



Welcome!

The webinar will begin shortly...

Note: Your microphone is muted, and your camera is turned off.
During the program, please use your device's speaker settings
to adjust the sound level.

Understanding GAD, Panic Disorder, Social Phobia, OCD and PTSD

The Deconstructing Anxiety Model

Presented by Todd Pressman, Ph.D.

DSM Definitions of Fear and Anxiety

According to the DSM,:

“*Fear* is the emotional response to a real or perceived imminent threat, whereas *anxiety* is anticipation of future threat.”

DSM Definitions of Fear and Anxiety

When we think about the future event, we experience it in our thoughts, emotions and physiology as if it were happening *now*. Therefore, we will use the two words synonymously.

Interesting (But Disturbing) Anxiety Statistics

According to the National Institute of Mental Health:

- Anxiety is the most prevalent psychiatric disorder in the U.S.; 18% have a diagnosed anxiety disorder.
- We are the most anxious nation in the world.
- More than \$300 billion are lost every year in medical bills and lost productivity related to stress.
- In a seven year period, our spending on anti-anxiety medications has more than doubled.

Interesting (But Disturbing) Anxiety Statistics

Studies show that people living in Nigeria are approximately 5 times less anxious than Americans, but when they emigrate to the U.S., they become equally anxious.

The average high school student today has the same level of anxiety as the average psychiatric patient in the 1950's!

Interesting (But Disturbing) Anxiety Statistics

Generalized Anxiety Disorder: Incidence of GAD in the US adult population (in a given year) is between 2 and 3.1% (6.8 million people). Incidence of GAD globally is between 4% and 5.7% (at some point in their lifetime).

Women are twice as likely to suffer from it as men. The most common age range for the symptoms of GAD to appear is 45-59 years with a decline in diagnosis after age 60.

According to the Anxiety and Depression Association of America, only 43.2% of GAD sufferers are receiving treatment.

Interesting (But Disturbing) Anxiety Statistics

Panic Disorder: 2.7% of U.S. adults have it (approximately 6 million people). Women are twice as likely to be affected as men

Social Anxiety Disorder: 6.8% of U.S. adults have it (approximately 15 million people), typically starting around age 13. Equally common in men and women.

Specific Phobias: 8.7% of U.S. adults have it (approximately 19 million people), with women twice as likely to be affected as men.

Interesting (But Disturbing) Anxiety Statistics

OCD: Approximately 1% of U.S. adults (2.2 million people) have it. Average age of onset is 19 with one-third of this group first experiencing symptoms in childhood.

PTSD: Approximately 3.5% of the adult U.S. population has it (7.7 million people). Women are more likely to be affected than men.

(OCD and PTSD were previously classified in the Anxiety Disorders section of the DSM 4, but given their own category in DSM 5. Functionally, however, these two behave like anxiety disorders).

DSM 5 Diagnostic Criteria for GAD

GAD*: Excessive anxiety about a number of events or activities, associated with three or more of the following:

Restlessness, feeling keyed up or on edge.

Being easily fatigued.

Difficulty concentrating or mind going blank.

Irritability.

Muscle tension.

Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

*Definitions for this and the following diagnoses are abbreviated to focus on our subject. All criteria listed here are for adults. For full diagnostic criteria, see DSM 5.

Relationship Between GAD and Other Anxiety Disorders

GAD is being treated here as a non-specific anxiety, i.e. anxiety that has not “latched on” to a particular object or situation. It lives more as a constant, diffuse anxiety in the background (cf. Horney’s “basic anxiety”). The other anxiety disorders come to the foreground in response to specific conditions. Therefore, we may understand them as manifestations of this basic anxiety in specific settings.

Relationship Between GAD and Other Anxiety Disorders—Panic Disorder

Panic Disorder: Recurrent, unexpected panic attacks, defined as abrupt feelings of intense fear or discomfort, with at least four of the following symptoms: Palpitations, Abnormal sweating, Trembling or shaking, Shortness of breath or feeling smothered, Feelings of choking, Chest pain or discomfort, Nausea or abdominal pain, Dizziness or faintness, Chills or hot flashes, Numbness or tingling sensations, Derealization (feelings of unreality) or depersonalization (feeling detached from his or her self), Fear of losing control or “going crazy”, Fear of death.

Relationship Between GAD and Other Anxiety Disorders—Panic Disorder

The characteristics of a panic attack are similar to GAD symptoms. The distinction is mostly a matter of intensity and concentration (i.e. a panic attack is more intense and concentrated in time, whereas GAD is more in the background, less intense and more enduring over time). Panic, like GAD, can be non-specific, not attached to a particular situation or object.

Relationship Between GAD and Other Anxiety Disorders—Social Anxiety Disorder

Social Anxiety Disorder: Fear or anxiety specific to social settings, in which a person feels noticed, observed, or scrutinized. Typically the individual will fear that they will display their anxiety and experience social rejection. Social interactions are either avoided, or painfully and reluctantly endured.

