sweating
Sleeping problems	Difficulty in swallowing
'Jelly' legs	Diarrhoea
Weakness of the bladder	Increased appetite
Loss of appetite	Trembling
Flushing	Pains in head
Nausea	'Pins and needles' in face and limbs.

ARE THERE DIFFERENT TYPES OF ANXIETY?

For too long, anxiety conditions have been viewed as an 'illness' which you either have or do not have. It is not that simple. We all have some degree of anxiety - you simply have too much anxiety at present. Therefore, do not view yourself as 'sick', 'mentally ill' or 'abnormal' but rather as having anxiety which is interfering with your daily life to an unacceptable extent at present.

There are several types of anxiety conditions, the most common being:

1). FREE-FLOATING ANXIETY

This is characterised by oversensitivity and a long lasting state of tension and apprehension and often the individual cannot pinpoint exactly why he is worried. The sufferer worries constantly experiences unpleasant bodily symptoms and has trouble making decisions; may manufacture worries and problems and feels incapable of facing the stress of daily life. The anxiety can occur under any circumstances and it is not restricted to specific situations or objects, although it may come and go to a certain extent during the day.

Often free-floating anxiety is worse at times when the individual should be relaxing, e.g. after work, watching television, socialising, etc. This may be related to the fact that he does not have to concentrate on anything else which would distract his attention away from the anxiety.

Often this state can be interrupted by acute and frightening panic attacks.

2). PANIC ATTACKS

Panic attacks may last from a few seconds to a few hours. They tend to come on suddenly, often without warning and involve the intense feeling of apprehension or impending doom.

There are a wide range of physical symptoms, e.g. :

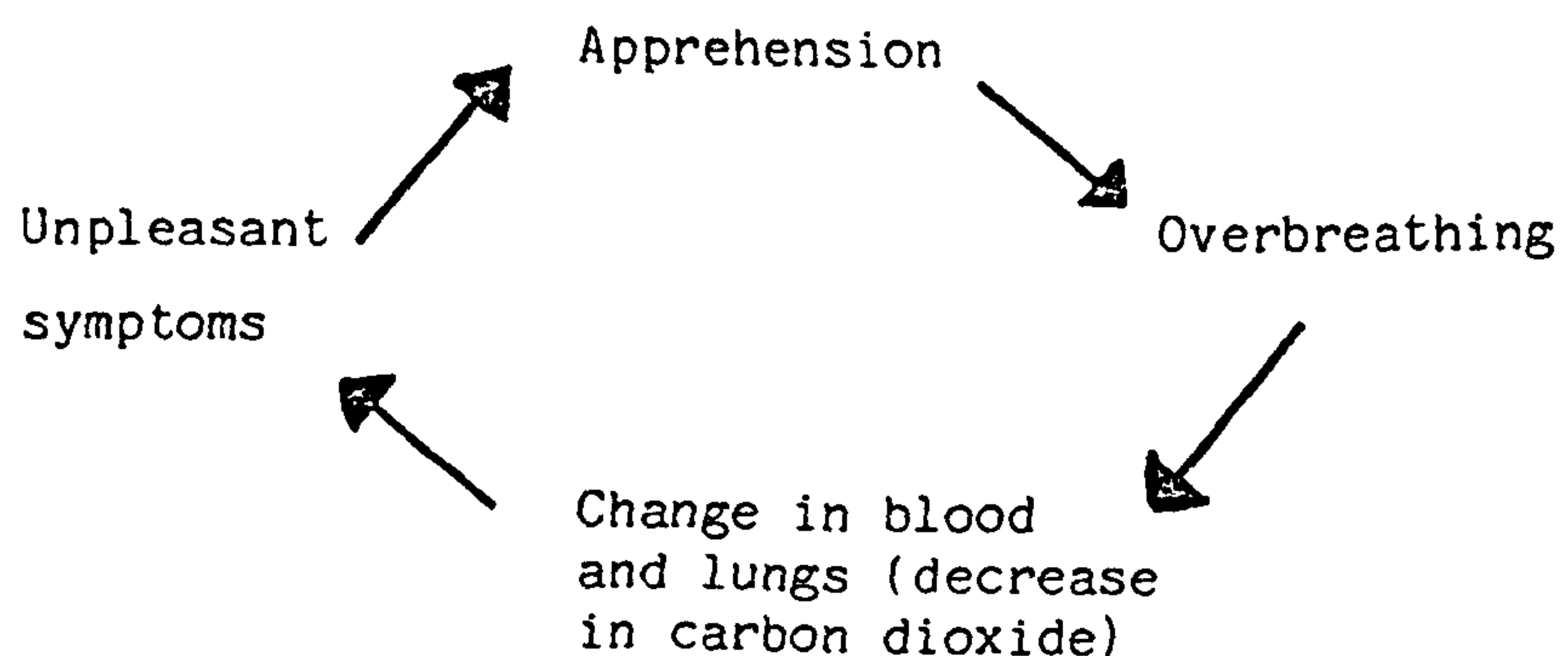
Breathlessness	Palpitations	Dizziness
Chest pain	Choking	Feelings of unreality
Hot and cold flushes	Sweating	Faintness
Trembling	Shaking	Numbness of extremities.

They can be brought on by such things as hang-overs, illness (e.g. flu), too much caffeine and rapid changes in posture. You are also more likely to have a panic attack when tired, when your blood sugar

is low, e.g. during crash dieting, or if you miss meals and by stressful situations. Women are more at risk before their period.

Panic attacks result from wrongly believing that the symptoms noted above are dangerous (e.g. palpitations will cause a heart attack). Many people wrongly think that they may die, become seriously ill or go mad during a panic.

During a panic attack you are likely to breathe very fast (hyperventilate) and/or too deeply. this causes temporary changes in the carbon dioxide levels in your blood and lungs which in turn will help create the unpleasant symptoms noted above. This, of course, will make you even more anxious.



As you can see from the diagram a vicious circle of fear has developed. In the second half of the booklet, we will teach you a simple way of controlling panic attacks.

3). PHOBIA

A phobia is a persistent fear of a specific object or situation for which there is no rational basis.

The sufferer typically recognizes that there is no danger but this awareness in itself does nothing, as a rule, to lower the anxiety.

The most common phobias are:

agoraphobia	:	fear of public places (not open spaces), e.g. shops, buses, busy streets.
social phobia	:	fear of social situations, e.g. parties, meetings
animal phobia	:	fear of animals, especially dogs, snakes, spiders, rats.
height phobia	:	fear of tall buildings, bridges
claustrophobia	:	fear of enclosed spaces, etc., lifts, small rooms.

Unlike free-floating anxiety, the sufferer usually only experiences marked anxiety when faced with these objects or situations. However, most phobic sufferers also feel anxious and/or depressed for long periods of time when not faced with these objects or situations.

4). OBSESSIVE-COMPULSIVE REACTION

Obsessions and compulsions are often found together.

- a) Obsessions : This is the occurrence of persistent thoughts which the person may realise as irrational but cannot prevent, i.e. the individual simply cannot shut the thoughts off. Common obsessional thoughts include worries about developing a serious illness, cancer or heart disease, exaggerated concern about personal cleanliness, worries about whether you have carried out a task properly.
- b) Compulsion : These are impulses to perform actions that are also irrational. Common compulsions include repeated hand-washing, repeatedly checking to see whether a door is locked, repeatedly cleaning the house although the sufferer know it does not need cleaned.

Therefore an obsession is what you think.

A compulsion is what you do.

5). DEPRESSION

Often an anxiety sufferer will complain of feelings of depression and the individual's symptoms of dejection can be seen as a response to the anxiety problems.

It should not be assumed that if you are depressed, you will walk around in a slumped and dejected fashion. Many people with depression manage to take part in conversations, smile and even tell jokes in order to present a good front to family and friends. The common symptoms (some of which are shared with anxiety) are:

Poor concentration

Loss of (or increased) appetite

Sleeping problems - often getting off to sleep

Lack of energy

Inability to face the future

Crying spells

Loss of sexual arousal

Loss of interest

When people talk about being depressed, they usually mean a 'fit of the blues'. A 'fit of the blues' affects all of us from time to time and is generally associated with us feeling 'fed-up'. It usually clears up quite quickly and often can be helped by

us doing simple things such as giving ourselves a treat, changing our routing, etc. Depression is more severe and is likely to last much longer and is less likely to respond simply by, for example, treating ourselves.

WHAT CAUSES ANXIETY?

We said in the introduction to this booklet that everyone, no matter how happy or well-balanced, experiences anxiety at one time or another.

Anxiety is a normal and, indeed, inavoidable part of everyday living and, if it can be kept at a reasonable level, can actually be healthy because the anxiety is telling you something, i.e. there is something wrong with your life that you should be tackling. When we look at the causes of anxiety, we can ask (and answer) the question -

Are we born anxious or do we learn to become anxious?

ANXIETY : Born or bred?

While we are all born with the ability to be anxious, some of us are more prone to anxiety conditions and we often refer to such people as 'natural' or 'born worriers'. This is due to the nervous system in our body - some systems are simply more sensitive to stress than others.

Although we cannot change our nervous system we can, through the type of therapy described later in the booklet, control it. So don't feel 'condemned' - remember that virtually all born worriers, when asked, can describe periods of their life when they coped well. This highlights the importance of events in your life in causing anxiety.

It is very important to realise that your nervous system is reacting to anxiety - it is not causing it. Anxiety is not a physical condition - it is a psychological condition and is best treated by psychological therapy.

Not everyone who suffers from anxiety is a 'born worrier'. Many, if not most, anxiety problems result from the various stresses and strains which we come across in our lives. At a simple level, many people who are frightened of dogs have been attacked by a dog in childhood. At a more complex level, an individual may experience a number of events in life which, on their own, may not result in much anxiety but, taken together, may be enough to trigger an anxiety reaction. Let us give you an example of this.

CASE HISTORY

Moria is a 45 year old woman, married with two grown-up children. She had a normal childhood and had no

unusual fears or phobias. No-one else in the family was particularly anxious. As an adult, she coped well with life, had a stable marriage and enjoyed a varied social life. At this stage she could have described herself as being self-confident, capable and happy in life.

The anxiety condition seemed to arise out of the blue and in the space of six months gradually worsened. Moira found her self-confidence disappearing, she became more apprehensive (although of what she didn't know) and was unable to sit down at night and relax. She had all the classic bodily symptoms - rapid heart rate, headaches, nausea. She felt she was losing control of her life and began to avoid socialising. Her concentration was affected and her work (as a Secretary) suffered. After tranquillisers had failed to control the anxiety, Moira was referred to the Clinical Psychology Department.

Once Moira had explained the problem in some detail, it was possible to see the factors which had triggered off the anxiety:

Six months before the anxiety developed, Moira changed jobs and moved into an office working on her own for two surveyors. She found it difficult coping with

their unrealistic demands and unpleasant manner. Unable to assert herself Moira found herself trying to please her employers by doing more and more work. In addition, she was criticised openly for minor mistakes and given no credit for good work.

She took her problem home and released her pent-up frustration on her husband. This caused marital problems which, in turn, led Moira to feel rejected. Faced with the prospect of Monday mornings, week-ends became a time of anxiety instead of relaxation.

Moira at this point was prone to develop an anxiety problem. She developed a bad flu and at a point when her physical and psychological energies were drained, she experienced her first anxiety attack.

This is a good example of events and experiences in life leading to an anxiety problem. In your own case, you may be able to pinpoint an event or, more likely a series of events which led up to the current problem although sometimes it is very difficult to pinpoint any reasons. This does not mean that there is not a reason, simply that you have forgotten what was happening at the time. In any case, in the treatment of anxiety, it is much more important to tackle the

the reasons which are keeping it going rather than the causes which obviously, being in the past, cannot be changed.

Another example concerns John, a 24 year old man who, in the space of 6 months, married, moved to England with his job, suffered the unexpected death of his father and was made redundant. His anxiety condition developed shortly afterwards.

Of interest in this case is the fact that some of these events were pleasurable - getting married and moving into a new house. However, even these pleasurable events can have an impact on anxiety as they involve the person having to adjust to a new way of living and this may make him more vulnerable for a short period of time as it means building up a new routine.

In the next section, we will discuss a more important issue; namely, what keeps anxiety going?

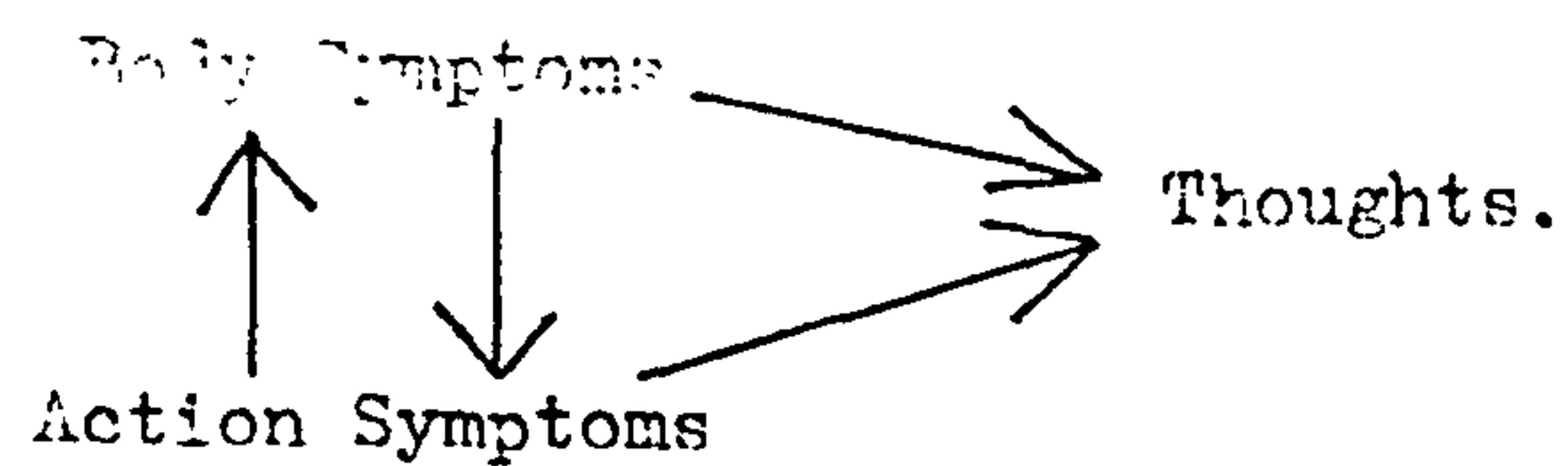
WHAT KEEPS ANXIETY GOING?

In the last section we described examples of the causes of anxiety. However, when we come to the treatment of anxiety, it is not so much what caused the problem, but the factors which are keeping it going. In particular we must look at the roles of ACTIONS and

As you know from experience, your body is very sensitive to stress - you can waken up in the morning and your heart is already racing, you may have a headache, your stomach churns, etc. It seems clear, if you remember the section on how the body reacts to stress that your body is now in the habit of being on the alert all the time - in other words, your body cannot relax itself even when you should be relaxed. This, not surprisingly, continues to put you under stress.

ACTIONS is the other factor that keeps anxiety going. Firstly, if you are under stress you may, for example, start to speak too fast, stammer, fidget, etc., or, in other words, start to behave in an anxious manner. Stress may also lead you to avoid situations because you feel you will not cope well if you attempt to face up to the situation. So, avoiding going out socially, avoiding standing up for yourself, avoiding making decisions may help in the short term but will, in the long term, make you much worse. It is worth repeating - the minute you avoid any situation, you will make the problem worse and not better.

What we find is that the ACTIONS and BODY symptoms feed each other and both feed your anxious thoughts. This is why anxiety can continue to exist even although there is no obvious stress in your life.



During the course we will be looking in detail at the BODY and ACTION symptoms and using the knowledge we gain to plan more effective ways of treating the anxiety problems.

CONCLUSION

You now have a good knowledge of anxiety and the way it affects you. As we noted earlier, although the causes of anxiety will be of interest to you, knowing about a them will not greatly help get rid of the problem as it is the factors which are keeping it going which are of more importance.

Thus, in the treatment section wich follows this, we concentrate very much on the present and not on the past for the simple reason that we cannot change the past but we can alter the present and, therefore, alter the future.

On the following page, we have listed some important statements about anxiety. Try to memorise these and to recall them when you next become anxious.

IMPORTANT STATEMENTS ABOUT ANXIETY

The following statements are all true about your condition. It may be helpful if you memorise them and bring them to mind when you next get tense.

1. You do not have a unique disorder.
Anxiety is normal and, at times, can be helpful.
2. Anxiety is not a mental illness.
3. Anxiety develops because of what happens to you in life - you are not born anxious.
4. You will not 'go mad' because of anxiety even if the anxiety is very severe.
5. You will not die because of your anxiety symptoms even if they are very severe. No-one ever has.
6. The minute you avoid doing something because of anxiety, you make the problem worse.
7. You are not 'weak', 'inadequate' or 'abnormal'.
The successful treatment of anxiety is a lot more complicated than simply giving yourself a good shake.
8. Tranquillisers may help dampen the symptoms but they will not cure the problem.
9. Anxiety can be successfully treated : with hard work and active co-operation between the psychologist and yourself.
10. You can be taught the 'danger signs' and thus help prevent relapse in the future.
11. There is no magic cure - don't be impatient - overcoming anxiety takes time.
12. Believe in yourself : you can do it.

PART TWO

TREATMENT SECTION

INTRODUCTION

Over six sessions, you will learn a good deal about anxiety and, more importantly, will be taught ways of overcoming the anxiety. The best way to overcome anxiety is to break it down into manageable parts and we will do this at each session by looking at your T A B symptoms. At the end of the course, the skills that you have learned will be brought together so that, by that stage, you will have an effective 'weapon' to fight anxiety. These skills go under the heading STRESS CONTROL.

On the following pages, there is a summary of what you will be doing at each session. Do not worry if you do not follow all of this as we will be going into it in detail during the sessions.

Each session is divided into two. The first half will concentrate on providing information and teaching ways of overcoming anxiety. This will include videos which help to demonstrate the use of particular techniques. The second half concentrates on practising the skills before you try them out in 'real life'. There will be a tea break in between.

You will be given 'homework' based on what you have learned at each session as it is only with practice that you can master anxiety.

SESSION 1.

Stress Control : Step 1 - Introduction to the Course

PART 1 : INFORMATION

The psychologists will look in detail at the nature of anxiety and we will spend some time talking about anxious thoughts, anxious actions and the effect of anxiety on the body. Remember, there is nothing mysterious about anxiety and once you have learned about the nature of anxiety, you will find that you don't fear it as much because you will know exactly what is happening to you when you are anxious.

Video.

You will see a video interview with an anxiety sufferer. The person describes what caused the anxiety problem and then describes the various symptoms he experiences. It is unlikely that your problem will be exactly the same, however you should be able to see some similarities.

BREAK

PART 2 : PRACTICE

After the break we divide into two groups, each group led by a psychologist. This will give you the chance to discuss particular anxiety symptoms and to discuss the booklet in more detail. If you do not want to join in the discussion, don't worry as you will still benefit from listening to what others have to say. Remember that in the group, you are not expected to disclose personal information about yourself so don't feel in any way threatened. The groups are simply to provide very practical ways of overcoming anxiety. At the end of the first session, you will be given diary forms which we will ask you to complete every day.

SESSION 2

Stress Control : Step 2 - Controlling your Body.

SUMMARY

PART 1 : INFORMATION

Nature of your body symptoms discussed.

We will explain the nature and use of tranquillisers. If you wish to cut down your use of tranquillisers (and if your doctor agrees), we suggest that you stay on the same dosage until the end of STRESS CONTROL by which time you will have learned better ways of controlling stress. We have prepared a short booklet on tranquillisers which will be given to you at the end of the course.

BREAK

PART 2 : PRACTICE

Stress Control : Step 2 - Progressive
Muscular Relaxation.

You will divide into two groups and practise the Relaxation Exercises.

Video

This will show an example of how to use relaxation.

SESSION 2 : Controlling your Body

Stress Control : Step 2 - Progressive Muscular Relaxation

Progressive Muscular Relaxation teaches you to be more aware of anxiety within your body, e.g. tense muscles. It works on the simple rule that it is impossible to be anxious if you can relax yourself. If you are able to realise that your body is becoming tense, you may be able to do something about it particularly if you sense this early enough and therefore Progressive Muscular Relaxation can be seen as a way of helping you to prevent anxiety developing.

At the meetings, you will be given a cassette tape of relaxation instructions. If you do not have a cassette player, please try to borrow one. If, however, you are unable to get hold of one, tell the psychologists and printed instructions will be given to you instead.

If you have any health problems, e.g. back injuries which makes you unsure about carrying out these exercises, you should first inform your doctor before practising them. If your doctor tells you not to use these exercises, tell us and we will give you another form of relaxation instead.

GENERAL INSTRUCTIONS FOR USING THE TAPE

1. It is important, especially in the early stages of learning to relax to carry out the exercises while you are comfortable in a quiet place. Many people find that evening is the best time to practise. Lie on a bed or couch or even on the floor, take your shoes off and slacken your clothing. Make yourself as comfortable as possible and make sure you are warm.
2. Try to play the tape when you are feeling reasonably calm as you will be unable to concentrate if you are feeling too anxious. At this stage, when you are learning to relax, playing it when you are reasonably calm will be much more effective.
3. As with learning any other skill, practise makes perfect. When you are learning to relax, you will have to practise regularly every day. Practise at least once a day.
4. Do not worry whether you are succeeding at relaxing or not as this will only result in you becoming anxious. Allow relaxation to develop naturally, do not try to rush it. You may find your concentration wanders during the first few attempts - don't worry. When the feelings of relaxation develop, enjoy them.

5. Steady and regular breathing is essential for effective relaxation. Practise slow, relaxed breathing at different times of the day - if you are breathing too fast, slow it down in the way you have learned.

6. When you sit down to relax, you may think about all the other things you ought to be doing. Do not feel guilty. This is precisely one of the problems associated with anxiety, i.e. that you do not allow yourself time to relax, therefore regard these 20 minutes each day as being a very important part of the Stress Control Treatment.

Once you have learned relaxation.

Once you have picked up the technique you can begin to use it when you are in an anxious state. By concentrating on the exercises which can be carried out quite easily without anyone noticing, e.g. controlled breathing and clenching of your fists, you can be relaxing yourself even in the midst of an anxious situation. Therefore you already have a weapon to use against anxiety.

