

UPDATED AND REVISED

ANXIETY, PHOBIAS, & PANIC

**A Step-by-Step Program
for Regaining
Control of Your Life**

Reneau Z. Peurifoy, M.A., M.F.T.

“A major contribution to the field....

I wholeheartedly recommend this book.”

—Neil A. Fore, Ph.D., author of *The Now Habit*

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Note: The ideas, procedures and suggestions contained in this book are not intended as a substitute for consulting with either a physician or psychotherapist. You should regularly consult a physician in matters relating to your health and particularly in respect to any symptoms that may require diagnosis or medical attention. Likewise, if you feel desperate and are unable to cope with stressful events, you are urged to seek help from a qualified psychotherapist.

Warner Books Edition

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The circumstances of certain events depicted and the names of individuals have been altered and/or deleted to protect the privacy of the people involved.

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Praise for Reneau Z. Peurifoy, M.A., M.F.T. and
ANXIETY, PHOBIAS, ^{AND} PANIC

“A clearly written book that should enable readers to evaluate, understand, reduce anxiety, and change their own self-defeating behaviors.

” —**Jean Baer, author of *How to Be an Assertive (Not Aggressive) Woman***

“Excellent ... complete.”

—**Arthur B. Hardy, M.D., founder of TERRAP programs, the nation’s largest network of treatment programs for panic disorder and agoraphobia**

“The most thorough and practical book available to address this problem.”

—**Shirley F. Green, executive director, Agoraphobics Building Independent Lives (ABIL)**

“One of the most comprehensive and well-written books on anxiety and panic. It is easily followed no matter what stage of recovery one is at. A superior self-help, too.... Outstanding.”

—**Anne Barnette, facilitator, Phobia Recovery and Support Group**

“A book that cannot help but benefit sufferers of anxiety disorders.”

—**Lynn Maguire, Phobia Society of Dallas, Texas**

“Lucidly written.... One of the better reality-oriented psychological self-help books.”

—**Book Reader**

“A stand-out reference.... A useful manual with a wealth of information that will make a welcome addition to the library of clinician and client alike.”

—**The California Therapist**

SEE HOW THIS BOOK HAS HELPED OTHER READERS ... THEN LET IT
WORK FOR YOU!

“Thanks for putting me on the path to conquering my fears.”

—**Jon A., DE**

“I just want to thank you. Your book has helped me a lot and I have suggested it to many people.”

—**Cindy K., CT**

“I thought the lessons were excellent, comprehensive and practical. I liked the building process of the program. Each lesson was valuable and had its place in the overall process. I learned something from each step in the program.”

—**Kathleen M., VA**

“I found your workbook assisted me with the integration of intellect and emotion, and [I] began to gain real insight and relief. The work-book reframed and helped me to incorporate what I knew intellectually with an inner emotional acceptance....”

—**Susan S., NY**

“...Thank you, thank you, thank you for writing that book! You will never know how much you have truly helped me!!.... The whole entire book is fantastic, and ... your program has helped me get my life back.... Once again, I thank you!”

—**Barbara L., NY**

“This book has been very helpful in getting me back on track in my life. The skills are tools for life and really work.”

—**Greg K., CA**

“Your book has really helped me by giving me a game plan to follow and goals to strive for.”

—**Robin E., VA**

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Finally, I would like to thank my wife, Michiyo. Without her support this book would not have been possible. Because her love and companionship have helped sustain me, I dedicate this book to her.

Preface

What a pleasure it is to be able to update a work that has stood the test of time. In looking back over the last twenty years, it is amazing to see the advances that have been made in our understanding of anxiety disorders. When I first wrote *Anxiety, Phobias, and Panic*, research into anxiety disorders had just begun. At that time the main focus was panic disorder, and the first edition focused on that problem. With the second edition, I expanded the book to include the other types of anxiety disorders, but many of the examples still focused on panic disorder. Much has been learned over the past ten years, and in this edition I have updated the various lessons to include this, along with more examples of the other types of anxiety disorders.

The evolution of this book began decades ago when I was beginning my career as a therapist. I heard two people on the radio who suffered from what was then called agoraphobia but is now known as panic disorder. Their story intrigued me. I soon discovered that there weren't many people working with agoraphobia at that time. I found a group in another city working with agoraphobia and spent a week there studying their approach. This included visiting support groups they had organized for agoraphobics.

