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CBT STRATEGIES FOR A STRONGER YOU



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INTRODUCTION

CBT STRATEGIES FOR A STRONGER YOU

2020 was an onerous, turbulent, and challenging year—to put it mildly! As we move forward into 2021, things still feel perilous and unpredictable. Yet, a new year is also a fresh start—an opportunity to improve our habits, our minds, and our relationships. This FreeBook offers a roundup of chapters from new and bestselling self-help books from Guilford Press and Routledge. In these pages you will learn cognitive-behavioral strategies for overcoming depression and stress, tools for building resilience (even in the face of adversity), and coping mechanisms for managing the unexpected twists and turns of life.

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CHAPTER 1: IDENTIFYING THINKING PATTERNS THAT CONTRIBUTE TO ANXIETY

In *The Anti-Anxiety Program, Second Edition*, Peter Norton and Martin Antony offer a can-do, step-by-step action plan for changing anxiety-provoking ways of thinking and for confronting feared situations safely and gradually, based on the principles of cognitive-behavioral therapy. In this chapter, entitled “Identifying Thinking Patterns that Contribute to Anxiety,” Drs. Norton and Antony share strategies to help readers become more aware of anxiety-provoking beliefs, assumptions, and predictions. This is useful for combating excessive worry, panic attacks, and anxiety triggered by all sorts of situations and experiences, including external fears (spiders, a stuck elevator, crowded places, losing your job), as well as internal ones (a pounding heart, memories of a trauma, an inexplicable urge to hurt someone).

CHAPTER 2: IDENTIFYING AND RATING MOODS

In *Mind Over Mood, Second Edition*, Christine Padesky and Dennis Greenberger share simple yet powerful cognitive-behavioral strategies that anyone can use to overcome emotional distress—and feel happier, calmer, and more confident. In this chapter, entitled “Identifying and Rating Moods,” Drs. Padesky and Greenberger acknowledge that moods can be difficult to name. They show readers how to identify the moods they are experiencing (such as depression, anxiety, anger, shame, guilt, etc.) and how to rate them on a scale of severity. This is important because identifying and rating moods helps us to evaluate their strength, track progress, and choose effective coping strategies.



INTRODUCTION

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CHAPTER 3: FEELING GOOD

Why Don't I Feel Good Enough? Using Attachment Theory to Find a Solution offers a guide to how early emotional bonds affect our adult relationships and how psychological theory can help us to find the origin and solution to a number of life's problems. In this chapter, Helen Dent suggests that physical ill health tends to have a negative impact on emotional well-being, but it doesn't have to. Feelings or emotions are learned very early in life, before we have language. As a consequence, we cannot remember what behaviours caused different emotions so it is hard for to work out how our feelings have developed.

CHAPTER 4: HOW TO MANAGE STRONG EMOTIONS

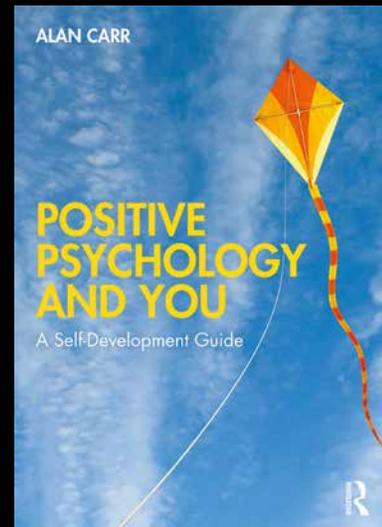
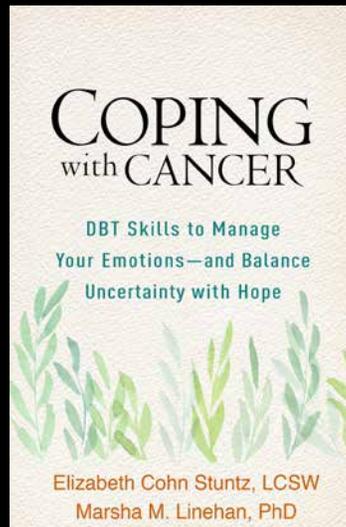
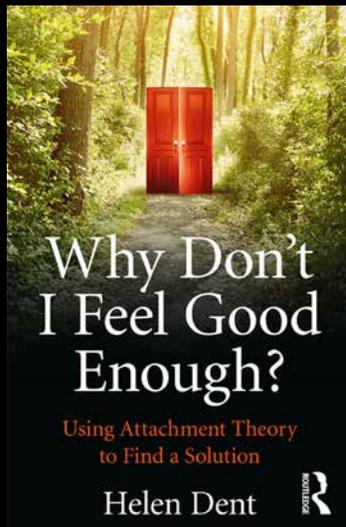
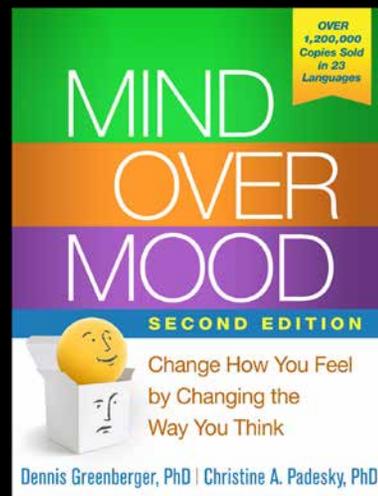
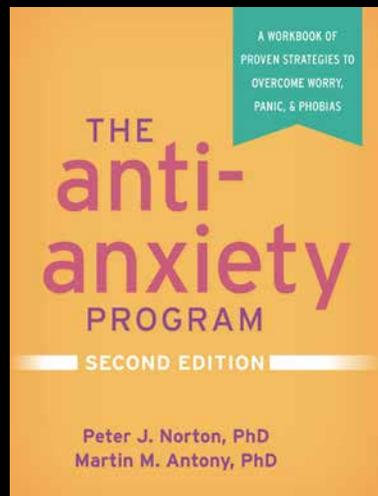
In *Coping with Cancer*, Elizabeth Cohn Stuntz, a psychotherapist and cancer survivor, and Marsha Linehan, founder of Dialectical Behavior Therapy, present powerful tools for making difficult treatment decisions, managing overwhelming emotions, speaking up for personal needs, tolerating distress, and living meaningfully, even during the darkest days. In this chapter, entitled "How to Manage Strong Emotions," Drs. Stuntz and Linehan offer ways to constructively accept feelings *without* being consumed by them. They explain how emotions function, and present concrete skills to manage powerful feelings, as well as strategies for calming down in the moment.

CHAPTER 5: COURAGE, FEAR AND POSTTRAUMATIC GROWTH

Positive Psychology and You is a broad and innovative self-development guide which shows readers how they can use scientific findings from contemporary positive psychology to enhance their lives. Containing dozens of practical exercises and real-life examples, it helps bring positive psychology findings from the lab into day-to-day life. In the chapter on Courage, Fear and Posttraumatic Growth Alan Carr focuses on increasing well-being by developing courage in the face of danger and engaging in posttraumatic growth.



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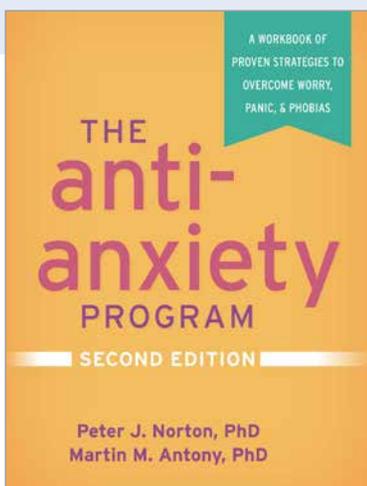
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CHAPTER

1

IDENTIFYING THINKING PATTERNS THAT CONTRIBUTE TO ANXIETY



The following is excerpted from
The Anti-Anxiety Program, Second Edition
By Martin M. Antony and Peter J. Norton

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IDENTIFYING THINKING PATTERNS THAT CONTRIBUTE TO ANXIETY

Martin M. Antony and Peter J. Norton

Excerpted from *The Anti-Anxiety Program, Second Edition*

In this chapter you're going to start on your journey toward regaining control over your anxiety. We hope you'll be making some big changes in how you think, act, and feel. And this can sometimes be a bit unnerving, so we recommend doing a quick refresh of the cost-benefit analysis that you completed in Chapter 3 (see Form 3.1). Using Form 5.1, you can see whether your view of the pros and cons has changed since you read Chapter 3. Are you ready to push beyond those cons and embrace moving toward the pros? We hope so!

ANXIETY-RELATED THINKING

Anxiety-related thoughts keep worry and fear alive. For example, if you think the plane is going to crash, you're going to feel on edge during the entire flight. The strategies in this chapter will help you become more aware of anxiety-provoking beliefs, assumptions, and predictions, which is useful for combating excessive worry, panic attacks, and anxiety triggered by all sorts of situations and experiences, including external fears (spiders, a stuck elevator, going to the mall, losing your job), as well as internal ones (a pounding heart, memories of a trauma, an inexplicable urge to hurt someone).

Almost all types of anxiety and fear are accompanied by thoughts of threat and danger. And there are certainly situations in which anxiety is entirely appropriate, as when a loved one is in the hospital with a serious illness. It's only when these emotions grow out of proportion to the actual danger or threat that they cause a problem, interfering with your social life, your business obligations, your ability to take care of your kids, and many other aspects of your life.

What kind of anxiety-related thoughts do I have?



IDENTIFYING THINKING PATTERNS THAT CONTRIBUTE TO ANXIETY

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FORM 5.1

REVISITING THE COSTS AND BENEFITS OF USING THIS PROGRAM

<p>What are your long-term goals and desires? What would you like to do with your life in the next 1 to 3 years?</p> <hr/> <hr/> <hr/> <hr/>	
<p>Now, thinking about your own anxiety and your own life, record the costs and benefits of (1) working through this program and (2) not working through this program.</p>	
<p>Working through the program (0-100 importance)</p>	<p>Not working through the program (-100-0 importance)</p>
<p><i>Pros</i> _____ (____)</p> <p>_____ (____)</p> <p>_____ (____)</p> <p>_____ (____)</p>	<p><i>Pros</i> _____ (____)</p> <p>_____ (____)</p> <p>_____ (____)</p> <p>_____ (____)</p>
<p><i>Cons</i> _____ (____)</p> <p>_____ (____)</p> <p>_____ (____)</p> <p>_____ (____)</p>	<p><i>Cons</i> _____ (____)</p> <p>_____ (____)</p> <p>_____ (____)</p> <p>_____ (____)</p>

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THE RELATIONSHIP BETWEEN THOUGHTS AND FEELINGS

Sita was running about 30 minutes late for a routine checkup at her family doctor's office. She had left home with enough time to get to the appointment, but traffic was backed up because of an accident. Sita had left her cell phone at home, so she had no way to reach the doctor's office to let them know. What emotions do you think Sita might have been experiencing as she sat in traffic?

There's no one right answer. Different people respond to identical situations in different ways, and those responses are translated into different emotions. Our beliefs, predictions, assumptions, and thoughts all influence how we feel from moment to moment. So what Sita feels as she sits in traffic is influenced by how she interprets the situation. Here are some examples of thoughts that might trigger various emotions for her:



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Our *interpretation* of events dictates our emotional response

"I'm going to be late and my doctor will be very angry." → **Anxiety**

"Those idiots should pull over so we can all get by!!!" → **Anger**

"I should have anticipated this delay. I can't do anything right!" → **Sadness**

"I was dreading this appointment—it's great to have an excuse to miss it!" → **Relief**

"This is not a big deal. I can just rebook the appointment if my doctor can't see me."
→ **Calmness**

Note how each interpretation or prediction leads to a very different emotional state. Also notice that one of Sita's predictions is that her doctor will be angry. But that's just one of many possible reactions that her doctor might have. What emotions do you think Sita's doctor might experience while waiting for Sita to arrive? Well, just as Sita's emotions are determined by her thoughts, her doctor's emotional response would likely be influenced by thoughts about Sita's delay. Here are some examples of emotions that Sita's doctor might experience, and the thoughts that might have led to each of these emotions:

"I wonder if Sita is hurt or in some sort of trouble. She never misses an appointment!" → **Anxiety**

"Where the heck is she? This is costing me money!" → **Anger**

"Maybe Sita stood me up because she knows I'm not a very good doctor." → **Sadness**

"I'm running so far behind schedule today. With Sita not showing up, I may have a chance to catch up!" → **Relief**

"I'm sure Sita is late for a good reason. I'll just book her for another visit." → **Calmness**

Notice again how particular emotions are associated with particular types of thoughts. *Anxiety* is associated with interpretations involving themes of threat and danger. *Anger* can also occur when we view a situation as threatening (for example, if someone hurts our feelings), but anger and frustration can be triggered as well when we are prevented from reaching a goal (for example, sitting in bad traffic or being stuck on the runway and missing our flight connection). Feelings of *sadness* and depression often occur when we have experienced some sort of loss (for example, a demotion on the job, the breakup of a relationship) or when we experience thoughts involving themes of hopelessness (for example, "I will never find a partner"). Positive feelings of *relief* occur when a potential threat or danger is removed (for example,



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after finding out that a loved one has returned safely from a war zone), and general feelings of *calmness* occur in response to neutral or pleasant thoughts.

Pay attention to the relationship between your thoughts and your feelings. When you learn to change your anxiety-related thinking, you'll reduce your levels of anxiety and fear.

THE ROLE OF UNCONSCIOUS THOUGHTS

At this point, you may be thinking, "Sometimes I get anxious and I don't really know why." There's no question that the interpretations that trigger anxiety and fear can occur outside of our awareness. In fact, the parts of the brain that process fear (located in an area known as the limbic system) are quite primitive. So although anxiety-provoking thoughts can trigger anxiety and fear, these emotions can also occur in response to unconscious appraisals of threat and danger. Even though you may experience anxiety or fear without understanding what triggered it, you can assume that in most cases your brain is interpreting your experiences as dangerous in some way. After all, fear and anxiety are the body's natural responses to some sort of perceived threat. There are lots of examples of how we process information unconsciously. In his best-selling book *Blink*, Malcolm Gladwell provides a fascinating review of research demonstrating that quick, intuitive thinking—the kind that occurs in the "blink of an eye" (that is, unconscious information processing)—is very important in the process of making decisions, particularly in situations and during activities that are overlearned and very familiar to us.

For example, an experienced driver can safely negotiate traffic even while consciously thinking about things other than the road. Similarly, if a bear were to jump out in front of you while you were hiking in the woods, you would need to make a split-second decision about the best way to protect yourself—there would be no time for conscious thought. Conscious thought occurs much more slowly than the quick sorts of decisions we can make outside of our awareness. The sort of information processing that takes place in the limbic system allows your body to react very quickly so you can deal with situations immediately, long before conscious thought has a chance to kick in.

Such quick thinking is helpful in emergency situations. With any luck, you would use it to escape the bear. Intuition, unconscious decision making, and other forms of thinking outside of awareness can also get us into trouble, however. When you've experienced a particular anxiety problem for a long time, it may become second



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nature to appraise even safe situations as dangerous. These evaluations may occur outside of awareness, and you may then be afraid when there's no realistic threat.

It is just this sort of response that this chapter will help you change. The strategies in this chapter are designed to help you become more aware of your anxiety-related thoughts, beliefs, and interpretations. Becoming aware of your anxiety-related thinking is essential before moving on to the next two chapters, which provide strategies to consider new ways of understanding the situations you fear, select more realistic and balanced interpretations and predictions when possible, and test out the accuracy or truthfulness of your patterns of anxiety-related thinking.

THE ROLE OF BIASED ATTENTION AND MEMORY

If our anxiety stems from negative thinking, why doesn't anxiety naturally decrease over time as we encounter the situations we fear and see that our anxiety-provoking assumptions don't come to pass? One reason is that we often avoid the situations and experiences we fear, so we never have a chance to learn that we needn't fear them. (We'll return to this issue in Chapter 8.) Another reason is that we often ignore information that doesn't fit with our views in favor of information that does. In fact, we tend to seek out information that is consistent with our expectations and beliefs. Check out "The Awareness Test" (www.youtube.com/watch?v=Ahg6qcgoay4). It's a great demonstration of how if you're looking for something, you'll find it, and if you are not looking for something you are likely to miss it.