The exercises may also be useful if you have difficulty getting over to sleep at night and you are likely to find relaxation a great improvement on counting sheep.

Because of the relaxing qualities, these exercises may leave you feeling rather drowsy - Do not worry, it is a sure sign that you are relaxing. However, if you do have to undertake some task that involves concentration, e.g. driving, make sure you are fully alert.

SESSION 3

Stress Control : Step 3 - Controlling your Actions (1)

SUMMARY

PART 1 : INFORMATION

In the first half we will look at the
factors that lead you to feel anxious, e.g.
how you react to the situation you are in.

BREAK

PART 2 : PRACTICE

Video

We divide into two groups and, with the
help of a psychologist, you will learn
to identify the sources of stress in your
life and to understand how and why you
react to them.

SESSION 3

Stress Control : Step 3 - Controlling your Actions (1)

In sessions 3 and 4 you will learn to control your actions. You can start this in Session 3 by studying SITUATIONS.

You will realise that your anxiety is usually not constant - it probably varies from day to day and, indeed, from hour to hour. Usually, the person under stress doesn't know why this is. This often leads to a feeling that the stress is out of control because, as a patient told one of us "it just comes and goes as it pleases without consulting me".

As you know, this is very common in free-floating anxiety.

Often, however, anxiety is greatly affected by where you are and what you are doing, i.e. your anxiety is affected by the situation you are in.

Some common anxious situations are:

- talking to strangers
- inviting guests to your house
- being in a crowd
- dealing with people in authority
- speaking in public.

Therefore the first task is to discover which situations lead you to feel under stress and to teach you different ways of coping with these sources of stress.

SESSION 4

Stress Control : Step 4 - Changing your Actions (2)

SUMMARY

PART 1 : INFORMATION

Following on from Session 3, we look at the importance of avoidance of situations in creating anxiety. Ways of facing up to these situations and coping with stress.

BREAK

VIDEO

PART 2 : PRACTICE

We divide into two groups and practise using these action skills.

SESSION 4

Stress Control : Step 4 - Changing your Actions (2)

In the previous session, we looked at the importance of identifying the sources of stress. Often, because of the anxiety these sources, or situations, produce, we avoid facing up to them. Remember, the minute you avoid doing something because of anxiety, you make the problem worse in the long term.

Therefore, we will be looking at how to cope with these stress sources and we can do this by studying:

Targets

Earlier in the booklet we talked of the importance of facing up to feared situations as we have just noted the role of avoidance in keeping anxiety going. You may feel this is easier said than done but we will be practising ways of making this easier to achieve.

By targets, we mean breaking the problem up into manageable bits so that you start off with a target or goal that is just within your reach then, having boosted your confidence by succeeding, attempt a slightly more difficult target and so on until you are successfully confronting any previously feared situation.

The easiest way to do this is to imagine a ladder - the first rung of the ladder is STEP ONE - a target just within your reach. STEP TWO is a slightly more difficult target, and so on. Here is an example of a man who, after a serious car crash, was terrified to drive again. Therefore, the SITUATION was driving and the FIVE TARGETS were put on to a five rung ladder. On the next page we set out the targets on a ladder.

5	Drive alone on all roads.	Week 5 onwards
4	Alone, drive locally avoiding main roads.	Each day for Week 4
3	Alone, drive round block.	Each day for Week 3
2	Sit in car in driveway alone, engine on.	Each day for Week 2
1	Sit in car in driveway alone, engine off.	Each day for Week 1

This proved to be a simple and effective treatment. The important thing was not to jump ahead too quickly as consistency is the crucial element of this approach. You will be helped to create ladders for your own problems.

SESSION 5

Stress Control : Step 5 - Controlling your Behaviour

SUMMARY

PART 1 : INFORMATION

Having learned how to identify the sources of stress in your life and how to confront them, we concentrate on improving your actions by learning how to feel and appear more confident.

VIDEO

PRACTICE

BREAK

PART 2 : TREATING PANIC ATTACKS

INFORMATION

In this session, you will learn why panic appears and why you feel so bad during a panic attack.

PRACTICE

We will teach you an effective and straightforward way to stop panic attacks.

SECTION 5

Stress Control : Step 5 - Controlling your Behaviour

PART 1 : BODY LANGUAGE

Once you have succeeded in facing up to sources of stress, you can 'fine-tune' your actions by firstly observing yourself - are you fidgeting, playing with your hair, stammering, speaking too fast, loud, slow, etc. These behaviours can be seen as a "body language".

When we speak to others, we obviously give them information by what we tell them. This can also be true of how we behave. We can all tell a lot about how a person feels just by looking at them - whether they are happy, sad, angry, bored, etc., even without them opening their mouths.

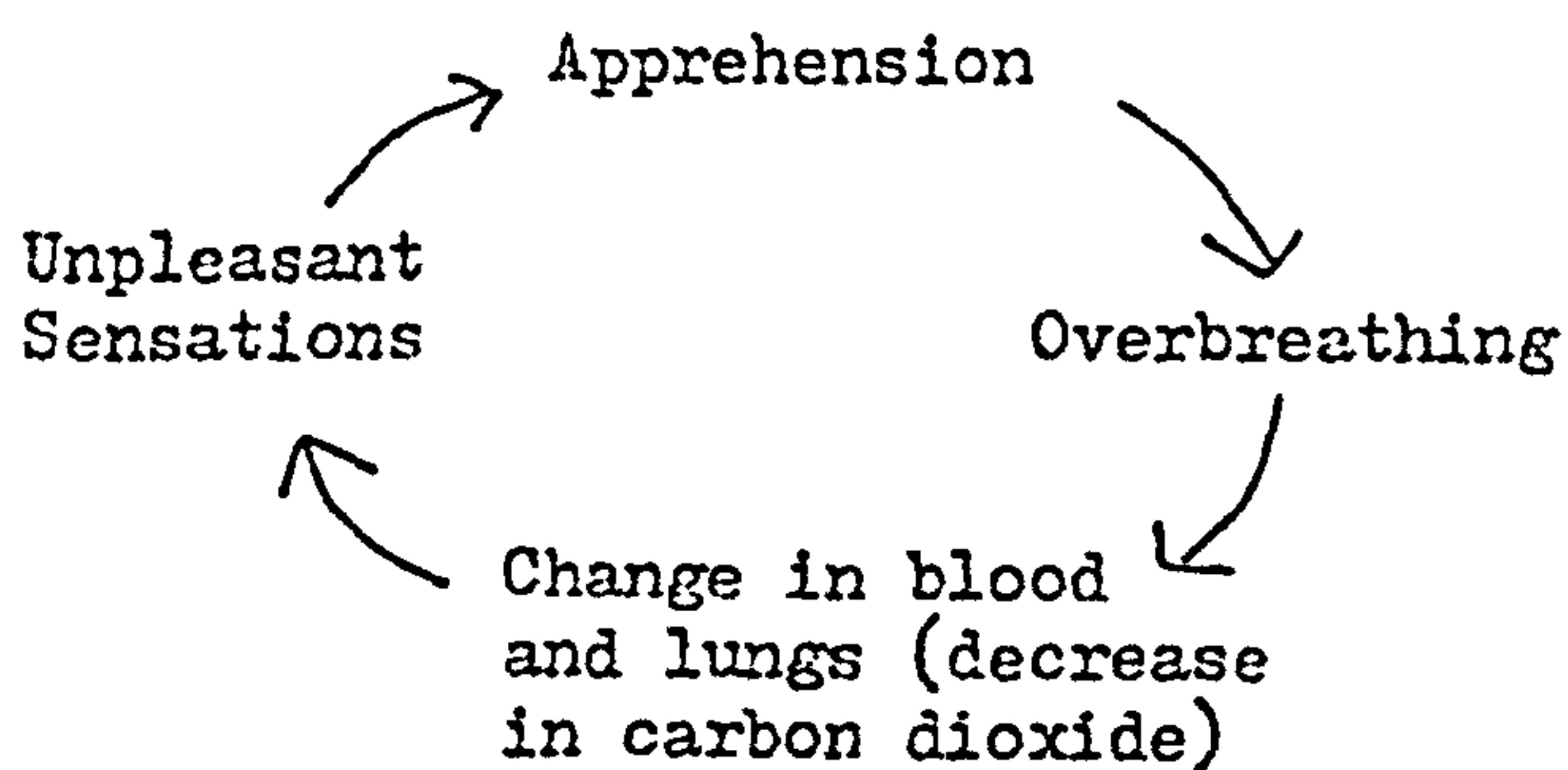
This is as true of stress as it is of these other feelings and all of us could probably spot severe anxiety in another person just by the way in which they behave - are they unable to sit at peace for any length of time?, are they biting their nails?, fiddling with their keys? etc. While this may affect the way others think of someone under stress, it also affects the way the person sees themselves. It is likely to trigger a lot of stress because you are aware that you are not at peace and becoming aware of this is likely to make you even more ill at ease and so you can see how stress can build up by feeding itself in this way.

Therefore we will concentrate firstly by working out what you are doing wrong and then work to replace your anxious behaviour with relaxed behaviour, e.g. speaking at the right speed and pitch, standing/sitting in a more relaxed position, etc. This will show other people that you are calm and, more importantly, will show yourself that you are coping well on the outside and this will help you to feel more relaxed on the inside.

PART 2 : TREATING PANIC ATTACKS

During a panic attack you are extremely likely to breathe very fast and/or deeply. This will have the effect of reducing the amount of carbon dioxide you have in your lungs which in turn will create a lot of unpleasant body sensations which are likely to make you more afraid. A vicious circle of fear leading to overbreathing which leads to unpleasant body sensations (faintness, dizziness, tingling, headaches, racing heart, flushes, nausea, chest pain, shakiness, etc.) which cause more fear which leads again to overbreathing and so on, gets established.

Remember the diagram:



To stop this very nasty process you have to raise the amount of carbon dioxide in your lungs. You can do this two ways:

a) if you have a paper bag handy, hold it tightly over your nose and mouth so no air can get to your lungs from outside the bag and breathe the air in the bag for several minutes until you calm down.

b) if a bag is not handy or it would be embarrassing to use one (say in a supermarket) then you should change your breathing so you breathe in less air in a given period of time. You can probably do this most easily by slowing down your breathing in small steps. Attempt to breathe in smoothly and slowly and to let your breath out just as slowly. As you slow your breathing down you are bound to increase the depth of each breath somewhat. However, try to avoid a very big increase in depth because that would undo the good you have done by slowing down. The ideal you are aiming for is smooth, slow, regular and fairly shallow breathing. If you have managed to slow down for a few seconds but feel out of breath and a strong urge to take a quick gulp, don't. Resist it by swallowing a couple of times, that should get rid of the urge; if it doesn't, then go ahead, take a gulp BUT once you've let the air in HOLD IT in for about 5 seconds and then let it out SLOWLY. If you can hold a gulp for a few seconds you prevent it from lowering your carbon dioxide level.

To sum up, breathe in and out as slowly and evenly as you can and avoid any big increase in depth as you do so.

To help yourself slow down you could:

- a) remember how you breathed on the tape and try to do that.
- b) count to yourself while breathing. To start off with you might say "one thousand" to yourself while breathing in and "two thousand" while breathing out so your breathing would be :-

In	Out	In	Out
"one thousand"	"two thousand"	"one thousand"	"two thousand"

and soon you might be able to say more to yourself while breathing in and out and so take longer doing it.

For example,

in	out
"one thousand,two thousand"	"three thousand,four thousand"
in	out
"one thousand,two thousand"	"three thousand,four thousand"

The feeling of being out of breath that people sometimes get when anxious is, strangely enough, often caused by breathing too much. Taking in less air for a little while will often make it go away. We don't know why some people become breathless after overbreathing but it is a well established fact that they do.

SESSION 6

Stress Control : Step 6 - Associated Problems, Review and Relapse Prevention.

SUMMARY

PART 1

We will deal with two common problems often associated with anxiety: insomnia and depression. We will also review the course, clarifying any problems that may have arisen.

BREAK

PART 2

In this section, we will teach you ways of anticipating future problems and dealing more effectively with them before anxiety can develop - this will help stop you from relapsing.

We also hope to give you some feedback on how you have got on during STRESS CONTROL and will also be interested in any comments you may have.

SESSION 6

Stress Control : Step 6 - Associated problems.

1. INSOMNIA : Many of you will suffer from sleep disturbance - problems getting over to sleep and/or waking up during the night. Playing your relaxation tape before you go to sleep will be beneficial for many of you. This can be boosted by carrying out the following routine:

- a) Do not sleep during the day, and get up reasonably early, no matter how tired you feel in the morning.
- b) Go to bed only when you feel tired, no matter how late.
- c) Do not eat, drink, read or watch T.V. in bed.
- d) If you are not sleeping in 25 minutes, get up, return to the living room and stay there until you feel tired again, no matter how long this takes. You may read but do not eat, drink, watch T.V., etc.
- e) Return to bed, if not asleep in 25 minutes, repeat d), no matter how often.
- f) Do this every night, consistency is crucial. It will be hard for the first few nights but it is well worth persevering with this approach.

2. DEPRESSION : Many of the techniques for controlling your anxiety can be used for controlling depression. We will deal with two particular approaches:

a) GIVING YOURSELF A TIMETABLE - With depression, it is very easy to put off doing things, lying in bed, etc. Therefore, work out in advance some activities which will help structure the day and keep to this no matter how unwilling you feel about carrying out these activities. Here is an example of using this approach which we developed for a lady who lived alone and who, because of depression, would lie in bed until 3.00 pm each day. This, of course, made the depression more intense.

Daily Timetable.

8.15 am.	Get up, immediately wash and dress.
8.30 am	Prepare breakfast - at least tea and toast.
9.00 am	Wash up dishes and put them away.
9.15 am - 10.15 am	Go to local shops, buy something whether necessary or not.
10.15 am - 11.00 am	Listen to radio/read paper.
11.00 am - 12.00 am	Do housework (decide this in advance).
12.00 am - 1.00 pm	Lunch - must include at least one cooked course.

The afternoon was free.

After struggling initially, she found herself actually beginning to enjoy some of these tasks. We built some variety into this timetable and fairly quickly the depression in the morning began to lift. This was helped by:

b) GRADED TASKS - Initially the lady was overwhelmed at the prospect of carrying out a whole range of activities which she assumed would be too much for her. This included cooking. Therefore, we looked at meal times as a way of using the graded tasks technique. We created a ladder (as in Session 4) for lunchtime targets -

5	Potatoes, sausage and egg.	
4	Boiled potatoes, peas and cold meat	
3	Tin of spaghetti and scrambled egg	
2	Toasted cheese.	
1	Buttered toast	

As you see, the first target was quite simple and gradually the targets built up the amount of time and complexity required in preparing the meal. We varied the menu considerably to avoid boredom and in this way, she was able to avoid being overwhelmed by the prospect of cooking food.

As we had expected, this also broke down her feelings of being overwhelmed by carrying out other tasks.

We will show you ways of using these approaches to suit your own problem.

SESSION 6

Stress Control : Step 6 - Review and Relapse Prevention

At the beginning of the booklet, your main concern was with learning how to control your anxiety problems so that you would be able to cope with everyday living. Now, as you come to the end of the booklet, your concern may have moved to another issue : the thought of the problem returning.

Many people become overconcerned with this. They do not allow themselves to enjoy the success they have had in overcoming the problem. Instead they become apprehensive and preoccupied with worries about being unable to cope should the problem arise again. Of course, it is a good idea to think about the chance of the anxiety returning and to wonder how you will cope with it but it is foolish to become overly concerned.

Will the anxiety return?

One way to prevent relapse is to expect to have some 'bad' days, i.e. there will be some days when you will feel more anxious than others. On those days, you may feel like avoiding certain situations again or you may feel you are not coping as well as usual. It is crucial on these 'bad' days that you do not avoid situations but on the contrary, you do your best to carry out whatever it is you are anxious about.

Do not set your expectations so high that you expect to cope without any difficulty every day. If you do expect this, you will only become disappointed when you have a 'bad' day. You may even react by panicking and giving up altogether because you believe you have gone back to the beginning again. You have not, you have just had a bad day and remember, if you can succeed even on bad days then you are proving to yourself that you can cope with anxiety even under difficult circumstances.

Always think of the 'bad' day in terms of a slip up rather than relapse. Don't panic. Admit that you are feeling anxious and that you are not coping so well. Sometimes it is helpful to confide in someone - that way you put the problem into perspective rather than blowing it out of proportion.

Will I be able to cope if the anxiety returns?

Remember, you know much more about the nature and causes of anxiety and about ways of controlling your anxiety symptoms now. Previously, you may have been confused by the symptoms, e.g. you may have worried that there was something physically wrong with you or worried that you were going mad. Now you know more about anxiety and will be able to recognise it right away and will be able to put your newly found skills into action immediately. Therefore, there is less chance of the problem coming back to the same extent. You are now in a much better position to cope with your anxiety.

CONCLUSION

Now that you have reached the end of the course, don't regard it as an end but rather as a beginning as the hard work will have to continue after this series of meetings. Do not feel as if you are now on your own and unable to cope without the group. Remember, you have learned very important skills and you will now be good at using these skills, not only to tackle problems but also to predict and prevent future problems arising.

Because of this series of meetings, you are now much more capable at dealing with anxiety and you have much less to fear now than you did before you came along to the meetings. Work hard and believe in yourself and you will get there.

APPENDIX 6

COGNITIVE-BEHAVIOURAL BOOKLET



STRESS CONTROL

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Lanarkshire Health Board

STRESS CONTROL

NOT TO BE REPRODUCED IN ANY PART
OR FORM WITHOUT WRITTEN PERMISSION

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PART ONE

INFORMATION SECTION

INTRODUCTION

Anxiety is the twentieth century 'disease'. Anxiety is something we have all experienced at one time or another. It is perfectly normal to be anxious and we can all call to mind unpleasant experiences which have resulted in a feeling of anxiety, e.g. waiting for exam results, going for a job interview, being at the dentist. This type of anxiety is common and usually does not require help as it clears up as soon as we have got the unpleasant situation out of the way.

However, anxiety becomes a problem when you experience it too often or when it is brought on by ordinary situations or things which really should not be stressful. At this stage, when anxiety starts to get on top of you and seems to be getting out of control, many people consult their doctor seeking further help. You have probably been asking yourself questions about anxiety, both of yourself and your doctor. For example, "What is anxiety"?, "What has caused it"?, "Why do I feel the way I do"?, and, most importantly, "What can be done about it"?

The booklet helps answer these questions.
It has been written to accompany the series of meetings which you will be attending.
The first half of the booklet explains the nature of anxiety, the second half describes the treatment.

Reading the booklet alone is unlikely to get rid of the problem, therefore good attendance at the meetings and hard work outwith the meetings is essential.
During the course of the meetings, the therapies described in the booklet will be explained in greater depth so do not worry if some things are not immediately clear to you.

WHAT IS ANXIETY?

Anxiety is a greatly misunderstood problem. Most people we see tend not to understand why the anxiety started or why it is continuing.

When in a situation where they feel calm, most people are unable to accept that their fears are irrational or exaggerated and that there is no rational basis for feeling as bad as they do. However, these thoughts are overwhelmed once the anxiety rises beyond a certain level.

Anxiety sufferers often feel that they are losing touch with reality because they feel unable to cope with situations which everyone else appears to cope with without any difficulties. This raises two points:

- 1). Everyone does not cope: Anxiety is an extremely common problem. Individuals suffering from anxiety often exaggerate other people's ability to cope while, at the same time, exaggerating their own inability to cope. Anxiety affects all types of people - outgoing or shy, intelligent or unintelligent, young or old, male or female.
- 2). Insight: It is, in fact, a good sign when an individual realises his fears are irrational and is a strong indication that the problem is an anxiety condition rather than a mental illness. We call this understanding insight

While it is reassuring to know that you are not mentally ill, you do still have a serious problem inasmuch as it will be greatly upsetting your life and possibly the lives of those around you.

Unfortunately, the common attitude in Britain towards anxiety is to 'give yourself a good shake'. This attitude is both simplistic and wrong. The causes and indeed the treatment of anxiety are complex - if all it took was a good shake then you would gladly have given yourself one. No-one deliberately suffers anxiety.

Often your most severe critic is yourself. Often we find anxiety sufferers blaming themselves for being anxious. This makes about as much sense as blaming yourself for having, e.g. arthritis. It is not your fault that you have developed anxiety as this booklet will explain.

It is worthwhile bearing in mind that, although on the outside, you may look perfectly healthy and indeed, calm, this is not a good indication of how you are feeling inside. This often creates guilt as there may be no obvious physical 'disease' or 'illness' and individuals often worry about 'wasting the doctor's time'.

In some ways, it is more reassuring to have a definite physical condition, e.g. a broken leg - you know

exactly what caused it; everyone else can see what has happened and can understand your feelings; treatment is obvious and you also know that when the leg is mended, the problem will disappear. This reassurance is often missing with anxiety as you often do not know the cause or why the problem persists and, up until now, have not been aware of an effective way to combat the problem.

* * * * *

It is for these reasons that we have designed STRESS CONTROL as a detailed method of treating anxiety and the first step is to make more sense of anxiety.

When we talk about anxiety in everyday life, we often use phrases such as "I can't think straight"; "I can't cope with this"; "I am uptight" and we assume we are talking about the same thing and lump all these symptoms under the one heading of 'Anxiety'.

However, when we come to look at anxiety in details, it is important to divide it into three separate parts :

1. What you think : i.e. what goes through your mind when you are anxious.
2. What you do : i.e. how you act when you are anxious.
3. How your body reacts : i.e. physical symptoms you get when you are anxious.

These are known as the THREE SYSTEMS of anxiety.
You can remember this by thinking of TAB.

T : thought
A : actions
B : body

We will now look in some detail of the nature of thoughts, actions and body and explain how each in turn has an effect on your anxiety condition.

THOUGHT

"If I try to go down to the shopping centre on my own, I feel really dizzy and I am sure that I'll collapse and I'll make a fool of myself. I can't stand being there unless someone is with me".

"I just can't help worrying. I never sit at peace and I can't relax doing anything any more. I know I shouldn't worry but I can't seem to stop myself".