Relationship Between GAD and Other Anxiety Disorders—Social Anxiety Disorder

Definition of Social Anxiety Disorder focuses on the trigger (social situations) but doesn't further describe the symptoms. Symptoms are “fear and anxiety”. Therefore, we may assume Social Anxiety Disorder creates similar symptoms to GAD but only in social situations.

Relationship Between GAD and Other Anxiety Disorders—Specific Phobia

Specific Phobia: A deep and persistent fear of an object or situation, resulting in symptoms of anxiety. Symptoms may also arise from anticipating the presence of the stimulus. An individual displaying symptoms of anxiety may be experiencing increased heart rate (palpitations), dizziness or unsteadiness, nausea, sweating, shaking or trembling, upset stomach, breathlessness.

Relationship Between GAD and Other Anxiety Disorders: Specific Phobia

The criteria described in this definition of Specific Phobia are more focused on physical symptoms (as if it's more about immediate fear), but the definition says it can create anxiety as well as fear, and that it can be in anticipation of a future exposure (again, anxiety). Therefore, we may say Specific Phobia is analogous to GAD in the context of exposure to the feared object or situation.

Relationship Between GAD and Other Anxiety Disorders--OCD

OCD: Obsessions and/or compulsions (rituals) which result in emotional distress.

Obsessions are defined as “Recurrent and persistent thoughts, impulses, or images that are intrusive and cause marked anxiety or distress; but are not just excessive worries about real-life problems.

Compulsions are defined as “Repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession; the behaviors or mental acts are directed at preventing or reducing distress or a dreaded event or situation.”

Relationship Between GAD and Other Anxiety Disorders--OCD

Again, this definition does not describe anxiety symptoms distinct from GAD. Therefore, we may assume that OCD produces similar anxiety symptoms as GAD, but manifests behaviorally as obsessive thoughts and compulsive actions (with thoughts being considered, again, a type of action).

Relationship Between GAD and Other Anxiety Disorders--PTSD

PTSD symptoms may include nightmares, flashbacks, sleep disturbance, mood disorders, attention deficit problems, suicidal ideation, avoidance, and hyper-arousal in response to trauma-related stimuli. Hyper-arousal may include an increase in blood pressure and heart rate, hyperventilating, mood swings, fatigue, or insomnia when a memory of the event is triggered, internally or externally. One may experience the trauma directly or indirectly (witnessing another's trauma, hearing about the trauma of someone else, etc.). PTSD includes 4 clusters of symptoms:

Re-experiencing the event — Recurrent memories of the event, traumatic nightmares, dissociative reactions, prolonged psychological distress

Alterations in arousal — Aggressive, reckless or self-destructive behavior, sleep disturbances, hypervigilance

Avoidance — Distressing memories, thoughts, or reminders of the event.

Negative alterations in cognition and mood — Persistent negative beliefs, distorted blame, or trauma-related emotions; feelings of alienation and diminished interest in life

Relationship Between GAD and Other Anxiety Disorders--PTSD

This definition is comprehensive, including psychological and physiological symptoms. Once again, these symptoms are very similar to those of GAD, but only in response to an experienced or witnessed trauma. In other words, it is anxiety that may have been considered “generalized” if it were not for the fact that it arises in response to a specific trigger (the traumatic event), and the anxiety is focused on that trigger.



The Anxiety Problem

The meta-analyses show that our best treatments for GAD are only achieving about a 50% success rate, and only about 45% as an average for related anxiety disorders.

What are we missing?!

The Anxiety Problem

According to our model, we must first conduct a thorough deconstruction of the mechanics of anxiety.

This yields the necessary *insight* that suggests the appropriate corrective *action* (applied with the right timing for the client's level of readiness).

When a therapeutic treatment fails to fully and permanently relieve anxiety symptoms, it is because it hasn't achieved a complete enough insight or taken the appropriate corrective action fully.

The “Deconstructing Anxiety” Model

There are two basic drives in the human experience: Fear and Fulfillment.

Our first impulse is for fulfillment (self-expression, realization of our high ideals, etc.). Fear immediately warns us about the dangers of pursuing fulfillment.

Fear and fulfillment are inversely proportional: The more fear we harbor, the more it limits our fulfillment and vice-versa.

This creates a fundamental conflict: we are both afraid to reach for fulfillment and at the same time will not be satisfied until we do. It is this conflict that is at the root of every struggle or problem. It is the fundamental source of suffering.

Fear's Survival Strategies

Fear convinces us it is the wisest strategy for securing fulfillment. It does this by distorting our experience while fooling us into believing its assessment is accurate.* Using various “deceptions and manipulations”, it prevents us from considering alternative approaches to fulfillment. These are fear’s “survival strategies”.