Not only do we seek out and pay close *attention* to information that is consistent with our views, but we're also more likely to *remember* such information. In other words, what we see in the world and what we remember about it are not necessarily completely consistent with reality. Rather, our experiences are biased: they're influenced by our emotions and our expectations. If you're feeling sad, for example, you may dwell on sad things that have happened in your life (such as the loss of a relationship or a job) and interpret current situations more negatively. Similarly, if you're angry at your best friend, you may be more likely to interpret her late arrival for dinner as a sign of disrespect than you would at a time when you had kindly thoughts toward your friend.

The same holds true for anxiety. People who are anxious are more likely to pay attention to (and remember) information that is consistent with their anxiety-provoking beliefs than information that disconfirms these beliefs. Think about it:



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- If you fear spiders, you'll be the first to spot a spider in a room (perhaps because you are unconsciously "looking" for spiders).
- When you fear flying, you may remember every detail concerning a plane crash reported in the news years earlier but pay little attention to the millions of planes that take off and land safely each year.
- People with panic attacks who anxiously anticipate a racing heart often scan their bodies for unusual heart sensations. Research has shown that they can also count their heartbeats more accurately than people who are not afraid of a racing heart.

For the next few days or weeks, practice identifying your anxiety-related thoughts whenever something triggers your anxiety. Use the top part of Form 5.2 to record your thoughts (you can make extra copies of this form to record different incidences of anxiety or download and print additional copies; see the end of the Contents for information). This may seem silly ("I know what I'm thinking!"), but it is part of a larger process. This first step is designed to help you *think about your thinking*. Identify the thought and then examine it. What are you really thinking? Why are you thinking it? And, as we'll discuss in the next section, what kind of anxiety-related thought is it? Describe the situation or trigger that made you anxious and then record three of the thoughts that came up about the situation or trigger.

TYPES OF ANXIETY-RELATED THINKING

Anxiety-provoking thoughts usually occur in the form of a prediction that something bad will occur (though they take other forms too). In this section we'll review thoughts and experiences that can contribute to your anxiety. You'll see that these experiences are not completely distinct from one another—they overlap a bit. Understanding these types of anxiety-related thoughts will be particularly valuable as you use the strategies in the next chapters to change your own anxiety-provoking thoughts.



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FORM 5.2

PRACTICE IDENTIFYING ANXIETY-RELATED THINKING

<p>Describe the trigger that made you anxious or fearful:</p> <p>_____</p> <p>_____</p>
<p>List the anxiety-related thoughts you experienced:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p>Pick the strongest of these anxiety-related thoughts and identify what type(s) of thought it is and why it fits under that type:</p> <p>_____</p> <p><input type="checkbox"/> Probability overestimation Why? _____</p> <p><input type="checkbox"/> Catastrophizing Why? _____</p> <p><input type="checkbox"/> Rigid rules Why? _____</p> <p><input type="checkbox"/> Anxiety provoking assumptions Why? _____</p> <p><input type="checkbox"/> Negative core beliefs Why? _____</p> <p><input type="checkbox"/> Anxiety-provoking impulses Why? _____</p> <p><input type="checkbox"/> Anxiety-provoking imagery Why? _____</p>

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Anxiety-Related Thinking

- Probability overestimation
- Catastrophizing
- Rigid rules
- Anxiety-provoking assumptions
- Negative core beliefs
- Anxiety-provoking impulses
- Anxiety-provoking imagery

Probability Overestimations

Do you often assume that something bad is going to happen in certain situations you fear, even though you've discovered over and over again that it doesn't? For example, someone who has a fear of flying may assume that the risk of the plane crashing is high. Overestimating the chances of something bad happening is very common among people with anxiety problems, and it's a phenomenon we call *probability overestimation*. This type of thinking may also include a superstitious component in which events that have no relationship to one another are assumed to be related (for example, "The plane is more likely to crash if I'm on it").

When we engage in probability overestimation, we fail to rely on statistical facts and rational thinking, relying instead on our emotions, gut feelings, anecdotes, or dramatic stories. A movie like *Jaws* or a dramatic television interview with a shark attack victim can have a much more powerful effect on our fear of swimming in the ocean than would statistics on shark attacks, which make it clear that deaths due to



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shark attacks are extremely rare. But one look at a shark attack victim and facts and figures fly out the window!

Examples of probability overestimation include statements such as these:

- “A racing heart is a sign that I’m probably having a heart attack.”
- “Dizziness means that I’m probably going to faint.”
- “I am going to get cancer.”
- “If I park in the underground parking at work, I will get assaulted.”
- “If I allow myself to think about my rape, I will go crazy or lose control.”
- “I will make a fool of myself during my presentation.”
- “Nobody would ever want to date me.”
- “I will get into a car accident.”
- “I will get sick if I touch things in public places.”
- “I will run out of money and be broke forever.”
- “My children will get hurt.”
- “The elevator will get stuck when I am on it.”

Of course, all these events are possible, but that certainly doesn’t mean they’re probable. One goal of this chapter is to help you start thinking about probabilities based on the *evidence* rather than on your assumptions.

Catastrophizing

Catastrophizing (also called *catastrophic thinking*) refers to the assumption that a particular outcome will be completely unmanageable if it happens. Rather than thinking about how we might cope with a particular negative event, when we catastrophize we think about how awful the imagined event would be and how we wouldn’t be able to cope with it. Whereas probability overestimation refers to exaggerating the *likelihood* of an event, catastrophizing refers to exaggerating the *importance* of the event.

Here are some examples of thoughts that reflect catastrophic thinking:

- “It would be absolutely terrible to faint.”
- “I won’t be able to cope if I have to drive in bad traffic.”



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- “It would be a disaster if I were to be rejected by someone.”
- “I couldn’t manage if I were to panic on an airplane.”
- “Getting stuck in an elevator is one of the worst things I can imagine.”
- “If I lost my job, it would be a complete disaster.”
- “It would ruin my day if my teenager were to get anything less than an A in school.”
- “It would be terrible to be late for an appointment.”

Each of these examples takes a situation that most people would find somewhat unpleasant or inconvenient and exaggerates its ill effect. The truth is that people manage situations like these all the time. Chances are that you can also manage certain situations that probably feel as though they would be unmanageable.

Rigid Rules

Rigid rules are inflexible beliefs we have about the way things should be (and often include words like *should* or *must*). Rules tend to be based on our own values, so it can be difficult to prove whether they’re true or false. We can, however, examine whether particular rules are *helpful* (more on this later). The rules and expectations we have for how things should be often contribute to our anxiety.

Some examples of rules that may contribute to anxiety include:

- “I should never have bad thoughts about others.”
- “I must hide my anxiety from others at all cost.”
- “I should be able to make my anxiety go away.”
- “I should never make mistakes at work.”
- “I must get an A on my exam.”
- “I can never be late.”
- “Children should always listen to their parents.”

You can probably see the interrelationships among the types of anxiety-provoking thoughts we have discussed so far. Someone with test anxiety, for instance, might mistakenly believe that he’ll do poorly on an exam (probability overestimation), that it would be terrible to get less than an A on the exam (catastrophizing), and that it’s always essential to do well on exams (rule). Now let’s continue with some other forms of anxiety-related thinking.



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Anxiety-Provoking Assumptions

Assumptions refer to our general beliefs about the way things are. Sometimes they're correct and sometimes they're not. If we suffer from anxiety, our assumptions often exaggerate the true level of risk or danger. These anxiety-provoking assumptions may lead us to make anxiety-provoking predictions, including probability overestimations and catastrophizing. If you assume that driving is very dangerous, for example, you may predict that you're likely to be in a car accident each time you get behind the wheel. Other examples of possibly false assumptions that can contribute to anxiety include:

- "Most large dogs are prone to attacking people."
- "There are always lots of drunk drivers on the road."
- "I'm not smart enough to do well on my exam."
- "It's possible to run out of air on an elevator."
- "People can get cancer from touching things that are contaminated."
- "People can tell when I'm anxious."
- "It's dangerous to feel dizzy."
- "Being anxious can lead people to go crazy or lose control."
- "Public bathrooms can transmit diseases."
- "Most people don't experience anxiety."

Negative Core Beliefs

A *core belief* is one that is deeply held and quite broad, as opposed to being focused on a specific situation. Core beliefs, which often begin in childhood, color the way we view most situations. When the content of core beliefs is negative, they can contribute to feelings of anxiety or depression, and other unpleasant emotions. For example, a person who has the core belief "I am incompetent" might constantly be anxious about looking stupid in front of others, about making mistakes, or about terrible things happening as a result of his incompetence (such as causing serious harm to others or never finding a life partner). Core beliefs can be about oneself, about other people, or about the world. Here are some examples:

- "The world is a dangerous place."
- "You can't trust anyone."



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- “Things will always turn out badly.”
- “I am a failure.”
- “I am defective.”
- “I am unlovable.”

The general negative core belief doesn't necessarily have to be eradicated—often it's enough to work on the beliefs that arise in specific situations (for example, the car is going to crash) and ignore the question of whether more deeply held beliefs are in play. In other cases, spending some time working on your core beliefs can be helpful. This is particularly true for people who are depressed or who have experienced anxiety for a long time in a wide range of situations.

Anxiety-Provoking Impulses

Anxiety problems are sometimes associated with frightening impulses. People with obsessive-compulsive disorder (OCD) may worry that they'll do something terrible (for example, push someone into traffic, shout something embarrassing in public), even though they have no desire to do such things and have never acted on these impulses. This is very different from people who think about harming others and actually want to do so and who even act on the urges.

Phobias are also sometimes associated with irrational impulses that are scary, though not dangerous. For example, someone who fears driving may feel as though she might be “pulled” off the road or off a bridge by an overwhelming impulse. People with a fear of heights sometimes describe an urge to jump from a high place (this is different from someone who is suicidal and has thoughts about jumping).

Of course, our anxiety problems wouldn't make us do these things. For example, OCD doesn't lead people to act on their violent thoughts, and people with height phobias don't jump from high places. These impulses are actually just examples of probability overestimations. If we have these sorts of thoughts, we predict that we're going to act on our impulses, even though the chances of actually doing so are almost zero.

Anxiety-Provoking Imagery

Normally, when we use the term *thought*, we are referring to self-talk, or the things we say to ourselves. But our thoughts can also take place through imagery. For example, rather than *thinking*, “Wow, that was a beautiful painting in the museum,”



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you might *imagine* the artwork in your mind's eye. This can happen with other senses as well. We can hum a song in our head or imagine another person's voice talking while we're daydreaming about a past conversation.

Some people describe their anxiety-provoking predictions in the form of images. For example, rather than *thinking about* a past trauma (like a serious accident at work), a person with posttraumatic stress disorder (PTSD) may have *vivid images* of the trauma. The images may be so vivid, in fact, that it feels as though the trauma is happening again (images of a past trauma that feel almost real are called *flashbacks*). For others, imagery is not so vivid but may still trigger anxiety. Someone who fears socializing, for example, may have images of going to a party and being laughed at or criticized. As you work through this chapter, practice identifying your anxiety-provoking imagery in addition to the other types of thoughts that occur when you're anxious.

Now that you have a better understanding of the types of anxious thinking, go back to Form 5.2 and identify if any (or many) of these types of thoughts seem to fit the anxiety-related thoughts that you recorded.

JACQUI'S ANXIETY-RELATED THOUGHTS

Jacqui is the woman we introduced earlier who has intrusive thoughts that she might somehow harm her newborn child. She was nervous about the idea of identifying her anxiety-provoking thoughts because she always worked so hard not to have those thoughts. But she decided to put her trust in the program and managed to fill out a few of the "Practice Identifying Anxiety-Related Thinking" forms. Sample Completed Form 5.2 shows one of her forms.

TROUBLESHOOTING

Although the strategies described in this chapter are effective tools for identifying the thinking patterns associated with anxiety and other emotions, obstacles sometimes arise along the way. Here is the most common problem that comes up, along with some possible solutions.



IDENTIFYING THINKING PATTERNS THAT CONTRIBUTE TO ANXIETY

Martin M. Antony and Peter J. Norton

Excerpted from *The Anti-Anxiety Program, Second Edition*

SAMPLE COMPLETED FORM 5.2 (JACQUI)

PRACTICE IDENTIFYING ANXIETY-RELATED THINKING

<p>Describe the trigger that made you anxious or fearful: <i>Being in the nursery alone with my daughter while she was crying</i></p>
<p>List the anxiety-related thoughts you experienced: 1. <i>She is crying because I have done something wrong</i> 2. <i>If she is hurt, it will be my fault</i> 3. <i>I am a bad mother and terrible person</i></p>
<p>Pick the strongest of these anxiety-related thoughts and identify what type(s) of thought it is and why it fits under that type: <i>She is crying because I have done something wrong</i></p> <p><input checked="" type="checkbox"/> Probability overestimation Why? <i>I don't actually know that anything is wrong</i></p> <p><input type="checkbox"/> Catastrophizing Why? _____</p> <p><input type="checkbox"/> Rigid rules Why? _____</p> <p><input checked="" type="checkbox"/> Anxiety-provoking assumptions Why? <i>I'm assuming I must have done something wrong</i></p> <p><input type="checkbox"/> Negative core beliefs Why? _____</p> <p><input type="checkbox"/> Anxiety-provoking impulses Why? _____</p> <p><input type="checkbox"/> Anxiety-provoking imagery Why? _____</p>

Problem: "I can't figure out what my anxiety-related thoughts are."

Solution: First, if you're not aware of any specific anxiety-provoking thoughts (such as "If I have a panic attack, I will go crazy, lose control, or die"), try to identify whether there are some less specific thoughts that are influencing your fear (for example, "Something bad will happen, though I don't know what"; "I won't be able to cope with the anxiety feelings"; "the anxiety won't end").

Second, consider the possibility that instead of specific *thoughts*, perhaps anxiety-provoking *images* are contributing most to your anxiety. Are you aware of any such imagery?

Third, perhaps you're finding it difficult to identify thoughts because you're not actually anxious in this moment. Sometimes, triggering anxiety can help to make a person more aware of the anxiety-provoking thoughts. Try triggering your own anxiety by entering the situation you fear or imagining being in the situation. Then ask yourself again what sorts of anxiety-provoking predictions you're aware of.

If you still can't identify your anxiety-related thoughts, don't worry. The strategies you'll learn later in the book will be useful even if you can't identify these thoughts.



IDENTIFYING THINKING PATTERNS THAT CONTRIBUTE TO ANXIETY

Martin M. Antony and Peter J. Norton

Excerpted from *The Anti-Anxiety Program, Second Edition*

Problem: “I can’t figure out what type of thinking my anxiety-related thoughts are” or “My anxiety-related thoughts seem to fit several types.”

Solution: Many anxiety-related thoughts will have elements of multiple types of thinking. There may be, for example, elements of rigid rules and catastrophizing. Or they may not seem to fit neatly into any of them. Correctly classifying your thoughts is not essential to the program. What’s important is that you can identify your anxiety-related thoughts and can see how they might not be perfectly accurate reflections of the real threat or danger.

CONCLUSION

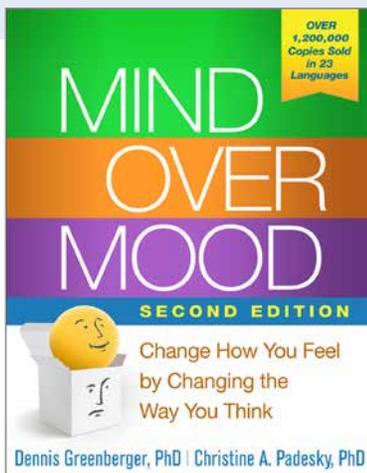
Anxiety is often triggered by a tendency to assume that situations are more dangerous than they really are. Sometimes these anxiety-related thoughts are so quick and automatic that they occur outside our awareness. When we’re anxious, we also tend to give greater weight to information that confirms our negative beliefs and to discount or ignore information that isn’t consistent with these beliefs. This biased way of processing information helps keep our anxiety alive.

There are a number of types of anxiety-related thinking, including probability overestimations, catastrophic thinking, adhering to overly rigid rules, anxiety-provoking assumptions, negative core beliefs, anxiety-provoking impulses, and anxiety-provoking imagery. Once you are adept at identifying the thoughts that are driving your anxiety, it’s time to move on to the next two chapters, which will teach you skills designed to counter and change the thinking patterns that contribute to your anxiety!