"I never disagree with anyone at work even although I would like to. I'm afraid I'll burst into tears if someone challenged me. It's terrible because I know they just use me now".

"I'm just useless. Whatever I try to do ends up as a disaster. I just don't do anything now - I avoid having people up to the house and I avoid going out visiting. All the family think I'm a failure and they are right".

"I keep thinking there is something physically wrong with me, I keep wanting to check my body to look for changes. I'm convinced that I am seriously ill and I get anxious reading about illness and death in the paper".

These are common statements from anxiety sufferers. Often, the person suffering from anxiety cannot pinpoint the source of the anxiety but just find themselves constantly worrying about the future, anticipating that things will go wrong and sometimes worrying about things he has done in the past.

In all cases of anxiety, however, the one common finding is that the anxiety sufferer feels threatened by situations or difficulties which in the past would have posed no great problems while realising that he would be able to cope if only he were able to control his anxious thoughts more effectively.

The thoughts printed above are quotes from anxiety sufferers when they were asked to describe their problem. The thoughts printed below are from the same people but these thoughts arise during anxious periods - thoughts which flash automatically through their heads, e.g.

"I'm going to die"

"I'm going to choke"

"I'm going to make a fool of myself"

"I'm losing control"

"People are looking at me"

"I'm going to go mad"

These are called AUTOMATIC THOUGHTS.

All these thoughts are irrational and unrealistic - you won't go mad and you won't die. However, if you truly believe that, for example, you are going to make a fool of yourself then naturally it increases your anxiety. So, in the second part of this booklet, we will show you a treatment designed to help you to get a grip of your thoughts in order that your anxiety can be controlled.

ACTIONS

In the previous section we looked at how anxious people think when they are anxious. In this section, we look at what people do when they are anxious. Here are some examples:

avoiding day to day events; paying bills;
chatting to neighbours.

avoiding going alone to the shops at busy times.

avoiding making decisions: planning ahead;
taking responsibility.

finding yourself acting unnaturally because of
tension.

finding yourself unable to speak in case you say
the wrong thing.

checking items around the house frequently and
needlessly.

cleaning the house (or yourself) frequently and
needlessly.

The best way to look at this is to divide actions into
two sections:

Avoidance

This is a crucial factor in keeping anxiety problems

going and it is one that we will concentrate on a good deal when we come to the treatment. We noted previously that anxiety sufferers often anticipate that they will cope badly in situations, e.g. the prospect of having to go to a wedding or visit friends. If an individual feels that, for example, going to the shopping centre will lead to panic, he will often avoid going into that situation. This may work in the short term as a way of not facing up to anxiety but the minute you avoid any situation, you will make the problem worse and not better.

This is true whether it involves avoiding standing up for yourself, avoiding going into shops, avoiding going to parties or socialising or simply avoiding everyday necessities such as making meals or doing housework. It is also true when you take to your bed during the day, i.e. avoiding staying up. Thus while in the short term, avoiding a situation may bring some relief, in the long term it is simply building up a bigger problem.

Therefore the first important thing to remember about your actions is avoidance.

Behaviour

There are other actions which lead to anxiety, e.g. if you are talking to someone and you notice yourself talking too fast, stammering, mixing up your words,

etc. or it may be that you are fidgeting - playing with your hair, moving from one foot to the other, twitching etc. These behaviours show that you are tense and because you can be painfully aware of them, they may increase the anxious thoughts you are having.

It may be that you are not good at different social skills e.g. you may find it difficult to open a conversation with a stranger, keep a conversation going after you have talked about the weather. It may be you find it difficult to stand up for yourself, e.g. complain in a shop, turn down unreasonable requests, etc. These problems may be affected and, as above, may increase your anxious thoughts.

Another behaviour problem is linked to obsessional thinking and that is when you feel compelled to carry out certain actions that you realise are irrational but feel unable to stop, e.g. you may find yourself doing far too much housework, frequently checking that electric plugs have been pulled out of the socket at night or frequently checking that doors are locked and that windows are secure or that there are no gas leaks. These compulsions go hand in hand with obsessional thoughts.

Therefore the second important thing to remember about your actions is changes in your behaviour.

BODY

The body reacts in a variety of ways to anxiety and you will probably be aware of a wide range of physical symptoms, e.g. :-

Shaking	headaches
dizziness	palpitations
sweating	breathing difficulties

Other symptoms are described later in this booklet.

These symptoms are unpleasant and a second problem may develop in that you have a fear of the symptoms themselves. You may find that these symptoms seem to appear without any warning and do not seem to be triggered by anything happening to you.

This may lead to a fear that you have a serious physical disorder and that something bad is about to happen to you, e.g. you will have a heart attack if you become aware of a pounding in your heart or a fear that you have cancer because you are experiencing odd symptoms which you cannot put a label to.

We often call these symptoms 'psychosomatic'. This does not mean they are 'just in your mind'. If you have a tension headache it is because anxiety has caused the muscles around your head to tighten, leading to a painful sensation so you are not simply

imagining it - it is real.

All bodily anxiety symptoms are caused by nervous tension. They are unpleasant but apart from that they need not cause you any concern - you will not do any damage to your body even if your symptoms are severe.

How the body reacts to stress.

Imagine you are crossing the road when you realise that a car is fast approaching you - you have to get out of the way. What happens is that the nervous system puts the body on the 'alert' to prepare it for action. The heart beats faster to pump more blood; blood pressure rises so that blood reaches the muscles more quickly; digestion slows down as blood is needed elsewhere; breathing quickens and so on. This helps you get out of the way of the car as you can run faster, can concentrate better on the danger by ignoring everything else, etc. When the danger is over, everything returns to normal and the body relaxes.

Now the body reacts in virtually the same way to a psychological threat (being criticised, going into a feared situation) as to a physical threat (a car coming towards you). In an anxiety condition, the body gets into 'the habit' of being on the 'alert' all the time. In other words, the nervous system becomes too sensitive and can be set off by quite ordinary everyday situations. Not only this, but the

body takes longer to return to a relaxed state after you have experienced anxiety.

It is important to remember however, that even although the body is 'alert' for long periods of time, you are still not causing any physical damage to it (you are, however, using up a lot of energy and may make you feel more tired than usual).

Just as people differ in the way in which they experience anxiety, so their bodies react differently some people develop stomach upsets, still others have palpitations. Each individual has his own pattern.

It is very important to remember:

1. Anxiety (a psychological disorder) can cause marked temporary changes in your body.
Most people underestimate the power of anxiety in producing marked physical symptoms.
2. These symptoms are not dangerous: you are not damaging your body, therefore you will not, e.g. faint, have a heart attack or die.
3. These symptoms will go away : the body can only remain in an anxious state for so long and after a while your body will reduce all the symptoms itself.

We have now looked in some detail at the three important aspects of anxiety:

T : Thought
A : Action
B : Body

We have produced in the following pages a list of some of the common anxiety symptoms and have listed them under T A B headings. It is not exhaustive there are many other anxiety symptoms which you may experience which are not on this list.

ANXIETY SYMPTOMS (1) : THOUGHTS

Apprehension	Self-consciousness
Fear of death	Fear of disease, illness
Fear of insanity	Nightmares
Fear of losing control	Loss of self-confidence
Lack of assertiveness	Fear of being alone
Fear of failure	Fear of meeting people
Loss of sexual arousal	Fear of being criticised
Fear of becoming angry	Fear of being rejected
Fear of looking foolish	Fear of making mistakes
Loss of concentration	Loss of interest
Afraid to face the day	Overconcern about cleanliness
Feeling 'cut off' from your surroundings	Feeling of impending doom.

ANXIETY SYMPTOMS (2) : ACTIONS

Behaviour:

Speaking too fast	Stammering/stuttering
Hesitating	Speaking too quietly/too loudly
Unable to sit at peace	Overconcern with safety checks
Poorer performance, e.g. work	Taking longer to perform tasks.

Avoidance

Buses	Driving
Shops	Busy places
Making decisions	Being alone
Leaving home	Travelling far from home
Going out in the dark	Talking to neighbours
Reading about cancer,	Heights
Heart attacks, etc.	

ANXIETY SYMPTOMS (3) : BODY

Palpitations	Rapid heart rate
Missed heart beats	Dizziness
Faintness	Headache
Numbness	Chest pain
Shortness of breath	Stomach pains
Choking sensation	Muscle pains
'Butterflies' in stomach	Tiredness
Shakiness	Sweating
Sleeping problems	Difficulty in swallowing
'Jelly' legs	Diarrhoea
Weakness of the bladder	Increased appetite
Loss of appetite	Trembling
Flushing	Pains in head
Nausea	'Pins and needles' in face and limbs.

ARE THERE DIFFERENT TYPES OF ANXIETY?

For too long, anxiety conditions have been viewed as an 'illness' which you either have or do not have. It is not that simple. We all have some degree of anxiety - you simply have too much anxiety at present. Therefore, do not view yourself as 'sick', 'mentally ill' or 'abnormal' but rather as having anxiety which is interfering with your daily life to an unacceptable extent at present.

There are several types of anxiety conditions, the most common being:

1). FREE-FLOATING ANXIETY

This is characterised by oversensitivity and a long lasting state of tension and apprehension and often the individual cannot pinpoint exactly why he is worried. The sufferer worries constantly experiences unpleasant bodily symptoms and has trouble making decisions; may manufacture worries and problems and feels incapable of facing the stress of daily life. The anxiety can occur under any circumstances and it is not restricted to specific situations or objects, although it may come and go to a certain extent during the day.

Often free-floating anxiety is worse at times when the individual should be relaxing, e.g. after work, watching television, socialising, etc. This may be related to the fact that he does not have to concentrate on anything else which would distract his attention away from the anxiety.

Often this state can be interrupted by acute and frightening panic attacks.

2). PANIC ATTACKS

Panic attacks may last from a few seconds to a few hours. They tend to come on suddenly, often without warning and involve the intense feeling of apprehension or impending doom.

There are a wide range of physical symptoms, e.g. :

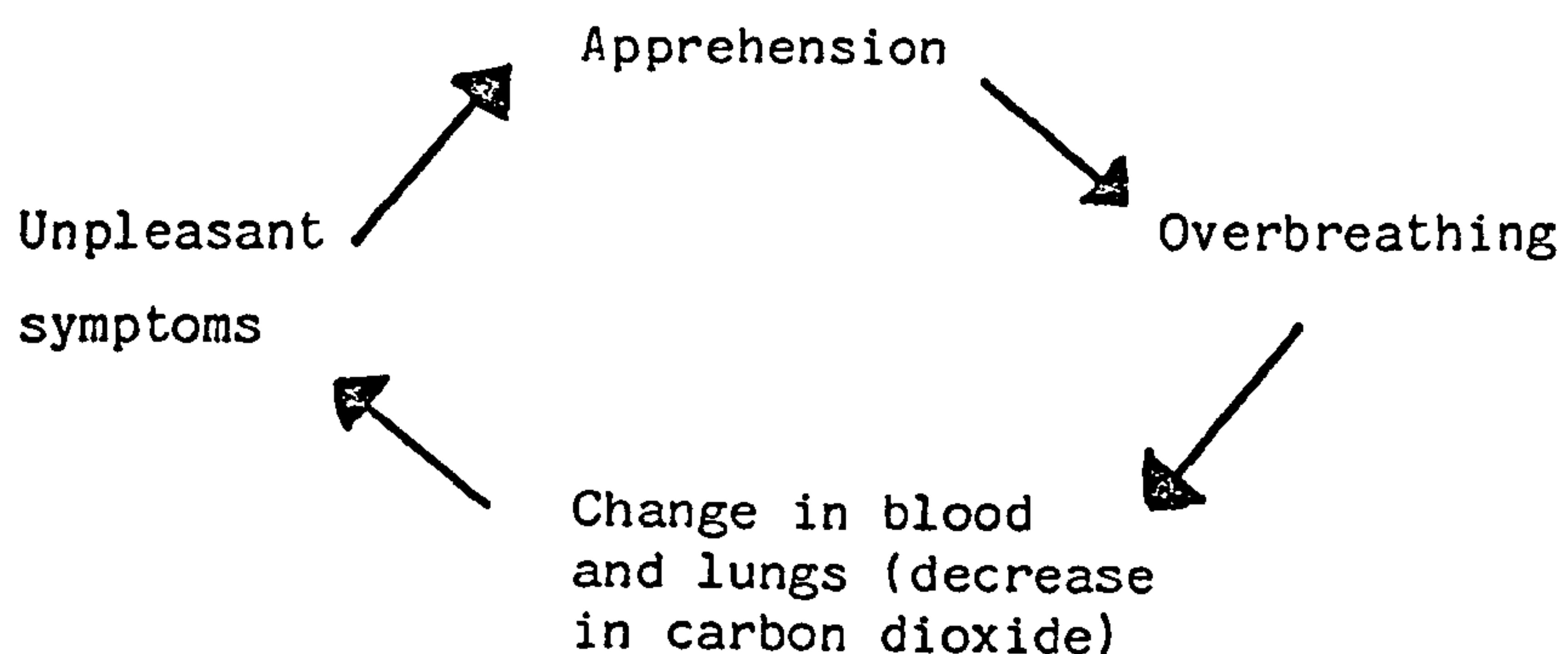
Breathlessness	Palpitations	Dizziness
Chest pain	Choking	Feelings of unreality
Hot and cold flushes	Sweating	Faintness
Trembling	Shaking	Numbness of extremities.

They can be brought on by such things as hang-overs, illness (e.g. flu), too much caffeine and rapid changes in posture. You are also more likely to have a panic attack when tired, when your blood sugar

is low, e.g. during crash dieting, or if you miss meals and by stressful situations. Women are more at risk before their period.

Panic attacks result from wrongly believing that the symptoms noted above are dangerous (e.g. palpitations will cause a heart attack). Many people wrongly think that they may die, become seriously ill or go mad during a panic.

During a panic attack you are likely to breathe very fast (hyperventilate) and/or too deeply. this causes temporary changes in the carbon dioxide levels in your blood and lungs which in turn will help create the unpleasant symptoms noted above. This, of course, will make you even more anxious.



As you can see from the diagram a vicious circle of fear has developed. In the second half of the booklet, we will teach you a simple way of controlling panic attacks.

3). PHOBIA

A phobia is a persistent fear of a specific object or situation for which there is no rational basis.

The sufferer typically recognises that there is no danger but this awareness in itself does nothing, as a rule, to lower the anxiety.

The most common phobias are:

agoraphobia	:	fear of public places (not open spaces), e.g. shops, buses, busy streets.
social phobia	:	fear of social situations, e.g. parties, meetings
animal phobia	:	fear of animals, especially dogs, snakes, spiders, rats.
height phobia	:	fear of tall buildings, bridges
claustrophobia	:	fear of enclosed spaces, etc., lifts, small rooms.

Unlike free-floating anxiety, the sufferer usually only experiences marked anxiety when faced with these objects or situations. However, most phobic sufferers also feel anxious and/or depressed for long periods of time when not faced with these objects or situations.

4). OBSESSIVE-COMPULSIVE REACTION

Obsessions and compulsions are often found together.

- a) Obsessions : This is the occurrence of persistent thoughts which the person may realise as irrational but cannot prevent, i.e. the individual simply cannot shut the thoughts off. Common obsessional thoughts include worries about developing a serious illness, cancer or heart disease, exaggerated concern about personal cleanliness, worries about whether you have carried out a task properly.
- b) Compulsion : These are impulses to perform actions that are also irrational. Common compulsions include repeated hand-washing, repeatedly checking to see whether a door is locked, repeatedly cleaning the house although the sufferer know it does not need cleaned.

Therefore an obsession is what you think.

A compulsion is what you do.

5). DEPRESSION

Often an anxiety sufferer will complain of feelings of depression and the individual's symptoms of dejection can be seen as a response to the anxiety problems.

It should not be assumed that if you are depressed, you will walk around in a slumped and dejected fashion. Many people with depression manage to take part in conversations, smile and even tell jokes in order to present a good front to family and friends. The common symptoms (some of which are shared with anxiety) are:

Poor concentration

Loss of (or increased) appetite

Sleeping problems - often getting off to sleep

Lack of energy

Inability to face the future

Crying spells

Loss of sexual arousal

Loss of interest

When people talk about being depressed, they usually mean a 'fit of the blues'. A 'fit of the blues' affects all of us from time to time and is generally associated with us feeling 'fed-up'. It usually clears up quite quickly and often can be helped by

us doing simple things such as giving ourselves a treat, changing our routing, etc. Depression is more severe and is likely to last much longer and is less likely to respond simply by, for example, treating ourselves.

WHAT CAUSES ANXIETY?

We said in the introduction to this booklet that everyone, no matter how happy or well-balanced, experiences anxiety at one time or another.

Anxiety is a normal and, indeed, inavoidable part of everyday living and, if it can be kept at a reasonable level, can actually be healthy because the anxiety is telling you something, i.e. there is something wrong with your life that you should be tackling. When we look at the causes of anxiety, we can ask (and answer) the question -

Are we born anxious or do we learn to
become anxious?

ANXIETY : Born or bred?

While we are all born with the ability to be anxious, some of us are more prone to anxiety conditions and we often refer to such people as 'natural' or 'born worriers'. This is due to the nervous system in our body - some systems are simply more sensitive to stress than others.

Although we cannot change our nervous system we can, through the type of therapy described later in the booklet, control it. So don't feel 'condemned' - remember that virtually all born worriers, when asked, can describe periods of their life when they coped well. This highlights the importance of events in your life in causing anxiety.

It is very important to realise that your nervous system is reacting to anxiety - it is not causing it. Anxiety is not a physical condition - it is a psychological condition and is best treated by psychological therapy.

Not everyone who suffers from anxiety is a 'born worrier'. Many, if not most, anxiety problems result from the various stresses and strains which we come across in our lives. At a simple level, many people who are frightened of dogs have been attacked by a dog in childhood. At a more complex level, an individual may experience a number of events in life which, on their own, may not result in much anxiety but, taken together, may be enough to trigger an anxiety reaction. Let us give you an example of this.

CASE HISTORY

Moria is a 45 year old woman, married with two grown-up children. She had a normal childhood and had no

unusual fears or phobias. No-one else in the family was particularly anxious. As an adult, she coped well with life, had a stable marriage and enjoyed a varied social life. At this stage she could have described herself as being self-confident, capable and happy in life.

The anxiety condition seemed to arise out of the blue and in the space of six months gradually worsened. Moira found her self-confidence disappearing, she became more apprehensive (although of what she didn't know) and was unable to sit down at night and relax. She had all the classic bodily symptoms - rapid heart rate, headaches, nausea. She felt she was losing control of her life and began to avoid socialising. Her concentration was affected and her work (as a Secretary) suffered. After tranquillisers had failed to control the anxiety, Moira was referred to the Clinical Psychology Department.

Once Moira had explained the problem in some detail, it was possible to see the factors which had triggered off the anxiety:

Six months before the anxiety developed, Moira changed jobs and moved into an office working on her own for two surveyors. She found it difficult coping with

their unrealistic demands and unpleasant manner. Unable to assert herself Moira found herself trying to please her employers by doing more and more work. In addition, she was criticised openly for minor mistakes and given no credit for good work.

She took her problem home and released her pent-up frustration on her husband. This caused marital problems which, in turn, led Moira to feel rejected. Faced with the prospect of Monday mornings, week-ends became a time of anxiety instead of relaxation.

Moira at this point was prone to develop an anxiety problem. She developed a bad flu and at a point when her physical and psychological energies were drained, she experienced her first anxiety attack.

This is a good example of events and experiences in life leading to an anxiety problem. In your own case, you may be able to pinpoint an event or, more likely a series of events which led up to the current problem although sometimes it is very difficult to pinpoint any reasons. This does not mean that there is not a reason, simply that you have forgotten what was happening at the time. In any case, in the treatment of anxiety, it is much more important to tackle the

the reasons which are keeping it going rather than the causes which obviously, being in the past, cannot be changed.

Another example concerns John, a 24 year old man who, in the space of 6 months, married, moved to England with his job, suffered the unexpected death of his father and was made redundant. His anxiety condition developed shortly afterwards.

Of interest in this case is the fact that some of these events were pleasurable - getting married and moving into a new house. However, even these pleasurable events can have an impact on anxiety as they involve the person having to adjust to a new way of living and this may make him more vulnerable for a short period of time as it means building up a new routine.

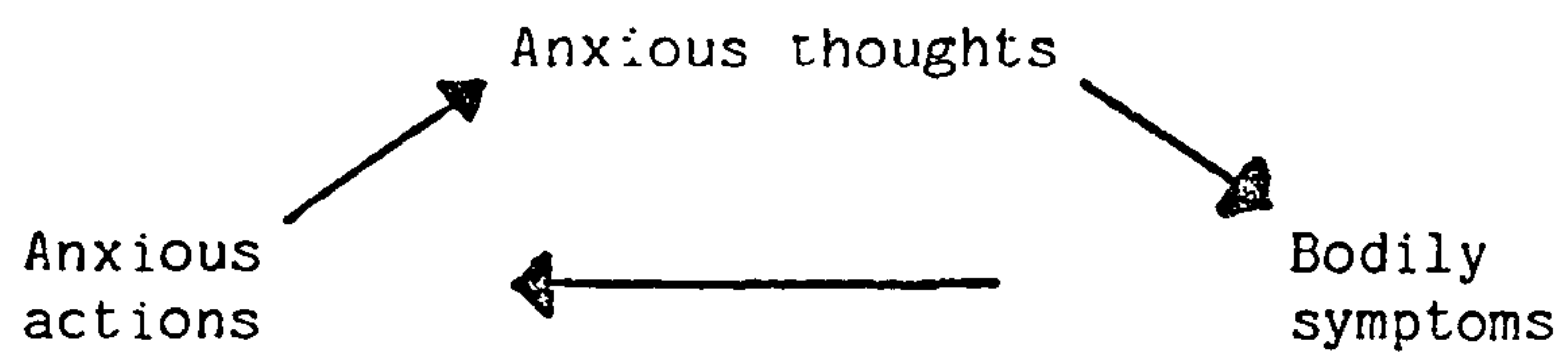
In the next section, we will discuss a more important issue; namely, what keeps anxiety going?

WHAT KEEPS ANXIETY GOING

In the last section we described examples of the causes of anxiety. However, when we come to the treatment of anxiety, the crucial element is not so much what caused the problem, but the factors which are keeping it going and we have already mentioned some of the reasons when we talked about the T A B symptoms. So, for example, if you avoid a variety of situations and have a series of anxious thoughts and bodily symptoms then the anxiety problem is likely to be kept going.