*By definition, fear requires a distortion of the truth: We are too afraid to consider the objective truth of things and insist on seeing what makes us feel safe. This is a vital insight for clients to begin accepting that their fear is not a valid way of perceiving.

The Basic Mechanism of Anxiety

Fear incites us to employ defenses to protect ourselves from that which we fear (what we will call “the fear-defense dynamic”).

It is, more precisely, our defenses that create the conflict between fear and fulfillment. They put us at “war” with reality, defending against the way things are, constantly striving to manipulate the environment (or ourselves!) to conform to our wishes.

Unfortunately, reality often has a different agenda and conflict ensues. This, again, is the original cause of suffering.

The Basic Mechanism of Anxiety

Our defenses are designed to help us ***avoid*** the truth of a situation, as we buy into fear's assessment and try to protect ourselves from it.

By avoiding that which we are afraid of, we never test out whether it is truly a source of fear or not.

Defenses Exacerbate Anxiety

All defenses backfire, exacerbating the anxiety they were meant to protect us from. They do this in two ways:

1) In exercising our defenses and avoiding reality, we reinforce the idea that there is something awful to defend against. By protecting ourselves, we tell ourselves “there must be something threatening causing me to respond this way”.

2) Defenses require that we fixate on the threat, thereby filling our minds with anticipatory anxiety. Reviewing all possible scenarios of danger, our anxiety is heightened since we can never ***guarantee*** that our defenses will provide the security we seek.

The Master Key to Resolving Anxiety

If avoiding fear by defending against it creates our problems, then ***facing fear*** is the inevitable solution. Doing so gives the direct experience that nothing terrible happens – it is at least manageable and survivable. Often we find the whole notion of something threatening was made up as we move through it and nothing terrible results. “My life was filled with terrible misfortunes... most of which never happened” (DeMontaigne).

This is the essence of any exposure therapy. But again, without a thorough deconstruction of the mechanics of anxiety, we will not have the insight into which fear needs to be faced and what specific actions need to be taken.

The Birth of Fear

Each of us is born (unless there is a medical or other problem) relatively whole and complete, an approximation of the intra-uterine state, where we feel fused with the mother in an experience of undifferentiated “bliss” (Rank, Grof). All needs are met and nothing threatens our well-being (i.e. there is no cause for fear).

The Birth of Fear

We then meet fear for the first time (as, for example, when mother leaves the room). Being so thoroughly vulnerable, the impact of this moment is profound, life-changing. Having known only relative peace and fulfillment, our entire being orients toward the threat. The “tabula rasa” of our mind is powerfully imprinted upon, with no contrasting experience to mitigate the effect.

The Core Fear

We land, as a result, on a particular ***core fear***—our fundamental interpretation of danger in the world, given by this first exposure to fear.

The core fear becomes the foundation for our basic understanding of life and how to perceive it, as we look through the lens of this interpretation, seeing the signs of it everywhere. The core fear understanding of life becomes the lens through which we learn to view any problem.



The Core Fear

Any problem met later in life has the core fear at its root.

The core fear is always formed in childhood (can be reinforced with additional interpretations during times of trauma later in life). This pivotal interpretation can happen at a single moment or as a gradual development in the midst of more generalized, non-specific threats in the environment.

The Core Fear

The five core fears (universal themes of loss):

1. Abandonment (loss of love)
2. Loss of Identity
3. Loss of Meaning
4. Loss of Purpose (the chance to express oneself)
5. Fear of Death (including fear of sickness and pain)

(This is why relationships are so important, a critical component of anxiety disorders and their cure: The fear of not expressing oneself, for example, is about expressing oneself to others; identity is based on who we are in relation to others, purpose is about how we make a difference with others, etc. Each of the anxiety disorders can be directly linked to a faulty perception about relationships)

The Chief Defense

This first contact with fear is intolerable: we begin a frantic search to restore our original innocence.

We land on a ***chief defense*** as the primary tool to protect ourselves from the core fear. We have discovered our power to make ourselves safe, return to our previous peaceful state, and exercise the control to make things the way we want.

The relief this brings is so extraordinary that it makes a powerful imprint upon us: we have learned both that the world can threaten our existence and that we have the ability as an autonomous being to overcome that threat.

The Chief Defense

But we have not truly restored our previous state of innocence because we realize the threat can come back. No longer do we live in a world where we can fully rest as before, oblivious to the potential for danger.

We conclude we must stand guard, ready to use our chief defense should the threat arise again. We vow to be prepared to use this defense at a moment's notice, never to be taken by surprise as we were before.

The chief defense strategy does work to alleviate the fear of the moment, but it comes at too great a cost. The potential threat is always looming, and we are conscripted to be prepared for battle.