CHAPTER

2

IDENTIFYING AND RATING MOODS



The following is excerpted from
Mind Over Mood, Second Edition

By Dennis Greenberger and Christine A. Padesky

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IDENTIFYING AND RATING MOODS

Dennis Greenberger and Christine A. Padesky

Excerpted from *Mind Over Mood, Second Edition*

In order to learn to understand and improve your moods, it is helpful to identify the moods you are experiencing. Moods can be difficult to name. You may feel tired all the time and not recognize that you are depressed. Or you may feel nervous and out of control and not recognize that you are anxious. Along with depression and anxiety, anger, shame, and guilt are very common moods that can be troubling (see Chapters 13–15).

IDENTIFYING MOODS

The list in the box below shows a variety of moods you may experience. This is not a comprehensive list. You can write additional moods on the blank lines. This list helps you name your moods more specifically than simply “bad” or “good.” Notice that moods are usually described by one word. When you identify specific moods, you can set goals to improve your moods and track your progress. Learning to distinguish among moods can help you choose actions designed to improve particular moods. For example, certain breathing techniques help nervousness but not depression.

Mood list

Depressed	Anxious	Angry	Guilty	Ashamed
Sad	Embarrassed	Excited	Panic	Irritated
Insecure	Proud	Mad	Frightened	Frustrated
Nervous	Disgusted	Happy	Loving	Disappointed
Enraged	Insecure	Hurt	Cheerful	Humiliated
Grief	Eager	Afraid	Content	Grateful

Other Moods: _____

If you have trouble identifying your moods, pay attention to your body. Tight shoulders can be a sign that you are afraid or irritated; heaviness throughout your body may mean that you feel depressed or disappointed. Identifying your physical reactions can provide clues to what moods you are feeling.



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Dennis Greenberger and Christine A. Padesky

Excerpted from *Mind Over Mood, Second Edition*

A second way of getting better at identifying your moods is to pay close attention. See if you can notice three different moods during a day. Or you can choose some of the moods from the list in the box on the previous page and write down situations from your past in which you felt each one. Another strategy is to identify a recent situation in which you had a strong emotional reaction and mark the moods in the list on the previous page that you felt.

When Vic first began therapy, he knew he was feeling anxious and depressed. As he learned to identify moods, he discovered that he was also frequently angry. This was helpful information for Vic, because he was able to learn what was making him angry and set therapy goals to address those issues. Although he had been mostly sober for three years, he reported that he felt the urge to drink whenever he feared he was about to get “out of control.” When he and his therapist looked closely at situations when Vic felt “out of control,” it became apparent that at these times he was feeling very nervous or angry. When nervous or angry, Vic experienced a rapid heartbeat, sweaty hands, and a sense that something terrible was going to happen. He labeled these sensations as being “out of control,” and he would then have the urge to drink because he thought alcohol would help him regain control.

Vic tended not to be very specific about his mood, often saying that he was “uncomfortable” or “numb.” When Vic learned that his primary emotional difficulties were with anger and anxiety, he began to focus his attention on the situations in which he felt angry or anxious. He learned to distinguish his irritable anger from the fearful worry of his anxiety. He began to identify these moods, instead of lumping them together as “numbness.” As Vic became more specific about what he was feeling, it became apparent to him that when his *mood* was anxious, he was *thinking*, “I’m losing control.” When his *mood* was angry, he was *thinking*, “This is not fair – I deserve more respect.” Learning which moods he was experiencing was an important step toward a better understanding of his reactions.

It is easy to confuse moods with thoughts. At the beginning of therapy, when Ben’s therapist asked him what he was feeling (mood), he would reply, “I feel like I want to be alone.” As Ben began to closely analyze the situations in which he wanted to be alone, he discovered that he would often be *thinking* that others (family members or friends) did not need him or want to be with him. He also realized that he was predicting (thinking) that if he got together with other people, he would not have a good time. As he was *thinking*, “They don’t want to be with me,” and “If I go there, I’m not going to enjoy myself,” he recognized that his mood was sad. The thought “I feel



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like I want to be alone” was connected to Ben’s sad mood. Part of developing the ability to identify your moods is learning to distinguish your moods from your thoughts.

It is also important to distinguish moods and thoughts from behaviors and from situational factors (aspects of the environment). Behaviors and situational factors can often be identified by answering the following questions:

1. Who was I with? (situation)
2. What was I doing? (behavior)
3. When did it happen? (situation)
4. Where was I? (situation)

As a general rule, moods can be identified in one word. If you are feeling multiple moods in a situation, you will use one word to describe each mood. For example, you might be “sad, scared, and embarrassed” in one situation. Each of these three moods is described in a single word. If it takes you more than one word to describe a single mood, you may be describing a thought. Thoughts are the words or images, including memories, that go through your mind.

It is helpful to learn to tell the differences among thoughts, moods, behaviors, physical reactions, and situational factors. By doing this, you can begin to figure out which parts of your experience can be changed to help make your life better.

REMINDERS

- Situations and behaviors can be described by asking yourself:
Who?
What?
When?
Where?
- Moods can be described by one word.
- Thoughts are the words, images, and memories that go through your mind.

To practice linking moods and situations, fill out Worksheet 4.1 on the next page.



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EXERCISE: IDENTIFYING MOODS

One step in learning to feel better is to learn to identify different parts of your experiences – situations, behaviors, moods, physical reactions, and thoughts. Worksheet 4.1 is designed to help you learn to separate your moods from the situations you are in. In order to complete this worksheet, focus on specific situations in which you had a strong mood.

WORKSHEET 4.1. IDENTIFYING MOODS

Describe a recent situation in which you had a strong mood. Next, identify what moods you had during or immediately after being in that situation. Do this for five different situations.

1. Situation: _____

Moods: _____

2. Situation: _____

Moods: _____

3. Situation: _____

Moods: _____

4. Situation: _____

Moods: _____

5. Situation: _____

Moods: _____

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One of Vic's responses on Worksheet 4.1 looked like this:

Situation: *I'm alone, driving in my car, on the way to work at 7:45 a.m.*

Moods: *Frightened, anxious, insecure.*

One of Ben's responses was the following:

Situation: *I received a phone call from Max asking me to lunch.*

Moods: *Sadness, grief.*

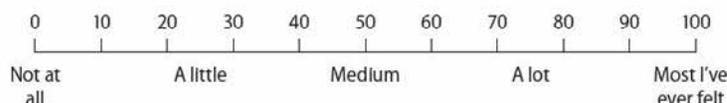
As these examples illustrate, knowing the situation does not always help us understand why someone felt a particular emotion. Why would a lunch invitation make Ben feel sad? The presence of strong moods is our first clue that something important is happening. Later chapters teach you why Ben and Vic – and you – experienced the particular moods described on Worksheet 4.1.

RATING MOODS

In addition to identifying moods, it is important to learn to rate the intensity of the moods you experience. Rating the intensity of each mood allows you to observe how your moods fluctuate. Rating your moods also helps alert you to which situations or thoughts are associated with changes in moods. Finally, you can use changes in emotional intensity to evaluate the effectiveness of strategies you are learning.

In order to see how your moods vary, you'll find it convenient to use a rating scale.

Ben and his therapist developed the following rating scale for his moods:



The therapist then asked Ben to use this scale to rate the moods he listed on Worksheet 4.1. For the lunch invitation, Ben's ratings looked like this:

Situation: *I received a phone call from Max asking me to lunch.*

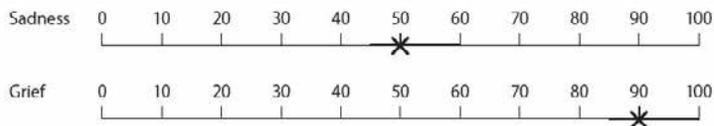
Moods: *Sadness, grief.*



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These ratings indicate that Ben experienced a high level of grief (90) and a medium level of sadness (50) while on the phone with Max.

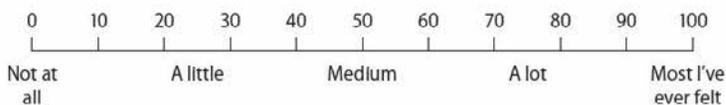
EXERCISE: RATING MOODS

On Worksheet 4.2, practice rating the intensity of your moods. On the blank lines, copy the situations and moods you identified on Worksheet 4.1. For each situation, rate one of the moods you identified on the scales provided. Mark the mood you rated.

WORKSHEET 4.2. IDENTIFYING AND RATING MOODS

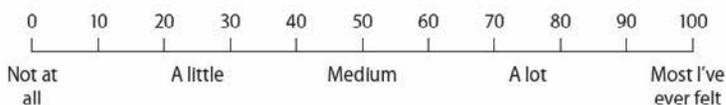
1. Situation: _____

Moods: _____



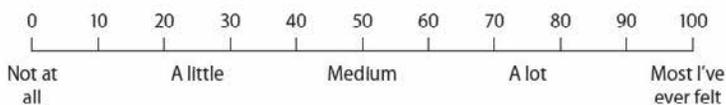
2. Situation: _____

Moods: _____



3. Situation: _____

Moods: _____





IDENTIFYING AND RATING MOODS

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4. Situation: _____

Moods: _____

0 10 20 30 40 50 60 70 80 90 100

Not at all A little Medium A lot Most I've ever felt

5. Situation: _____

Moods: _____

0 10 20 30 40 50 60 70 80 90 100

Not at all A little Medium A lot Most I've ever felt

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Many people find it helpful to measure their moods weekly or at least twice a month. If you are experiencing depression (unhappiness) and/or anxiety (nervousness), you can use the *Mind Over Mood* Depression Inventory (Worksheet 13.1, p. 191) and the *Mind Over Mood* Anxiety Inventory (Worksheet 14.1, p. 221) to measure these moods. For other moods, you can use Measuring and Tracking My Moods (Worksheet 15.1, p. 253). Once you have measured your moods, mark your score(s) on the relevant worksheet(s). For depression, use Worksheet 13.2 (p. 192); for anxiety, use Worksheet 14.2 (p. 222); and for other moods, use Worksheet 15.2 (p. 254).

Take a few moments right now to fill out the mood measures that apply to the moods you want to improve. It is really helpful to make this first measurement before you begin to read other chapters in this book, so you have a record of where you started. As you use *Mind Over Mood*, you may also find it helpful to track changes in your positive moods. Use Worksheet 15.1 to rate your happiness over the past week. You can use a copy of Worksheet 15.2 in the Appendix to track your happiness scores if you are already using Worksheet 15.2 on page 254 to track changes in another mood. Alternatively, you can use different colors on the same worksheet to track different moods.



IDENTIFYING AND RATING MOODS

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As you use *Mind Over Mood*, rate your happiness on Worksheet 15.1 at least once a month. As you use and practice *Mind Over Mood* skills, you can measure what impact these have on your level of happiness.

Tracking changes in your mood scores is one way to know if *Mind Over Mood* is helping you. If it is, you will feel distressing moods less often and less intensely and your overall level of happiness will increase.

WHAT IF YOU STRUGGLE WITH MULTIPLE MOODS?

It is quite common to struggle with many different moods. Our emotional lives can be complicated. The good news is that *Mind Over Mood* skills are fundamental to helping all mood issues. All the skills you learn can help with a variety of moods. To get the fastest results when you struggle with multiple moods, we recommend you choose the one mood that is most distressing and read that chapter first (see Chapters 13–15). At the end of that chapter, it will recommend which chapters to read next.

For example, if you are both depressed and anxious, decide which mood you most want relief from first. If you want to work on depression first, read Chapter 13 and do the exercises there, and then read the other chapters in this book until your depression improves. When your depression lifts, begin reading Chapter 14 on anxiety, and then follow the recommended chapter sequence to reduce your anxiety. It may surprise you to realize that once you learn skills that help you with depression, these same skills can be helpful for managing anger, guilt, anxiety, and so forth. Skills that help you manage these moods will probably also help boost your happiness at the same time.

If a therapist or other professional has recommended this book to you, he or she may suggest you read the chapters in a different order from the order in the book. There are many different ways to use *Mind Over Mood*. While each chapter adds to your knowledge and abilities, some people will not need to use every chapter to feel better.

HELPFUL HINTS

Now that you have read and done the exercises in these first four chapters, it is a good time to personalize your use of *Mind Over Mood*. Research and experience have shown that certain skills are particularly helpful for specific moods. While the skills in *Mind Over Mood* are helpful for most distressing moods, you might experience faster improvement by first learning the skills that target the moods that are most



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troublesome for you. Therefore, rather than going immediately to Chapter 5, read the chapter next that teaches you about the mood that is most distressing for you. If you want to learn about more than one mood, choose the chapter for the mood you want to work on first.

- Depression: Chapter 13 (p. 188)
- Anxiety and panic: Chapter 14 (p. 219)
- Anger, guilt, or shame: Chapter 15 (p. 252)

Once you finish that chapter and the exercises in it, there will be directions to which chapter you should read next, so that you can use *Mind Over Mood* most effectively to help you feel better as quickly as possible.

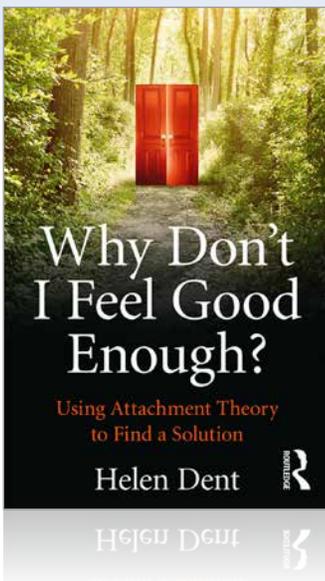
CHAPTER 4 SUMMARY

- Strong moods signal that something important is happening in your life.
- Moods can usually be described in one word.
- Identifying specific moods helps you set goals and track progress.
- It is important to identify the moods you have in particular situations (Worksheet 4.1).
- Rating your moods (Worksheet 4.2) allows you to evaluate their strength, track your progress, and evaluate the effectiveness of strategies you are learning.
- *Mind Over Mood* can be customized to help with the moods that are most distressing to you. After completing this chapter, go to the recommended mood chapter pertaining to that mood. At the end of that chapter, additional chapters and the order in which you should read them are recommended.

CHAPTER

3

FEELING GOOD



The following is excerpted from
Why Don't I Feel Good Enough?
By Helen Dent

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FEELING GOOD

Helen Dent

Excerpted from *Why Don't I Feel Good Enough?*

WHAT DOES GOOD FEEL LIKE?

You may have had a period in your life when you felt good – a time when you woke in the morning looking forward to the day and nothing happened to change your feeling of optimism and pleasure. Try and remember that time and how it made you feel. You might need some props to help you, such as:

- photographs of your early life and family
- talking to someone else who was there
- music that you liked when you were little
- smells, such as perfume, freshly mown grass or chips frying.

When you remember a happy time, practise bringing it into your mind. The better you can do this, the more likely you are to be able to bring the memory to mind when you are feeling low. This will remind you:

- a) that you have been happy
- b) what it feels like to be happy.

A period of happiness may or may not have coincided with good health, but the odds are it did. Physical ill health tends to have a negative impact on emotional well-being, but it doesn't have to. It is possible to feel good, emotionally, even when you are unwell. It's a myth that you only find happiness or contentment when everything is sorted in your life, when you have no problems and enough money.

So, what is feeling good? There are many aspects to it, including:

- not being worried about what other people think of you
- liking yourself when you look in the mirror
- having realistic expectations of yourself and others
- being in harmony with significant others
- having positive energy
- being optimistic.

After a lot of thought, I've come to the conclusion that it is essentially being optimistic about the future because you are confident that you can handle whatever life has in store for you. There are many other definitions of feeling good, you might like to find one that appeals to you, or write your own, like I did.



FEELING GOOD

Helen Dent

Excerpted from *Why Don't I Feel Good Enough?*

SO WHY DON'T I FEEL GOOD? 'I'M FINE – IT'S EVERYONE ELSE . . .'

Perhaps you're thinking, I'd feel good if it wasn't for everyone around me making me feel bad. That is a very reasonable viewpoint and is often true. Common sense, research and clinical observation show that context has a huge impact on our well-being. What I mean by context is the whole of our surroundings, where we live, our family, neighbours, friends, workplace and so on. (See Figure 2.1.)