We have looked in some detail now at causes of anxiety and also at T A B : Each of these will affect the other, e.g. if you go to a party and experience anxious thoughts, for example, "Everyone's looking at me, they can see I'm nervous, I hope I don't make a fool of myself", this may trigger physical symptoms - your heart may start to race, you sweat more and start to feel dizzy. This then may start some action anxiety symptoms, e.g. you may start to speak too fast or you may withdraw from conversation and leave the party much earlier than you had planned, i.e. avoid. This may then trigger off more anxious thoughts, e.g. "I'm a failure, I can't cope - I'm not as good as other people", which in turn will trigger off more physical symptoms and make you

· more unlikely to accept another invitation to a party, i.e. a vicious circle has been established.



Once you reach this stage, the anxiety feeds itself and if unchecked will lead to further anxiety symptoms developing.

During this course we will concentrate on 2 of these '3 systems' - Actions and Bodily symptoms and using the knowledge we gain, to plan more effective ways of treating the anxiety problem.

CONCLUSION

You now have a good knowledge of anxiety and the way it affects you. As we noted earlier, although the causes of anxiety will be of interest to you, knowing about a them will not greatly help get rid of the problem as it is the factors which are keeping it going which are of more importance.

Thus, in the treatment section wich follows this, we concentrate very much on the present and not on the past for the simple reason that we cannot change the past but we can alter the present and, therefore, alter the future.

On the following page, we have listed some important statements about anxiety. Try to memorise these and to recall them when you next become anxious.

IMPORTANT STATEMENTS ABOUT ANXIETY

The following statements are all true about your condition. It may be helpful if you memorise them and bring them to mind when you next get tense.

1. You do not have a unique disorder.
Anxiety is normal and, at times, can be helpful.
2. Anxiety is not a mental illness.
3. Anxiety develops because of what happens to you in life - you are not born anxious.
4. You will not 'go mad' because of anxiety even if the anxiety is very severe.
5. You will not die because of your anxiety symptoms even if they are very severe. No-one ever has.
6. The minute you avoid doing something because of anxiety, you make the problem worse.
7. You are not 'weak', 'inadequate' or 'abnormal'. The successful treatment of anxiety is a lot more complicated than simply giving yourself a good shake.
8. Tranquillisers may help dampen the symptoms but they will not cure the problem.
9. Anxiety can be successfully treated : with hard work and active co-operation between the psychologist and yourself.
10. You can be taught the 'danger signs' and thus help prevent relapse in the future.
11. There is no magic cure - don't be impatient - overcoming anxiety takes time.
12. Believe in yourself : you can do it.

PART TWO

TREATMENT SECTION

INTRODUCTION

Over six sessions, you will learn a good deal about anxiety and, more importantly, will be taught ways of overcoming the anxiety. The best way to overcome anxiety is to break it down into manageable parts and we will do this at each session by looking at your T A B symptoms. At the end of the course, the skills that you have learned will be brought together so that, by that stage, you will have an effective 'weapon' to fight anxiety. These skills go under the heading STRESS CONTROL.

On the following pages, there is a summary of what you will be doing at each session. Do not worry if you do not follow all of this as we will be going into it in detail during the sessions.

Each session is divided into two. The first half will concentrate on providing information and teaching ways of overcoming anxiety. This will include videos which help to demonstrate the use of particular techniques. The second half concentrates on practising the skills before you try them out in 'real life'. There will be a tea break in between.

You will be given 'homework' based on what you have learned at each session as it is only with practice that you can master anxiety.

SESSION 1

Stress Control : Step 1 - Introduction to the Course

PART 1 : INFORMATION

The psychologists will look in detail at the nature of anxiety and we will spend some time talking about anxious thoughts, anxious actions and the effect of anxiety on the body. Remember, there is nothing mysterious about anxiety and once you have learned about the nature of anxiety, you will find that you don't fear it as much because you will know exactly what is happening to you when you are anxious.

VIDEO.

You will see a video interview with an anxiety sufferer. The person describes what caused the anxiety problem and then describes the various symptoms he experiences. It is unlikely that your problem will be exactly the same, however you should be able to see some similarities.

BREAK

PART 2 : PRACTICE

After the break we divide into two groups, each group led by a psychologist. This will give you the chance to discuss particular anxiety symptoms and to discuss the booklet in more detail. If you do not want to join in the discussion, don't worry as you will start to benefit from listening to what others have to say. Remember that in the group, you are not expected to disclose personal information about yourself so don't feel in any way threatened. The groups are simply to provide very practical ways of overcoming anxiety. At the end of the first session, you will be given diary forms which we will ask you to complete every day.

SESSION 2

Stress Control : Step 2 - Controlling your Body.

SUMMARY

PART 1 : INFORMATION

Nature of your body symptoms discussed.
We will explain the nature and use of tranquillisers and a technique will be taught if you wish to gradually reduce the use of tranquillisers. We have prepared a short booklet on tranquillisers which will be given to you if you are taking tranquillisers.

BREAK

PART 2 : PRACTICE

Stress Control : Step 2 - Progressive
Muscular Relaxation.

You will divide into two groups and practise the Relaxation Exercises.

VIDEO

This will show an example of how to use relaxation.

· SESSION 2 : Controlling your Body

Stress Control : Step 2 - Progressive Muscular Relaxation

Progressive Muscular Relaxation teaches you to be more aware of anxiety within your body, e.g. tense muscles. It works on the simple rule that it is impossible to be anxious if you can relax yourself. If you are able to realise that your body is becoming tense, you may be able to do something about it particularly if you sense this early enough and therefore Progressive Muscular Relaxation can be seen as a way of helping you to prevent anxiety developing.

At the meetings, you will be given a cassette tape of relaxation instructions. If you do not have a cassette player, please try to borrow one. If, however, you are unable to get hold of one, tell the psychologists and printed instructions will be given to you instead.

If you have any health problems, e.g. back injuries which makes you unsure about carrying out these exercises, you should first inform your doctor before practising them. If your doctor tells you not to use these exercises, tell us and we will give you another form of relaxation instead.

GENERAL INSTRUCTIONS FOR USING THE TAPE

1. It is important, especially in the early stages of learning to relax to carry out the exercises while you are comfortable in a quiet place. Many people find that evening is the best time to practise. Lie on a bed or couch or even on the floor, take your shoes off and slacken your clothing. Make yourself as comfortable as possible and make sure you are warm.
2. Try to play the tape when you are feeling reasonably calm as you will be unable to concentrate if you are feeling too anxious. At this stage, when you are learning to relax, playing it when you are reasonably calm will be much more effective.
3. As with learning any other skill, practise makes perfect. When you are learning to relax, you will have to practise regularly every day. Practise at least once a day.
4. Do not worry whether you are succeeding at relaxing or not as this will only result in you becoming anxious. Allow relaxation to develop naturally, do not try to rush it. You may find your concentration wanders during the first few attempts - don't worry. When the feelings of relaxation develop, enjoy them.

5. Steady and regular breathing is essential for effective relaxation. Practise slow, relaxed breathing at different times of the day - if you are breathing too fast, slow it down in the way you have learned.

6. When you sit down to relax, you may think about all the other things you ought to be doing. Do not feel guilty. This is precisely one of the problems associated with anxiety, i.e. that you do not allow yourself time to relax, therefore regard these 20 minutes each day as being a very important part of the Stress Control Treatment.

Once you have learned relaxation.

Once you have picked up the technique you can begin to use it when you are in an anxious state. By concentrating on the exercises which can be carried out quite easily without anyone noticing, e.g. controlled breathing and clenching of your fists, you can be relaxing yourself even in the midst of an anxious situation. Therefore you already have a weapon to use against anxiety.

The exercises may also be useful if you have difficulty getting over to sleep at night and you are likely to find relaxation a great improvement on counting sheep.

Because of the relaxing qualities, these exercises may leave you feeling rather drowsy - Do not worry, it is a sure sign that you are relaxing. However, if you do have to undertake some task that involves concentration, e.g. driving, make sure you are fully alert.

SESSION 3

Stress Control : Step 3 - Controlling your Thoughts

SUMMARY

PART 1 : INFORMATION

In the first half, you will be helped to identify the thoughts which lead to anxiety. You will then be taught ways of changing them and to 'think your way out of anxiety'.

BREAK

PART 2 : PRACTICE

VIDEO

This will show you how to use Stress Control to change your thoughts. It will highlight the importance of thinking in creating anxiety.

We divide into two groups and practise altering your anxious thoughts to relaxing thoughts.

SESSION 3

Stress Control : Step 3 - Controlling your Thoughts

Having learned to control your body, we move onto controlling your thoughts. You are likely to have wrong and unrealistic thoughts when you are anxious, e.g. "I am going to lose control". "I am going to faint". These thoughts simply make your anxiety worse. This session will teach you how to identify these thoughts and to replace them with more appropriate thoughts.

In the first half of this booklet, we talked about the 'AUTOMATIC THOUGHTS' which appear to come out of the blue. Working on the principle of knowing your enemy being half the way to winning the battle, the first step in controlling your thoughts is learning more about the 'AUTOMATIC THOUGHTS' so that you can recognise them quicker and therefore change them more easily into more realistic and calming thoughts before they build up too much anxiety. Controlling your thoughts is done in five stages:

STEP 1 - Recognising the thoughts

Most people usually say they are not thinking of anything in particular when they are anxious.

In fact, there are many thoughts in your mind even although you may not be aware of them. Therefore, problem number one is 'getting in touch' with your 'AUTOMATIC THOUGHTS'. This takes time and patience.

To help recognise the 'AUTOMATIC THOUGHTS', remember that:

1. They often happen 'out of the blue'.
The thoughts often become such a habit that you can be completely unaware of them.
2. The thoughts are often irrational, inaccurate and unreasonable, but they may seem plausible and believable to you at the time even although you may be able to see how irrational they are when you are more relaxed.
3. The thoughts are often alarming and depressing.
4. The thoughts often appear even when you don't want them to.
5. The thoughts are often about a future concern.
6. Most people would become anxious if they believed in the 'AUTOMATIC THOUGHTS'.

Examples of 'AUTOMATIC THOUGHTS' can be found in the first half of this booklet.

STEP 2 - Recognising the mistakes in your thinking.

Some common mistakes are:

1. ALL OR NOTHING THINKING : Everything is seen in black and white terms - there are no shades of grey.
2. IGNORING THE POSITIVE : Rejecting any success or achievement because they 'don't count' for some reason.
3. CATASTROPHISING : Magnifying or exaggerating the importance of anything that goes wrong, e.g. a mistake.

STEP 3 - Identifying your own anxious thoughts.

Unless the psychologist is with you when you are anxious, it can be difficult 'getting in tune' with your thoughts. There are a number of ways of identifying anxious thoughts - we will concentrate on one way. This is called the 'AS IF' technique.

The 'AS IF' technique really means reliving an anxious event or anxious experience 'as if' it is actually happening. The idea is that you think of a situation and, into yourself, give a running commentary on it, almost like running a film in front of your eyes.

This is difficult and takes practice but, once you pick up the idea, you will become more aware of your anxious thoughts and this is a crucial step in then going on to control them.

STEP 4 - Breaking anxiety up.

Anxiety is not an all or nothing affair. When you get anxious, there are different stages and STRESS CONTROL helps you to cope with each stage rather than to cope with a possibly overwhelming attack of anxiety. Clearly, it is easier to tackle parts of a problem rather than to tackle the whole thing. The important four stages are:

1. Preparing to face anxiety.
2. Confronting anxiety.
3. The feeling of being overwhelmed by anxiety.
4. Thoughts after an anxiety attack.

STEP 5 - Using Positive Thinking

Having recognised your anxious thoughts and having learned how to break anxiety attacks into stages, you will be in a good position to use your positive thinking. This will greatly help both to reduce your anxiety and to prevent any more anxiety developing. Study the examples we have listed below and pick the statements which you feel you

would most be able to use when faced with anxiety.

1. Preparing for anxiety

"What is it I have to do? I can develop a plan to deal with this ".

"Just think about what I can do about it. That's better than getting anxious".

2. Confronting anxiety.

"I'll just psych myself up, I can beat this".

"I can convince myself to do it".

"One step at a time: I can handle the situation".

"Don't think about anxiety: just think about what I have to do".

"This anxiety is what the psychologists said would happen. It is a reminder for me to use these coping thoughts".

"Relax, I am in control. I'll control my breathing and use my relaxation".

3. Coping with the feeling of
being overwhelmed by anxiety.

"When fear comes, I'll just let it flow over me".

"I should expect my anxiety to rise but I know it will go away again".

"I won't try to get rid of my anxiety completely, but I will keep it manageable."

"Just keep thinking about the present: what is it I have to do now?"

4. Thoughts after anxiety

"It worked: I did it".

"Wait until I tell the psychologist (or group) about this".

"It wasn't as bad as I expected".

"I've made more out of my fear than it was worth".

"When I can control my ideas then I can control my anxiety".

"It's getting better each time that I use this technique".

" I did it!".

After you have sorted out which of these thoughts suits you best and have practised them during the session the psychologist will suggest that you go out and practise changing your thoughts whenever you are in an anxious state. Obviously it is harder to change your thoughts in 'real life' than

it is during the sessions but with practise you will find that it becomes that bit easier each time you use them.

SESSION 4

Stress Control : Step 4 - Changing your Actions

SUMMARY

PART 1 : INFORMATION

We look at the importance of avoidance of situations in creating anxiety. Ways of coping with these situations and a way of relaxing your actions will be taught.

VIDEO

BREAK

PART 2 : PRACTICE

We divide into two groups to practise using these action skills.

SESSION 4

Stress Control : Step 4 - Changing your Actions

In this session we look at three closely related aspects of your actions:

1. Situations
2. Targets
3. Improving your actions.

1. Situations

You will realise that your anxiety varies from day to day and, indeed, from hour to hour sometimes for no apparent reason. Often, however, anxiety is greatly affected by where you are and what you are doing and during this session we will emphasise the importance of situations in determining how anxious you feel.

Some common anxious situations are:

talking to strangers
inviting guests to your house
being in a crowd
dealing with people in authority
speaking in public

Often, because of the anxiety we avoid these situations. Remember, the minute you avoid doing something because of anxiety, you make the problem worse.

In this session, you will be asked to make a list of the situations where you feel most anxious and, having worked at a list, we will move on to:

2. Targets

Earlier in the booklet we talked of the importance of facing up to feared situations as we have just noted the role of avoidance in keeping anxiety going. You may feel this is easier said than done but we will be practising ways of making this easier to achieve.

By targets, we mean breaking the problem up into manageable bits so that you start off with a target or goal that is just within your reach then, having boosted your confidence by succeeding, attempt a slightly more difficult target and so on until you are successfully confronting any previously feared situation.

The easiest way to do this is to imagine a ladder - the first rung of the ladder is STEP ONE - a target just within your reach. STEP TWO is a slightly more difficult target, and so on. Here is an example of a man who, after a serious car crash, was terrified to drive again. Therefore, the SITUATION was driving and the FIVE TARGETS were put on to a five rung ladder

On the next page we set out the targets on a ladder.

5	Drive alone on all roads	Week 5 onwards
4	Alone, drive locally avoiding main roads.	Each day for Week 4
3	Alone, drive round block.	Each day for Week 3
2	Sit in car in driveway alone, engine on.	Each day for Week 2
1	Sit in car in driveway engine off.	Each day for Week 1

This proved to be a simple and effective treatment. The important thing was not to jump ahead too quickly as consistency is the crucial element of this approach. You will be helped to create ladders for your own problems.

3. Improving your actions

Once you have succeeded in confronting situations, you can 'fine-tune' your actions by firstly observing yourself - are you fidgeting, playing with your hair, stammering, speaking too fast, loud, slow, etc. Having worked out what you are doing wrong, you can replace your anxious actions with relaxed actions, e.g. speaking at the right speed and pitch, standing in a more relaxed position, etc. This will show other people that you are calm and, more importantly, will show yourself that you are coping well on the outside and this will help you feel more relaxed on the inside.

SESSION 5

STRESS CONTROL : Step 5 - Combining the skills

SUMMARY

PART 1 : INFORMATION

If your ability to use progressive relaxation to relax your body and use positive thinking to control your thoughts and to work out the situations where you are anxious, we are now able to combine all your skills and to look at STRESS CONTROL as a 'complete' way of coping with anxiety.

VIDEO

We now show how to deal with the situation we have dealt with in previous videos by -

1. Relaxing your body.
2. Altering your thoughts.
3. Changing your actions.

BREAK

PART 2 : PRACTICE

We divide into groups and practise combining the skills as a 'complete' method of tackling anxiety. During this session you will be taught to deal with panic attacks by using a combination of these skills.

SESSION 5

Stress Control : Step 5 : Part 2 - Stopping Panic Attacks

Recall the diagram on Page 22. In it we noted the importance of breathing very fast and/or too deeply in causing panic attacks and also the role of the mistaken beliefs, i.e. AUTOMATIC THOUGHTS, that the symptoms you are experiencing will cause something serious to happen to you, e.g. heart attack, mental illness, death.

You will learn a simple technique for stopping the panic attacks (or, even better, preventing them) by controlling your breathing. The breathing exercises on your relaxation tape are ideal for this purpose.

You will also be able to use your positive thinking, learned in the last section, to control your anxious thinking associated with panic attacks.

SESSION 6

Stress Control : Step 6 - Associated Problems, Review and Relapse Prevention.

SUMMARY

PART 1

We will deal with two common problems often associated with anxiety: insomnia and depression. We will also review the course, clarifying any problems that may have arisen.

BREAK

PART 2

In this section, we will teach you ways of anticipating future problems and dealing more effectively with them before anxiety can develop - this will help stop you from relapsing.

We also hope to give you some feedback on how you have got on during STRESS CONTROL and will also be interested in any comments you may have.

SESSION 6

Stress Control : Step 6 - Associated problems.

1. INSOMNIA : Many of you will suffer from sleep disturbance - problems getting over to sleep and/or waking up during the night. Playing your relaxation tape before you go to sleep will be beneficial for many of you. This can be boosted by carrying out the following routine:

- a) Do not sleep during the day, and get up reasonably early, no matter how tired you feel in the morning.
- b) Go to bed only when you feel tired, no matter how late.
- c) Do not eat, drink, read or watch T.V. in bed.
- d) If you are not sleeping in 25 minutes, get up, return to the living room and stay there until you feel tired again, no matter how long this takes. You may read but do not eat, drink, watch T.V., etc.
- e) Return to bed, if not asleep in 25 minutes, repeat d), no matter how often.
- f) Do this every night, consistency is crucial. It will be hard for the first few nights but it is well worth persevering with this approach.

2. DEPRESSION : Recall the way you learned to control your thoughts in Session 3. That approach is very suitable for dealing with depression.

Combine this with:

a) GIVING YOURSELF A TIMETABLE - With depression, it is very easy to put off doing things, lying in bed, etc. Therefore, work out in advance some activities which will help structure the day and keep to this no matter how unwilling you feel about carrying out these activities. Here is an example of using this approach which we developed for a lady who lived alone and who, because of depression, would lie in bed until 3.00 p.m. each day. This, of course, made the depression more intense.

Daily Timetable.

8.15 am.	Get up, immediately wash and dress.
8.30 am.	Prepare breakfast - at least tea and toast.
9.00 am.	Wash up dishes and put them away.
9.15 am. - 10.15 am.	To to the local shops, buy something whether necessary or not.
10.15 am. - 11.00 am.	Listen to radio/read paper.
11.00 am. - 12.00 am.	Do housework (decide this in advance).
12.00 am. - 1.00 pm.	Lunch - must include at least one cooked course.

The afternoon was free.

After struggling initially, she found herself actually beginning to enjoy some of these tasks. We built some variety into this timetable and fairly quickly the depression in the morning began to lift. This was helped by:

b) GRADED TASKS - Initially the lady was overwhelmed at the prospect of carrying out a whole range of activities which she assumed would be too much for her. This included cooking. Therefore, we looked at meal times as a way of using the graded tasks technique. We created a ladder (as in Session 4) for lunchtime targets -

5	Potatoes, sausage and egg.	
4	Boiled potatoes, peas and cold meat	
3	Tin of spaghetti and scrambled egg	
2	Toasted cheese.	
1	Buttered toast.	

As you see, the first target was quite simple and gradually the targets build up the amount of time and complexity required in preparing the meal. We varied the menu considerably to avoid boredom and in this way, she was able to avoid being overwhelmed by the prospect of cooking food.

As we had expected, this also broke down her feelings of being overwhelmed by carrying out other tasks.

We will show you ways of using these approaches to suit your own problems.

SESSION 6

Stress Control : Step 6 - Review and Relapse Prevention

At the beginning of the booklet, your main concern was with learning how to control your anxiety problems so that you would be able to cope with everyday living. Now, as you come to the end of the booklet, your concern may have moved to another issue : the thought of the problem of returning.

Many people become overconcerned with this. They do not allow themselves to enjoy the success they have had in overcoming the problem. Instead they become apprehensive and preoccupied with worries about being unable to cope should the problem arise again. Of course, it is a good idea to think about the chance of the anxiety returning and to wonder how you will cope with it but it is foolish to become overly concerned.

Will the anxiety return?

One way to prevent relapse is to expect to have some 'bad' days, i.e. there will be some days when you will feel more anxious than others. On those days, you may feel like avoiding certain situations again or you may feel you are not coping as well as usual.

It is crucial on these 'bad' days that you do not avoid situations but on the contrary, you do your best to carry out whatever it is you are anxious about.

Do not set your expectations so high that you expect to cope without any difficulty every day. If you do expect this, you will only become disappointed when you have a 'bad' day. You may even react by panicking and giving up altogether because you believe you have gone back to the beginning again. You have not, you have just had a bad day and remember, if you can succeed even on bad days then you are proving to yourself that you can cope with anxiety even under difficult circumstances.

Always think of the 'bad' day in terms of a slip up rather than a relapse. Don't panic. Admit that you are feeling anxious and that you are not coping so well. Sometimes it is helpful to confide in someone that way you put the problem into perspective rather than blowing it out of proportion.

Will I be able to cope if the anxiety returns?