How to Make a Personality

Each of us builds our personality on the foundation of this fear-defense dynamic: we are ready to interpret every situation according to what we imagine is threatening about people and life (our core fear), and to protect ourselves from that threat with the chief defense.

A “healthy” personality checks these tendencies against reality, rather than avoiding such exposure. This shows the problem to be either manageable or non-existent. As a result, we learn to adjust to the uncertainty and changing nature of life.

An anxious personality is *hypervigilant* and *extra* careful about the potential for threat, ever-ready to employ the chief defense, with the faulty notion that this will increase security.

Secondary Defenses

As we go through life, we develop secondary defenses, adaptations of the chief defense to the various circumstances we encounter in life.


These account for the complexity of what it is to be human, the multifaceted ways we interpret and respond to life, according to the blueprints of the core fear and chief defense.

Three phases in the development of personality

- 1) Even though we cannot remember it, the birth experience may evoke our first sense of a core fear, to which we respond with a limited repertoire of available defenses (again, see Rank and Grof).
- 2) In early childhood, we encounter the danger in the world and respond with primitive cognitions about what the threat is (our core fear) and how to handle it (our chief defense).
- 3) In adolescence, we make additional interpretations about the potential threats of the adult world. We make a “vow” to rely on one primary interpretation (core fear) and one primary chief defense. This locks in our personality for a lifetime.

The Core Fear and Chief Defense in Different Anxiety Disorders

One's core fear and chief defense determine the type of anxiety disorder one may develop. GAD, for example, would involve a chief defense of general hypervigilance to a more global interpretation of how life can be threatening. Someone with Social Anxiety Disorder would likely have a core fear of abandonment (though not necessarily so) and would choose from a menu of chief defenses having to do with securing approval or safety from disapproval. And someone with Specific Phobia would necessarily have a core fear somehow related to the object or situation of the phobia, and build a chief defense around avoiding exposure to it.



New Strategies for Finding and Resolving Fear

Exercise #1: “Digging for Gold”: Finding the Core Fear

Write a problem at the top left of a page. Ask one of these three questions on the right side of the same line:

1. Why is that upsetting to you?
2. What are you afraid will happen next?
3. What are you afraid you will miss or lose?

Answer the question with a new problem, a new fear, one level closer to the core, written on the second line on the left of the page. Ask one of the three questions on the right and continue this process until you reach the core.

Tips:

- It doesn't matter what problem you start with, big or small, since all are manifestations of the core fear.
- Ask whichever of the three questions is most helpful and applicable to the problem written on the left.
- Make sure the answer states a problem, one that you can ask one of the three questions of.
- Watch out for the “repetitive loop” where you have actually just restated the same level of the problem in a different form. The task is to get to one level deeper, one level closer to the core fear.
- One's core fear is one of the five major universal themes of loss mentioned earlier: Abandonment (loss of love); Loss of Identity; Loss of Meaning; Loss of Purpose (the chance to express oneself); Fear of Death (including fear of sickness and pain)
- You'll recognize the core fear when you can't go any further, and you have an “aha” moment... understanding that you have found a secret at the root of things, often accompanied by powerful memories and emotions.

• (Note: Credit is given to David Burns for the phrasing of the question “Why is that upsetting to you?”. However, please note this process is

Digging for Gold: Finding the Core Fear

The three questions:

- 1) Why is that upsetting to you?
- 2) What are you afraid will happen next?
- 3) What are you afraid you will miss or lose?

Problem:

Question:

Answer (new problem):

Question:

Answer (new problem):

Question:

Answer (new problem):

Question:

Answer (new problem):

Question:

Answer (new problem):

Question:

Core fear:

Exercise #2: “Who are you really?”: Uncovering the Chief Defense

Three approaches to revealing the chief defense:

1. Look at your response to the original core fear.
2. Look at your response to fears today (still organized around the response we had to the original fear – “the past lives on in the present”).
3. Ask others how they would describe your personality—how you respond to threats, challenges, etc.

The Key to Resolving Anxiety

The key to resolving anxiety is to “do the opposite” of what the chief defense would have us do.

This means either:

1. Moving in the opposite direction of how the defense would have us move – i.e. facing the fear and moving into it;
2. Standing still and refusing to respond to the fear at all;
3. Doing something completely unrelated to the fear, telling ourselves thereby that it has no power to force us to respond or even hold our attention.



Doing the Opposite

By “doing the opposite”, we remove the defensive barrier to the fear, exposing ourselves to it, and discovering it doesn’t have the power to carry out its threat. Either we find a manageable problem with readily available solutions, or realize the problem doesn’t exist at all – that it was built on a leftover belief from earlier times, the result of distorted perceptions and confused learnings.