Upon returning to Sacramento, I held two lectures where I shared my newfound knowledge and was surprised to find that enough people attended to enable me to begin two therapy groups of my own. Within two weeks it became evident that the approach I had studied was woefully inadequate. This is when I began developing the program that has evolved into the one described in this book.

I went to a local university and reviewed all of the current research on agoraphobia. This was relatively easy, because the explosion of research that is available today had not yet begun; there also weren't many good books written on the subject. Still, I took what I had found, combined it with material from several workshops I had conducted, and put together a set of twenty lessons. After several years of refining this material, I wrote the first edition of *Anxiety, Phobias, and Panic*, which was published in 1988.

It was gratifying to see not only individuals, but also self-help groups and therapists across the nation use the book as the basic text for their groups and report back how well it was working. This new edition includes many suggestions made by groups using the first edition as well as new insights I have gained while using the original work with my own clients.

As with any author, my work and ideas are an extension of work done by many people. My main goal while writing this book was to produce a practical manual that

would help people struggling with anxiety live full and satisfying lives. As a result, I have not used extensive footnotes to credit my sources; I felt it would detract from my overall purpose. Instead, I will discuss a little of my background and acknowledge those sources of inspiration who have most directly influenced this work.

When I was a child, my family had a dog, several cats, and a parrot. I raised chickens and rabbits and collected insects. By the time I entered high school, a keen interest in animal behavior had developed. I was especially fascinated by the work of Konrad Lorenz, the founder of modern ethology (the study of animal behavior). In college I majored in biology and graduated with minors in chemistry and math. I then studied to be a teacher and taught junior high and high school science and math for five years before deciding to become a therapist. During the time when I trained to be a teacher, self-directed learning modules were in vogue. Both this training and my experience as a teacher are reflected in the organization of this work. During this time I was also actively involved in what was then referred to as the human potential movement. Many of the exercises that are included in the Recommended Activities evolved out of things I learned during this period.

When I began my training to be a therapist, I was especially interested in hypnosis and the techniques of neurolinguistic programming. As my training progressed, however, I was introduced to theory and techniques from most of the major schools of psychology. This opened up many new doors for me. In my work as a therapist, I draw from many different schools of psychology. The strongest source of influence for this work comes from the ideas developed by cognitive psychologists such as Albert Ellis and Aaron Beck. Adlerian psychology provides a strong secondary source of inspiration.

In closing I would like to add that I have always been involved in teaching in one form or another. One of my greatest thrills has always been when a struggling student, a person in therapy, or a workshop participant grasps a new concept or skill that opens up new vistas for that person. My sincere hope is that this work will help you master ideas and skills that will enable you to travel the path to freedom.

Reneau Z. Peurifoy, M.A., M.F.T.

The Path to Freedom

by Reneau Z. Peurifoy

As each day passes,

*I am better able to embrace and love myself,
all of myself,
and to more fully embrace and love others;*

*I am better able to understand
that feelings are friendly,
and this understanding allows them to flow freely through me;*

*I am better able to think rationally and realistically,
to look at life as a series of choices
and to stop and look before choosing;
I am better able to know that perfection
is a direction rather than a place,
and to laugh at my mistakes and imperfections;
I am better able to be patient with time
and face my world with courage,
knowing that each day
I take another step on The Path to Freedom.*

Getting Started

This book describes a self-help program that has been used successfully by many people. For good results, the program has to be used correctly. The following guidelines describe how to achieve the most success possible.

Do not read the book from front to back quickly like a novel. Instead, spend at least one week on each lesson. Since each lesson builds on the ones before, do not skip around unless a lesson directs you to do so. If you wish to preview the program, read the contents and take a day or two to skim through the book. This will give you a general idea of the book's format and the areas in which you will be working. Then start with the first lesson and work through the book in the systematic way in which it is designed to be used.

When you start a new lesson, read the headings to get an overview of the material. Then read it word by word at your usual rate. Read each lesson at least three times; more, if you find the information difficult. The second and third readings will increase your understanding of the material and reveal ideas that were missed during the first reading.

Overcoming anxiety-related problems requires more than a general understanding of ideas. Your goal is to internalize the information and skills presented in each lesson, to make them a natural and automatic part of your behavior. The Recommended Activities play a key role in this process. The more time and energy you spend on them, the more successful you will be.