Remember, you know much more about the nature and causes of anxiety and about ways of controlling your anxiety symptoms now.

Previously, you may have been confused by the symptoms, e.g. you may have worried that there was something physically wrong with you or worried that you were going mad. Now you know more about anxiety and will be able to recognise it right away and will be able to put your newly found skills into action immediately. Therefore, there is less chance of the problem coming back to the same extent. You are now in a much better position to cope with your anxiety.

CONCLUSION

Now that you have reached the end of the course, don't regard it as an end but rather as a beginning as the hard work will have to continue after this series of meetings. Do not feel as if you are now on your own and unable to cope without the group. Remember, you have learned very important skills and you will now be good at using these skills, not only to tackle problems but also to predict and prevent future problems arising.

Because of this series of meetings, you are now much more capable at dealing with anxiety and you have much less to fear now than you did before you came along to the meetings. Work hard and believe in yourself and you will get there.

APPENDIX 7

PLACEBO BOOKLET

STRESS CONTROL

JIM WHITE
PRINCIPAL CLINICAL PSYCHOLOGIST

STRESS CONTROL

NOT TO BE REPRODUCED IN ANY PART
OR FORM WITHOUT WRITTEN PERMISSION

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PART ONE

INFORMATION SECTION

INTRODUCTION

Anxiety is the twentieth century 'disease'. Anxiety is something we have all experienced at one time or another. It is perfectly normal to be anxious and we can all call to mind unpleasant experiences which have resulted in a feeling of anxiety, e.g. waiting for exam results, going for a job interview, being at the dentist. This type of anxiety is common and usually does not require help as it clears up as soon as we have got the unpleasant situation out of the way.

However, anxiety becomes a problem when you experience it too often or when it is brought on by ordinary situations or things which really should not be stressful. At this stage, when anxiety starts to get on top of you and seems to be getting out of control, many people consult their doctor seeking further help. You have probably been asking yourself questions about anxiety, both of yourself and your doctor. For example, "What is anxiety"?, "What has caused it"?, "Why do I feel the way I do"?, and, most importantly, "What can be done about it"?

The booklet helps answer these questions.
It has been written to accompany the series of meetings which you will be attending.
The first half of the booklet explains the nature of anxiety, the second half describes the treatment.

Reading the booklet alone is unlikely to get rid of the problem, therefore good attendance at the meetings and hard work outwith the meetings is essential.
During the course of the meetings, the therapies described in the booklet will be explained in greater depth so do not worry if some things are not immediately clear to you.

WHAT IS ANXIETY?

Anxiety is a greatly misunderstood problem. Most people we see tend not to understand why the anxiety started or why it is continuing.

When in a situation where they feel calm, most people are unable to accept that their fears are irrational or exaggerated and that there is no rational basis for feeling as bad as they do. However, these thoughts are overwhelmed once the anxiety rises beyond a certain level.

Anxiety sufferers often feel that they are losing touch with reality because they feel unable to cope with situations which everyone else appears to cope with without any difficulties. This raises two points:

- 1). Everyone does not cope: Anxiety is an extremely common problem. Individuals suffering from anxiety often exaggerate other people's ability to cope while, at the same time, exaggerating their own inability to cope. Anxiety affects all types of people - outgoing or shy, intelligent or unintelligent, young or old, male or female.
- 2). Insight: It is, in fact, a good sign when an individual realises his fears are irrational and is a strong indication that the problem is an anxiety condition rather than a mental illness. We call this understanding insight

While it is reassuring to know that you are not mentally ill, you do still have a serious problem inasmuch as it will be greatly upsetting your life and possibly the lives of those around you. Unfortunately, the common attitude in Britain towards anxiety is to 'give yourself a good shake'. This attitude is both simplistic and wrong. The causes and indeed the treatment of anxiety are complex - if all it took was a good shake then you would gladly have given yourself one. No-one deliberately suffers anxiety.

Often your most severe critic is yourself. Often we find anxiety sufferers blaming themselves for being anxious. This makes about as much sense as blaming yourself for having, e.g. arthritis. It is not your fault that you have developed anxiety as this booklet will explain.

It is worthwhile bearing in mind that, although on the outside, you may look perfectly healthy and indeed, calm, this is not a good indication of how you are feeling inside. This often creates guilt as there may be no obvious physical 'disease' or 'illness' and individuals often worry about 'wasting the doctor's time'.

In some ways, it is more reassuring to have a definite physical condition, e.g. a broken leg - you know

exactly what caused it; everyone else can see what has happened and can understand your feelings; treatment is obvious and you also know that when the leg is mended, the problem will disappear. This reassurance is often missing with anxiety as you often do not know the cause or why the problem persists and, up until now, have not been aware of an effective way to combat the problem.

* * * * *

It is for these reasons that we have designed STRESS CONTROL as a detailed method of treating anxiety and the first step is to make more sense of anxiety.

When we talk about anxiety in everyday life, we often use phrases such as "I can't think straight"; "I can't cope with this"; "I am uptight" and we assume we are talking about the same thing and lump all these symptoms under the one heading of 'Anxiety'.

However, when we come to look at anxiety in details, it is important to divide it into three separate parts :

1. What you think : i.e. what goes through your mind when you are anxious.
2. What you do : i.e. how you act when you are anxious.
3. How your body reacts : i.e. physical symptoms you get when you are anxious.

These are known as the THREE SYSTEMS of anxiety.
You can remember this by thinking of TAB.

T : thought
A : actions
B : body

We will now look in some detail of the nature of thoughts, actions and body and explain how each in turn has an effect on your anxiety condition.

THOUGHT

"If I try to go down to the shopping centre on my own, I feel really dizzy and I am sure that I'll collapse and I'll make a fool of myself. I can't stand being there unless someone is with me".

"I just can't help worrying. I never sit at peace and I can't relax doing anything any more. I know I shouldn't worry but I can't seem to stop myself".

"I never disagree with anyone at work even although I would like to. I'm afraid I'll burst into tears if someone challenged me. It's terrible because I know they just use me now".

"I'm just useless. Whatever I try to do ends up as a disaster. I just don't do anything now - I avoid having people up to the house and I avoid going out visiting. All the family think I'm a failure and they are right".

"I keep thinking there is something physically wrong with me, I keep wanting to check my body to look for changes. I'm convinced that I am seriously ill and I get anxious reading about illness and death in the paper".

These are common statements from anxiety sufferers. Often, the person suffering from anxiety cannot pinpoint the source of the anxiety but just find themselves constantly worrying about the future, anticipating that things will go wrong and sometimes worrying about things he has done in the past.

In all cases of anxiety, however, the one common finding is that the anxiety sufferer feels threatened by situations or difficulties which in the past would have posed no great problems while realising that he would be able to cope if only he were able to control his anxious thoughts more effectively.

The thoughts printed above are quotes from anxiety sufferers when they were asked to describe their problem. The thoughts printed below are from the same people but these thoughts arise during anxious periods - thoughts which flash automatically through their heads, e.g.

"I'm going to die"

"I'm going to choke"

"I'm going to make a fool of myself"

"I'm losing control"

"People are looking at me"

"I'm going to go mad"

These are called AUTOMATIC THOUGHTS.

All these thoughts are irrational and unrealistic - you won't go mad and you won't die. However, if you truly believe that, for example, you are going to make a fool of yourself then naturally it increases your anxiety.

ACTIONS

In the previous section we looked at how anxious people think when they are anxious. In this section, we look at what people do when they are anxious. Here are some examples:

avoiding day to day events; paying bills;
chatting to neighbours.

avoiding going alone to the shops at busy times.

avoiding making decisions: planning ahead;
taking responsibility.

finding yourself acting unnaturally because of
tension.

finding yourself unable to speak in case you say
the wrong thing.

checking items around the house frequently and
needlessly.

cleaning the house (or yourself) frequently and
needlessly.

The best way to look at this is to divide actions into
two sections:

Avoidance

This is a crucial factor in keeping anxiety problems

going and it is one that we will concentrate on a good deal when we come to the treatment. We noted previously that anxiety sufferers often anticipate that they will cope badly in situations, e.g. the prospect of having to go to a wedding or visit friends. If an individual feels that, for example, going to the shopping centre will lead to panic, he will often avoid going into that situation. This may work in the short term as a way of not facing up to anxiety but the minute you avoid any situation, you will make the problem worse and not better.

This is true whether it involves avoiding standing up for yourself, avoiding going into shops, avoiding going to parties or socialising or simply avoiding everyday necessities such as making meals or doing housework. It is also true when you take to your bed during the day, i.e. avoiding staying up. Thus while in the short term, avoiding a situation may bring some relief, in the long term it is simply building up a bigger problem.

Therefore the first important thing to remember about your actions is avoidance.

Behaviour

There are other actions which lead to anxiety, e.g. if you are talking to someone and you notice yourself talking too fast, stammering, mixing up your words,

. etc. or it may be that you are fidgeting - playing with your hair, moving from one foot to the other, twitching etc. These behaviours show that you are tense and because you can be painfully aware of them, they may increase the anxious thoughts you are having.

It may be that you are not good at different social skills e.g. you may find it difficult to open a conversation with a stranger, keep a conversation going after you have talked about the weather. It may be you find it difficult to stand up for yourself, e.g. complain in a shop, turn down unreasonable requests, etc. These problems may be affected and, as above, may increase your anxious thoughts.

Another behaviour problem is linked to obsessional thinking and that is when you feel compelled to carry out certain actions that you realise are irrational but feel unable to stop, e.g. you may find yourself doing far too much housework, frequently checking that electric plugs have been pulled out of the socket at night or frequently checking that doors are locked and that windows are secure or that there are no gas leaks. These compulsions go hand in hand with obsessional thoughts.

Therefore the second important thing to remember about your actions is changes in your behaviour.

BODY

The body reacts in a variety of ways to anxiety and you will probably be aware of a wide range of physical symptoms, e.g. :-

Shaking	headaches
dizziness	palpitations
sweating	breathing difficulties

Other symptoms are described later in this booklet.

These symptoms are unpleasant and a second problem may develop in that you have a fear of the symptoms themselves. You may find that these symptoms seem to appear without any warning and do not seem to be triggered by anything happening to you.

This may lead to a fear that you have a serious physical disorder and that something bad is about to happen to you, e.g. you will have a heart attack if you become aware of a pounding in your heart or a fear that you have cancer because you are experiencing odd symptoms which you cannot put a label to.

We often call these symptoms 'psychosomatic'. This does not mean they are 'just in your mind'. If you have a tension headache it is because anxiety has caused the muscles around your head to tighten, leading to a painful sensation so you are not simply

imagining it - it is real.

All bodily anxiety symptoms are caused by nervous tension. They are unpleasant but apart from that they need not cause you any concern - you will not do any damage to your body even if your symptoms are severe.

How the body reacts to stress.

Imagine you are crossing the road when you realise that a car is fast approaching you - you have to get out of the way. What happens is that the nervous system puts the body on the 'alert' to prepare it for action. The heart beats faster to pump more blood; blood pressure rises so that blood reaches the muscles more quickly; digestion slows down as blood is needed elsewhere; breathing quickens and so on. This helps you get out of the way of the car as you can run faster, can concentrate better on the danger by ignoring everything else, etc. When the danger is over, everything returns to normal and the body relaxes.

Now the body reacts in virtually the same way to a psychological threat (being criticised, going into a feared situation) as to a physical threat (a car coming towards you). In an anxiety condition, the body gets into 'the habit' of being on the 'alert' all the time. In other words, the nervous system becomes too sensitive and can be set off by quite ordinary everyday situations. Not only this, but the

body takes longer to return to a relaxed state after you have experienced anxiety.

It is important to remember however, that even although the body is 'alert' for long periods of time, you are still not causing any physical damage to it (you are, however, using up a lot of energy and may make you feel more tired than usual).

Just as people differ in the way in which they experience anxiety, so their bodies react differently some people develop stomach upsets, still others have palpitations. Each individual has his own pattern.

It is very important to remember:

1. Anxiety (a psychological disorder) can cause marked temporary changes in your body.
Most people underestimate the power of anxiety in producing marked physical symptoms.
2. These symptoms are not dangerous: you are not damaging your body, therefore you will not, e.g. faint, have a heart attack or die.
3. These symptoms will go away : the body can only remain in an anxious state for so long and after a while your body will reduce all the symptoms itself.

We have now looked in some detail at the three important aspects of anxiety:

T : Thought

A : Action

B : Body

We have produced in the following pages a list of some of the common anxiety symptoms and have listed them under T A B headings. It is not exhaustive there are many other anxiety symptoms which you may experience which are not on this list.

ANXIETY SYMPTOMS (1) : THOUGHTS

Apprehension	Self-consciousness
Fear of death	Fear of disease, illness
Fear of insanity	Nightmares
Fear of losing control	Loss of self-confidence
Lack of assertiveness	Fear of being alone
Fear of failure	Fear of meeting people
Loss of sexual arousal	Fear of being criticised
Fear of becoming angry	Fear of being rejected
Fear of looking foolish	Fear of making mistakes
Loss of concentration	Loss of interest
Afraid to face the day	Overconcern about cleanliness
Feeling 'cut off' from your surroundings	Feeling of impending doom.

ANXIETY SYMPTOMS (2) : ACTIONS

Behaviour:

Speaking too fast	Stammering/stuttering
Hesitating	Speaking too quietly/too loudly
Unable to sit at peace	Overconcern with safety checks
Poorer performance, e.g. work	Taking longer to perform tasks.

Avoidance

Buses	Driving
Shops	Busy places
Making decisions	Being alone
Leaving home	Travelling far from home
Going out in the dark	Talking to neighbours
Reading about cancer, Heart attacks, etc.	Heights

ANXIETY SYMPTOMS (3) : BODY

Palpitations	Rapid heart rate
Missed heart beats	Dizziness
Faintness	Headache
Numbness	Chest pain
Shortness of breath	Stomach pains
Choking sensation	Muscle pains
'Butterflies' in stomach	Tiredness
Shakiness	Sweating
Sleeping problems	Difficulty in swallowing
'Jelly' legs	Diarrhoea
Weakness of the bladder	Increased appetite
Loss of appetite	Trembling
Flushing	Pains in head
Nausea	'Pins and needles' in face and limbs.

ARE THERE DIFFERENT TYPES OF ANXIETY?

For too long, anxiety conditions have been viewed as an 'illness' which you either have or do not have. It is not that simple. We all have some degree of anxiety - you simply have too much anxiety at present. Therefore, do not view yourself as 'sick', 'mentally ill' or 'abnormal' but rather as having anxiety which is interfering with your daily life to an unacceptable extent at present.

There are several types of anxiety conditions, the most common being:

1). FREE-FLOATING ANXIETY

This is characterised by oversensitivity and a long lasting state of tension and apprehension and often the individual cannot pinpoint exactly why he is worried. The sufferer worries constantly experiences unpleasant bodily symptoms and has trouble making decisions; may manufacture worries and problems and feels incapable of facing the stress of daily life. The anxiety can occur under any circumstances and it is not restricted to specific situations or objects, although it may come and go to a certain extent during the day.

Often free-floating anxiety is worse at times when the individual should be relaxing, e.g. after work, watching television, socialising, etc. This may be related to the fact that he does not have to concentrate on anything else which would distract his attention away from the anxiety.

Often this state can be interrupted by acute and frightening panic attacks.

2). PANIC ATTACKS

Panic attacks may last from a few seconds to a few hours. They tend to come on suddenly, often without warning and involve the intense feeling of apprehension or impending doom.

There are a wide range of physical symptoms, e.g. :

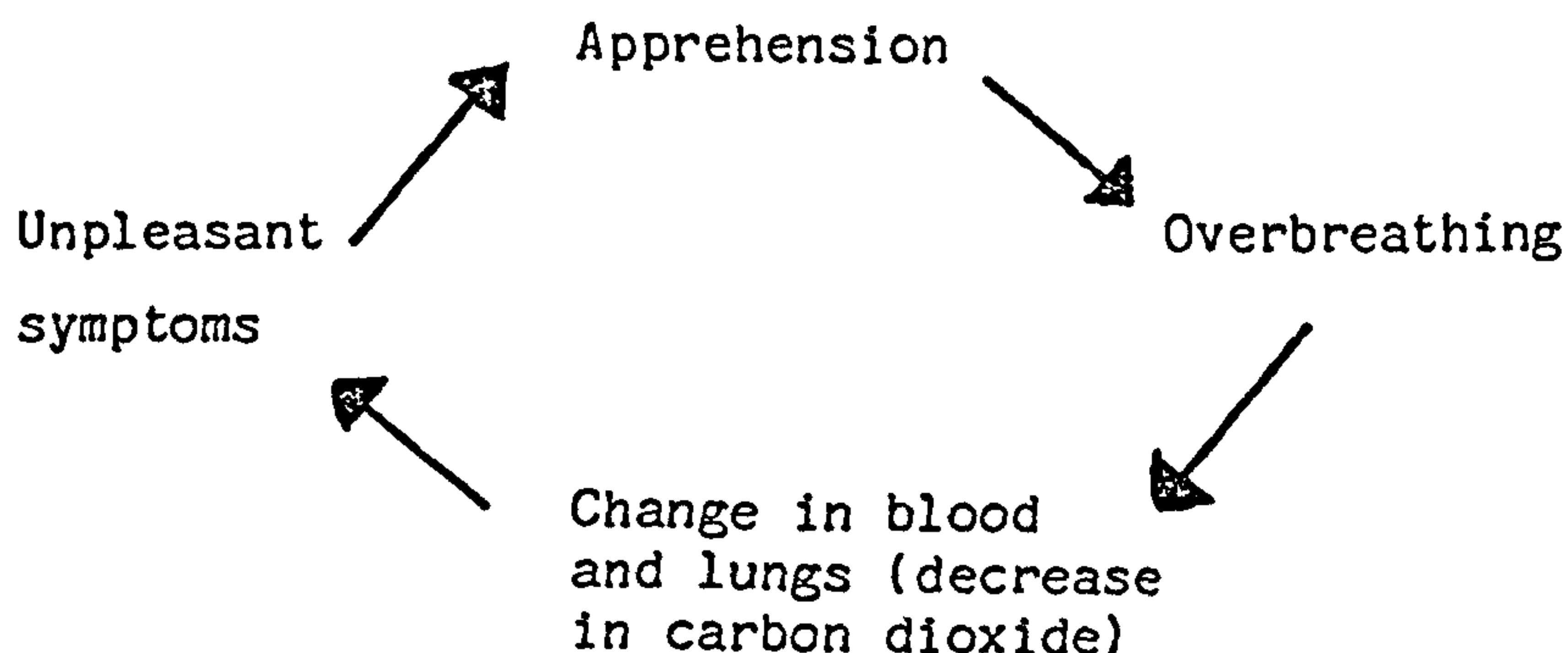
Breathlessness	Palpitations	Dizziness
Chest pain	Choking	Feelings of unreality
Hot and cold flushes	Sweating	Faintness
Trembling	Shaking	Numbness of extremities.

They can be brought on by such things as hang-overs, illness (e.g. flu), too much caffeine and rapid changes in posture. You are also more likely to have a panic attack when tired, when your blood sugar

is low, e.g. during crash dieting, or if you miss meals and by stressful situations. Women are more at risk before their period.

Panic attacks result from wrongly believing that the symptoms noted above are dangerous (e.g. palpitations will cause a heart attack). Many people wrongly think that they may die, become seriously ill or go mad during a panic.

During a panic attack you are likely to breathe very fast (hyperventilate) and/or too deeply. this causes temporary changes in the carbon dioxide levels in your blood and lungs which in turn will help create the unpleasant symptoms noted above. This, of course, will make you even more anxious.



As you can see from the diagram a vicious circle of fear has developed. In the second half of the booklet, we will teach you a simple way of controlling panic attacks.

3). PHOBIA

A phobia is a persistent fear of a specific object or situation for which there is no rational basis.

The sufferer typically recognizes that there is no danger but this awareness in itself does nothing, as a rule, to lower the anxiety.

The most common phobias are:

agoraphobia	:	fear of public places (not open spaces), e.g. shops, buses, busy streets.
social phobia	:	fear of social situations, e.g. parties, meetings
animal phobia	:	fear of animals, especially dogs, snakes, spiders, rats.
height phobia	:	fear of tall buildings, bridges
claustrophobia	:	fear of enclosed spaces, etc., lifts, small rooms.

Unlike free-floating anxiety, the sufferer usually only experiences marked anxiety when faced with these objects or situations. However, most phobic sufferers also feel anxious and/or depressed for long periods of time when not faced with these objects or situations.

4). OBSESSIVE-COMPULSIVE REACTION

Obsessions and compulsions are often found together.

- a) Obsessions : This is the occurrence of persistent thoughts which the person may realise as irrational but cannot prevent, i.e. the individual simply cannot shut the thoughts off. Common obsessional thoughts include worries about developing a serious illness, cancer or heart disease, exaggerated concern about personal cleanliness, worries about whether you have carried out a task properly.
- b) Compulsion : These are impulses to perform actions that are also irrational. Common compulsions include repeated hand-washing, repeatedly checking to see whether a door is locked, repeatedly cleaning the house although the sufferer know it does not need cleaned.

Therefore an obsession is what you think.

A compulsion is what you do.

5). DEPRESSION

Often an anxiety sufferer will complain of feelings of depression and the individual's symptoms of dejection can be seen as a response to the anxiety problems.

It should not be assumed that if you are depressed, you will walk around in a slumped and dejected fashion. Many people with depression manage to take part in conversations, smile and even tell jokes in order to present a good front to family and friends. The common symptoms (some of which are shared with anxiety) are:

Poor concentration

Loss of (or increased) appetite

Sleeping problems - often getting off to sleep

Lack of energy

Inability to face the future

Crying spells

Loss of sexual arousal

Loss of interest

When people talk about being depressed, they usually mean a 'fit of the blues'. A 'fit of the blues' affects all of us from time to time and is generally associated with us feeling 'fed-up'. It usually clears up quite quickly and often can be helped by

us doing simple things such as giving ourselves a treat, changing our routing, etc. Depression is more severe and is likely to last much longer and is less likely to respond simply by, for example, treating ourselves.

WHAT CAUSES ANXIETY?

We said in the introduction to this booklet that everyone, no matter how happy or well-balanced, experiences anxiety at one time or another.