The family we are born into will have a significant impact on our well-being, happiness and potential for achievement, success and wealth. The country, and the part of the country in which we live will also influence what we can and can't do in our lives. Our neighbours and friends will make a big difference to us, whether for good or ill. The political party in power has the opportunity to improve our lives. A good example is the creation of the National Health Service in the UK in 1948.

FIGURE 2.1 CIRCLES OF CONTEXT



Public health interventions, such as improvements to sanitation, refuse collection and the quality of our drinking water, and laws that ensure all children are educated, have probably contributed more than medical treatments to improve overall health in the UK. Nevertheless, health professionals can help us when we are unwell as long as their work is based on good evidence, unlike the following example. One of the earliest theories about the causes of mental health and well-being was formulated by Plato and Hippocrates and later amplified by Aretaeus of Cappadocia, a Greek



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physician of the first century CE. It is known as 'the wandering womb' theory and proposed that women's mental and physical illness was caused by their womb, or uterus, moving around inside their bodies like a small animal, even suggesting that the uterus is sensitive to smell and moves away from bad smells and towards fragrant ones! This theory is clearly bizarre and most of us would correctly dismiss it out of hand, but it has been influential in medicine right up to the seventeenth century and even had a resurgence in the nineteenth century. Thankfully modern theories have a more robust evidence base.

As you start the journey of trying to understand yourself, you will find that other people and the circumstances of your life have, to a very large extent, shaped who you are. In many cases those closest to us have unwittingly caused the difficulties we experience. We all begin with the best of intentions but as few of us have any training in how to be a parent, we tend to fall back on how we were parented. So, unhealthy parenting styles pass on down the generations unless we are lucky enough to come by the experiences that help to break the chain.

Even though many of our difficulties may be caused by other people, it is easier to deal with them when you are feeling confident about yourself. It is hard to feel positive if you are struggling with your emotions or behaviour, so it is worth trying to understand yourself. Benjamin Franklin wrote in 1750, 'There are three Things extremely [sic] hard, Steel, a Diamond and to know one's self'.¹ It is just as true today.

Once you understand how much or little you are responsible for problems in your life, you can decide whether to change or to walk away. One of my lecturers, the eminent psychiatrist Dr Anthony Clare, said that some people are simply 'psychotoxic' to us and there is nothing we can do to improve the relationship, so we should simply avoid them. This is good advice, but before making such decisions, it is useful to find out more about ourselves, otherwise we may end up rejecting people who are not really 'psychotoxic' to us. They may be unintentionally arousing deep-seated fears and insecurities that we would be better off dealing with, rather than letting them govern our lives.

I noticed a recurring pattern in new situations that I formed a quick dislike of women who expressed strong opinions. I would then avoid them. By chance I got to know one and realised how much I liked her. I also realised how similar she was to me! Eventually I worked out that the reason for my dislike wasn't anything to do with the women themselves, but how they made me feel. It was the feeling I disliked. All those women were in receipt of my dislike just because they had triggered an emotion that



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Excerpted from *Why Don't I Feel Good Enough?*

belonged to my childhood. I now try to get to know people before deciding whether or not I like them. This way I don't miss out on getting to know interesting people.

WHY SHOULD I BOTHER – PEOPLE SHOULD ACCEPT ME AS I AM

This is another really sensible point. By and large we do accept people for who they are. We steer close to those who make us feel good and away from those who make us feel bad. It is also important that we don't try to be 'someone we're not' in order to fit in. This makes us feel uncomfortable and means we are not mixing with people who might like the 'real me'. It also means we are not doing the things that properly fulfil who we really are.

ACCEPTING MYSELF, WARTS AND ALL

This is a much bigger task and not as simple as it seems. We all have difficult memories, times when we experienced shame, which are buried too deeply to be accessible or which make us feel so unpleasant that we avoid exploring them. (Shame is a really important emotion and its impact on our relationships is explained in Chapter 3.) As a consequence, we simply don't know enough to be able to fully accept ourselves. We spend a lot of effort trying to push away or avoid facing up to the bits we don't like and often fail to find out that we are not monsters.

In order to increase the accuracy of our self-knowledge, we can make use of other people's perceptions of us. Freud developed an early theory of the unconscious mind, and in 1955, a couple of counsellors called Joseph Luft and Harrington Ingham developed a neat diagram, which provides a clear image of how much we know about our own minds:²

TABLE 2.1 JOHARI WINDOW

<p>1. Known Self Things we know about ourselves and that others know about us</p>	<p>2. Hidden Self Things we know about ourselves that others do not know</p>
<p>3. Blind Self Things others know about us that we do not know</p>	<p>4. Unknown Self Things neither we nor others know about us</p>



FEELING GOOD

Helen Dent

Excerpted from *Why Don't I Feel Good Enough?*

Did you work out why it is called the Johari window? It took me ages to find out and then I was a bit disappointed. Johari sounds deep and mystic, as if it comes from an ancient book of wisdom. But it was simply a very clever reframing of Joe and Harry. I don't know if it would have become so popular if it had been called Joe and Harry's window, which sounds more like a name for a pop up café.

In the Johari window, the size of the four individual windows alters as we learn more about ourselves. An ideal configuration is to have windows 1 and 2 larger than windows 3 and 4, meaning that we know more about ourselves than others do, also that we have reduced the size of our unknown self or 'unconscious mind'. When windows 3 and 4 are small, we have greater self-knowledge, because we have moved the information contained in them into windows 1 and 2, which are accessible to us. We are more aware of how we appear to people around us and there is less in our 'unconscious mind' to exert an influence over how we feel or behave, without our realisation that this is happening.

In order to change the size of the boxes in our own Johari window, we need to access the information that others hold about us, that we don't know (Window 3 Blind Self). Some ways of doing this are:

- ask friends, relatives and colleagues
- watch/listen to ourselves on a recording
- 360° assessment (a management tool in which a range of colleagues and others who know you in the workplace fill out a long questionnaire about you. An analysis of their responses provides information about how they see you).

Ways of accessing information that is unknown to us and to others (Window 4 Unknown Self) are:

- self-reflection using a diary or reflective log
- self-reflection using a psychological theory such as attachment theory (which is what this book is about)
- self-reflection using other self-help books, e.g. *Mind over Mood*³
- guided self-reflection through therapy, counselling or coaching.



FEELING GOOD

Helen Dent

Excerpted from *Why Don't I Feel Good Enough?*

These activities move information from windows 3 and 4 into windows 1 and 2 so that the diagram looks like this:

TABLE 2.2 JOHARI WINDOW AFTER SELF-EXPLORATION

<p>1. Known Self Things I know about myself and others know about me</p>	<p>2. Hidden Self Things I know about myself that others do not know</p>
<p>3. Blind Self Things that others know about me that I do not know</p>	<p>4. Unknown Self Things neither I nor others know about me</p>

As you become more confident you may also reduce the size of window 2, hidden self.

WHY IS IT IMPORTANT TO KNOW ABOUT OURSELVES?

There are at least three important reasons for finding out more about ourselves. First, so that we minimise the amount others can manipulate us. If someone knows things about you that you do not, they can use that information. A common place where we may come across this is in card games, when someone displays a 'tell' or 'show', an unconscious mannerism that occurs when they're bluffing.

When my son was quite young he said, 'Mummy, when you're cross with me I say "you don't love me anymore" and then you stop being cross'. Out of the mouths of babes! Of course he gave the game away, but he told me something he knew about me that I didn't know myself. It enabled me to become more vigilant and to think before reacting to other people's attempts to 'pull my emotional strings'.

Second, although we have an awareness of the 'known and unknown unknowns' about ourselves, we don't know exactly what they are.⁴ Often, we fear what we do not know but reality can be much less scary than shadowy, unformed thoughts. Think of a film or TV programme that scared you, such as 'Jurassic Park' or 'The Bridge'. If you remove the music and special effects, the fear becomes much less powerful. The same is true of our own emotions and fears. If we look them in the face and name them, they become less scary and we can start to manage them.



FEELING GOOD

Helen Dent

Excerpted from *Why Don't I Feel Good Enough?*

Eva was mugged one night near to the hospital where she worked. She was pushed over and hit her head on a wall. Her handbag and briefcase were stolen. She lost consciousness and woke up in a hospital bed. Eva couldn't recall what had happened or describe her attacker to the police. For many weeks afterwards, she struggled to leave the house because she experienced panic attacks. Eva knew about PTSD (post-traumatic stress disorder) and realised that her brain remembered what had happened and was trying to protect her from further harm. She was able to manage her recovery by speaking to the police and learning as much as possible about what happened to her as well as accessing therapy. Doing this helped her face the trauma she had experienced and reduced the emotional impact on her. She researched the statistics on mugging and found out that the risk was much lower than she instinctively believed and balanced that against the constant fear and panic she was suffering on a daily basis. As a result, the panic attacks stopped and she found she could walk to work on her own.

Third, we might learn something that is life enhancing, such as discovering at 25 years old that you have an identical twin sister. Anais Bordier and Samantha Futerman were each adopted as a 'single birth child' by a French couple and an American couple respectively. They found each other through Facebook and a YouTube video. Anais said, 'It's such a joy to find your family, I guess when you're adopted, you're always looking for somebody that looks like you, that will understand you'.⁵

A more common discovery could be finding out that an older relative has the same outlook on life as you. Some years ago, I found a 'long lost' cousin whom I had known as a little girl but who then disappeared from my life for decades. It was joyful to find her and to discover that family rumours about her were untrue. It was also really reinforcing to find that she didn't organise her life around what other people thought of her, she did not think that appearances are important, and she encouraged me to have confidence in myself.

Fourth, when we know about the beliefs deep in our brain that influence our behaviours, we can choose whether or not to let them influence our actions. Have you ever found yourself repeating an action when you didn't want to – maybe saying something hurtful to a person you care about – or being held back from doing something you want to do?



FEELING GOOD

Helen Dent

Excerpted from *Why Don't I Feel Good Enough?*

Jas has always found it hard to go into a café, pub or restaurant on her own. It annoyed her, so she decided to try and work out what made her feel that way. She remembered the embarrassment of walking into the dining hall in school without a group of friends, and trying to find somewhere to sit that hadn't been saved. She also remembered her grandmother telling her that women on their own in restaurants were probably 'touting for custom'. Understanding this didn't immediately solve her discomfort, but the new generation of coffee shops made it much easier for her, and the reward of good coffee kept her persevering!

Once you start engaging in a behaviour it becomes much easier to continue with it, partly because you discover that the feared consequences don't actually happen.

After Eva had split up with a boyfriend, she worried about going to the cinema on her own because she thought she'd stick out like a sore thumb. However, she really wanted to see the film 'Amelie' and sat in one of the few available seats next to a couple who were sharing a box of Maltesers. They were friendly and insisted on sharing their sweets with her.

The same principles operate with more serious 'self-imposed' limitations in our lives, such as being too afraid to follow your passion in life, not applying for your dream job or the unnecessary rifts that occur between family members.

WHY ARE SOME FEELINGS OR EMOTIONS DIFFICULT TO UNDERSTAND?

Feelings or emotions are learned very early in life, before we have language. As a consequence, we cannot remember what behaviours caused different emotions so it is hard for us to work out how our feelings have developed. Some feelings don't puzzle us. For example, most people don't question why they feel happy when someone is kind to them. However, if instead we experience a strong negative response to kindness, perhaps rage or fear, we may think there is something wrong with us. Attachment theory provides an explanation based on research showing how brains develop in different contexts.



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Excerpted from *Why Don't I Feel Good Enough?*

When Zac lived with his mother, she was especially kind to him just after she injected herself with heroin, but then her behaviour would become scary and eventually she would just fall asleep for hours.

As a consequence, Zac learned to be wary when people are kind, because he learned that kindness would be followed by strange behaviour, then being abandoned for hours, a terrifying experience for an infant. When such experiences are stored in the brain before language develops, they are difficult to access and recall once language has developed. From this hidden place they can exert an influence without us being aware of it.

Children who are groomed by sex offenders also learn that warmth and kindness can precede painful and unpleasant acts. Even in more ordinary settings, children can learn to be wary of kindness when it is linked to pressure to act in a certain way.

When Dan was in primary school, some older children pretended to be nice to him, but then started asking him for his dinner money. He was too confused and intimidated to say no, and he didn't tell anyone or ask for help.

Attachment theory can help us work out why we have developed particular emotional responses, and once we understand this, we can work out a way of making these emotions less powerful. Understanding the root cause of our feelings can help us to cope with and control them. However, if the root cause remains in window 4, the Unknown Self, it will exert influence over our behaviours without us realising it. Since we don't know that this is happening, we can't stop it, because we aren't aware there is anything to stop. Or we might be aware that there is something we'd like to stop but not know what it is:

When Eva had her first baby, she longed to be able to have a peaceful meal with Mark. Unfortunately, Jessica was 'colicky' and not the right companion for a relaxed night out. Her mother was always happy to look after Jess and various friends offered to as well, but Eva was too tense to enjoy herself and they always came back quickly. One day she read an article in *The Guardian*, which stated that breast feeding mothers find it hard to leave their babies



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because of an inbuilt anxiety about being the sole provider of food. This made great sense to Eva and enabled her to enjoy her date nights. Each time she became anxious, she reminded herself that there was a bottle of expressed milk in the fridge.

Not knowing why she felt anxious had stopped Eva from taking steps to deal with it. Gaining a simple insight reassured her that her anxiety had a good cause. She also learned that finding the root cause of the anxiety helped her to overcome it.

In the next chapter, I will start to tell you about attachment theory, which explains the development of our social skills and emotional control during our earliest years.

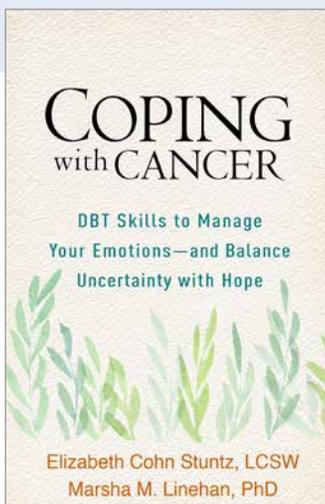
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- 2 Luft, J. & Ingham, H. (1955). *The Johari Window, A Graphic Model of Interpersonal Awareness*. Proceedings of the Western Training Laboratory in Group Development. Los Angeles: University of California, Los Angeles.
- 3 Greenberger, D. & Padesky, C. A. (1995). *Mind Over Mood. Change How You Feel By Changing the Way You Think*. New York: Guilford Press.
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- 5 Anais Bordier, quoted on CNN News, 09.01.15.

CHAPTER

4

HOW TO MANAGE STRONG EMOTIONS



The following is excerpted from
Coping with Cancer

By Elizabeth Cohn Stuntz and Marsha M. Linehan

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HOW TO MANAGE STRONG EMOTIONS

Elizabeth Cohn Stuntz and Marsha M. Linehan

Excerpted from *Coping with Cancer*

Have you ever had any of these thoughts?

I feel like I'm being hit by a tidal wave of emotions. Am I just going to break down?

Should I just try to ignore these painful feelings? I better keep these intense emotions to myself.

I don't want anyone to think I'm weak and pity me.

Intense feelings can be difficult to handle at any time. The challenges can seem even harder when you're living with cancer. So many new and unpredictable things are happening in your body. If you also feel as if powerful emotions are threatening to overwhelm your mind, you may feel even more vulnerable.

When I had cancer, I certainly worried about being out of control and had an intense dream.

I was driving an unreliable car in the pouring rain. I was in unfamiliar territory. The place on the dashboard where the GPS should be was an empty dark hole. I tried unsuccessfully to get to the maps on my phone. I couldn't get through when I tried to make a phone call for assistance. I thought I should just pull over but couldn't stop. The rain became blinding, and I was in a flooded area, engulfed by water. I was unable to control what was happening. The car was sinking with me inside!

I woke myself up yelling, "Help, help!" The powerful dread, pounding heart, sickness in my stomach, and tightness in my chest remained for some time after I was awake.

Whether you have cancer or not, no one likes to be worried, sad, or irritable. Yet these feelings can be common reactions to life with cancer. Even knowing that others may feel as we do, we can give ourselves a hard time about having intense emotions. Do you tell yourself you should be handling your feelings differently? Are you looking for ways to manage strong emotions? How can you do that?