How to Resolve Anxiety

By doing the opposite of the chief defense and having a complete exposure to the core fear, ***we can expect a successful resolution of anxiety.*** Having resolved it at its source, there would be nothing left to work through. We've bypassed the chief defense, the fundamental barrier to the core fear, thereby exposing the core fear and allowing ourselves to make contact with it. The core fear is brought out of the realm of fantasy and we gain a direct experience of what it actually can and cannot do.

Whenever a therapeutic intervention, no matter what the school of thought or approach, fails to resolve anxiety, it is because the chief defense and core fear have not been fully worked through in this way.

The Big Three: Powerful New Strategies for “Doing the Opposite” and Resolving Anxiety

- “The Alchemist”: Asking “What happens next?”
- “The Witness”: Enhanced Vipassana (Mindfulness) technique
- “The Warrior’s Stance”: Active “not doing”

Exercise #4: “The Alchemist”: Asking “What Happens Next?”

With eyes closed, have the client picture the scene of some fear or problem and visualize it on a movie screen. As they watch the movie unfold, *without directing it in any way*, keep asking “What happens next?”. Be sure they do not change the script and try to resolve the fear: this is a movie of what actually happens when their fear unfolds. Wait until the movie arrives at the scene of their core fear (Tip: Be careful of a tendency to invent a solution to or escape from the problem – this is a movie of their fear unfolding. Even visualizing their death can sometimes be used as an escape – unless that is their fear, in which case, ask them “what happens next?” as they go through that experience).

Exercise #4: “The Alchemist”: Asking “What Happens Next?”

Once they are in the scene of their core fear, have them just sit there, no matter how long it takes, until there is a ***spontaneous*** shift. It’s crucial that you or they don’t force this shift but that it come spontaneously. Just keep asking them, as they sit in the scene of their core fear, “what happens next?”, even if nothing is changing. You can guide them through this by having them imagine that they will be sitting in this scene with nothing changing for longer and longer time periods, allowing them to settle in to each period before moving on to the next.

Exercise #5: “The Witness”: Enhanced Vipassana (Mindfulness) Technique

Have the client choose some problem that is troubling them, and with eyes closed, notice the ***physical sensation*** that accompanies the emotion of this situation. Going slowly, have them draw a mental outline around the sensation. Seeing the shape of this sensation clearly in their mind’s eye, have them next describe to themselves the weight of it, then the texture of it, the color of it and, finally, the movement of it. The point is to become mindful of the defensive habit of pushing the against the sensation, and “do the opposite”: entering into the sensation, removing the projected meaning that would label it “bad”, visualizing the energy of the sensation as sparkling light, etc.

Exercise #5: “The Witness”: Enhanced Vipassana (Mindfulness) Technique

Then, have them settle in (“perhaps for a long time”) to being with the sensation, allowing it to float there quietly. Remind them repeatedly “It doesn’t have to go away; it’s okay for it to float there quietly”. Have them visualize a hand gripping the sensation, causing the “squeeze” effect, and slowly loosening its grip. Also have them visualize the space around the sensation opening up more and more.

Finally, the walls, floor and ceiling drop away completely and they are free to place their attention anywhere they wish in the “cosmos within”, the place where all their experiences are stored. The sensation floats quietly as one acceptable object of attention, but they are not required to place their attention there. Let them enjoy their newfound freedom to choose where they shine the spotlight of their awareness.

Exercise #6: “The Warrior’s Stance”: Active “not doing”

Anxiety compels us to act so as to avoid a feared consequence. Here, we “do the opposite” by taking a stand against this compulsion and resist moving at all.

Find some behavior the client engages in to avoid fear, e.g. making sure they complete a task on time. It’s best if this can be performed in session but if not practical, set them up to do it on their own. As they perform the task, ask them to freeze in the middle of the action, leaving things incomplete. Tell them the voices of fear will start getting louder and more threatening but, with great determination, they are not to move. Remind them that these are distortions that can not hurt them and they want to set themselves free “no matter what”. Remind them, too, that the fear will pass and they should persist.

Exercise #6: “The Warrior’s Stance”: Active “not doing”

Of course, it should not be a fear that is overwhelming for them but appropriately challenging. Eventually, the fear will die down. Have them continue to stand still ***until they no longer have to complete the task***, realizing there is nothing terrible that will happen if they do not. At that point, they are in a position to determine whether finishing the task is, in fact, something that serves their higher purposes or not. If it is, it will be done with free choice, not compelled by fear.

It can be important as well to work with the client’s compulsive thoughts, having them “do the opposite” by refusing to engage with these thoughts. For example, if they worry they will forget to do something should they fail to keep it in the front of their mind, have them practice distracting themselves and resist engagement with that thought.

Expect, again, a profound release of energy and excitement from the client as they discover the potential this exercise holds.