Anxiety is a normal and, indeed, inavoidable part of everyday living and, if it can be kept at a reasonable level, can actually be healthy because the anxiety is telling you something, i.e. there is something wrong with your life that you should be tackling. When we look at the causes of anxiety, we can ask (and answer) the question -

Are we born anxious or do we learn to become anxious?

ANXIETY : Born or bred?

While we are all born with the ability to be anxious, some of us are more prone to anxiety conditions and we often refer to such people as 'natural' or 'born worriers'. This is due to the nervous system in our body - some systems are simply more sensitive to stress than others.

Although we cannot change our nervous system we can, through the type of therapy described later in the booklet, control it. So don't feel 'condemned' - remember that virtually all born worriers, when asked, can describe periods of their life when they coped well. This highlights the importance of events in your life in causing anxiety.

It is very important to realise that your nervous system is reacting to anxiety - it is not causing it. Anxiety is not a physical condition - it is a psychological condition and is best treated by psychological therapy.

Not everyone who suffers from anxiety is a 'born worrier'. Many, if not most, anxiety problems result from the various stresses and strains which we come across in our lives. At a simple level, many people who are frightened of dogs have been attacked by a dog in childhood. At a more complex level, an individual may experience a number of events in life which, on their own, may not result in much anxiety but, taken together, may be enough to trigger an anxiety reaction. Let us give you an example of this.

CASE HISTORY

Moria is a 45 year old woman, married with two grown-up children. She had a normal childhood and had no

unusual fears or phobias. No-one else in the family was particularly anxious. As an adult, she coped well with life, had a stable marriage and enjoyed a varied social life. At this stage she could have described herself as being self-confident, capable and happy in life.

The anxiety condition seemed to arise out of the blue and in the space of six months gradually worsened. Moira found her self-confidence disappearing, she became more apprehensive (although of what she didn't know) and was unable to sit down at night and relax. She had all the classic bodily symptoms - rapid heart rate, headaches, nausea. She felt she was losing control of her life and began to avoid socialising. Her concentration was affected and her work (as a Secretary) suffered. After tranquillisers had failed to control the anxiety, Moira was referred to the Clinical Psychology Department.

Once Moira had explained the problem in some detail, it was possible to see the factors which had triggered off the anxiety:

Six months before the anxiety developed, Moira changed jobs and moved into an office working on her own for two surveyors. She found it difficult coping with

their unrealistic demands and unpleasant manner. Unable to assert herself Moira found herself trying to please her employers by doing more and more work. In addition, she was criticised openly for minor mistakes and given no credit for good work.

She took her problem home and released her pent-up frustration on her husband. This caused marital problems which, in turn, led Moira to feel rejected. Faced with the prospect of Monday mornings, week-ends became a time of anxiety instead of relaxation.

Moirra at this point was prone to develop an anxiety problem. She developed a bad flu and at a point when her physical and psychological energies were drained, she experienced her first anxiety attack.

This is a good example of events and experiences in life leading to an anxiety problem. In your own case, you may be able to pinpoint an event or, more likely a series of events which led up to the current problem although sometimes it is very difficult to pinpoint any reasons. This does not mean that there is not a reason, simply that you have forgotten what was happening at the time. In any case, in the treatment of anxiety, it is much more important to tackle the

the reasons which are keeping it going rather than the causes which obviously, being in the past, cannot be changed.

Another example concerns John, a 24 year old man who, in the space of 6 months, married, moved to England with his job, suffered the unexpected death of his father and was made redundant. His anxiety condition developed shortly afterwards.

Of interest in this case is the fact that some of these events were pleasurable - getting married and moving into a new house. However, even these pleasurable events can have an impact on anxiety as they involve the person having to adjust to a new way of living and this may make him more vulnerable for a short period of time as it means building up a new routine.

In the next section, we will discuss a more important issue; namely, what keeps anxiety going?

WHAT KEEPS ANXIETY GOING

In the last section, we described examples of the causes of anxiety. However, when we come to the treatment of anxiety, the most important element is not so much what caused the problem but factors which are keeping it going. We have already talked about some of the reasons when we discussed the T A B symptoms. We must, however, now turn to the key factor in your problem: The role of the subconscious mind. To do this we look at the work of the famous psychologist Sigmund Freud.

SIGMUND FREUD

Without doubt, Sigmund Freud has been one of the most important and influential figures of the last hundred years. When he developed his theory (Psychoanalysis) it was met with ridicule. However, now, we simply take for granted his central idea, i.e. that the mind could be divided into two distinct parts - the CONSCIOUS and the SUBCONSCIOUS.

THE CONSCIOUS MIND

The conscious mind is that part of the mind of which we are always aware. The state of being conscious lets us know where we are, what is happening around us, who we are, whether we are hungry, whether we are tired, etc. When something happens, we become aware of it, and can direct our attention to it.

THE SUBCONSCIOUS MIND

The subconscious, however, is the deeper and in many ways, darker part of the mind which we are not aware of but which, nonetheless, plays a very significant part in our lives. Freud calls this area of the mind the 'storehouse' for everything that has gone through the mind in the past, i.e. everything that has happened to us is stored in this part of the mind even although consciously we seem to have forgotten about these incidents.

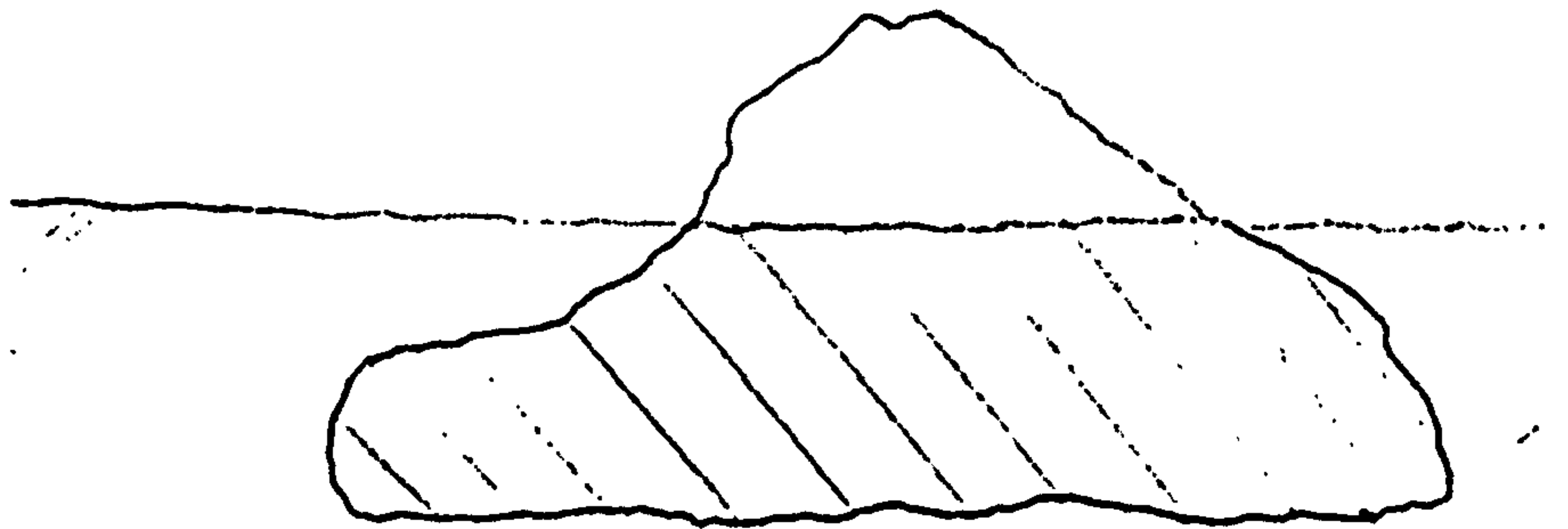
This area of the mind does not run by the rules of common sense but can be very irrational and erratic. All our memories, all our experiences are held in the subconscious whether we like it or not, i.e. we cannot forget even the things which we would like to forget. Therefore, although we can control to a certain extent, our conscious mind, we are, usually completely unable to control the subconscious.

DREAMS

Although usually unaware of the subconscious, we do, every night, see the effects of it when we dream. Dreaming is simply the subconscious being allowed to rise up into our conscious mind and, as we all know, dreams can be extremely difficult to understand as they are often very irrational and very unrealistic. Dreams, however, are one way of seeing the nature of the subconscious mind.

THE MIND AS AN 'ICEBERG'

Sigmund Freud believed that the mind could be likened to an iceberg - the conscious mind being the part above the water and the subconscious mind being the much larger part hidden below the surface. What he meant was that although you can only see a small part of the iceberg - literally the tip of the iceberg - this tip is supported by a huge (and to all intents and purposes) invisible bulk under the surface. We can see this by looking at the diagram printed below.



To continue using the iceberg as an example - the most dangerous part of the iceberg - the part you cannot see - is the part under the surface (think of the Titanic). It is exactly the same with the mind - your anxieties are stemming directly from the part of the mind you are unaware of - the vast subconscious.

How the Subconscious affects us.

Before we look at how the subconscious affects your anxiety, let us look at other workings of this part of the mind by taking a few everyday examples:

Think of the times when you find yourself whistling a tune, the name of which you cannot remember (or, more accurately, your conscious mind cannot remember). No matter how hard you rack your brain, the answer cannot be found. What often happens, however, is that sometime afterwards, when you have apparently forgotten all about it, the name of the tune pops into your mind (i.e. your conscious mind). Where did it come from? - the answer is simply from the subconscious mind, which, although you were unaware of it, had been working on the problem and eventually was able to push the answer up into your conscious mind.

Another example would be setting out to go to a particular place and, without realising it, ending up in another place apparently by mistake. What has happened is that your subconscious mind has taken over from your conscious mind and has decided to ignore your conscious decision to go to the first place - you have almost gone on to 'automatic pilot'

This almost sounds as if these two parts of your mind - the conscious and the subconscious - are constantly locked in a battle for supremacy. Not so - usually they work in harmony and indeed help you cope with your daily life. However, in the case of anxiety, disharmony has set it and your subconscious is directly responsible for causing the stress in your life even in the absence of anything consciously going wrong.

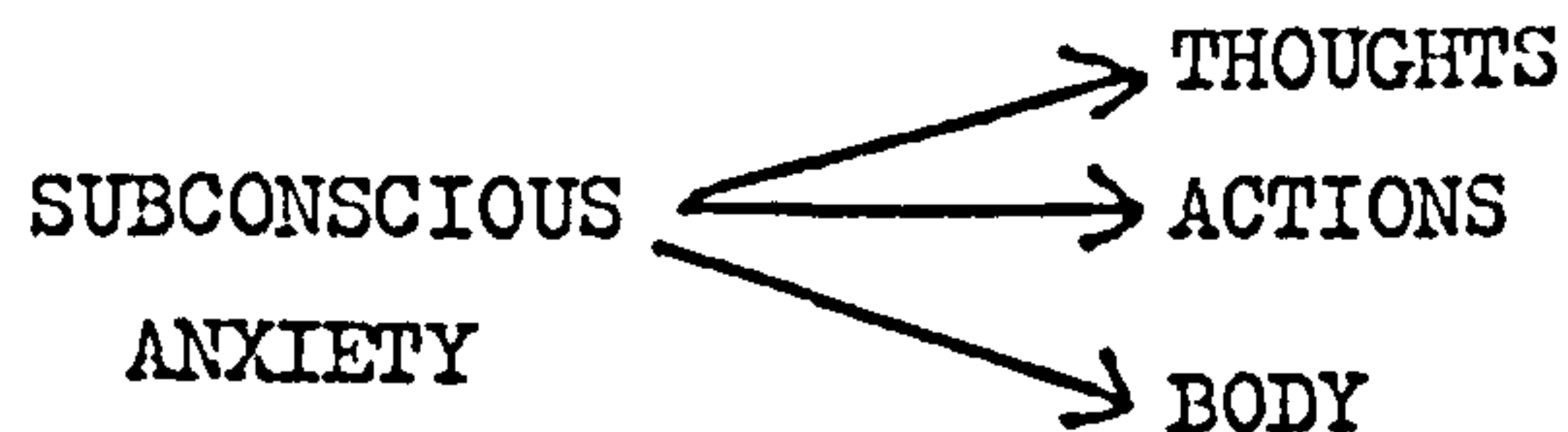
Role of the Subconscious in producing anxiety.

You may have found yourself apparently quite relaxed, for example, sitting in front of the television yet suddenly becoming anxious for no obvious reason. You may be walking outside when you panic 'out of the blue'. You may be able to consciously say that you have no reason to be anxious yet cannot help yourself from being so. Perhaps you can try to use common sense to tell yourself that you should not be anxious and perhaps do everything in your power to relax but do not succeed. This is simply due to the fact that although your conscious mind tells you not to get anxious, depressed or panicky, your subconscious mind is telling you the exact opposite and because your subconscious mind is bigger and more powerful, your conscious mind cannot hope to defeat it.

Life Events.

We talked earlier in the booklet about the role of life events in causing stress. At the time of these life events, your subconscious mind registered your unease and because the subconscious represents the dark side of your nature, it reacted in a more irrational way to these events and this gradually began to add to your stress. Gradually the subconscious mind takes over, i.e. your emotions become less and less under conscious control and instead become dominated by a part of the mind usually completely shut off to you but which, nonetheless, continues to exert great influence over your emotions even without you realising it. Bear in mind that every stress that has happened to you in the past is still stored in the subconscious and that without the ability to 'recondition' or 'retrain' the subconscious the anxiety will still continue to affect your life.

These deep, dark, anxious thoughts begin to control your T A B symptoms - your conscious thoughts become more anxious; your BODY reacts to these deep anxious messages and reacts by creating symptoms and your ACTIONS become more and more disrupted. Thus, the T A B symptoms can be seen as the outward signs of the workings of your subconscious.



CONCLUSIONS

From the above, it is clear that in order to get rid of anxiety, we have to bypass the outward signs, (i.e. T A B) and delved much deeper into the mind (or psyche). To use an example from physical illness - if you have the measles, there is no point in trying to scrub off the spots but rather you would need medicine to get at the deeper underlying causes of the problem. Thus it is only by directly attacking the anxiety in the subconscious that we can hope for a long lasting improvement. Although your subconscious seems to be out of control, this in no way means that you are mentally ill. Although it is usually extremely difficult to control your subconscious, we have, by using the latest research findings at our disposal, created a completely new therapy to combat and, with hard work, conquer the subconscious mind. We have called this technique SUBCONSCIOUS RECONDITIONING; by learning how and when to apply this technique, you will, we hope, learn STRESS CONTROL.

IMPORTANT STATEMENTS ABOUT ANXIETY

The following statements are all true about your condition. It may be helpful if you memorise them and bring them to mind when you next get tense.

1. You do not have a unique disorder. Anxiety is normal and, at times, can be helpful.
2. Anxiety is not a mental illness.
3. Anxiety develops because of what happens to you in life - you are not born anxious.
4. You will not 'go mad' because of anxiety even if the anxiety is very severe.
5. You will not die because of your anxiety symptoms even if they are very severe. No-one ever has.
6. You are not 'weak', 'inadequate' or 'abnormal'. The successful treatment of anxiety is a lot more complicated than simply giving yourself a good shake.
7. Tranquillisers may help dampen the symptoms but they will not cure the problem.
8. Anxiety can be successfully treated : with hard work and active co-operation between the psychologist and yourself.
9. Anxiety is kept going because of the workings of your subconscious mind.
10. Getting rid of anxiety involves 'reconditioning' or 'retraining' your subconscious mind.
11. There is no magic cure - don't be impatient - overcoming anxiety takes time.
12. Believe in yourself : you can do it.

PART TWO

TREATMENT SECTION

INFORMATION

Summary

The whole focus of Stress Control is to send 'anti-anxiety' messages deep into your subconscious mind. Instead of your subconscious making you anxious as it does at present, it will be retrained to make you calm instead. It will do this by learning to respond to the anti-anxiety messages and to ignore any anxious thoughts which are still in that subconscious 'storehouse'.

Subconscious Reconditioning

In the last section we talked about how the subconscious mind can affect us and how, in the case of anxiety, it continues to create stress no matter how hard we consciously try to prevent it. In this treatment section, we get down to turning the tables on your stress by reconditioning (or retraining) the subconscious, training it to stop stress instead of starting it.

The following sections form the basis of the whole therapy you will receive in STRESS CONTROL and in order to explain how 'subconscious reconditioning' works, we will describe how attempts have been made in the past to train the subconscious mind. These attempts have, however, been illegal. To do this, we introduce you to SUBLIMINAL PERCEPTION.

SUBLIMINAL PERCEPTION

'Subliminal' means beneath the level of awareness - put simply - if you subliminally perceive something it means that your subconscious is aware of it but your conscious mind is not. Let us look at some examples:

Some years ago, as part of an experiment, 'subliminal messages' were shown during a film at a cinema. What happened was that for a fraction of a second a barren desert scene was inserted into the real film (a spy movie). This was repeated every minute for 20 minutes. Although no-one in the cinema was consciously aware of the desert scene, their subconscious mind did register this and also reacted to it. The audience (after the film) reported feeling thirstier and hotter than usual - they had reacted without knowing why.

This experiment was taken one stage further - instead of showing a desert scene, a subliminal shot was included in another film. A sign was flashed on to the screen saying "DRINK COKE". Immediately, many people got out of their seats and went to the kiosk and bought Coke. When asked why, they replied innocently that it had suddenly seemed like a good idea - NONE OF THE PEOPLE ASKED HAD CONSCIOUSLY BEEN AWARE OF PERCEIVING THE SIGN. Indeed it came as a great shock when they were told that their subconscious mind had been "programmed" to buy this particular drink.

While these examples show how powerful subliminal advertising can be, a more sinister use of subliminal perception was used during an election in South Africa some years ago when, during a party political broadcast on television, the subliminal message of "Vote for the ***** party" was flashed up on the screen. No-one can tell how many people were influenced by this but, given what we know about subliminal perception, it comes as no surprise to learn that this form of advertising is banned in all countries in the world.

If you would like to see an example of (almost) subliminal perception currently on television, watch the Rockford Files. Towards the end of the credits, there is a very brief image of a girl running along a beach. You will have to watch extremely carefully, however, if you want to pick this up. We mentioned that it is 'almost' subliminal because you can become consciously aware of it. True subliminal perception means that you are never consciously aware of the image.

While psychologists have known about subliminal perception for many years now, no-one has, until now, thought of using this as a way of getting rid of stress. If we can make people behave differently by 'programming the subconscious (Drink coke, Vote ****, etc.) then surely we can use sublininal perception for the good by aiming anti-anxiety messages deep into the mind and helping people under stress to fight back and to conquer the anxiety lying in the subconscious.

On the following pages, we will demonstrate how
our new therapy 'Subconscious Reconditioning'
does exactly this.

SUBCONSCIOUS RECONDITIONING

We have produced a means of using some subliminal perception to stop anxiety. There are, in theory, a whole range of ways that this can be done, e.g. the use of video. However, we have decided to use audio reconditioning, i.e. the use of sound. We do this because we believe, from the available research, that sound can penetrate into the subconscious quicker and more effectively than, for example, vision.

Therefore, we have produced two specialised tapes in order to aid the retraining of your subconscious. The two tapes are as follows:

1. General anti-anxiety messages.
2. Specialised anti-anxiety messages.

GENERAL ANTI--ANXIETY TAPE MESSAGES

This tape divides into five distinct parts. These parts are as follows:

1. A voice introduces you to the technique.
2. WHITE NOISE - What you will hear in this part of the tape is a whole range of sounds which will make no obvious sense to your ears - these sounds are called 'White Noise'. White noise is, however, not simply nonsense sound but is, on the contrary, a large collection of specially coded anti-anxiety messages which have been put on tape in such a way that although you consciously cannot make sense of them, your subconscious can understand and can also act upon them. If you could translate these messages into normal speech, you would hear such statements as:

"I can be more confident"

"I can cope with any stress"

" I will defeat my anxiety"

Etc.

This 'white noise' lasts for only 60 seconds. If you listen to it for more than 60 seconds, your conscious mind would become very irritated and would make listening to the tape more and more difficult due to you becoming bored listening to these apparently meaningless sounds. For this reason, after one minute is up, the tape switches to:

3. MICRO-CONDENSED MESSAGE - This section of the tape has a soothing piece of music combined with very brief collections of anti-anxiety messages added every 10 seconds (you can hear a 'blip' on the tape). Quite simply, the music keeps your conscious mind distracted and, as it listens to the music, the anti-anxiety messages can continue to bombard your subconscious mind without interference.

As with the 'white noise', the 'micro-condensed' messages are feeding anti-anxiety messages into the subconscious. These are, however, coded in a different way but will have the same result, namely - fighting the anxiety.
4. WHITE NOISE - Following the micro-condensed messages, white noise will return for 60 seconds.
5. The voice then returns to end the session.

Although this technique has some similarities with hypnosis, you will not in any way be under trance, i.e. you will be aware of everything around you and will be perfectly alert and capable of carrying out any activity, e.g. driving.

SUMMARY

The generalised anti-stress message tape is feeding general anti-anxiety messages directly into your subconscious. It is doing this in two ways - by the use of white noise and by micro-condensed messages.

(Note: This generalised tape will be played during each session of Stress Control and there will be a similar version on the tape for home use. We deliberately use different tracks of music in order to keep your conscious mind interested.)

SPECIALISED ANTI-ANXIETY MESSAGES

This tape is essentially the same as the generalised tape but the messages involved are much more specialised. Again, as in the generalised tape, the format is the same, i.e.

1. Voice
2. White Noise
3. Micro-Condensed Message
4. White Noise
5. Voice.

However, the messages now alter. Before, the messages have been very general, i.e. "I will relax", etc.

Now the messages relate to specific aspects of your stress and at this point we return to the T A B symptoms mentioned in the first half of the booklet. There are six specialised tapes and these are as follows:

- Tape 1 - Controlling your Body.
 - Tape 2 - Controlling your Thoughts.
 - Tape 3 - Controlling your Actions.
 - Tape 4 - Asserting yourself.
 - Tape 5 - Controlling Panic.
 - Tape 6 - Controlling depression.
- e.g. from TAPE 1 - Controlling your Body

"I can relax my muscles"

"I can control my shaking"

"I can slow down my breathing".

Although each tape follows the same format, the music will be different in each. This is simply to allow your conscious mind to be conditioned to a particular piece of music which, for rather complex reasons, helps your subconscious mind be reconditioned to the anti-anxiety messages.