DBT teaches that although you can't change unpredictable and uncontrollable situations, **you can change how you respond**. You can regain a sense of control and emotional balance by learning how to regulate strong emotions. In this chapter we offer ways to constructively accept feelings without being consumed by them. We explain how emotions function and present concrete skills to manage powerful feelings, as well as strategies to calm yourself in the moment.



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UNDERSTANDING EMOTIONS

Emotions have a bad reputation. We make judgments about strong feelings. We may decide some emotions are good ones or bad ones. We may believe we should avoid certain feelings or they may overwhelm us. The fact is that suppressing emotions can get in the way of effective coping. Blocking feelings intensifies them. Studies report that cancer patients who could understand, categorize, and label their emotions showed improved emotional coping and other health benefits such as lower levels of inflammation. We are going to show you how to do this.

To get a fuller understanding of emotions, let's start by looking at their positive aspects. Surprisingly, they can be very helpful.

EMOTIONS CAN BE CONSTRUCTIVE GUIDES TO ACTION

They can give you messages about the safety of a situation, letting you know whether or not you need to be alert and aware of danger. They can also motivate you to overcome obstacles and take productive action.

- **Fear** can communicate the need to escape from danger, to run from a lion or immediately consult a doctor.
- **Anger** can mobilize you to protect yourself against a physical or emotional threat, to play harder on the football field, or speak up when you are not getting the help you need.
- **Anxiety** can be a sign that you need to respond to and act on your worry, to study for that test or call the doctor.
- **Sadness** tells you that it might be useful to reach out to others for support.

EMOTIONS PROVIDE QUICK, NONVERBAL COMMUNICATION

Your facial expression, body language, and tone of voice can intentionally or unintentionally send messages to people around you. Expressions of empathy and compassion have been called the language of connection. Indeed, openly showing feeling has been found to communicate trustworthiness and increase social connection.

So how do feelings stir up an unhelpful reaction?



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NEGATIVE FEEDBACK LOOP: AN UNPRODUCTIVE CYCLE OF EMOTIONS

Let's assume Sara is anxiously awaiting an overdue call from her doctor with information vital to her course of treatment. Many of us would feel agitated in this situation. Sara's initial response, frustration, is called the primary emotion. Physiologically this emotion, or any emotion, for that matter, lasts only for approximately 90 seconds.

After that minute and a half, we have additional reactions, presumptions, and judgments about the situation. For example, Sara might now think:

This is outrageous!

Does my doctor know what it is like to be waiting? I am so aggravated. She is unreliable.

How am I going to trust someone so insensitive?

The doctor must be waiting for more time to talk because the news is so bad.

Am I just a bitchy, demanding patient?

These opinions and doubts can stir up secondary emotions such as indignation, mistrust, anger, apprehension, anxiety, or shame. Sara's initial reaction of frustration is now maintained and/or intensified by these thoughts, body sensations, and emotional reactions that impact each other. Her subsequent feelings may be based on judgments about her frustration, as well as thoughts about the way her feelings can impact her and her relationships. These secondary emotions are also referred to as the second arrow because she is "hit" again!

Marsha uses the expression "emotions love themselves" to describe the way experiencing an emotion can leave you even more sensitive to other information that confirms or magnifies that feeling. You can feel flooded by these secondary feelings and unable to find the off switch, like when the gas pedal in a car is stuck to the floor.

Sara's initial frustration may have been useful if it rallied her to check with her doctor, yet now she may be holding on to feelings past their usefulness. If Sara focuses on ideas that confirm her feelings, the frustration and indignation may intensify. Now she is angry. Physical expressions of anger, such as a flushed face and feeling on the verge of tears, may now unwittingly reinforce her emotion. She may make judgments about her doctor that may or may not be accurate. Suppose she



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begins to worry that her care may not be reliable. She may then become critical and judgmental of herself for feeling so agitated, possibly stirring up shame. She is likely already anxious about the news. Now this flood of secondary ongoing emotions not clearly based on facts can get in the way of her effective coping.

So let's look at how can you reduce this unproductive cycling of emotions.

HOW TO REGULATE AN EMOTION

- Allow yourself to be aware of how you are feeling.
- Pause to observe your emotional experience.
 - Pay attention to where and how the feeling is expressed in your body.
 - Notice your thoughts.
- Describe the experience.
 - Name the emotion you wish to control.
 - Label the prompting event.
 - Identify physical reactions and judgments/assumptions about the event.
- Check the facts.
 - Are your ideas verified by facts?
 - Are you assuming a threat? If so, name it and assess the likelihood of its happening.
- Ask wise mind.
 - Does the emotion or its intensity fits the facts?
 - Consider other possible perspectives.
 - Decide whether it is in your interest to express or act on the emotion.

FACING FEELINGS

The first step of emotion regulation is to pause to **allow your feelings**. We can't control an emotion we don't acknowledge. We are trying to manage feelings, not block them! In fact, **complete emotional control is neither possible nor desirable**. Trying to avoid emotions can be like playing with one of those Chinese paper finger traps. The more you try to pull away, the more you get stuck. Recall that blocking feelings actually intensifies them. What's more, when we don't acknowledge our emotions, we can miss their useful message.



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Why do we try to avoid feelings? At times we may believe the myth that accepting the emotion means approving of or consenting to feeling as we do. We may also worry that admitting a feeling will open the floodgates and overwhelm us with uncontrollable emotion.

When I was anticipating surgery, I imagined that if I allowed any anxiety or sadness to surface I was giving in to those feelings. Like many people, I made judgments about my emotions. I was concerned that I would pay a price for showing “negative, unacceptable” emotions. I thought I should be more positive and was critical of myself for feeling apprehensive or gloomy. I worried that any fear or anguish might define me as weak or selfish. I covered my feelings to protect my self-image and avoid shame or pity. I wanted to ensure I didn’t appear vulnerable to myself or to anyone else.

The goal of emotion regulation is to find a balanced place between avoiding feelings and allowing them without being overwhelmed by them. The ideal is to accept emotions, not push them away, hold on to them, or amplify them. I love an image a wise Zen teacher shared with me. He told me to think about lightly holding my feelings in a flat open palm instead of using a tight fist to try to hold on to them or punch them away. With an open palm we try to **allow the feeling to come and then let it go**, like surfing rising and falling waves.

I saw firsthand that trying to block emotions does not work. As much as I tried to avoid any anxiety or sadness, my feelings showed up anyway. My sister had offered to be at the hospital, and I said it wasn’t necessary. On the morning of my surgery, I was surprised by my strong desire to connect to the family of my childhood. With the reality of the surgery staring me in the face, I now wished to have my sister with me. At the time, I neither understood my emotional reaction nor was aware of what I was feeling. Yet luckily I respected their message to reach out for support. Blessedly, so did my sister. She came.

I nearly missed a valuable message from feelings I judged as destructive and did not want to accept. I was so busy trying to be strong that I was not able to ask people to support me or allow them in to do so. I later learned that my emotions did not have to be on or off. I could cope more effectively by allowing my feelings and learning to regulate their intensity. I could learn how to acknowledge a constructive message from my feelings and control emotions when they escalated and/or persisted unproductively.



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Now let's follow the way Sara might manage her anger about not hearing from her doctor in the expected time frame as an example of how to regulate emotion.

PAUSE TO OBSERVE THE EMOTIONAL EXPERIENCE

Paying attention to where and how the emotion is expressed can help Sara recognize the factors in the feedback loop. She begins by stopping to recognize how she is feeling. Unlike me, Sara is in emotion mind and allows her feelings. She acknowledges her intense irritation. She attempts to pay attention to her thoughts without automatically accepting everything that comes to mind as fact. She makes an effort to notice where in her body she is reacting, discerning her flushed face, the tension in her jaw, and her clenched hands.

DESCRIBE THE EXPERIENCE

Sara tries to put words to a full picture of her inner experience. Labeling reactions is a crucial step in emotion regulation as it can help identify cues that may be intensifying the emotion by triggering a negative feedback loop. What's more, identifying a feeling literally helps to decrease its intensity.

Name the Emotion You Are Trying to Control

"Name it to tame it" reflects the research showing that labeling an emotion calms the central nervous system. Also recall that cancer patients who could categorize and label their emotions showed improved coping as well as other health benefits. Sara identifies her anger.

Naming your feelings is not always easy. I learned that it is even harder to label emotions that we are trying to avoid. At times we just don't know what we are feeling or how our emotions connect to our actions. Our secondary emotions can make it even harder to recognize a primary emotion. In the following chapters we offer additional ways to help you recognize the most common emotions that occur with cancer.

Label the Prompting Event

The next step for Sara in describing her experience is to try to recognize the source of her feeling. It is not always easy to identify what instigates an emotion. We typically think of the prompting event as an external experience, such as her not hearing from the doctor as needed and expected. Yet Sara's anger may also be triggered by an



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internal experience such as a physical sensation like pain. It is also possible that ruminating thoughts such as fear about the news and/or her indignation refueling itself may be perpetuating her anger.

Identify Physical Reactions and Judgments/Assumptions

Now Sara tries to label her judgments or assumptions and put words to the way her body is responding. Identifying her reactions may help her be more aware of cues that may be intensifying her emotion.

She notices that her body expresses anger in her flushed face, the tension in her jaw, and her clenched hands. She recognizes that she is making black-or-white judgments about her doctor and herself. She labels her assumptions that either her doctor is insensitive, unreliable, and untrustworthy or she is just too demanding. Sara sees that she is also imagining that the news is bad.

CHECK THE FACTS

When the outcome is very important and/or the threat is likely to become reality, we are even more apt to have an intense and enduring reaction. Sara's anger makes sense if she has repeatedly had unresponsive medical care and feels her health or peace of mind is compromised.

Yet it's very valuable for Sara to be sure her assumptions are correct. Have her ideas been confirmed by facts? Although there may be a possibility her worst nightmares are true, her worries may not always be justified or give a complete picture of the situation. Believing inaccurate ideas can make her more emotional than may be warranted. She doesn't want to add unnecessary distress by incorrectly assuming bad news.

Her goal is to check out the accuracy of her assumptions, including why she hasn't heard from her doctor. She tries to name any threats she imagines. She recognizes that the threats are the possibility of getting unwelcome news, the risk of receiving insensitive, unreliable care, or the possibility that she is a difficult patient.

WISE MIND

The next step is for Sara to use wise mind to take a wider, more balanced perspective. Are there other ways to look at her situation to get a fuller picture about her doctor and herself? Does the intensity of her anger fit the facts of her



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circumstances? She considers:

Are there other reasons the doctor may not have called? Could there be an administrative problem at her office? Could I have missed the call?

Is it possible that getting back to me is one of many priorities and she is caught up with other patients? When I stop to think about it, is my doctor usually reliable?

Is my irritation stronger than the facts warrant? Could my agitation be stronger because I'm awaiting important news about my health? I am indignant right now. Yet I am not usually an angry, demanding patient. Does my anger really define me?

Deciding Whether to Express Feelings

There is a difference between a natural urge to act on emotions and actually expressing them at this moment. You have a choice. Your wise mind can be a valuable guide to help you consider whether it is in your interest to act on your feelings right now.

When feelings are not confirmed by fact, the most constructive decision is often not to act right away. Sara's experience with her doctor is that she is normally reliable. She recognizes that her feelings are stronger than the facts warrant and decides it is not in her interest to express her feelings to the doctor at this time. She does not want to risk compromising a relationship with someone she needs to rely on. Instead Sara decides to pause, correct her assumptions, and try to regulate her emotions.

On the other hand, what can Sara do if her assumptions are accurate? Suppose Sara's doctor is not as responsive as she wants and needs. She may still wisely decide to try to reduce the intensity of her anger. Yet now it may be in her interest to address the problem by expressing her feelings and taking action.

PROBLEM SOLVING TO TAKE ACTION

Let's look at problem-solving strategies to use when assumptions do fit the facts.

- Describe the problem.
- Check the facts.
- Identify the goal.
- Brainstorm lots of solutions.
- Choose a solution that fits the goal and is likely to work.
- Act.



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The problem is Sara's worry that her doctor is not as responsive as she wants or needs. In this case, when she checks her facts, her assumptions are correct, and her indignation is understandable. Her goal is to have a good working relationship with a medical provider who is responsive and provides good medical care.

At this point she thinks through possible actions. For example, she can acknowledge her disappointment to herself. She can share her feelings with a loved one. She can talk to someone in her doctor's office. She can speak directly to her doctor. Or she can change doctors.

If Sara decides to talk directly to her doctor, she will want to know how to express herself while protecting a relationship with someone she needs to rely on. Chapter 8 covers strategies for communication with medical providers and offers interpersonal skills Sara can use to talk effectively with her doctor.

SHORT-TERM WAYS TO TOLERATE INTENSE DISTRESS

At times pain may be extreme. What can you do if your feelings seem too intense (over 80 on a scale of 1–100) to face at this moment? Your immediate priority may be to get enough relief to hold it together. Perhaps you feel too overwhelmed to think through all the steps of emotion regulation. These strategies to tolerate distress do not solve the problem, yet they do offer ways to get through a difficult time by changing the physical input to the feedback loop.

Paced Breathing

Paced breathing is an effective way to promote calm feelings by slowing your heart rate. Even better, the skill can be used in public without others knowing. For example, Sara can use this skill if her anger remains too intense or persistent, yet she has to sit in her doctor's office and wait for test results.

Calm is promoted by taking a longer exhale than inhale. When you change your body chemistry by altering your breathing pattern, you cut off the physical input to a negative loop of danger. Slowing down the heart rate activates the parasympathetic nervous system. **If you have any breathing issues, consult your doctor before using this skill.**

To use paced breathing:

- Slow down your pace of breathing to an average of five or six breaths per minute.



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- Try to breathe deeply from your abdomen.
- Inhale to a slow count of 4.
- Pause.
- Try to exhale to a count of 6 or if possible to 8. Repeat.

Paired Muscle Relaxation

This strategy ties muscle relaxation to exhalation to reduce physical tension and promote calm.

The steps to take are:

- Exhale for 6–7 seconds while softening the tension. Say the word relax in your mind as you slump like a rag doll.
- Bring your attention to your facial muscles.
 - Wrinkle your forehead and then let go.
 - Squeeze your eyes tightly and then relax them.
 - Furrow your brows and then soften.
 - Scrunch your cheek and nose tightly and then release.
 - Grind your teeth and then let your whole mouth and jaw be slack with tongue relaxed and your teeth slightly apart.
 - Tightly pucker your lips and then let the corners of your lips relax and turn up slightly with a half smile and calm facial expression.
- Notice your shoulders, arms, and hands.
 - As you take a deep breath, bring your tightened fists up to your ears and shrug your shoulders.
 - As you let out the breath, drop your arms down and turn your unclenched hands outward with your palms up and your fingers relaxed.
- Focus on your torso, legs, and feet.
 - Hold your stomach in tightly and squeeze your buttocks together. Then soften.
 - Tense your thighs and calves and then release.
 - Flex your ankles, curl your toes, and then let them slacken.



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As with every suggestion in this book, use your wise mind to be sure this practice is helpful to you. Some find that even briefly bringing their attention to any area of physical discomfort is too agitating. If sensations are too overwhelming, shift to another part of the body, avoid that area, or do not use this practice.

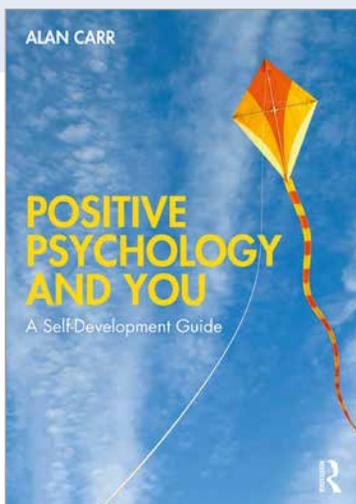
The more often you do this technique, the more effective it becomes at helping to promote calm. The first time you try it you want to be in a quiet place and have plenty of time. As you improve, attempt to use it in many different settings so it becomes possible to use this strategy wherever you are and whenever you need it.

The next three chapters demonstrate how to apply this emotion regulation framework to the most common emotions in dealing with cancer. As it is sometimes difficult to know and identify feelings, we include specific ways to help you recognize and label fear, sadness, and anger. We also offer more short-term ways to tolerate distress.