The Final Defense: Resisting Resistance

All chief defenses are different expressions of what we may call “the core defense”, the effort to control reality so that we may set things up as we wish. The drive to exert control is behind everything we do when we are not fully settled in the moment. In each of the “big three” exercises, we have practiced the opposite of this, to come to an acceptance of things as they are, and then make appropriate change from there.

As we catch on to the idea of “doing the opposite” and facing fear, we can unwittingly fall into a subtle trap of ***trying too hard to face fear***. This amounts to trying too hard to let go of control, or trying too hard to not try too hard – “resisting resistance”. Like any defense, this, of course, backfires and creates more anxiety.

The Final Defense: Resisting Resistance

To “do the opposite” of resisting our resistance is to accept our resistance (defensiveness). We relax into being with it rather than trying to get out of it. Like a Chinese finger puzzle, this spontaneously releases us from it and resolves the anxiety. (Important: we must make sure our clients are not “accepting” the resistance *in order to get free of it*).

In the process of learning to “do the opposite”, we will inevitably encounter this defense of trying too hard. It is the final layer of resistance to be let go of, the final fear to face. It requires that we let go all control and accept things as they are. The idea of acceptance is often touted but with our understanding of the core fear and chief defense, we have a clear prescription for doing so.

Deconstructing the Component Thoughts of Control

1. “Something is wrong.”
2. “I must fix what is wrong.”
3. “I must make sure I get the outcome I want.”
4. “I alone must make sure problems are taken care of.”
5. “I am capable of exercising control over reality.”

Exercise #7: Letting Go of Resistance

Whenever you find yourself trying to control a situation (i.e. anytime you are working compulsively toward a goal, feeling anxious, pressured, or unsettled in any way), write down as specifically as possible what you are concerned might go wrong. Then, being sure to keep these thoughts clearly in mind, respond with thoughts such as:

“I don’t have to fix anything, change anything, or make sure the situation turns out a certain way”;

“Nothing is wrong, things are okay just the way they are now” (and then imagine they will remain this way forever);

“I don’t have to fight to make things happen anymore; I can rest”;

“It’s not up to me to make sure it all works out”.

Exercise #8: Letting Go the Resistance to Resistance

Repeat the exercise above, this time writing about the subtler layer of control where you catch yourself secretly trying to ensure a positive outcome to the exercise (and therefore anxious if you should not succeed). Respond with such thoughts as:

“I don’t have to make sure I succeed with this exercise”;

“It’s okay if I don’t get free of anxiety with this exercise”;

“I don’t want to have to fight to make this turn out well... I can rest”;

“When I think I have to make it all work out, I actually create the problem. I don’t have to do anything but relax”.



Beyond Resolving Anxiety: The Pursuit of Fulfillment

Vision Questing: Finding a Mighty Purpose

“This is the true joy in life, the being used for a purpose recognized by yourself as a mighty one, the being a force of nature instead of a feverish, selfish little clod of ailments and grievances, complaining that the world will not devote itself to making me happy.

I am of the opinion that my life belongs to the whole community and, as long as I live, it is my privilege to do for it whatever I can. I want to be thoroughly used up when I die, for the harder I work, the more I live.

I rejoice in life for its own sake. Life is no brief candle to me. It is a sort of splendid torch I've got to hold up for a moment and I want to make it burn as brightly as possible before handing it on to future generations.”

- *George Bernard Shaw*



Vision Questing

Now that we have established our path to resolving anxiety, we may pursue our fulfillment directly.

Vision questing is about transforming the five core fears into the five ingredients of fulfillment: fulfillment in love, identity, meaning, purpose and a sense of completion about the end of life.

How to make decisions

Whenever we have a decision to make, our task is to be perfectly willing to choose among the options involved and perfectly willing not to choose any of them as well. This frees us from any hidden investment, based on fear, in making one decision over another.

When we are completely willing to take any course of action (including no action at all), we block the possibility that fear will distort our awareness and are free to see which decision best serves.

Concluding Remarks

“Doing the opposite” of the chief defense and moving through the core fear ***completely*** means accepting all things as they are. This has the potential, as certain masters have demonstrated, for resolving fear so thoroughly that we may find a quiet fulfillment in any circumstance. Moving through the core fear completely also leads to an expanded understanding beyond the usual assumptions of who we are and what is possible in the human experience, all of which have been constrained by fear and defense. Fear imposes limits upon our experience of reality and thereby defines the nature of the human condition and its suffering. Release from fear opens up greater possibilities for fulfillment and the realization of our potential.

Deconstructing Anxiety

Dr. Pressman would welcome your comments and questions. For more information about his other lectures, trainings, seminars and workshops, or to inquire about his books and CDs, you may contact him at:

Phone: 856-857-5040

Email: todd@toddpresman.com

Website: www.toddpresman.com

References

Abbass, Allan A.; Kisely, Steve R.; Town, Joel M.; Leichsenring, Falk; Driessen, Ellen; De Maat, Saskia; Gerber, Andrew; Dekker, Jack; Rabung, Sven (2014). Short-term psychodynamic psychotherapies for common mental disorders". *The Cochrane Database of Systematic Reviews* (7): CD004687. doi:10.1002/14651858.CD004687.pub4. ISSN 1469-493X.