IMPORTANT

You will be given both tapes for home use. It is EXTREMELY important that you play the tape each day as it is only with repeated practice that the subconscious mind can be reconditioned. Therefore, setting aside a particular time each day is of the greatest importance if you want to control your anxiety. You will be given very precise instructions at each session as to which part of the tape has to be played at home. It should also be noted that simply playing the tapes at home will not, in themselves, be sufficient to control your stress, therefore, attending every session of Stress Control is again of the greatest importance as it is only with the combined effect of the course and the homework that stress can be controlled.

SESSION 1.

Stress Control : Step 1 - Introduction to the Course

PART 1 : INFORMATION

The psychologists will look in detail at the nature of anxiety and we will spend some time talking about anxious thoughts, anxious actions and the effect of anxiety on the body. Remember, there is nothing mysterious about anxiety and once you have learned about the nature of anxiety, you will find that you don't fear it as much because you will know exactly what is happening to you when you are anxious.

Video.

You will see a video interview with an anxiety sufferer. The person describes what caused the anxiety problem and then describes the various symptoms he experiences. It is unlikely that your problem will be exactly the same, however you should be able to see some similarities.

BREAK

PART 2 : PRACTICE

After the break we divide into two groups, each group led by a psychologist. This will give you the chance to discuss particular anxiety symptoms and to discuss the booklet in more detail. If you do not want to join in the discussion, don't worry as you will still benefit from listening to what others have to say. Remember that in the group, you are not expected to disclose personal information about yourself so don't feel in any way threatened. The groups are simply to provide very practical ways of overcoming anxiety. At the end of the first session, you will be given diary forms which we will ask you to complete every day.

SESSION 2

Stress Control: Step 2 - Subliminal Perception/
Generalised Anti-Anxiety Message Tape.

Summary.

Part 1 : Information.

Subliminal perception will be discussed in greater detail in this session. Examples of the way it affects us in everyday life will be discussed before going on to looking at ways of using subliminal perception as a way of coping with stress.

Break

Part 2 : Practice.

Generalised Anti-Anxiety Message Tape.

In this session we will begin the therapy for stress. You will be introduced to the idea of the use of anti-anxiety messages and a tape will be played which will begin this process. Copies of the tape will then be distributed and your 'homework' consists of listening to a particular section of the tape for the coming week.

SESSION 3

Stress Control : Step 3 - Controlling your Body

Summary.

Part 1 : Information : Tranquillisers.

We will explain the nature and use of tranquillisers and information will be given for those of you wishing to gradually reduce the use of tranquillisers. We have prepared a short booklet on tranquillisers and this will be given to you at the end of the course if you are currently taking these tablets.

We will then go into some detail about the nature of body symptoms.

Break

Part 2 : Practice.

Specialised Anti-Anxiety Message Tape. (1)

Along with the generalised anti-anxiety messages, we now begin specialised treatment of the T A B symptoms. Tape 1 consists of specific messages aimed at controlling the physical symptoms of stress.

SESSION 4

Stress Control : Step 4 - Controlling your Thoughts.

Summary.

Part 1 : Information

In the first half, we will look at the thoughts which lead to anxiety. We will also look at the nature of 'automatic thoughts' and discuss how they have risen up from the subconscious mind.

Break

Part 2 : Practice

Specialised Anti-Anxiety Message T_ape (2)

After listening to the generalised anti-anxiety message tape, we will look at the second of the specialised tapes and this time concentrate on controlling your thoughts.

SESSION 5

Stress Control : Step 5 - Controlling your Actions

Summary

Part 1 : Information.

We will look at your actions and the way that they lead to anxiety. This will involve concentrating on both your behaviour and avoidance.

Break.

Part 2 : Practice

Specialised Anti-Anxiety Message Tape (3)

This tape concentrates on training your subconscious to control any action symptoms of stress.

Specialised anti-anxiety message tape(4.)

Tape 4 - Asserting yourself.

This tape contains specialised messages to help you assert yourself in various situations, e.g. making complaints, refusing requests, etc.

SESSION 6

Stress Control : Step 6 - Associated Problems and Review.

Summary

Part 1 : Dealing with Panic Attacks.

After looking at what panic attacks are and the symptoms they produce, we will use:

Specialised anti-anxiety message Tape 5.

This tape contains specialised messages to reduce panic.

Break

Part 2. : Associated Problems - Depression

Specialised anti-anxiety message tape 6 feeds anti-depressive messages into the subconscious mind.

Review : We review the course and go over ways of coping in the future.

CONCLUSION

Now that you have reached the end of the course, don't regard it as an end but rather as a beginning as the hard work will have to continue after this series of meetings. Do not feel as if you are now on your own and unable to cope without the group. Remember, you have learned very important skills and you will now be good at using these skills, not only to tackle problems but also to predict and prevent future problems arising.

Because of this series of meetings, you are now much more capable at dealing with anxiety and you have much less to fear now than you did before you came along to the meetings. Work hard and believe in yourself and you will get there.

APPENDIX 8

MEASURES USED IN THE PRESENT STUDY

MAIN MEASURES

- A. State-Trait Anxiety Inventory
- B. Dysfunctional Attitude Scale
- C. Fear Survey Schedule
- D. Beck Depression Inventory
- E. Modified Somatic Perception Questionnaire

PROCESS MEASURES

- F. Imaginal Test Questionnaire
- G. Daily diaries:
 - i. Cover page
 - ii. Example page
 - iii. Diary page
- H. Four Systems Anxiety Questionnaire
- I. Coping Responses Questionnaire

OTHER MEASURES

- J. Stress Control Questionnaire:
 - i. Pre-therapy version
- K. Stress Control Questionnaire:
 - ii. Post-therapy and Follow-up.
- L. Coping Questionnaire

STAI FORM y-1

NAME: _____

DATE: _____

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then tick the appropriate box to the right of the statement to indicate how you feel right now, that is, at this moment.

There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

- 1. I feel calm
- 2. I feel secure
- 3. I am tense
- 4. I feel strained'
- 5. I feel at ease
- 6. I feel upset
- 7. I am presently worrying over possible misfortunes
- 8. I feel satisfied
- 9. I feel frightened
- 10. I feel comfortable
- 11. I feel self-confident
- 12. I feel nervous
- 13. I am jittery
- 14. I feel indecisive
- 15. I am relaxed
- 16. I feel content
- 17. I am worried
- 18. I feel confused
- 19. I feel steady
- 20. I feel pleasant

Not at all	Somewhat	Moderately so	Very much

DAS

This inventory lists different attitudes or beliefs which people sometimes hold. Read EACH statement carefully and decide how much you agree or disagree with the statement.

For each of the attitudes, show your answer by placing a checkmark (✓) under the column that BEST DESCRIBES HOW YOU THINK. Be sure to choose only one answer for each attitude. Because people are different, there is no right answer or wrong answer to these statements.

To decide whether a given attitude is typical of your way of looking at things, simply keep in mind what you are like MOST OF THE TIME.

EXAMPLE:

Attitudes	Agree Strongly	Agree Slightly	Neutral	Disagree Slightly	Disagree Very Much
1. Most people are O.K. once you get to know them.		✓			

Look at the example above. To show how much a sentence describes your attitude, you can check any point from "agree strongly" to "disagree very much". In the above example, the 'tick' at "agree slightly" indicates that this statement is somewhat typical of the attitudes held by the person completing the Inventory.

Remember that your answer should describe the way you think MOST OF THE TIME.

NOW TURN THE PAGE AND BEGIN

	Agree Strongly	Agree Slightly	Neutral	Disagree Slightly	Disagree Very Much
1. Criticism will obviously upset the person who received the criticism.					
2. It is best to give up my own interests in order to please other people.					
3. I need other people's approval in order to be happy.					
4. If someone important to me expects me to do something then I really should do it.					
5. My value as a person depends greatly on what others think of me.					
6. I cannot find happiness without being loved by another person.					
7. If others dislike you you are bound to be less happy.					
8. If people whom I care about reject me, it means there is something wrong with me.					
9. If a person I love does not love me, it means I am unlovable.					
10. Being isolated from others is bound to lead to unhappiness.					
11. If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.					
12. I must be a useful, productive creative person or life has no purpose.					
13. People who have good ideas are more worthy than those who do not.					
14. If I do not do as well as other people, it means I am inferior.					

	Agree Strongly	Agree Slightly	Neutral	Disagree Slightly	Disagree Very Much
15. If I fail at my work then I am a failure as a person.					
16. If you cannot do something well, there is little point in doing it at all.					
17. It is shameful for a person to display his weaknesses.					
18. A person should try to be the best at everything he undertakes.					
19. I should be upset if I make a mistake.					
20. If I don't set the highest standards for myself, I am likely to end up a second-rate person.					
21. If I strongly believe I deserve something, I have reason to expect that I should get it.					
22. It is necessary to become frustrated if you find obstacles to getting what you want.					
23. If I put other people's needs before my own, they should help me when I need something from them.					
24. If I am a good husband (or wife), then my spouse is bound to love me.					
25. If I do nice things for someone, I can anticipate that they will respect me and treat me just as well as I treat them.					
26. I should assume responsibility for how people feel and behave if they are close to me.					

	Agree Strongly	Agree Slightly	Neutral	Disagree Slightly	Disagree Very Much
27. If I criticise the way someone does something and they become angry or depressed, this means I have upset them.					
28. To be a good, worthwhile, moral person, I must try to help everyone who needs it.					
29. If a child is having emotional or behavioural difficulties, this shows that the child's parents have failed in some important respect.					
30. I should be able to please everybody.					
31. I cannot expect to control how I feel when something bad happens.					
32.. There is no point in trying to change upsetting emotions because they are a valid and inevitable part of daily living.					
33. My moods are primarily created by factors that are largely beyond my control, such as the past, or body chemistry, or hormone cycles, or biorhythms, or change, or fate.					
34. My happiness is largely dependent on what happens to me.					
35. People who have the marks of success (good looks, social status, wealth, or fame) are bound to be happier than those who do not.					

JW/MF 5.12.86.

FEAR SURVEY SCHEDULE (FSS-III)

C.

The items in this questionnaire refer to things and experiences that may cause fear or other unpleasant feelings. For each item, circle the number which describes how much you are currently disturbed by it.

					Not at all	A little	A fair amount	Much	Very Much
1.	Noise of vacuum cleaners (N)	...	...	...	0	1	2	3	4
2.	Open Wounds (T)	...	...	...	0	1	2	3	4
3.	Being Alone (C)	...	...	...	0	1	2	3	4
4.	Being in a strange place (M)	...	...	...	0	1	2	3	4
5.	Loud Voices (N)	...	...	...	0	1	2	3	4
6.	Dead People	...	...	...	0	1	2	3	4
7.	Speaking in Public (S)	...	...	...	0	1	2	3	4
8.	Crossing Streets (C)	...	...	...	0	1	2	3	4
9.	People who seem Insane (T)	...	...	...	0	1	2	3	4
10.	Falling (M)	...	...	...	0	1	2	3	4
11.	Automobiles (C)	...	...	...	0	1	2	3	4
12.	Being Teased (S)	...	...	...	0	1	2	3	4
13.	Dentists (T)	...	...	...	0	1	2	3	4
14.	Thunder (C)	...	...	...	0	1	2	3	4
15.	Sirens (N)	...	...	...	0	1	2	3	4
16.	Failure (M)	...	...	...	0	1	2	3	4
17.	Entering a room where other people are already seated (S)	...	...	...	0	1	2	3	4
18.	High Places on Land (C)	...	...	...	0	1	2	3	4
19.	People with Deformities (T)	...	...	...	0	1	2	3	4
20.	Worms (A)	...	...	...	0	1	2	3	4
21.	Imaginary Creatures (M)	...	...	...	0	1	2	3	4
22.	Receiving Injections (T)	...	...	...	0	1	2	3	4
23.	Strangers (S)	...	...	...	0	1	2	3	4
24.	Bats (A)	...	...	...	0	1	2	3	4
25.	Journeys (C)	...	...	...	0	1	2	3	4
	a. Train	...	...	...	0	1	2	3	4
	b. Bus	...	...	...	0	1	2	3	4
	c. Car	...	...	...	0	1	2	3	4
26.	Feeling Angry (M)	...	...	...	0	1	2	3	4
27.	People in Authority (S)	...	...	...	0	1	2	3	4
28.	Flying Insects	...	...	...	0	1	2	3	4
29.	Seeing other people injected (T)	...	...	...	0	1	2	3	4
30.	Sudden Noises (N)	...	...	...	0	1	2	3	4
31.	Dull Weather (M)	...	...	...	0	1	2	3	4
32.	Crowds (S)	...	...	...	0	1	2	3	4
33.	Large open Spaces (C)	...	...	...	0	1	2	3	4
34.	Cats (A)	...	...	...	0	1	2	3	4
35.	One Person Bullying Another (T)	...	...	...	0	1	2	3	4
36.	Tough looking People (S)	...	...	...	0	1	2	3	4
37.	Birds (A)	...	...	...	0	1	2	3	4
38.	Sight of deep water (C)	...	...	...	0	1	2	3	4
39.	Being watched Working (S)	...	...	...	0	1	2	3	4
40.	Dead Animals (T)	...	...	...	0	1	2	3	4
41.	Weapons (M)	...	...	...	0	1	2	3	4
42.	Dirt (C)	...	...	...	0	1	2	3	4
43.	Crawling Insects (A)	...	...	...	0	1	2	3	4
44.	Sight of fighting (T)	...	...	...	0	1	2	3	4

Contd./

					Not at all	A little	A fair amount	Much	Very Much
45.	Ugly People (S)	...	...	...	0	1	2	3	4
46.	Fire (C)	...	...	...	0	1	2	3	4
47.	Sick People (S)	...	...	...	0	1	2	3	4
48.	Dogs (A)	...	...	...	0	1	2	3	4
49.	Being Criticised (S)	...	...	...	0	1	2	3	4
50.	Strange Shapes (M)	...	...	...	0	1	2	3	4
51.	Being in an elevator (C)	...	...	...	0	1	2	3	4
52.	Witnessing Surgical Operations (T)	...	...	...	0	1	2	3	4
53.	Angry People (T)	...	...	...	0	1	2	3	4
54.	Mice (A)	...	...	...	0	1	2	3	4
55.	Blood (T)	...	...	...	0	1	2	3	4
	a. Human	...	...	...	0	1	2	3	4
	b. Animal	...	...	...	0	1	2	3	4
56.	Parting from Friends (S)	...	...	...	0	1	2	3	4
57.	Enclosed Spaces (C)	...	...	...	0	1	2	3	4
58.	Prospect of a Surgical Operation (T)	...	...	...	0	1	2	3	4
59.	Feeling rejected by Others (S)	...	...	...	0	1	2	3	4
60.	Aeroplanes (C)	...	...	...	0	1	2	3	4
61.	Medical Odours (T)	...	...	...	0	1	2	3	4
62.	Feeling disapproved of (S)	...	...	...	0	1	2	3	4
63.	Harmless Snakes (A)	...	...	...	0	1	2	3	4
64.	Cemeteries (T)	...	...	...	0	1	2	3	4
65.	Being Ignored (S)	...	...	...	0	1	2	3	4
66.	Darkness (C)	...	...	...	0	1	2	3	4
67.	Premature Heart Beats (Missing a Beat) (T)	...	...	...	0	1	2	3	4
68.	Nude Men (S)	...	...	...	0	1	2	3	4
	Nude Women (S)	...	...	...	0	1	2	3	4
69.	Lightning (C)	...	...	...	0	1	2	3	4
70.	Doctors (T)	...	...	...	0	1	2	3	4
71.	Making Mistakes	...	...	...	0	1	2	3	4
72.	Looking Foolish (S)	...	...	...	0	1	2	3	4

N =

T =

M =

C =

S =

A = _____

TOTAL = _____

BECK DEPRESSION INVENTORY (BDI)

Please circle one statement in each category. Mark it according to how you actually feel just now.

A

- 0 I do not feel sad.
- 1 I feel blue or sad.
- 2a I am blue or sad all the time and I can't snap out of it.
- 2b I am so sad or unhappy that it is very painful.
- 3 I am so sad or unhappy that I can't stand it.

B

- 0 I am not particularly pessimistic or discouraged about the future.
- 1a I feel discouraged about the future.
- 2a I feel I have nothing to look forward to
- 2b I feel that I won't ever get over my troubles.
- 3 I feel that the future is hopeless and that things cannot improve.

C

- 0 I do not feel like a failure
- 1 I feel I have failed more than the average person.
- 2a I feel I have accomplished very little that is worthwhile or that means anything.
- 2b As I look back on my life all I can see is a lot of failures.
- 3 I feel I am a complete failure as a person (parent, husband, wife).

D

- 0 I am not particularly dissatisfied
- 1a I feel bored most of the time
- 1b I don't enjoy things the way I used to.
- 2 I don't get satisfaction out of anything any more.
- 3 I am dissatisfied with everything.

E

- 0 I don't feel particularly guilty.
- 1 I feel bad or unworthy a good part of the time.
- 2a I feel quite guilty.
- 2b I feel bad or unworthy practically all the time now.
- 3 I feel as though I am very bad or worthless.

F

- 0 I don't feel I am being punished.
- 1 I have a feeling that something bad may happen to me.
- 2 I feel I am being punished or will be punished.
- 3a I feel I deserve to be punished.
- 3b I want to be punished.

G

- 0 I don't feel disappointed in myself.
- 1a I am disappointed in myself.
- 1b I don't like myself
- 2 I am disgusted with myself.
- 3 I hate myself.

H

- 0 I don't feel I am any worse than anybody else.
- 1 I am very critical of myself for my weaknesses or mistakes.
- 2a I blame myself for everything that goes wrong.
- 2b I feel I have many bad faults.

I

- 0 I don't have any thoughts of harming myself.
- 1 I have thoughts of harming myself but I would not carry them out.
- 2a I feel I would be better off dead.
- 2b I have definite plans about committing suicide.
- 2c I feel my family would be better off if I were dead.
- 3 I would kill myself if I could.

J

- 0 I don't cry any more than usual.
- 1 I cry more than I used to.
- 2 I cry all the time now, I can't stop it.
- 3 I used to be able to cry but now I can't cry at all even though I want to.

K

- 0 I am no more irritated now than I ever am.
- 1 I get annoyed or irritated more easily than I used to.
- 2 I feel irritated all the time.
- 3 I don't get irritated at all at the things that used to irritate me.

L

- 0 I have not lost interest in other people.
- 1 I am less interested in other people now than I used to be.
- 2 I have lost most of my interest in other people and have little feeling for them.
- 3 I have lost all my interest in other people and don't care about them at all.

M

- 0 I make decisions about as well as ever.
- 1 I am less sure of myself now and try to put off making decisions.
- 2 I can't make decisions any more without help.
- 3 I can't make any decisions at all any more.

N

- 0 I don't feel I look any worse than I used to.
- 1 I am worried that I am looking old or unattractive.
- 2 I feel that there are permanent changes in my appearance and they make me look unattractive.
- 3 I feel that I am ugly or repulsive looking.

O

- 0 I can work about as well as before.
- 1a It takes extra effort to get started at doing something.
- 1b I don't work as well as I used to.
- 2 I have to push myself very hard to do anything.
- 3 I can't do any work at all.

P

- 0 I can sleep as well as usual.
- 1 I wake up more tired in the morning than I used to.
- 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
- 3 I wake up early every day and can't get more than 5 hours sleep.

Q

- 0 I don't get any more tired than usual.
- 1 I get tired more easily than I used to.
- 2 I get tired from doing anything.
- 3 I get too tired to do anything.

R

- 0 My appetite is no worse than usual.
- 1 My appetite is not as good as it used to be.
- 2 My appetite is much worse now.
- 3 I have no appetite at all any more.

S

- 0 I haven't lost much weight, if any, lately.
- 1 I have lost more than 5 pounds.
- 2 I have lost more than 10 pounds.
- 3 I have lost more than 15 pounds.

T

- 0 I am no more concerned about my health than usual.
- 1 I am concerned about aches and pains or upset stomach or constipation or other unpleasant feelings in my body.
- 2 I am so concerned with how I feel or what I feel that it's hard to think of much else.
- 3 I am completely absorbed in what I feel.

U

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

Missing pages are unavailable

	Not at all	A little/ slightly	A great deal/ quite a bit	Extremely/ could not have been worse
1. Pounding in Head.				
2. Mouth Becoming Dry.				
3. Flatulence (wind).				
4. Heart Beating Louder.				
5. Sweating in a Particular Part of the Body.				
6. Blurring of Vision.				
7. Breathing Becomes Faster.				
8. Sweating All Over.				
9. Heart Rate Increasing.				
10. Stomach Churning.				
11. Difficulty in Breathing.				
12. Muscles Twitching or Jumping.				
13. Feeling Hot All Over.				
14. Feeling Faint.				
15. Butterflies in Stomach.				
16. Muscles in Neck Aching.				
17. Tense Feeling in Jaw Muscles.				
18. Blushing.				
19. Dizziness.				
20. Diarrhoea.				
21. Tense Feeling Across Forehead.				
22. Hands Shaking.				
23. Heart Missing Beats.				

Contd./

	Not at all	A little/ slightly	A great deal/ quite a bit	Extremely/ could not have been worse
24. Pulse in Neck.				
25. Everything Appearing Unreal,				
26. Desire to Pass Water.				
27. Legs Feel Weak.				
28. Nausea.				
29. Pain or Ache in Stomach.				
30. Difficulty in Swallowing.				
31. Feeling Hot in a Particular Part of the Body.				
32. Breathing Becomes Shallow.				
33. Desire to Defecate (open bowels),				

After listening to the tape, continue to imagine you are still in the situation desired and state how strongly you believe the following thoughts by placing a cross at the appropriate point.