There may be times when you could spend several weeks on a lesson. While it is important to be thorough, it is also important to keep your momentum going. Spend no more than two weeks on a lesson and do as many of the Recommended Activities as possible. After completing the program, you can spend additional time on those areas where you feel more work is needed.

This may sound like a lot of work; it is. But keep in mind that it took all your life to develop the behaviors and thinking patterns that produced your condition. It will take time, energy, and commitment to learn new and effective ways of thinking and acting. If you work through the material in the manner outlined, chances are excellent that you will be as successful as the many others who have used this program to overcome severe anxiety.

LESSON 1

What, Why, and How

Congratulations! You are about to start a journey along the path to freedom. During this journey you will meet many people just like yourself. Like most who traveled this path before you, your first questions are probably: “What has happened to me?” “Why me?” and “How can I overcome these anxiety-related problems?” This lesson answers the first two questions and starts you on the path that leads to freedom from anxiety-related problems.

I’m Not Alone

People with anxiety-related problems often feel that they alone suffer from this problem. Nothing could be further from the truth. The National Institute of Mental Health (NIMH) ranks anxiety disorders as the most common mental health problem in the United States. The NIMH has found that more than nineteen million adults suffer from anxiety-related problems. While reliable figures for the number of children and adolescents suffering from anxiety-related problems are not currently available, it is now known that they can also develop anxiety-related problems. Anxiety-related problems will also frequently occur with other issues such as depression, eating disorders, and substance abuse. The following table, based on statistics from the NIMH, shows how common the six basic types of anxiety-related problems are:

NUMBER OF AMERICANS EXPERIENCING AN ANXIETY-RELATED PROBLEM IN A GIVEN YEAR

	Population Estimate(in millions)	Percentage
Panic disorder	2.4	1.7
Obsessive-compulsive disorder	3.3	2.3
Post-traumatic stress disorder	5.2	3.6

Social phobia	5.3	3.7
Generalized anxiety disorder	4.0	2.8

One of the big changes that has taken place since I first began working in this field is that most medical personnel are now familiar with the different types of anxiety-related problems that people can experience. As a result, most of the readers of this book who suffer from an anxiety-related problem will have already been diagnosed and read some literature that describes their specific problem. If you have not been formally diagnosed, however, or if you are reading this book because a friend or relative suffers from anxiety, descriptions of each of the above anxiety disorders are given in Appendix 1.

Anxiety and Fear

Anxiety and fear are normal responses to a perceived threat. For the purposes of this program, anxiety and fear are considered as opposite ends of a spectrum. Anxiety is usually triggered by a vague or ill-defined threat, while fear is usually triggered by a well-defined threat, such as a car skidding on wet pavement. This relationship between anxiety and fear can be diagrammed as follows:



Both anxiety and fear trigger unpleasant mental symptoms such as a sense of helplessness, confusion, apprehension, worry, and repeated negative thoughts. Both also trigger physical symptoms ranging from simple muscle tension to a pounding heart. The full range of possible symptoms is listed in the description of panic attacks that follows. (The next two sections describe the different symptoms that characterize anxiety along with some of the medical causes of anxiety. Some find that reading about anxiety-related symptoms makes them overly anxious. If this is true for you, you have been diagnosed by a therapist who understands anxiety-related problems, and you know the specific type of anxiety-related problem you have, feel free to skip ahead to the section titled The Fight or Flight Response.)

Panic Attacks

A panic attack is an intense state of fear that occurs for no apparent reason and is characterized by four or more of the following symptoms:

- Shortness of breath (dyspnea) or smothering sensations.
- Dizziness, unsteady feelings, or faintness.
- Palpitations or accelerated heart rate (tachycardia).

- Numbness or tingling sensations (paresthesias), usually in the fingers, toes, or lips.
- Flushes (hot flashes) or chills.
- Chest pain or discomfort.
- Fear of becoming seriously ill or dying.
- Fear of going crazy or of doing something uncontrolled.
- Sweating.
- Choking.
- Nausea or abdominal distress.
- Feelings of unreality (depersonalization or derealization).

An attack with fewer than four of the above symptoms is called a limited symptom attack. Panic attacks can build gradually over a period of several minutes or hours or strike very suddenly. While they can last from a few minutes to several days, most do not last longer than half an hour.