CHAPTER

5

COURAGE, FEAR AND POSTTRAUMATIC GROWTH



The following is excerpted from
Positive Psychology and You

By Alan Carr

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COURAGE, FEAR AND POSTTRAUMATIC GROWTH

Alan Carr

Excerpted from *Positive Psychology and You*

In this chapter, you will read about three related themes: courage, fear and posttraumatic growth. You will read about how to be courageous. You will read about how to courageously overcome anxiety and fear. You will also read about how to benefit from life crises and trauma. Courage is the capacity to move towards valued goals in the face of threat. Diving into a stormy sea to rescue a floundering swimmer is courageous. The valued goal is saving a life, and the threat is drowning. Saying something unpopular, which we strongly believe in, is also courageous. The valued goal is standing up for what we believe in, and the threat is being ostracised. Facing threats to our safety and security is risky. In these two examples the risks are that we might drown or be ostracised. Usually we take the risk of acting courageously to reduce threat. In the two examples the threats we are trying to reduce are loss of life and violation of strongly held beliefs.

When we are faced with a threat to our safety or security most of us feel scared or angry. Automatically our bodies get ready for us to run away, to fight or to become less noticeable to potential predators by making us stay very still. This automatic physiological process is called the fight / flight / or freeze response.¹ (This was mentioned in Chapter 10 on problem-solving and solution-finding.) The response begins in a primitive area of the brain – the amygdala – and through a complex chain reaction triggers the release of adrenaline and cortisol into the blood stream. There is an associated cascade of physiological responses that will be familiar to you. These include increased heart rate, increased muscle tension and increased strength as well as many other transient physiological changes. This automatic fight / flight / or freeze response has developed over millions of years of evolution. Our ancestors whose bodies automatically turned on the fight / flight / or freeze response when faced with threats survived. If this response didn't automatically kick in, when faced with a threatening predator, then those early humans didn't survive. Threatening predators, natural disasters and other dangers ended their lives.

In the short-term, and for many types of physical threats, the fight / flight / or freeze response motivates and energises us to take very adaptive courses of actions. For example, if we accidentally step from the path onto a busy street and a car toots its horn at us, then the fight / flight / or freeze response may energise us to step back onto the path very quickly, preventing us from being knocked down. However, in the long-term, often a response to threat other than running away, fighting or freezing is necessary for us to achieve our valued goals. This is where courage comes into play. Courage is required to intentionally move towards valued goals, even though this places us at risk of harm because the threat is still present. It is still making us feel



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scared and is still making our bodies 'rev up'.

Courage involves (1) intentionally taking a course of action (2) that puts us at risk of harm (3) because of the presence of a threat, (4) despite feeling extremely frightened, anxious and/or angry, (5) to achieve valued goals, usually by reducing threat.² Distinctions are made between different types of courage. Physical courage is required to face threats where there is risk of injury or death, for example involvement in firefighting, law enforcement, bomb-disposal or military combat. Moral courage is necessary to take courses of action such as civil disobedience or whistle blowing that may lead to social condemnation. Psychological courage is essential for being assertive in awkward social situations, confronting workplace bullying, leaving abusive relationships and facing fears associated with mental or physical health problems like anxiety or chronic pain, or addiction.

ENGAGING IN COURAGEOUS ACTION

The process of engaging in courageous action involves some or all of the elements in the sequence in Box 15.1. Studies of courage in military situations show that we can strengthen our courage by having leaders who are good role models for coping with threatening situations, having the support of a small cohesive group, having prior training in facing specific risks and receiving recognition from respected people for acting bravely.³ These external supports facilitate the development of skills for carrying out tasks necessary to reduce risk, confidence in using these skills when under threat, mental toughness, persistence and resilience in the face of adversity, and values such as duty, honour and loyalty which motivate courageous behaviour.⁴

BOX 15.1 ENGAGING IN COURAGEOUS ACTION

Prepare

- Work with leaders who are courageous role models.
- Build a team who will support you when facing threats.
- Train in skills needed to manage specific threats.

Plan

- Use problem-solving skills to plan the most useful way to reduce the specific threat you are about to face.
- Break a big problem into a number of smaller ones.



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- Brainstorm possible solutions to each of these.
- Consider the payoff and price or risks associated with each potential solution.
- Select the one that will be most useful in reducing the threat.
- Avoid the extremes of cowardice or reckless risk-taking.

Take courageous action

- Follow your plan.
- Modify your plan if it is ineffective, or the situation demands it.
- Use coping strategies to encourage yourself and manage fear in the face of threat.
 - Do brief relaxation (in Box 5.3) or mindfulness exercises (in Box 6.6).
 - Remind yourself of past successes when you have been courageous.
 - Think of the good you will do, or the people you will protect by reducing the threat.
 - Think of how your courageous action will help you achieve your valued goals.
 - Think of how your team support you, and the fact that you do not want to let them down.
 - Think of brave role models.

Debrief

- Evaluate how effective your courageous action has been in reducing threat.
- Reflect on what your courageous action says about you as a person with specific valued goals.
- Accept recognition from respected people for acting bravely.

In addition to these broad factors which prepare us for courageous action, in any given situation requiring courage, planning is a critical first step. Before engaging in a courageous action, we use problem-solving skills to plan the most useful way to reduce threat. (Problem-solving was discussed in Chapter 10.) We break big problems into smaller ones. We brainstorm possible solutions. We consider the payoff and price or risks associated with each potential solution. We then select the one that will be most useful in achieving our valued goal or reducing risk. We aim to avoid the extremes of cowardice or reckless risk-taking.



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For example, Benny heard a little girl screaming from the upstairs window of an isolated two-storey farm house while he was cycling home on a sparsely populated country road. There was smoke coming from the window, and clearly the house had caught fire. Benny broke the big problem – a girl trapped in a house fire – into two smaller problems: (1) putting out the fire, and (2) rescuing the child.

To deal with the fire there were two main options: (1) call the fire brigade, or (2) try to put out the fire himself. The payoff for calling the fire brigade was that it would be effective. The price for calling the fire brigade was that a lot of damage would be done to the house because it would take some time for the fire brigade to arrive. The payoff for trying to put the fire out himself was that he could act quickly and prevent damage to the house. The price for trying to put the fire out himself was that he might not be effective, and it would delay him rescuing the child. On balance, he decided to call the fire brigade and focus most of his energy on rescuing the girl. When he called the fire brigade on his mobile phone, he was informed that they would arrive within 30 minutes.

For the second problem, Benny considered two options: (1) taking the girl down the stairs, (2) taking the girl down from the window using an outside ladder. The payoff of taking the girl down the stairs was that it would be quick. The price of this option was that he might have to break down the front door if it was locked, and he and the girl might get burned or suffocate if the fire in the house was widespread. The payoff of using an outside ladder was that there was little risk of being burned or choking. The price of this option was that it might take a lot of time to find a ladder; there might not be one in the outhouse; and they might fall off the ladder and be injured. On balance, he decided to use the stairs.

As we embark on courageous action, ideally, we follow our plan. However, if it is ineffective or if the situation changes and our plan does not fit the demands of the situation, we will need to modify it. In the example involving Benny and the little girl, his plan was to use the stairs. He quickly and effectively kicked in the front door, and following his plan went upstairs. However, as he arrived on the upstairs landing, he found that the fire prevented him from reaching the room where the girl was trapped. He had to modify his plan. He ran downstairs and over to the outhouse, where he found a ladder and used this to climb to the window and rescue the little girl.

When we engage in courageous action, we may use a range of coping strategies to encourage ourselves and manage the anxiety and fear we experience in the face of threat. We may remind ourselves of our past successes when we have been



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courageous. We may think of the good we will do, or the people we are protecting by being brave. If we are acting as part of a team, we may think of how they support us and the fact that we do not want to let them down. We may think of people who have been valued role models of bravery for us. We may think of how the course of action we are taking will reduce risk, help us achieve our valued goals, be true to our values and help us become the sort of individual we aspire to be.

Afterwards we evaluate how effective we have been. We reflect on what it says about us as a person that we engaged in courageous action. This is how we reward ourselves for being courageous and strengthen our belief in ourselves as a courageous individual. If we are offered recognition from people we respect for acting bravely, accepting this recognition will strengthen our courage in future.

When faced with a threat, the fight / flight / or freeze response may catapult us into anxiety or impulsive anger or rage. To be courageous we must tolerate these feelings of fear and anger and prevent ourselves from impulsively avoiding the situation or flying into an uncontrolled rage. Courage involves channelling our fight / flight / or freeze energy into appropriate constructive action. In awkward social situations, giving an assertive response may be the most courageous way to proceed. When there are injustices or unethical practices within organisations, whistle blowing may be the most appropriate courageous response. We may channel our anger into civil disobedience where social injustice demands a courageous response. In law enforcement and military combat, anxiety and anger control are essential for thoughtful courageous action which effectively reduces threat.

Anxiety and anger prevent us from engaging in these sorts of flexible responses. In the next section of this chapter we will consider how best to manage anxiety and fear. In the next chapter, we will consider anger management, along with the related theme of assertiveness.

FEAR AND ANXIETY

Fear and anxiety are complex phenomena.⁵ When we experience fear or anxiety there are distinct changes in

- Feeling
- Physiological sensations
- Thinking and
- Behaviour.



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Feeling

Fear and anxiety involve feelings that may range from mild apprehension to extreme terror.

Physiological sensations

Fear and anxiety involve all the physiological sensations associated with the fight / flight / or freeze reaction. These include increased heart and respiration rates, muscle tension, sweating, difficulty concentrating and so forth.

Thinking

Anxiety and fear also affect thought processes. We become hypervigilant for signs of danger. People with anxiety disorders have a distinctive thinking style. (Anxiety disorders will be described in the next section.) People with anxiety disorders are prone to see danger where it may not in fact be present. They are hypersensitive to threats to safety and security. They are prone to the thinking traps listed in Box 15.2, especially disaster forecasting. This is where the future is assumed to hold many dangers, based on limited evidence. For example, thinking 'My heart is racing. I must be going to have a heart attack. I'm going to die. I can't stand it. I can't stop these thoughts. I'm losing my mind'.

BOX 15.2 THINKING TRAPS THAT FUEL ANXIETY

Disaster forecasting. Assuming that the worst possible outcome is inevitable, on the basis of limited evidence. For example, a person with panic disorder thinking 'This tightness in my chest is a heart attack'; or a person with generalised anxiety disorder thinking 'I may be fired for making a mistake'.

Jumping to conclusions. Quickly reaching a conclusion that some dreaded outcome will occur without considering alternatives and contradictory evidence. For example, a person with exam anxiety thinking 'I'm unsure about this exam question, so I'll definitely fail the exam'; or a person with health anxiety thinking 'This pain in my back is definitely a spinal tumour, so I haven't long to live'.

Tunnel vision. Hypervigilance for potential threats, while ignoring signs of safety. For example, a person with obsessive compulsive disorder thinking 'That one spot of urine on the public toilet floor means the whole bathroom is covered with germs, so I will definitely be contaminated'.



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Near-sightedness. Assuming that a threat is about to happen in the very near future. For example, a person with generalised anxiety disorder thinking 'I will definitely be fired today'.

Emotional reasoning. Assuming that the more intense the subjective feeling of anxiety, the greater the objective danger. For example, a person with panic disorder thinking 'Everything looks unreal, so I'm definitely going insane'.

Black-and-white thinking. Threat and safety are viewed as present or absent, with no shades of grey in between. For example, a person with posttraumatic stress disorder thinking 'Because I had a trauma in the past, I must avoid absolutely everything that might remind me of that or I'll have flashbacks and will not be able to handle them'; or a person with social phobia thinking 'If I ever speak up at meetings, I will be incompetent'.

Note: These thinking traps are also called cognitive biases or cognitive distortions. Based on Clark, D., & Beck, A. (2010). *Cognitive therapy of anxiety disorders: Science and practice* (p. 169). New York: Guilford.

Behaviour

Both fear and anxiety are associated with avoidance of situations or memories of things that frighten us. Avoidance is the behavioural hallmark of anxiety and fear.

Difference between fear and anxiety

A distinction is made between fear and anxiety. Fear is the experience we have when faced with a clearly identifiable, realistic threat to our safety or security; for example, finding that your brakes don't work when driving at high speed on a motorway, or receiving a diagnosis of cancer. In contrast, anxiety is a term often used for the fear we experience in situations that are not objectively threatening, but which we interpret as placing us in danger; for example, a fear of heights, travelling by plane or being contaminated by germs in relatively clean situations. Normal fear is adaptive. It helps us avoid realistic threats. Anxiety, in contrast, is not adaptive. It makes us avoid things that are not really that dangerous. In doing so, it may prevent us from leading full and enjoyable lives. The next part of this chapter is mainly about anxiety and how to courageously manage it.

Anxiety and mental health

In the mental health field, distinctions are made between a number of different conditions that involve anxiety.⁵ These include phobias, separation anxiety disorder,



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panic disorder, generalised anxiety disorder, health anxiety, obsessive compulsive disorder and posttraumatic stress disorder. While this is a book on positive psychology with a primary emphasis on strengths, if you are reading this chapter and suffer from anxiety, it may be helpful to have a description of the main anxiety disorders. What follows is thumbnail sketch of each of these conditions.

Phobias

Phobias involve anxiety about relatively circumscribed situations, for example fear of blood, spiders, snakes, heights, enclosed spaces, public speaking, meeting new people and flying. People with phobias develop strategies for avoiding the situations that frightened them. For example, a person with a fear of enclosed spaces may take the stairs instead of the lift. People with phobias may also develop routines for helping them to feel safe if forced into situations that make them anxious. For example, a person with a fear of meeting new people may spend time helping in the kitchen at a party to avoid being introduced to new people in the living room. The process of approaching feared situations and then leaving them before anxiety subsides makes the situations seem more frightening the next time around.

Separation anxiety

Separation anxiety is the fear that bad things will happen to family members if separated from them. Children with separation anxiety may refuse to go to school because they are frightened that something dangerous will happen to their parents. Adults with separation anxiety may have difficulty letting their partners travel abroad, fearing that they may be involved in a plane crash.

Panic disorder

In panic disorder people are frightened of the sensations of fear such as increased heart rate, chest pain, difficulty breathing or swallowing, sweating, gastric discomfort, trembling, feeling numbness or tingling, strange sensations that the self or the world look unreal and feeling faint. This 'fear of fear' brings on panic attacks. During panic attacks, fear sensations are experienced extremely intensely for a few minutes. The intensity of the symptoms leads some people to believe that they are having a heart attack or going crazy. Situations where panic attacks occurred may come to be feared and avoided, and people with panic disorder may eventually become housebound. This is referred to a panic disorder with agoraphobia.



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Generalised anxiety disorder

People with generalised anxiety disorder worry about the same things that all of us worry about; for example, the health, safety and security now and in the future of ourselves and the people we care about. However, in generalised anxiety disorder this worry is excessive, intrusive and disruptive. It fills every waking minute, and makes it difficult to focus on normal activities. Attempts to suppress worries are successful in the short-term. However, in the long-run, suppression causes worrying to intensify. This leads to a fear that the worrying process has gone out of control.

Health anxiety

With health anxiety, there is an overwhelming fear that every minor ailment may turn out to be a life-threatening illness. This leads to frequent visits to the doctor. However, the relief that follows receiving reassurance from doctors is short-lived. Therefore, people with health anxiety feel compelled to visit their doctors very frequently. This may lead to tensions in doctor–patient relationships. These tensions, in turn, make health anxiety worse.

Obsessive compulsive disorder

With obsessive compulsive disorder, a wide range of cues can cause obsessional thoughts that lead to anxiety. This anxiety is temporarily reduced by carrying out a compulsive action. For example, contact with objects believed to be dirty may lead to obsessive thoughts about contamination. This causes anxiety which is temporarily reduced by handwashing. However, this relief soon passes, so the compulsive handwashing is repeated.

Posttraumatic stress disorder

Posttraumatic stress disorder occurs after a life-threatening event, such as an earthquake, or a serious car crash. Memories of the trauma or reminders of the trauma cause flashbacks (during wakefulness) or nightmares (during sleep). During these flashbacks or nightmares, the trauma is re-experienced. This re-experiencing is terrifying. Attempts are made to suppress memories of the trauma and avoid reminders of it, to prevent re-experiencing the terror of the traumatic event. These strategies temporarily reduce anxiety. However, in the long-term they make flashbacks and nightmares happen more frequently.