- | | | | |
|-----|---|-------------------------|---------------------|
| 1. | I can't cope with this | _____ | _____ |
| | | don't believe
at all | believe
strongly |
| 2. | I'm scared to death | _____ | _____ |
| | | don't believe
at all | believe
strongly |
| 3. | I'm in control of myself | _____ | _____ |
| | | don't believe
at all | believe
strongly |
| 4. | Why can't I be more confident | _____ | _____ |
| | | don't believe
at all | believe
strongly |
| 5. | This is an awkward situation but I can handle it. | _____ | _____ |
| | | don't believe
at all | believe
strongly |
| 6. | I'm doing all right | _____ | _____ |
| | | don't believe
at all | believe
strongly |
| 7. | I want to get out of here | _____ | _____ |
| | | don't believe
at all | believe
strongly |
| 8. | Even if things aren't going well, it's not a disaster | _____ | _____ |
| | | don't believe
at all | believe
strongly |
| 9. | I can keep the anxiety at a manageable level | _____ | _____ |
| | | don't believe
at all | believe
strongly |
| 10. | I am making a fool of myself | _____ | _____ |
| | | don't believe
at all | believe
strongly |
| 11. | Relax and work out the best way to cope with this | _____ | _____ |
| | | don't believe
at all | believe
strongly |
| 12. | Everyone will be looking at me. | _____ | _____ |
| | | don't believe
at all | believe
strongly |

- | | | |
|---|----------------------|------------------|
| 13. Most people would feel the same as I do | _____ | _____ |
| | don't believe at all | believe strongly |
| 14. I can see this through to the end | _____ | _____ |
| | don't believe at all | believe strongly |
| 15. I'm going to lose control | _____ | _____ |
| | don't believe at all | believe strongly |
| 16. Why can't I be like other people | _____ | _____ |
| | don't believe at all | believe strongly |

- | | | |
|--|--------------------|-------------------|
| How anxious were you listening to the tape | _____ | _____ |
| | not at all anxious | extremely anxious |
| How well were you able to imagine yourself in the situation? | _____ | _____ |
| | not at all well | extremely well |

NAME

DAILY DIARY

NAME..... NAME OF TABLET & STRENGTH

Towards the end of each day a) estimate how anxious you have been during the day by placing a cross on the 'ANXIETY' line.

b) estimate how much time you have spent thinking or worrying about your problems during the day by placing a cross on the 'THINKING' line.

c) estimate how you have coped with the day by placing a cross on the 'HOW WELL HAVE YOU COPEd' line.

d) If you are taking tranquillisers, note how many you have taken each day by inserting the number in the box.

LOOK AT THE EXAMPLE ON THE NEXT PAGE BEFORE BEGINNING

.....

EXAMPLE.

DAY..THURSDAY/.....

NUMBER OF TABLETS

4

How anxious have you been today?

No Mild Moderate Marked Extreme/
Anxiety Anxiety Anxiety Anxiety couldn't be worse

How much time have you spent thinking or worrying about your problems today?

No A bit A lot All the time
time of time of time

How well have you coped today?

Extremely Badly Badly Moderately Well Extremely Well

DAY.....

NUMBER OF TABLETS

☐

How anxious have you been today?

No	Mild	Moderate	Marked	Extreme/
Anxiety	Anxiety	Anxiety	Anxiety	couldn't be worse

How much time have you spent thinking or worrying about your problems today?

No	A bit	A lot	All the time
time	of time	of time	

How well have you coped today?

Extremely	Badly	Moderately	Well	Extremely
Badly				Well

Please place a X in the appropriate box for the following questions.

H.

- | TRUE | FALSE | | |
|------|-------|----|---|
| () | () | 1 | - I blush easily |
| () | () | 2 | - I often feel so helpless and desperate that life becomes a source of suffering for me. |
| () | () | 3 | - Poor sleep is one of my biggest problems. |
| () | () | 4 | - I often avoid talking to people in a train or a bus. |
| () | () | 5 | - I often avoid going out. |
| () | () | 6 | - I often have a headache. |
| () | () | 7 | - I often experience the feeling of embarrassment. |
| () | () | 8 | - A jittery feeling has become part of my life. |
| () | () | 9 | - I often have dizzy attacks. |
| () | () | 10 | - I sometimes cannot think of anything except my worries. |
| () | () | 11 | - I rarely experience chest pains. |
| () | () | 12 | - I usually feel calm. |
| () | () | 13 | - I cannot concentrate on a task because of disruption by uncontrolled thoughts. |
| () | () | 14 | - I usually feel sad. |
| () | () | 15 | - I have persistent disturbing thoughts. |
| () | () | 16 | - I definitely avoid going to any kind of place again, where I previously had a difficult time (for example, a social gathering or a street etc). |
| () | () | 17 | - I sometimes think of myself as an inefficient person. |
| () | () | 18 | - My feelings dominate my personality so that I have no control over them. |
| () | () | 19 | - I worry a lot when I think others possibly disapprove of me. |
| () | () | 20 | - I often experience the feeling of excitement. |
| () | () | 21 | - I seldom steer clear of challenging jobs. |
| () | () | 22 | - I usually sleep well. |
| () | () | 23 | - I sometimes feel upset. |
| () | () | 24 | - My muscles are quite tense throughout the day. |
| () | () | 25 | - When at home I usually try not to stay alone at night. |
| () | () | 26 | - I sometimes get easily tired even when not working hard. |
| () | () | 27 | - I seldom worry about unimportant events. |
| () | () | 28 | - I rarely laugh freely. |
| () | () | 29 | - I usually worry that I will not be able to cope with difficulties in my life. |
| () | () | 30 | - I tend to avoid talking to someone who is above me such as my boss. |
| () | () | 31 | - I tend not to lose myself in worrying. |
| () | () | 32 | - Wherever I go, or whatever I do, I always have a feeling of discomfort. |
| () | () | 33 | - I sometimes avoid participating in discussions even though I know the topic well. |

TRUE	FALSE	
()	()	34 - Usually my hands don't shake.
()	()	35 - I sometimes feel extremely self-conscious.
()	()	36 - I am worried that others may misunderstand me.
()	()	37 - I occasionally experience a tingling sensation around my body.
()	()	38 - I seldom avoid social gatherings.
()	()	39 - I sometimes feel happy but it easily fades away.
()	()	40 - Even if everything is going well, my mind is occupied by imaginery upsetting ideas.
()	()	41 - I seldom have palpitations.
()	()	42 - I cannot think clearly about anything because disquieting thoughts keep interfering with my mind.
()	()	43 - There seems to be a lump in my throat much of the time.
()	()	44 - I cannot feel relaxed, even if I am not in a hurry.
()	()	45 - I rarely avoid speaking at social occasions.
()	()	46 - Even if it is necessary, I sometimes avoid asking other people questions.
()	()	47 - I very rarely imagine myself being unpopular with my friends.
()	()	48 - I have diarrhoea once a month or more.
()	()	49 - I often find myself thinking about possible embarrassing situations.
()	()	50 - I usually feel quite insecure in my life.
()	()	51 - I have a tight sensation in my neck.
()	()	52 - I usually avoid getting involved in social activity.
()	()	53 - My uneasy feelings flare up at any moment.
()	()	54 - I usually try to avoid walking in crowded streets.
()	()	55 - I always feel irritable.
()	()	56 - I hardly ever tell jokes.
()	()	57 - I am concerned about how others view me.
()	()	58 - I sometimes have stomach problems.
()	()	59 - Half of my thoughts are related to some kinds of worries.
()	()	60 - I try to avoid standing up to other people even if they have taken advantage of me.

CRQ

NAME: DATE:

INSTRUCTIONS: Below is a list of ways in which people cope with a wide variety of stressful events. Please indicate how often you make use of each way in terms of coping. Circle the number that best indicates how often you typically use each way of coping.

0 = Almost never cope in this way.1 = Sometimes cope in this way.2 = In between, or unsure3 = Often cope in this way.4 = Almost always cope in this wayCIRCLE ONE NUMBER

	Almost Never	Some- times	In Between	Often	Almost Always
1. Try to see the positive side of the situation.	0	1	2	3	4
2. Try to step back from the situation and be more objective.	0	1	2	3	4
3. Pray for guidance or strength.	0	1	2	3	4
4. Take things one step at a time.	0	1	2	3	4
5. Consider several alternatives for handling the problem.	0	1	2	3	4
6. Remember that I was in a similar situation before, and draw on my past experience.	0	1	2	3	4
7. Try to find out more about the situation.	0	1	2	3	4
8. Talk with a professional person (e.g. doctor, lawyer, clergy) about the situation.	0	1	2	3	4
9. Take some positive action.	0	1	2	3	4
10. Talk with spouse or other relative about the problem.	0	1	2	3	4
11. Talk with friend about the situation.	0	1	2	3	4
12. Exercise more.	0	1	2	3	4
13. Prepare myself for the worst.	0	1	2	3	4
14. Take it out on other people when I feel angry or depressed.	0	1	2	3	4
15. Try to reduce the tension by eating more.	0	1	2	3	4
16. Try to reduce the tension by smoking more.	0	1	2	3	4
17. Keep my feelings to myself.	0	1	2	3	4
18. Get busy with other things in order to keep my mind off the problem.	0	1	2	3	4
19. Think that everything will probably work out O.K. and not worry about it.	0	1	2	3	4

STRESS CONTROL (1)

After you have read the booklet, please answer the following questions by placing a cross at the appropriate point.

1). How anxious have you been over the last week?

Not at all anxious	Mildly Anxious	Moderately anxious	Highly anxious	Extremely anxious couldn't be worse
-----------------------	-------------------	-----------------------	-------------------	--

2). How appropriate was the booklet in explaining stress?

Highly Inappropriate	Inappropriate	Appropriate	Highly Appropriate
-------------------------	---------------	-------------	-----------------------

3). How well does the booklet explain your own problem?

Not at all	Somewhat	Well	Extremely well
---------------	----------	------	----------------

4). How sensible does the treatment seem to you?

Extremely non-sensible	Non- Sensible	Sensible	Extremely Sensible
---------------------------	------------------	----------	-----------------------

5). How confident are you that this treatment will work for you?

Extremely unconfident	Unconfident	Confident	Extremely Confident
--------------------------	-------------	-----------	------------------------

6). TO BE COMPLETED BY SPOUSE OR CLOSE RELATIVE

How severe would you rate your relative/spouse's anxiety.

Not at all anxious	Mildly Anxious	Moderately Anxious	Highly Anxious	Extremely anxious/ couldn't be worse
-----------------------	-------------------	-----------------------	-------------------	---

7). Do you have any comments to make about the booklet?

Now that you have finished the course, please answer the following questions by placing a cross at the appropriate point.

1). How anxious have you been over the last week?

Not at allAnxiousMildlyAnxiousModeratelyAnxiousHighlyAnxiousExtremely anxious/couldn't be worse

2). How appropriate was the booklet in explaining stress?

HighlyInappropriateInappropriateAppropriateHighlyAppropriate

3). How well does the booklet explain your own problem?

Notat allSomewhatWellExtremely well

4). How sensible did the treatment seem to you?

ExtremelyNon-sensibleNon-sensibleSensibleSensibleExtremelySensible

5). How well did this treatment work for you?

Not atallSomewhatWellExtremelywell

6). TO BE COMPLETED BY SPOUSE OR CLOSE RELATIVE

How severe would you rate your relative/spouse's anxiety.

Not at allAnxiousMildlyAnxiousModeratelyAnxiousHighlyAnxiousExtremely anxious/couldn't be worse.

7). Do you have any comments to make about the booklet?

Please answer the following questions by placing a cross at the appropriate point.

1. How well are you coping with your job(housework)?

Much worse than usual	Worse than Usual	Usual	Better than usual	Much better than usual
--------------------------	---------------------	-------	----------------------	---------------------------

2. How well are you coping with financial affairs?

Much worse than usual	Worse than Usual	Usual	Better than usual	Much better than usual
--------------------------	---------------------	-------	----------------------	---------------------------

3. How well are you coping with your social life?

Much worse than usual	Worse than Usual	Usual	Better than usual	Much better than usual
--------------------------	---------------------	-------	----------------------	---------------------------

4. How well are you coping with your marriage (relationship)?

Much worse than usual	Worse than Usual	Usual	Better than usual	Much better than usual
--------------------------	---------------------	-------	----------------------	---------------------------

5. How well are you coping with your family?

Much worse than usual	Worse than Usual	Usual	Better than usual	Much better than usual
--------------------------	---------------------	-------	----------------------	---------------------------

6. How important do you feel your current situation is in causing stress (e.g. your job, house, mone, etc)?

Extreme Importance	Definite Importance	Some Importance	No Importance
-----------------------	------------------------	--------------------	------------------

7. How well are you generally coping with your life?

Much worse than usual	Worse than Usual	Usual	Better than usual	Much better than usual
--------------------------	---------------------	-------	----------------------	---------------------------

APPENDIX 9 : IMAGINAL TESTS.

IMAGINAL TEST 1.

In the following excerpt, I want you to imagine yourself in this situation as if you are really there. Concentrate on how you feel and what you are thinking. Immediately after the situation has been described, continue to be aware of your thoughts and feelings and complete the questionnaire.

You are at the counter in a busy department store. You are waiting to be served. There are five other people at the counter also waiting to be served. Although there is no queue, you know that you should be served next. The shop is very noisy and busy. The sales assistants are harassed and unfriendly.

Concentrate on the situation for the next 30 seconds and believe yourself to be there

As a sales assistant completes a sale with another customer, she immediately takes the item given to her by someone standing next to you. No-one is looking at you or paying you any attention. No matter what you do to attract an assistant's attention, you do not succeed. On the one occasion you do attract an assistant's attention, she says she will come to you when she can but in the meantime serves another customer who has arrived after you.

Concentrate on how you feel and what you are thinking in this situation

IMAGINAL TEST 2.

In the following excerpt, I want you to imagine yourself in this situation as if you were really there. Concentrate on how you feel and what you are thinking. Immediately after the situation has been described, continue to be aware of your thoughts and feelings and complete the questionnaire.

You are sitting in a church at a wedding service. The church is almost full. You are accompanied by your family and are sitting in the middle of a row, in the middle of the congregation. The wedding service has begun and the congregation are singing a hymn.

You are feeling ill and, as the service progresses, you feel increasingly hot and uncomfortable. You are sweating and feel that you may be sick.

Concentrate on the situation for the next 30 seconds and believe yourself to be there

As the hymn ends, the congregation sit and the minister begins the wedding vows. The church is silent save for the minister's voice.

You increasingly have the feeling that you may be sick and are trying to decide whether you should leave the church to get some fresh air. As you are in the middle of the row, this will involve asking people to let you pass in order to reach the aisle. Concentrate on how you feel and what you are thinking in this situation.

IMAGINAL TEST 3.

In the following excerpt, I want you to imagine yourself in this situation as if you were really there. Concentrate on how you feel and what you are thinking. Immediately after the situation has been described, continue to be aware of your thoughts and feelings and complete the questionnaire.

You are at the Plaza. You are alone. The shops are fairly busy but you are feeling reasonably relaxed. You are coming out of John Menzies when you bump into a neighbour who you know reasonably well. The neighbour stops to chat to you. As the conversation is going well, just concentrate on the situation for the next 30 seconds and believe yourself to be there

After a couple of minutes, a mutual neighbour whom you also know comes up and after greeting the both of you, starts to talk to the other neighbour and ignores you. As the topic of conversation is one which concerns only your two neighbours, you cannot join in but are left standing there while they talk to each other.

You are trying to decide whether to say anything, wait to be included in the conversation again or walk away.

As the conversation between your two neighbours continues, you feel completely excluded by them and are aware that they are now facing each other and seem unaware of your presence.

Concentrate on how you feel and what you are thinking in this situation.

IMAGINAL TEST 4

In the following excerpt, I want you to imagine yourself in this situation as if you were really there. Concentrate on how you feel and what you are thinking. Immediately after the situation has been described, continue to be aware of your thoughts and feelings and complete the questionnaire.

You have been invited by your new next door neighbours to a house-warming party. Other than this short chat, you have not spoken to your new neighbours.

On entering the house, you are taken into the living room to join the other six guests, none of whom are known to you. The atmosphere is quite formal but it is clear that the other guests and your new neighbours know each other very well. You are also aware that the others are more formally dressed than you are so that you stand out because of your casual clothes.

Concentrate on this situation for the next 30 seconds and believe yourself to be there

Following some slightly strained conversation between all of you, the talk turns to a subject which you feel is beyond you. The others discuss this in such a way that it is clear to you that they are very intelligent and self-confident in their view. They are clearly expecting you to contribute to the discussion with your own point of view.

Concentrate on how you feel and what you are thinking in this situation.

IMAGINAL TEST 5.

In the following excerpt, I want you to imagine yourself in this situation as if you were really there. Concentrate on how you feel and what you are thinking. Immediately after the situation has been described, continue to be aware of your thoughts and feelings and complete the questionnaire.

While standing in a queue outside the pictures, you become aware of someone shouting behind you. You turn around to see an old down-and-out stopping at practically everyone in the queue behind you and demanding money. He is extremely shabby, filthy, drunk and very abusive towards people in the queue. No-one is giving him money and everyone is trying to ignore his attention. He is very close to people in the queue but other than swearing and being verbally abusive, he is clearly not going to physically attack anyone.

Concentrate on the situation for the next 30 seconds and believe yourself to be there

As he comes nearer and nearer to you, you are aware that you cannot avoid the down-and-out. He is now staring into the face of each individual immediately behind you and, after failing to be given any money, swears at each individual irrespective of sex, age or condition. As he comes face to face with you, concentrate on how you feel and what you are thinking in this situation.....

IMAGINAL TEST 6.

In the following excerpt, I want you to imagine yourself in this situation as if you were really there. Concentrate on how you feel and what you are thinking. Immediately after the situation has been described, continue to be aware of your thoughts and feelings and complete the questionnaire.

You are sitting in your doctor's waiting room. The surgery is very busy and you have been waiting for over 30 minutes. You are sitting alone. The waiting room is very hot and there are few empty seats. The room is quiet except for two middle-aged men who are talking to each other so loudly that everyone can hear their conversation quite plainly. You are sitting directly behind them. They are talking about anxiety problems and are very dismissive about people who suffer from anxiety.

Concentrate on the situation for the next 30 seconds and believe yourself to be there

They are obviously contemptuous about anxiety sufferers and are saying very plainly that anyone who has anxiety is simply inadequate and should be given a good kick up the backside instead of wasting a doctor's time with petty worries. It is clear that everyone in the surgery is listening intently to the two men and you gain the impression that most people in the waiting room strongly agree with them.

Concentrate on how you feel and what you are thinking in this situation.....

APPENDIX 10 : PRESENTATION SEQUENCE OF IMAGINAL TESTS.

	SESSION					
	1	2	3	4	5	6
Cognitive (Group 1)	4	6	3	2	1	5
Cognitive (Group 2)	3	1	5	6	4	2
Behavioural (Group 1)	6	5	4	3	2	1
Behavioural (Group 2)	5	2	6	1	4	3
Cogn-Beh. (Group 1)	1	2	3	4	5	6
Cogn-Beh. (Group 2)	2	6	1	5	3	4
Placebo	4	1	2	5	3	6

APPENDIX 11 : COMPONENTS QUESTIONNAIRE

- A. Cognitive Conditon.
- B. Behavioural Condition
- C. Cognitive-Behavioural Condition.
- D. Placebo Condition.

FINAL QUESTIONNAIRE

(A. COGNITIVE CONDITION)

Looking back on the course, can you rate each of the following items according to how useful (or useless) you found it. Rate each item on a scale of 1 to 100 with 1 being "no use at all" and 100 being "extremely useful".

HOW USEFUL WAS:

Rate between 1 and 100
in the box below.

1) Hearing the psychologists talk about Stress Control.	
2) The booklet	
3) Being in a group and meeting others with similar problems.	
4) The chance to practice the skills taught during the sessions.	
5) Trying out the skills in "real life"	
6) Watching the video(s)	
7) Learning to control panic.	
8) Learning to control depression	
9) Learning to prevent relapse.	
10) Learning about "automatic thoughts".	
11) Using positive thinking.	
12) Learning to break up anxiety into stages.	

Opposite each item there should be a number between 1 and 100.

Thank you.

FINAL QUESTIONNAIRE

(B. BEHAVIOURAL CONDITION)

Looking back on the course, can you rate each of the following items according to how useful (or useless) you found it. Rate each item on a scale of 1 to 100 with 1 being "no use at all" and 100 being "extremely useful".

HOW USEFUL WAS:

Rate between 1 and 100
in the box below.

1) Hearing the psychologists talk about Stress Control.	
2) The Booklet	
3) Being in a group and meeting others with similar problems.	
4) The chance to practice the skills taught during the sessions.	
5) Trying out the skills in "real life"	
6) Watching the video(s).	
7) Learning to control panic.	
8) Learning to control depression.	
9) Learning to prevent relapse	
10) Using your relaxation tape.	
11) Learning about avoidance and controlling your actions.	
12) Learning about, and changing, your body language.	

Opposite each item there should be a number between 1 and 100.

Thank you.

FINAL QUESTIONNAIRE.

(C. COGN.-BEH. CONDITION)

Looking back on the course, can you rate each of the following items according to how useful (or useless) you found it. Rate each item on a scale of 1 to 100 with 1 being "no use at all" and 100 being "extremely useful".

HOW USEFUL WAS;

Rate between 1 and 100
in the box below.

1) Hearing the psychologists talk about Stress Control.	
2) The booklet	
3) Being in a group and meeting others with similar problems.	
4) The chance to practice the skills taught during the sessions.	
5) Trying out the skills in "real life"	
6) Watching the video(s)	
7) Learning to control panic.	
8) Learning to control depression	
9) Learning to prevent relapse	
10) Using your relaxation tape	
11) Learning about avoidance and controlling your actions.	
12) Using positive thinking.	

Opposite each item there should be a number between 1 and 100.

Thank you.

FINAL QUESTIONNAIRE.

(D. PLACEBO CONDITION)

Looking back on the course, can you rate each of the following items according to how useful (or useless) you found it. Rate each item on a scale of 1 to 100 with 1 being "no use at all" and 100 being "extremely useful".

HOW USEFUL WAS:

Rate between 1 and 100
in the box below.

1) Hearing the psychologists talk about Stress Control.	
2) The booklet	
3) Being in a group and meeting others with similar problems.	
4) The chance to practice the skills taught during the sessions.	
5) Trying out the skills in "real life".	
6) Watching the video(s).	
7) Learning to control panic.	
8) Learning to control depression.	
9) Learning to prevent relapse.	
10) Learning about the subconscious mind.	
11) Using the generalised anti-anxiety tape.	
12) Using the specialised anti-anxiety tape.	

Opposite each item there should be a number between 1 and 100.

Thank you.

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