When anxiety or panic is felt regardless of where one is, it is called spontaneous anxiety or spontaneous panic, depending upon the degree of intensity. If the anxiety or panic occurs only in a particular situation, it is called situational or phobic anxiety or panic. If anxiety or panic is triggered simply by thinking of a particular situation, it is called anticipatory anxiety or anticipatory panic.

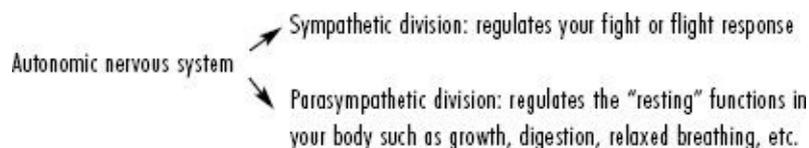
Medical Causes of Anxiety

The first step in overcoming any anxiety-related problem is to rule out possible medical causes by having a complete examination by a physician. There are many medical conditions that can cause one or more of the symptoms associated with anxiety such as cardiovascular problems, asthma, seizure disorder, diabetes, hypothyroidism, and problems with the inner ear. Medications such as stimulants, thyroid supplements, cold medications, tranquilizers, sleeping pills, certain blood pressure medications, steroids, and, ironically, antidepressants can also cause anxiety symptoms. Sometimes anxiety symptoms are due to unsupervised experimentation with or withdrawal from a medication. Finally, common legal and illegal recreational drugs, such as caffeine, alcohol, and marijuana, provide yet another potential source of anxiety symptoms.

While identifying possible medical sources of anxiety is important, you may find that resolving the medical issue by itself will not end your anxiety-related problems. As you will see later in this chapter, anxiety that starts out as a medical condition often takes on a life of its own and continues long after the medical condition is no longer present. It is essential, then, to work both with any medical condition that might be triggering anxiety as well as with the thinking patterns and behaviors that can keep anxiety active without the initial medical condition.

The Fight or Flight Response

Like all of your body responses, the various anxiety-related symptoms described above are controlled by your nervous system. This system is divided into two parts: the voluntary nervous system and the autonomic nervous system. The voluntary nervous system, also called the somatic system, is composed of the nerves that connect to the muscles that control movement and your various senses. This system sends information from your eyes, ears, and other senses to the brain and controls actions that require thought, such as raising your arm or walking. The autonomic nervous system is composed of all the nerves that connect to your internal organs and glands and controls all the automatic activities that occur in your body, such as digestion and breathing. The autonomic nervous system is itself broken down into the sympathetic and parasympathetic divisions. The sympathetic division, responsible for what is commonly referred to as the fight or flight response, is designed to activate the body quickly and prepare it to fight or flee from danger almost instantaneously. When the danger has passed, the parasympathetic division quiets the body and returns it to normal functioning. These two divisions of the autonomic nervous system can be diagrammed as follows:



Sympathetic division: regulates your fight or flight response Autonomic nervous system

Parasympathetic division: regulates the “resting” functions in your body such as growth, digestion, relaxed breathing, etc.

When triggered, the sympathetic division of the autonomic nervous system suspends all nonessential activity in the body and increases activity in any system necessary to either fight or flee from an external physical threat. This response involves many complex reactions in the body. Some of the most noticeable changes that take place include the following:

- *Accelerated heartbeat:* This pumps more blood to the muscles for the impending struggle.
- *Deeper and more rapid breathing:* This ensures a large supply of oxygen and is the basis for the panting associated with strong excitement.
- *Increased muscle tension:* This prepares the muscles for any upcoming action.
- *Cold sweat:* This is in preparation for the warm sweat of actual muscular activity.
- *Constriction of peripheral blood vessels near the surface of the body:* This raises blood pressure and is the basis for “blanching with fear.”
- *Shivering and raising of hairs:* This conserves heat and protects the body from the increased threat of cold caused by the constriction of the peripheral

- blood vessels.
- *Dilation of the pupils:* This permits a better view of threatening dangers and is why eyes are said to be “wide with fear.”
 - *Suspension of digestive activity:* This provides additional blood for the motor muscles.
 - *Dry mouth due to decreased flow of saliva:* This accompanies the decreased flow of gastric juices in the stomach as digestive activity is suspended.
 - *Tendency toward voiding bladder and bowels:* This frees the body for strenuous activity.
 - *Suppression of the immune system and pain response:* This prevents swelling and discomfort, which could interfere with a quick escape.