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Avoidance

Avoidance feeds fear and anxiety. Every time a person with a phobia, separation anxiety or panic disorder avoids the situation they are frightened of, their anxiety about being in that situation gets stronger. Every time a person with obsessive compulsive disorder carries out a ritual like handwashing to avoid anxiety, their anxiety about a particular cue, like contamination, is strengthened. Health anxiety escalates every time a person with this condition seeks medical reassurance to avoid the idea that they have a fatal illness. Every time a person with generalised anxiety suppresses their worries because they fear their worrying is out of control, their worries and generalised anxiety are strengthened. Every time reminders of trauma are avoided or traumatic memories are suppressed, they become stronger triggers for posttraumatic anxiety.

Courage and facing fears

Research on the psychological treatment of anxiety disorders converges on one main conclusion. To overcome anxiety, we must be courageous and face our fears. We must purposely expose ourselves to those situations and memories that we are frightened of until our fear subsides.⁶

Fear and anxiety follow a very predictable course when we courageously face our fears. First, we become very scared. Then our fear reaches a peak. Eventually, our fear gradually subsides. Figure 15.1 is a graph of this courage curve. For exposure to feared situations or memories to lead to a lasting improvement, we must be courageous and tolerate the distress we experience as our anxiety rises, peaks and subsides. If we expose ourselves to our fears for a little while, and when we become very scared, withdraw from the situation or push the memories or ideas we are frightened of out of our minds, this actually makes our anxiety stronger. This is because the next time we are exposed to the situation or memory we are frightened of, we will remember that the last time we faced our fear it was very distressing, and when we withdrew it brought us relief.

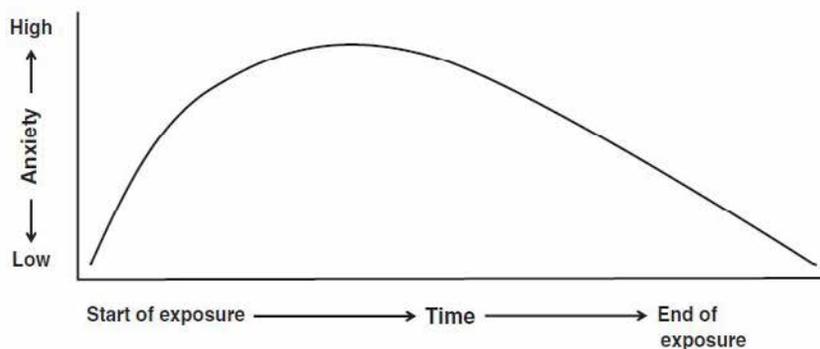


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FIGURE 15.1 THE COURAGE CURVE



Courageous steps to overcoming anxiety

Research conducted mainly within the cognitive behaviour therapy tradition points to certain things that we can do to overcome anxiety.⁷ These are summarised in Box 15.3. They include the following:

- Prepare for exposure
- Monitor your anxiety level
- Make a courage ladder
- Do exposure exercises to items on your courage ladder in real life, imagination, by writing or through virtual reality
- Don't withdraw from exposure until you're no longer frightened
- Use effective coping strategies during exposure exercises (social support, relaxation, meditation, optimism)
- Don't use safety routines during exposure
- Reward yourself for being courageous.



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BOX 15.3 COURAGEOUSLY FACING FEARS

Prepare for exposure

- Find and brief a support partner.
- Find a role model who has courageously faced fears like yours.
- Practise coping skills.
 - Relaxation exercises in Boxes 5.1, 5.2 and 5.3.
 - Mindfulness exercises in Boxes 6.3 and 6.7.
 - Optimistic thinking skills (detailed below) to challenge thinking traps in Box 15.2.

Monitor your anxiety level

- Use a 10-point scale where 1 indicates you are not anxious at all, and 10 means that you are extremely anxious.

Make a courage ladder

- Write down a courage ladder with about five or six rungs.
- The highest rung on this ladder is for situations or memories that would lead to an anxiety level of 10 and require extreme courage to face.
- The lowest rung on this ladder is for situations or memories that would lead to an anxiety level of about 4 or 5 and require a moderate level of courage to face.
- Put a few situations that give rise to the same amount of anxiety on each rung of the ladder.

Do exposure exercises

- Do exposure exercises to items on the courage ladder, starting at the least anxiety provoking and working upwards to the most anxiety-provoking.
- Whenever possible, do exposure exercises in real life.
- Do exposure exercises in imagination, through writing or in virtual reality when doing exposure exercises in real life is not possible or appropriate, or as a lower rung on the courage ladder.
- Do exposure through expressive writing for posttraumatic stress, flashbacks and nightmares.
- Do exposure through planned worrying and writing out multiple fears, if you are scared your worrying has gone out of control.



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Don't withdraw from exposure until you're no longer frightened

- During exposure exercises your anxiety will follow the courage curve in Figure 15.1, increasing, peaking and gradually subsiding.
- Don't stop the exposure exercise until your anxiety level is half as high as your peak level. If your peak is 10, don't stop until you reach 5.

Use effective coping strategies during exposure exercises

- Invite your partner, a friend or other trusted person to support you during exposure.
- Do the relaxation exercises in Boxes 5.1, 5.2 and 5.3 to reduce muscle tension.
- Do the mindfulness exercises in Boxes 6.3 and 6.7 to remind yourself that your fears are just thoughts that arise in consciousness, linger a while and then pass.
- Use optimistic thinking skills to challenge thinking traps (in Box 15.3). Ask yourself these questions:
 - What is the **evidence** for the pessimistic beliefs about the situation and does this evidence show that these beliefs are not 100% true?
 - Is there an **alternative** optimistic interpretation of the situation?
 - If you cannot justify an optimistic interpretation of the situation, are the **implications** of your pessimistic beliefs catastrophic with major long-term negative consequences or just a bit of a temporary nuisance?
 - If you cannot decide whether there is more evidence for an optimistic or pessimistic interpretation of the adversity, which set of beliefs is most useful for you in terms of improving your mood and achieving your valued goals?

Don't use safety routines during exposure

- During exposure don't use any routines that help you avoid, escape from or minimise exposure to a situation or memory that you are frightened of.

Reward yourself for being courageous

- Reward yourself each time you expose yourself to a feared situation on your courage ladder, and tolerate the anxiety it causes you until your fear subsides to half its peak level.



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Prepare for exposure

If you suffer from anxiety and have courageously decided to overcome it, then preparing yourself for the ordeal of facing your fears is a good place to start. Find someone to support you during your ordeal. Explain to them that you want to overcome your fear and invite them to support you during this process. This could be a member of your family. It could be a support group for people with anxiety problems. Or it could be a mental health professional. You may also wish to find a role model. This is someone you can look up to, who has courageously and successfully taken on the challenge that you are preparing to face. You may wish to look on the internet for some well-known person whose anxiety disorder was similar to yours.

To be able to courageously endure anxiety during exposure, select coping skills that suit you and practise these until you are proficient in them.

You may use relaxation skills described in Chapter 5 and summarised in Boxes 5.1, 5.2 and 5.3 to reduce the tension in your body that anxiety causes. You may use meditation skills, especially the exercises in Boxes 6.3 and 6.7, to focus your attention on the breath, and recognise that your anxious thoughts are not facts about how the world actually is, but just thoughts that arise in the mind, linger for a while and then pass.

If you prefer, you may wish to use skills for optimistic thinking described in Chapter 9 to challenge your pessimistic, threat-oriented 'dangerous' thinking style. When you have dangerous thoughts like 'something terrible will happen if I enter this situation or remember these traumatic events', ask yourself the following questions, to challenge these sorts of thoughts:

- What is the **evidence** for the pessimistic beliefs about the situation and does this evidence show that these beliefs are not 100% true?
- Is there an **alternative** optimistic interpretation of the situation?
- If you cannot justify an optimistic interpretation of the situation, are the **implications** of your pessimistic beliefs catastrophic with major long-term negative consequences or just a bit of a temporary nuisance?
- If you cannot decide whether there is more evidence for an optimistic or pessimistic interpretation of the adversity, which set of beliefs is **most useful** for you in terms of improving your mood and achieving your valued goals?



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Monitor your fear or anxiety level

During exposure exercises, when you are courageously facing your fears, keep track of your anxiety level on a 10-point scale where 1 indicates you are not anxious at all, and 10 means that you are extremely anxious. By regularly monitoring your anxiety level on a 10-point scale during exposure exercises, you will be able to judge where you are on the courage curve in Figure 15.1. You will be able to tell if your anxiety is still increasing; if it has peaked; or if it is declining. This is vital, because it is essential that you do not end an exposure exercise until your anxiety has dropped to at least half its peak value. For example, if doing an exposure exercise to face a fear of heights, as you stood looking down from a 30-storey window your anxiety peaked at 8, then it would be essential to remain there until your anxiety level dropped to 4.

Work your way up courage ladders

When courageously facing your fears, start by exposing yourself to situations or memories that give rise to moderate levels of anxiety, for example 4 or 5 on your 10-point anxiety scale. As you master these, progress to more challenging exercises that give rise to higher levels of anxiety. To plan for this, write down a courage ladder with about five or six rungs. The highest rung on this ladder is a situation or memory that would lead to an anxiety level of 10. In contrast, the lowest rung on this ladder is a situation that would lead to an anxiety level of about 4 or 5. In between these two extremes, write down situations that you imagine would lead to anxiety levels of 6, 7, 8 and 9.

For example, Rory made the fear ladder in Figure 15.2 for his fear of heights. The lowest rung on this ladder is standing on the balcony on the second storey of his house about 5 metres off the ground. Rory gave this an anxiety rating of 5. In contrast, the highest rung on this ladder is standing on One Man's Path at Slieve League in Donegal which is 601 metres above sea level. Rory gave this an anxiety rating of 10. The other rungs on Rory's courage ladder fall between these extremes. I have only written one situation on each rung of Rory's ladder in Figure 15.2. However, Rory actually put a few situations, each with the same anxiety rating, at each rung of his courage ladder. This is a good idea, which I invite you to do. It gives you an opportunity to practise a few times being courageous with challenges of about the same magnitude.



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FIGURE 15.2 RORY'S COURAGE LADDER

Rung 1	Standing on the balcony on the second storey of our house about 5 metres off the ground (anxiety rating of 5)	
Rung 2	Standing on Howth Cliffs about 50 metres from sea level (anxiety rating of 6)	
Rung 3	Standing at a window on the 16th floor of Liberty Hall in Dublin which is about 59 metres from the ground (anxiety rating of 8)	
Rung 4	Standing at the top of Skellig Michael in Kerry which is 218 metres high	
Rung 5	Standing on One Man's Path, Slieve League in Donegal which is 601 metres high	

Una suffered from posttraumatic nightmares about a near-fatal car crash. She was also frightened of things that reminded her of the car crash. The lowest rung of Una's ladder was standing 100 yards from the corner where the accident happened, or seeing cars that were the same model and colour as the one she was driving when she crashed (a blue BMW 320). At the highest rung of her ladder there were vivid descriptions of two recurring nightmares. In the first she re-experienced the car going into a spin on black ice, leaving the road and rolling over, before smashing into a wall. In the second she was paralysed in a crashed car upside down, and was scared it was going to burst into flames at any moment.



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Real life, imagination, virtual reality or by writing

When we face our fears, we can do it in real-life situations, in imagination or in virtual reality. For example, if like Rory we are afraid of heights and want to overcome this fear, we may face our fears by going to the various locations in Figure 15.2 (the balcony, Howth Cliffs, Liberty Hall, Skellig Michael and One Man's Path) and remain there until our fear subsides. That is doing courageous exposure in real life. We could also do exposure in imagination. For this, we adopt a relaxed posture, lying down or sitting with the eyes closed. In our mind's eye, we imagine as vividly as possible being exposed to the things we are frightened of. With Rory, he did exposure to each of the situations in his courage ladder in imagination before exposing himself to them in real life. Like most people who do this, he found that exposure in imagination made him feel less anxiety than exposure in real life, but it was a good rehearsal for the real thing.

In recent years exposure has been conducted with virtual reality technology.⁸ This is useful for some phobias, for example fear of flying, or fear of memories of armed combat. However, whenever possible, exposure in imagination or virtual reality should be followed by real-life exposure, for maximum effectiveness.

Writing about the things that make us anxious is another type of exposure.⁹ For example, Una, who we mentioned earlier, wrote in detail about recurring nightmares of her car skidding on black ice, rolling over and crashing into a wall, and of being paralysed in her overturned car, terrified that it was about to burst into flames. If you decide to write out your fears, write in an uncensored way describing vividly how you see your memories in your mind's eye, moment by moment. Write in detail about what you see, hear, feel and think. If you still feel a high level of anxiety when you have written a complete description, repeat the writing exercise over and over again until your fear peaks and subsides to, at most, half the level at which it peaked.

Writing down fears is a particularly useful type of exposure for posttraumatic stress and generalised anxiety disorder, where the main fear is that worrying has gone out of control. If you suffer from generalised anxiety disorder and write out all your fears in detail, again and again, you will come to recognise two important things. First, the list of things that you are frightened of is limited. Second, you are in control of the worrying process. When you write down your worries again and again at a time and place of your choosing, you are actually doing planned worrying. Many people find that doing planned worrying and recognising these two things reduces their anxiety.

For example, Bernadette worried about everything: her health, her family's health,



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the family's finances, the security of her job and that of her husband, the safety of the house, the safety of her children, parents, in-laws and pets, terrorism, natural disasters, and extreme weather. All of these worries made her feel an anxiety level of about 5 or 6. Her greatest worry was her fear that she could no longer control her worry. This made her feel an anxiety level of 10. She did planned worrying for 50 minutes a day at her kitchen table. She wrote down a vivid account of all the worries that were in her mind at that time. In each session, her anxiety level dropped to between 2 and 3. She found that over two months her fear that her worrying was out of control decreased from 10 to about 4 or 5.

Don't withdraw from exposure until you're no longer frightened

During each exposure exercise, be courageous and stay in the anxiety-provoking situation until your fear subsides. Expect your anxiety to follow the courage curve in Figure 15.1, increasing, peaking and then gradually subsiding. Don't stop the exposure exercise until your anxiety level is, at most, half as high as your peak level. If your peak is 10, don't conclude until you reach 5.

Use effective coping strategies during exposure

For most anxiety problems relaxation, meditation, challenging thinking traps and getting social support from partners or parents are helpful coping strategies to use during exposure.

Relaxation

Doing relaxation exercises like those described in Chapter 5 and summarised in Boxes 5.1, 5.2 and 5.3 is a very useful way of managing anxiety.¹⁰ This is because it helps to reduce physiological arousal. The only anxiety condition where this is not helpful is panic disorder. For panic disorder, the main thing that is feared is signs of physiological arousal, so part of the challenge in overcoming panic disorder is getting used to high levels of physiological arousal and seeing that they do not lead to catastrophes like having a heart attack.

Meditation

You can also manage anxiety by practising meditation exercises like those described in Chapter 6, especially the exercises in Boxes 6.3 and 6.7.¹¹ Meditation helps us manage anxiety by focusing attention on the breath and the body. It helps us recognise that our anxious thoughts are not facts, but just thoughts that arise in consciousness and which eventually dissipate.



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Challenging thinking traps and being optimistic

Challenging thinking traps that fuel anxiety, like those in Box 15.2, is a good way of coping with anxiety during exposure to feared situations. When we challenge thinking traps, such as disaster forecasting, we ask ourselves the following sorts of questions: Is any evidence that contradicts the story we are telling ourselves about the threat we perceive? Is there an alternative optimistic interpretation of the situation? Will the outcome be a catastrophe or just a nuisance? Is an optimistic interpretation more useful than a pessimistic interpretation?¹² For example, after her car crash Una often got snared by the black-and-white thinking trap. She would think 'I must avoid absolutely everything that reminds me of the crash or I'll have flashbacks and will not be able to handle them'. She challenged this by asking herself: Are there times when I have had the courage to manage flashbacks? When I did have a flashback, how well did I cope with it? Am I exaggerating my vulnerability? Optimistically, what is likely to happen?