Aly, A. & Green, L. (2010). *Fear, anxiety and the state of terror*. *Studies in Conflict & Terrorism*, 33(3), 268-281.

Becker, E. (1976). *The Denial of Death*. London: MacMillan Publishing Company.

Burns, D. (1999). *Feeling Good: The New Mood Therapy*. New York: Harper.

Burns, D. (2007). *When Panic Attacks: The New, Drug-free Anxiety Therapy That Can Change Your Life*. New York: Harmony Books.

Carpenter, J.K.; Andrews, L.A.; Witcraft, S.M. et al (2018). Cognitive behavioral therapy for anxiety and related disorders: A meta-analysis of randomized placebo-controlled trials. *Depression and Anxiety*, 35 (6): 502-514.



Chodron, P. (2012) *Taking the Leap: Freeing Ourselves from Old Habits and Fears*. Boulder, CO: Shambala publications.

Chopra, D. (2015). *Quantum Healing: Exploring the Frontiers of Mind/Body Medicine*. New York: Bantam.


Clark, T. (2011). *It's not the job market*. Slate Magazine.

<https://slate.com/culture/2011/01/american-anxiety-the-three-real-reasons-why-we-are-more-stressed-than-ever-before.html>

Craske, M.G.; Stein, M.B.; Eley, T.C. et al (2017). Anxiety disorders. *Nature Reviews Disorders Primers*, 3: 17024.

Csikszentmihalyi, M. (2008). *Flow: The Psychology of Optimal Experience*. New York: Harper Perennial.

Desbordes, L.T., Negi, T.W.W., Pace, B.A., Wallace, C.L., Raison, C.L., & Schwartz, E.L. (2012). *Effects of mindful-attention and compassion meditation training on amygdala response to emotional stimuli in an ordinary, non-meditative state*. *Frontiers in Human Neuroscience*, 6, Article 292, 1-15.



Dias, B., Banerjee, S., Goodman, J., & Ressler, K. (2013). *Towards new approaches to disorders of fear and anxiety*. *Current Opinion In Neurobiology*, 23, 346-352.


Dozois, D.J., Frewen, P.A., & Covin, R. (2006). *Cognitive theories*. In J.C. Thomas, D.L. Segal, & M. Hersen (eds.), *Comprehensive Handbook of Personality and Psychopathology*, 1, pp. 173-191. Hoboken, NJ: Wiley.

Frankl, Viktor. (2006). *Man's Search for Meaning*. New York: Beacon.

Fisher, A. & Pressman, T. (2008). *The Bicycle Repair Shop: A True Story of Recovery from Multiple Personality Disorder, As Told by Patient and Therapist*. Raleigh, NC: Lulu Press.

Foa, E. (2001). *Stop Obsessing: How to Overcome your Obsessions and Compulsions*. New York: Bantam.

Foa, E. et.al. (2012). *Exposure and Response (Ritual) Prevention for Obsessive-Compulsive Disorder*. Oxford, England: Oxford University Press.



Freud, S. (1913c). "On Beginning the Treatment" (Further Recommendations on the Technique of Psycho-Analysis, I). In J. Trachey (Ed), Standard Edition of the Complete Psychological Works of Sigmund Freud, 12: 123.

Goldin, P.R., & Gross, J.J. (2010). *Effects of mindfulness-based stress reduction (MBSR) on emotion regulation in social anxiety disorder*. *Emotion*, 10, 83-91.

Grof, Stanislav. (2012). *Healing Our Deepest Wounds: The Holotropic Paradigm Shift*. Pagosa Springs, Colorado: Stream of Experience Productions.

Grupe, D.W., & Nitschke, J.B. (2013). *Uncertainty and anticipation in anxiety: An integrated neurobiological and psychological perspective*. *Nature Reviews in Neuroscience*, 14, 488-501.

Hanson, R. (2009). *Buddha's Brain: The Practical Neuroscience of Happiness, Love and Wisdom*. Boulder, CO: New Harbinger.

Hanson, R. (2013). *Hardwiring Happiness: The New Brain Science of Contentment, Calm, and Confidence*. New York: Harmony Books.

Hecht, D. (2013). *The neural basis of optimism and pessimism*. *Experimental Neurobiology*, 22, 173-199.



Horney, K. (1991). *Neurosis and Human Growth: The Struggle Towards Self-Realization*. New York: W.W. Norton & Co. (Original work published in 1950).

James, W. (1982). *The Varieties of Religious Experience*. New York: Viking Penguin. (Original work published in 1902).