When the fight or flight response is triggered, it releases increased amounts of adrenaline (epinephrine) and related chemicals into the bloodstream. This response provides the added strength, stamina, and ability to respond quickly that helps soldiers survive in battle, athletes perform better, and people facing dangerous situations respond more effectively. Fortunately, in our modern technological world, we face fewer physical dangers requiring strenuous action than did our ancestors.

The most common threats we face today are psychological threats such as the loss of love, status, prestige, or our sense of belonging and significance. Usually, these losses do not require an immediate physical response. Unfortunately, our bodies respond to any threat as if it does require an immediate physical response. So when you are embarrassed and feel threatened by what others think, your body triggers the fight or flight response and begins gearing up to physically run away or to fight. If you experience a panic attack in this situation, you are actually experiencing an overreaction of the fight or flight response. If you compare the above responses to the list of symptoms of a panic attack given earlier, you will see that each of the symptoms characteristic of a panic attack is simply an exaggeration of one or more of the normal body responses triggered by the fight or flight response.

Brain Circuits That Manage Fear

Information coming into the brain from the senses is processed in two different ways, cognitively and emotionally. Cognitive processing involves conscious thought about what we are experiencing. Emotional processing is designed to alert us to events that are important, whether positive or negative. One of the exciting things that is occurring in research is the pinpointing of the brain circuits where cognitive and emotional processing take place. One of the key structures for processing danger signals at this unconscious, emotional level is the amygdala, two small, very complex almond-shaped structures on either side of the brain. When you experience something fearful or unpleasant, a memory of this is stored in the amygdala. When you encounter this object or situation again, an immediate fear response is triggered. This fear response causes you to experience anxiety and triggers the fight or flight response.

The amygdala is designed to overreact to possible signs of danger. For example, a person living where there are poisonous snakes will quickly learn to associate snakes with danger. The amygdala will then immediately trigger the fight or flight response whenever anything that might be a snake is perceived. After all, if you are walking in the woods, it is better to mistake a stick for a snake than a snake for a stick. Keep in mind that this all occurs very quickly at an unconscious level. This circuitry allows you to react very quickly to danger without the need to consciously think about what is occurring. Unfortunately, events and objects that pose no threat can become associated with danger and trigger a fear response when you encounter them. This unconscious interpretation of harmless everyday situations as danger plays a major role in anxiety-related problems.

Personality Traits That Can Contribute to Anxiety

Research into the personality traits of people who suffer from the various anxiety disorders has had mixed results. There is no welldefined set of personality traits that can be said to produce a particular anxiety-related problem. Instead, there are a variety of ways in which people can develop a wide range of anxiety disorders. With obsessive-compulsive disorder (OCD), physiological factors seem to be far more important than personality or childhood factors. The triggering of post-traumatic stress disorder (PTSD) and specific phobia also seems to be much more dependent upon outside influences than on personality traits. Personality and childhood factors seem to play a larger role in the development of panic disorder, social phobia, and generalized anxiety disorder. In addition, when the traits noted below are present in a person with OCD, PTSD, and specific phobia, they can intensify symptoms and make recovery more difficult.

Several traits that can complicate anxiety-related problems are compiled in the following list. As you read through it, you will probably find that many do not apply to you, or that they describe people you know who do not suffer from anxiety-related symptoms. These are fairly common traits. Still, it is likely that you will find that some do describe you. When this is the case, place a check next to it; this may be an area you need to work on to overcome your anxiety-related problem.

High-Anxiety Personality (HAP) Traits

- **High level of creativity or imagination:** People suffering from severe anxiety are often very creative with the ability to imagine things vividly. Unfortunately, this creativity can become a powerful force behind negative anticipation or what-if thinking. The more creative a person is, the easier it is for him or her to think of a host of frightening things that could occur in a given situation. A creative mind can also help a person imagine these frightening possibilities in vivid detail.
- **Rigid thinking:** Rigid thinking is the tendency to perceive life as a series of either-or alternatives. Events are either right or wrong, fair or unfair.

Another characteristic of this type of black-and-white thinking is the presence of many rigid rules. There is usually a “correct” way to do things, and it is upsetting when things are not done in that correct way. In addition, there are often many things that “should,” “must,” or “can’t” be done by oneself or others.