Social support

In Chapter 11 you read about the extraordinarily positive effects that close supportive relationships can have on well-being. It is therefore not surprising that research on couple and family therapy has shown that we can use social support to help manage anxiety during exposure to feared situations.¹³ It may be helpful to invite your partner or a trusted friend to help support you when you are doing exposure exercises. The only situation where this may be counterproductive is where you are frightened of social situations. If you always bring along a supportive companion to new or unfamiliar social situations, then this may prevent you from facing your fear of meeting new people on your own.

Don't use safety routines during exposure

During exposure, it's helpful to use relaxation or meditation to help you tolerate distress and courageously face your fear. It's also helpful to accept support from a friend or family member who helps you be courageous and face your fear. Relaxation, meditation, challenging thinking traps and social support are useful coping strategies because they help you be courageous.

In contrast, safety routines are problematic.¹⁴ These are any routines that help you avoid, escape from or minimise exposure to a situation or memory that you are frightened of. Here are some examples: using stairs instead of lifts when claustrophobic, repeatedly washing hands when frightened of contamination,



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avoiding eye contact and speaking quietly when frightened of social situations, repeatedly seeking reassurance from a doctor when frightened that health problems may be fatal, and suppressing frightening memories. In the short-term, safety routines give relief. In the long-term, they prevent us from overcoming anxiety. This is because they interfere with the vital process of entering and remaining in anxiety-provoking situations until anxiety has peaked and subsided, following the courage curve in Figure 15.1. If you don't do this, you will not learn that those situations that make you feel anxiety are in fact quite safe.

Reward yourself for being courageous

Reward yourself with a treat after each exposure exercise. Only reward yourself if you achieved your goal of showing courage. By that I mean staying exposed to the anxiety-provoking situation or memory until your anxiety level falls to, at most, half that of your peak anxiety level for that exercise.

POSTTRAUMATIC GROWTH

All of us have experienced or in the future will experience events that seriously threaten our lives or those we care for. These crises include losing a loved one, facing our own mortality, suffering a serious injury, receiving a diagnosis of life-limiting illness like cancer, being mugged or burgled, having a near-fatal accident, experiencing a natural disaster such as an earthquake or becoming involved in armed conflict or war. These sorts of events may lead to suffering, grief or in some cases posttraumatic stress disorder (which was described earlier in this chapter). However, personal growth is the silver lining in the dark cloud of trauma and loss. From antiquity, it has been acknowledged within religious, spiritual, philosophical and literary traditions that trauma and suffering may lead to positive changes in our lives.

Within the field of positive psychology, Professors Lawrence Calhoun and Richard Tedeschi at the University of North Carolina Charlotte have pioneered the scientific study of post-traumatic growth.¹⁵ They have found that positive changes which follow trauma fall into five distinct categories: recognition of personal strength, improved relationships with other people, a greater appreciation of life, spiritual and existential transformation and an increased openness to new possibilities.

Recognition of personal strength

When we successfully cope with trauma and suffering, we may discover that while we



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are vulnerable in a dangerous world filled with hazards, we are also stronger and more resilient than we ever imagined. This may lead to increased confidence in our ability to handle future challenges, and a greater sense of self-reliance. Sorcha found that following successful treatment of breast cancer, she was aware that she would always be vulnerable to further tumours. However, she was also aware that she would have the strength to cope with this and any other challenges that occurred in her life.

Improved relationships with other people

When we turn to others to support us through hard times, because we cannot make it alone, this affects our relationships. It makes us accept that we need others. It makes us express our needs and emotions to others in more open and direct ways. It makes us appreciate others and value our relationships more, because we realise that we can count on others when we need them. It may also show us who our real friends are: those who support us and do not abandon us when we most need them. It makes us feel closer to other people and have more compassion for the suffering of others. Reggie, aged 23, broke both legs in a skiing accident. He spent a few months in a wheelchair and then on crutches. His relationships with his close friends at college deepened during his recovery. This was partly because of the generosity they showed in helping him with his mobility problems during recovery. He also found that he felt greater sympathy and compassion towards people he didn't know; for example, an older woman using a Zimmer frame to help her walk, and a child who fell at the bus-stop and hurt his knee.

Greater appreciation of life

Surviving a bereavement or a brush with death may increase our awareness of how valuable life is, and what things in our lives are most valuable to us. After a heart attack, Rex cut his working week from 70 to 30 hours and spent more time with his family. He realised that these close relationships were more important than the growth of his very successful business.

Spiritual and existential transformation

Facing our own mortality or that of someone close to us can clarify our beliefs about the meaning of life and the significance of death. For those who are religious like Mary, a devout Christian, her survival following a terrorist bombing in London deepened her religious faith. In contrast, Neville, her agnostic partner, found that the same experience made him feel more connected to other people, to nature and the universe.



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Increased openness to new possibilities

Facing a life crisis may change our view of how best to spend the rest of our lives. It may help us to discover new opportunities, interests and directions. It may energise us to try to change things in our lives or in the world which previously we would not have attempted. Harry joined Friends of the Earth and became a renewable energy and climate change activist after his son was killed in an accident on an oil rig.

Factors that promote posttraumatic growth

Research in positive psychology has shown that posttraumatic growth occurs for some but not all people following bereavement, diagnosis with diseases such as cancer or HIV/AIDS and violent victimisation, as well as a range of other life crises.¹⁶ People who experience posttraumatic growth tend to cope with adversity using particular coping strategies that may facilitate it.¹⁷ They turn to their friends and family for social support. They accept the reality of the crisis they have been through, and the situation in which they now find themselves. That is, they do not dwell on what should or could have happened, but rather accept that what happened has occurred and cannot be changed. However, they are reflective and optimistic, not fatalistic. They actively reflect on the crisis they have been through. They look for the positives in the adversity they have endured. They also draw on their spiritual or religious beliefs to help them to make sense of their situation. These coping strategies help them to develop a new story or narrative about their lives that accounts for their experiences before, during and after the crisis.

Posttraumatic growth has been found to occur following psychotherapeutic approaches that enhance social support (for example, couple therapy), that foster acceptance and self-regulation of fear and anger (for example, mindfulness-based therapies), that facilitate deliberate exposure to traumatic memories (for example, cognitive behaviour therapy) and that help survivors develop a coherent narrative about their crisis (for example, expressive writing or speaking about trauma).¹⁸

Engaging in posttraumatic growth

When we face a crisis that shatters our beliefs about the world, our lives, our relationships and the future, we have an opportunity to engage in posttraumatic growth. The research on posttraumatic growth summarised above points to very specific things we can do to facilitate this process. These are summarised in Box 15.4.



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BOX 15.4 FACILITATING POSTTRAUMATIC GROWTH

Find support

- Find a trusted companion to listen to your story about the crisis.
- This may be someone from your family, a friend, a support group or a professional therapist or counsellor.
- Ask for understanding, not advice, or to be cheered up.
- Meet regularly and tell the story of the crisis, again and again.

Write the story of the crisis

- Describe the crisis in as much detail as possible.
- Write it again and again.
- Write in an uncensored way.

Create a coherent narrative

- Through talking to a trusted companion or writing, create a coherent narrative.
- Link your story of the crisis to your life before it happened and your life since the crisis.

Look for posttraumatic growth themes in your story

- Each time you write this story, notice if any of the themes of posttraumatic growth are emerging in your account of your life by considering these questions:
 - How has the crisis helped you recognise your personal strengths and resilience?
 - How has the crisis improved your relationships with other people?
 - In what ways has the crisis given you a greater appreciation of life?
 - In what ways has the crisis changed your relationship with God (if you have religious beliefs) or with the natural world (if you do not have religious beliefs)?
 - How has the crisis changed how you see your future and what your future priorities will be?



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Practice mindfulness

- Use mindfulness exercises to help you accept the suffering you have experienced.
- Use mindfulness exercises to help you manage painful feelings like sadness, fear and anger.

Draw on spiritual, religious and existential beliefs

- Draw on your spiritual, religious or existential beliefs to help you make sense of the crisis.

Note: Based on: Calhoun, L. G., & Tedeschi, R. G. (2013). *Posttraumatic growth in clinical practice*. New York, NY: Routledge.

Getting social support is the first priority. This involves finding someone we can trust and talk to regularly about the crisis. It may be a close friend, family member, support group of people who have faced crises like yours or a professional counsellor or therapist. In conversations with people supporting us, it's useful to make it clear that we are asking the other person to listen and understand, not to advise us on what to do or try to cheer us up. A second useful practice is to regularly write about the traumatic event or crisis.

Whether we are talking or writing about the crisis, the main aim is to gradually work towards a coherent narrative about how the story of the crisis fits into our understanding of ourselves and our lives. We may start off by simply recounting, in as much detail as possible, the facts of the crisis as we remember it or currently understand it. We may find it necessary to do this many, many times. This is like repeated exposure to anxiety-provoking situations or memories discussed in the previous section of this chapter. This repeated telling and retelling, or writing and rewriting, gradually makes painful feelings and emotions related to the crisis less difficult to tolerate.

As we become better able to tolerate the painful feelings associated with the crisis, there is the opportunity to begin to link the story of the crisis to life before it happened and life since the crisis. Crises or trauma, by definition, have the potential to shatter our beliefs about the world and our place in it. Before Karen, aged 24, was mugged in Grafton Street, she experienced Dublin as a safe city, and herself as relatively invulnerable. After the mugging, she was terrified to go out alone at night, viewed Dublin as a dangerous place, had regular nightmares and flashbacks and



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experienced herself as extremely vulnerable. In the telling and retelling of her story, she struggled to fit these two different views of herself and her home-city together in a way that had some sort of continuity that made sense to her.

Each time we retell or rewrite the story of the crisis and its links to our lives before and after it, there is an opportunity to notice if any of the themes of posttraumatic growth are emerging in our account of our lives. We may ask ourselves these sorts of questions: How has the crisis helped me to recognise my personal strengths and resilience? How has the crisis improved my relationships with other people? In what ways has the crisis given me a greater appreciation of life? In what ways has the crisis changed my relationship with God (if you have religious beliefs) or with the natural world (if you do not have religious beliefs)? How has the crisis changed how I see my future and what my future priorities will be?

Karen came to see her experience of being mugged as an event that helped her to mature out of a child-like view of Dublin as a very safe place, to a more realistic view of it as a city in which there are places that are never safe, and others that are safe some of the time. She also came to view herself as somewhat vulnerable rather than invulnerable, but also as having considerable personal resilience. This was because she overcame all of the posttraumatic anxieties, nightmares and flashbacks that she initially experienced in the aftermath of being mugged. Her relationship with her partner, Freddie, deepened because he was so understanding and supportive as she recovered from the crisis. She also became more tolerant of what she previously had thought of as her mother's over-protectiveness. Her crisis had no major effect on her appreciation of life, her view of the future or her spirituality.

In contrast, Doreen, whose best friend since childhood died in a tragic car crash, found that this experience radically altered her appreciation of the little things in life, and helped her consolidate her decision to prioritise having children sooner rather than later. Previously she had been delaying pregnancy, because she had been prioritising her career.

In addition to getting support, and developing a coherent narrative that incorporates posttraumatic growth themes, it may be useful to practise mindfulness skills, described in Chapter 6. These help us to accept the fact that suffering in life is inevitable, and also to manage extreme emotions especially sadness, fear and anger that usually follow a major life crisis. It is also important to draw on spiritual, religious or existential beliefs to help make sense of the crisis.



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SUMMARY

- **Courage** involves intentionally taking a course of action that puts us at risk of harm, because of the presence of a threat, despite feeling extremely frightened, anxious and/or angry, to achieve valued goals, usually by reducing threat.
- **Fight / flight / or freeze reactions.** Courage often involves overriding the automatic fight / flight / or freeze reaction. During this reaction adrenaline is released into the blood stream and increases in heart rate, muscle tension and strength occur. This prepares our bodies to run away, to fight or to become less noticeable to potential predators by making us stay very still. This reaction which we have inherited from our ancestors is good for dealing with some physically threatening problems, but the impulse to run, fight or freeze may not be useful for complex threats that require thoughtful responses.
- **Preparation for courageous action** involves working with leaders who are courageous role models, building a supportive team, relevant skills training for managing specific threats, planning using problem-solving skills and avoiding the extremes of cowardice or reckless risk-taking.
- **Coping strategies.** Thinking of past successful courageous actions, the benefits of courageous actions, team support and brave role models are coping strategies that may support courageous action. Relaxation (in Box 5.3) and mindfulness (in Box 6.6) exercises are other useful coping strategies.
- **To debrief after courageous action,** evaluate its effectiveness, reflect on what it says about you as a person and accept recognition from respected people for bravery.
- **Fear and anxiety are multidimensional.** They involve feelings of apprehension; physiological sensations such as increased heart and respiration rates; changes in thinking especially hypervigilance for threat and a tendency to fall into thinking traps; and avoidance of threat.
- **Thinking traps that fuel anxiety** include disaster forecasting, jumping to conclusions, tunnel vision, near-sightedness, emotional reasoning and black-and-white thinking.
- **Fear** is the experience we have when faced with a clearly identifiable, realistic threat to our safety or security. It is adaptive.
- **Anxiety** occurs in situations that are not objectively threatening, but which are interpreted as placing us in danger. It is not adaptive.
- **Mental health problems where anxiety is a central feature** include phobias, separation anxiety disorder, panic disorder, generalised anxiety disorder, health



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anxiety, obsessive compulsive disorder and posttraumatic stress disorder.

- **Avoidance** of feared situations and memories makes anxiety disorders worse.
- **Courageously facing fears** is the most effective way to overcome anxiety disorders. This involves preparing for exposure to feared situations, monitoring anxiety levels, making a courage ladder, doing exposure exercises to items on the courage ladder, not withdrawing from exposure until you're no longer frightened, using effective coping strategies during exposure exercises (social support, relaxation, meditation, optimism), not using safety routines during exposure and rewarding yourself for being courageous as you complete each step of the process.
- **Posttraumatic growth** following a trauma or crisis may involve recognition of personal strength, improved relationships with other people, a greater appreciation of life, spiritual and existential transformation and an increased openness to new possibilities.
- **Facilitating posttraumatic growth** involves finding support, writing or talking in detail about the story of the crisis, linking the story of the crisis to life before and after the crisis, looking for posttraumatic growth themes in the story, practising mindfulness and drawing on spiritual, religious and existential beliefs.

WHERE ARE YOU NOW?

If you have done the exercises and followed some of the guidelines in this chapter, you may have found that they have helped you feel more courageous when facing things that threaten you or make you feel scared or anxious. If you have experienced a life crisis or trauma, you may find that some of the exercises have helped you experience posttraumatic growth.

You may want to read back over the chapter and summarise in your journal the main things that you have learned from this chapter about being courageous in situations that you find threatening, and experience growth and transformation following a life crisis. You can now decide if you want to use the strategies for managing anxiety to help you be courageous in situations that you find particularly threatening.

In the next chapter, you will have an opportunity to read about managing anger when threatened and responding assertively. Below are some web resources and books that are relevant to topics you have read about in this chapter.



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WEB RESOURCES

Face your fear video (5:13): www.youtube.com/watch?v=MTJaPozjeF8

Exposure therapy for anxiety video (4:57): www.youtube.com/watch?v=JCXitNs_JEc

Exposure treatment for anxiety video (33:49): www.youtube.com/watch?v=QHDTXT70wSM

Posttraumatic growth 'science of people' video (4:14): www.youtube.com/watch?v=u2tkEk6MgWA

ReSolve: A guide to posttraumatic growth documentary video (1.21:03): www.youtube.com/watch?v=n4bg0spacmw

BOOKS

Antony, M. M., & Swinson, R. P. (2017). *The shyness and social anxiety workbook: Proven techniques for overcoming your fears (Third Edition)*. Oakland, CA: New Harbinger.

Bourne, E. (2015). *The anxiety and phobia workbook (Sixth Edition)*. Oakland, CA: New Harbinger.

Butler, G. (2016). *Overcoming social anxiety and shyness: A self-help guide to using cognitive behavioural techniques (Second Edition)*. London, UK: Robinson.

Tedeschi, R. G., & Moore, B. A. (2016). *The posttraumatic growth workbook: Coming through trauma wiser, stronger, and more resilient*. Oakland, CA: New Harbinger.