Jerath, R., Barnes, V.A., Dillard-Wright, D., Jerath, S., & Hamilton, B. (2012). *Dynamic change of awareness during meditation techniques: neural and physiological correlates*. *Frontiers in Human Science*, 6, 1-4.

Kabat-Zinn, J. (2013). *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness*. New York: Bantam.

Karris, M., & Caldwell, B.E. (2015). *Integrating Emotionally Focused Therapy, self-compassion, and Compassion-Focused Therapy to assist shame-prone couples who have experienced trauma*. *The Family Journal*, 23(4), 346-357.

Krause, L. (2013). *A Universe From Nothing: Why There Is Something Rather Than Nothing*. New York: Atria.

Laszlo, E. (2016). *What Is Reality?: The New Map of Cosmos and Consciousness*. New York: Select Books.

Leichsenring F, Salzer S, Jaeger U, Kächele H, Kreische R, Leweke F, Rüger U, Winkelbach C, Leibing E. (2009). Short-term psychodynamic psychotherapy and cognitive-behavioral therapy in generalized anxiety disorder: a randomized, controlled trial. *Am J Psychiatry*, 166(8), 875-81.


Massumi, B. (2005). *Fear (The spectrum said)*. *Positions*, 13(1), 31-48. <https://doi.org/10.1215/10679847-13-1-31>
Orsillo, S.M., Roemer, L., & Segal, Z. (2011). *The Mindful Way through Anxiety: Break Free from Chronic Worry and Reclaim Your Life*. New York: Guilford Press.

Oschner, K.N., Ray, R.R., Hughes, B., McRae, K., Cooper, J.C., Weber, J., Gabrieli, J.D.E., & Gross, J.J. (2009). *Bottom-up and top-down processes in emotion generation*. *Association for Psychological Science*, 20, 1322-1331.

Otto, M.W., & Hoffmann, S.G. (Eds.). (2010). *Avoiding Treatment Failures in the Anxiety Disorders*. New York: Springer.

Park, C. L. (2010). *Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events*. *Psychological Bulletin*, 136, 257–301.

Peters, M.L., Flink, I.K., Boersma, K., & Linton, S.J. (2010). *Manipulating optimism: Can imagining a best possible self be used to increase positive future expectancies?* *The Journal of Positive Psychology*, 5, 204-211.



Pittman, C.M. & Karle, E.M. (2015). *Rewire Your Anxious Brain: How to Use the Neuroscience of Fear to End Anxiety, Panic, and Worry*. Oakland, CA: New Harbinger.

Schnurr, P.P & Lunney, C.A. (2018). Residual symptoms following prolonged exposure and present-centered therapy for PTSD in female veterans and soldiers, *Depression and Anxiety*, **36**, 2, (162-169).

Seligman, M. (2012). *Flourish: A Visionary New Understanding of Happiness and Well-being*. New York: Atria Books.

Siegel, D. (2007). *The Mindful Brain: Reflection and Attunement in the Cultivation of Well-Being*. New York: W.W. Norton and Company.

Simona Stefan, Ioana A. Cristea, Aurora Szentagotai Tatar and Daniel David (2019). Cognitive-behavioral therapy (CBT) for generalized anxiety disorder: Contrasting various CBT approaches in a randomized clinical trial, *Journal of Clinical Psychology*, **75**, 7, (1188-1202).

Solomon, S. & Greenberg, J. (2015). *The Worm at the Core: On the Role of Death in Life*. New York: Random House.

Teasdale, J., Segal, Z., Kabat-Zinn, J., & Williams, M. (2007). *The Mindful Way Through Depression*. New York: The Guilford Press.

Wilkinson, P.O. & Goodyear, I.M. (2008). *The effects of cognitive-behaviour therapy on mood-related ruminative response style in depressed adolescents*. *Child and Adolescent Psychiatry and Mental Health*, 2, 3-13.

Wilson, R. (2009). *Don't Panic: Taking Control of Anxiety Attacks*. (3rd ed.). New York: Harper Perennial.

Wolpert, S. (2008). *Study offers new insights into teenagers and anxiety disorders*. UCLA Newsroom. <http://newsroom.ucla.edu/releases/study-offers-new-insights-into-55905>

Wolitzky-Taylor, K.B., Horowitz, J.D., Power, M.B., & Telch, M.J. (2008). *Psychological approaches in the treatment of specific phobias: A meta-analysis*. *Clinical Psychology Review*, 28, 1021-1037.

Young, S. (2016). *The Science of Enlightenment: How Meditation Works*. Boulder, CO: Sounds True.

Zeidan, F., Martucci, K.T., Kraft, R.A., McHaffie, J.G., & Coghill, R.C. (2013). *Neural correlates of mindfulness meditation-related anxiety relief*. *Social Cognitive and Affective Neuroscience*, nst041.