- Excessive need for approval: The excessive need for approval is often referred to as a fear of rejection. A person with this trait depends on others for a sense of self-worth, tends to have a heightened sensitivity to criticism, and often finds it difficult to say no to the demands of others. An excessive need for approval can also create the tendency to take responsibility for the feelings of others and to be overly sensitive to their needs. A person with this trait often makes it his or her responsibility to keep friends and relatives happy.
- Extremely high expectations of self: There is often the expectation of a much higher level of performance and accomplishment from oneself than would ever be expected from others.
- Perfectionism: Perfectionism is actually a combination of three things: the excessively high expectations mentioned above; the tendency to use all-or-nothing thinking when evaluating one’s actions; and a tendency to focus on small flaws and errors rather than on progress or overall achievement. This can cause the perfectionist to consider any less-than-perfect achievement as a failure. He or she then tends to personalize the poor achievement so that both the task and the person become failures. One common way in which this is expressed is the “but” habit. A perfectionist often says things such as, “Overall this project was done well, but...” The perfectionist then dwells on what was wrong.
- Competent, dependable doer: The interaction of all the above factors often creates a person who is not only competent, capable, and dependable, but also a real doer skilled at getting jobs done and done well.
- Excessive need to be in control: A person with this trait places a high value on being calm and in control. Often there is also a need for events to be predictable. Unexpected changes in a predetermined schedule cause distress because it is harder to be in control when one is not sure what will happen. There may also be a tendency to try to control the feelings and behavior of others. This is not done with the intention of hurting others, but out of fear of losing control.

A person with the need to be in control can experience fairly intense anxiety symptoms but appear normal to the casual observer. Since a person like this usually presents a “proper” image to the world even when there is tremendous self-doubt and turmoil inside, he or she may be considered to be very strong by friends and relatives.

- Suppression of some or all negative feelings: A person with the above traits often suppresses feelings that “shouldn’t” be felt because they might cause loss of control or disapproval from others. Anger and sadness are two common examples.
- Tendency to ignore the body’s physical needs: This trait is commonly reflected in the attitude that the body is unimportant. Signs that the body is

tired, in pain, or in need of rest or care are ignored or given low priority. A person with this trait is frequently only aware of fatigue when the symptoms of exhaustion are present.

I would like to emphasize that the above traits are not necessarily undesirable. This is easiest to see when looking at the opposites for each of the above. Here are a few examples. When used in a positive fashion, creativity is the source of all effective problem solving. The opposite would be someone who is dull and unimaginative. The need for approval is essential for healthy relationships; the opposite would be a person who has no feelings about others. A moderate degree of perfectionism, high personal expectations, and dependability creates a valuable member of society. The opposite would be someone who has little concern about how well a job is done. The ability to maintain control of self and emotions helps a person function well during emergencies and in the midst of chaos. The opposite would be someone who is overly emotional.

As with any given trait a person can possess, there is a healthy range for each of the above. For each trait, some people will be at the low end, some in the middle, and some at the high end. A particular trait creates problems only when it is exaggerated and outside this healthy range.

The key to success is learning how to moderate these traits so they are in the normal range and tap into them only during times when they are appropriate. Learning to use them in this way, and minimizing them during the times they interfere with your life, transforms these traits into valuable assets. In the weeks that follow, much of your time will be devoted to accomplishing this task.

Childhood Experiences That Can Contribute to Beliefs and Traits Associated with Anxiety

Your personality developed from the interaction of seven factors:

- The values and beliefs of the family in which you were raised.
- The methods of discipline used to train and socialize you.
- The role models presented by the adults in your life when you were young.
- Your place within the family constellation (your birth order; the sex of your siblings; and whether or not you had siblings that died, were handicapped, or joined the family as a result of remarriage or adoption).
- The social and cultural influences present while you were growing up.
- Your biological inheritance.
- The meaning you gave to each of the above while growing up.

There are many ways in which these seven factors can interact to produce the HAP traits described in the previous section. In addition, they shaped your beliefs about yourself, relationships, and the world. Experiences and events that can contribute to the development of anxiety-related problems are listed below. Check any that apply to

you.

Childhood Contributors to Anxiety

- Substance abuse in the family: Many of the coping skills that help children survive in the home of a substance abuser can interfere with their lives as they enter into the adult world. The tendency to rely on their drug of choice to avoid feeling the pain associated with normal life problems can be summarized by the saying, *Don't look; don't feel; run away*. While children of drug users may lead drug-free lives as adults, they often still cope with problems by avoiding them. This is especially true when problems arise in interpersonal relationships. Instead of acknowledging and dealing with interpersonal problems directly, they often use work, hobbies, sex, or activities to avoid such problems.
- Child abuse: There are six types of child abuse:
 - a. *Physical abuse*: Any nonaccidental injury of a child. This is usually the result of being hit, pushed, whipped, bitten, punched, slapped, or burned.
 - b. *Sexual abuse*: Any kind of sexual contact with a child by either an adult or child through the use of coercion, threat, or force.
 - c. *Neglect*: The failure to provide basic necessities such as clothing, shelter, medical attention, or supervision.
 - d. *Cruel and unusual punishment*: A punishment that is extreme or inappropriate for a child's age or ability to understand. Examples include corporal punishment that results in injury, locking a child in a closet, forcing a child to toilet train at six months, and sitting a child in a corner for hours at a time.
 - e. *Emotional neglect*: Failure by a parent to be emotionally available to take an interest in, talk to, hold, or hug a child.
 - f. *Psychological abuse*: Any form of recurring communication that causes extreme and unnecessary mental suffering. Examples include name-calling or belittling, blocking a child's efforts to accept him or herself, and threats of abandonment.

People with anxiety who have also experienced any of the above forms of abuse often find that the habit patterns and beliefs that developed as a result of the abuse contributed to the development of their problem and also hinder recovery.

- Anxious parental role model: When a parent suffers from severe anxiety, has fearful beliefs, or has many of the personality traits listed above, a child can develop many of those beliefs and traits as a result of modeling after the parent.
- Critical parent or family member: Excessive criticism often comes from a perfectionistic parent with unrealistic expectations. A parent like this often demands adult behavior and capabilities beyond the child's ability. Sometimes excessive criticism or teasing can come from a jealous brother or

sister. The result for the child is often a poor self-image and the belief in his or her inadequacy.

- **Rigid family rules:** Growing up in an environment characterized by many rigid rules can set up a pattern of black-and-white thinking that continues into adulthood. Usually the rigid rules in such an environment are imposed by parents, older brothers or sisters, or other family members. A child in a family where there is chaos due to illness, alcoholism, abuse, or some similar factor may develop rigid rules in order to create a sense of security amid the chaos or may need them simply to survive.

Rigid rules can also come from living with parents who were raised in harsh circumstances. The rigid rules that often helped the parents survive harsh circumstances become stumbling blocks for their children.

- **Rigid belief system:** A person with rigid thinking often has parents who had a rigid set of values and beliefs. These values and beliefs may have been based on the cultural background or religious affiliations of the parents and expressed in a black-and-white fashion. Parents with a rigid belief system also tend to have rigid rules like those discussed above. Their rigid belief system can become a model for rigid thinking that is passed on to the child.
- **Emphasis on appearances or “proper” behavior:** A rigid belief system can create a perfectionistic model of a “proper” person and a demand for the child to always act properly. A rigid belief system can also generate a feeling that the family either is or should be better than others. Failure to live up to this ideal image of a perfect person or meet the family’s rigid standards can cause the child to feel inadequate and worthless.
- **Overprotective parent:** An overprotective parent usually attempts to shield the child from life’s adversities in the mistaken belief that the child is fragile. Sometimes overprotection is the result of the parent’s need to have someone who is dependent. Unfortunately, even when done with the best of intentions, overprotection tends to encourage the belief that taking risks is dangerous and should be avoided. It also keeps the child from learning how to handle adversity and learning that taking risks is a natural part of life.
- **Suppression or denial of feelings:** A child can be taught to suppress feelings directly by being told things such as, “Don’t cry”; “You shouldn’t feel that way”; or “Don’t be angry with me.” A child can also be taught indirectly by watching parents who suppress and deny feelings. Another way to learn that feelings are not important is to have them discounted. This can be done by ignoring a child when feelings are expressed, telling the child the feelings being expressed are not important, or denying the feelings by saying something like, “You’re not really angry.” When the expression of feelings triggers violence or abuse in others, a child may need to suppress feelings in order to survive.
- **Lack of information about bodies and emotions:** Many children grow up in families where there is little information about how bodies, emotions, and thoughts are interconnected. This often plays a major role in developing unrealistic expectations about what a person should be able to do or how a person should react to situations.