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Course Guidebook

Ellen Hendriksen, PhD

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4840 Westfields Boulevard, Suite 400
Chantilly, VA 20151-2299
USA
1-800-832-2412
www.thegreatcourses.com

Ellen Hendriksen, PhD

Ellen Hendriksen is a clinical psychologist who serves on the faculty at Boston University's Center for Anxiety and Related Disorders. She earned her PhD at UCLA and completed her training at Harvard Medical School. She is the author of *How to Be Yourself: Quiet Your Inner Critic and Rise above Social Anxiety*. Her scientifically based, zero-judgment approach has been featured in *The New York Times*, *The Washington Post*, *BBC News*, *The Guardian*, *Harvard Business Review*, *Scientific American*, *Psychology Today*, and elsewhere.

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TREATING ANXIETY

1

Where **Anxiety Comes from** and Why It **Persists**

THESE DAYS, ANXIETY IS OFTEN THOUGHT OF AS a problem and something to get rid of. Indeed, anxiety is exhausting and distracting and can narrow your life. People want to feel cool, calm, and collected—not worried and stressed. They want to live their lives and not spend their time hiding in a metaphorical cave. Nevertheless, anxiety is an essential emotion, although too much of it can make a person miserable. Over the next 12 lectures, you'll work through modern-day anxieties and load up your anxiety toolbox with tools to make life better. This first lecture is about defining the emotion and learning the difference between everyday anxiety and clinical anxiety. It also explores where anxiety comes from and how it is maintained. Finally, it wraps up with two previews of the tools for treating this emotion.

Defining Anxiety

Anxiety is the mind and body's reaction to a threat—specifically, the threat of uncertainty. This emotion is future oriented and long-acting, and it comes with physical, cognitive, and behavioral components. However, anxiety often gets confused with a close emotional cousin: fear.

Fear is present oriented rather than future oriented, short-acting rather than long-acting, and a response to a clear and specific threat rather than a response to uncertainty. With fear, the threat is right here, but with anxiety, it is a possibility that might happen.

Anxiety is designed to help people and keep them safe—but how is it safe and helpful to toss and turn all night because of anxious thoughts? The answer to this question is that we can have too much of a good thing, which leads to the difference between everyday anxiety and clinically significant anxiety.

Everyone experiences anxiety from time to time. Feeling anxious before a novel, momentous, or life-changing situation is normal. That said, anxiety crosses the line from the everyday, expected anxiety that comes from simply living life to a problem that gets in the way of life if it causes ongoing distress or impairment.

The word *distress* is the technical way of saying someone is suffering from the exhaustion that comes from chronic worry. It is an ever-present dread that sucks the life out of life. Meanwhile, the term *impairment* means anxiety is keeping the individual from living the life they want. Examples are turning down a promotion that would require more public speaking, losing hours to the rituals of obsessive-compulsive disorder (OCD), and traveling only to destinations accessible by car or train because of a fear of flying.

If anxiety regularly crosses either of those lines in the sand—distress or impairment—the person who is suffering deserves to seek a professional opinion. Anxiety is treatable and changeable, and when it's properly pruned, it yields important payoffs by keeping one physically and socially safe. However, if anxiety grows wild and unchecked, it tips into clinical anxiety and crosses the line into distress or impairment. When that happens, the payoff stops.

The Origins of Anxiety

Having just enough anxiety is so important that evolution has kept the emotion around. In fact, it is so valuable that a sizable percentage of the population is born with the tendency for it to overgrow. Approximately one-third of the population will experience clinically significant anxiety—that is, diagnosable anxiety—in their lifetime.

If a person has a first-degree relative with an anxiety disorder, their risk of developing such a condition is four to six times higher than that of someone from a family without a history of anxiety. However, while anxiety is unquestionably genetic, exactly how it is genetic remains a mystery. An anxiety gene or objective biological marker does not exist. One cannot look through a microscope or do a blood test and see anxiety.

Furthermore, genetics and life experience are impossible to separate. Does a tendency to worry result from being wired that way, or is it because of seeing one's parents disinfect every hard surface while growing up—plus

living through a global pandemic? The exact answer is beyond the cutting edge of science for now, but researchers know that anxiety comes from some combination of genetics, epigenetics, and experience.

Anxiety also runs in families through modeling. One individual's family might have been cautious, careful, or worried. They might have avoided harm and danger—whether physical, social, or emotional—at all costs. Another individual's family environment might have been unstable, unpredictable, or chaotic. That person might have learned to be vigilant and aware at all times because life could pull the rug out from under them at a moment's notice. Indeed, a difficult family background can increase someone's vulnerability to clinical anxiety. Nonetheless, a person can come out of any type of family wired for anxiety.

Finally, culture can imbue anxiety. The emotion is a response to a threat, and modern life is full of threats—it's competitive and demanding and moves at mind-bending speed. The future is always uncertain, so it makes perfect sense to call the 21st century the age of anxiety.

Whether someone comes by their anxiety through heredity, the way they were raised, or culture, the emotion is maintained and grown by avoidance. Avoidance is anything done (or not done) to feel less anxiety. It can involve avoiding the threat itself or avoiding private, internal experiences, such

as physical sensations, thoughts, or particular emotions. Moreover, avoidance can be overt (visible and external)—for example, declining an invitation to a party because of social anxiety—or covert (invisible and internal), such as rehearsing what to say at a party to make sure one does not sound weird.

Whether avoidance is external, internal, overt, or covert, it is a lot of work. It might involve navigating extra logistics, making up white lies, and constantly monitoring one's body or surroundings. In the short term, avoidance brings relief, but in the long term, deliberately trying to reduce anxiety can make one feel worse. Therefore, avoidance is a vicious cycle: What appears to be the solution is actually part of the problem.

Treating Anxiety

Like anxiety, avoidance can be helpful because it is designed to keep a person safe. But also like anxiety, habitually avoiding situations or internal events that are actually neutral or safe can be costly. Anxiety tells two lies, and avoidance reinforces both of them.

The first lie: The thing that the person avoided was dangerous. Avoiding it was good because it would have caused physical, social, or emotional harm. The feared outcome probably would not have happened. However, possibility was confused with probability, and the person never got the chance to learn that they were safe all along.

The second lie: The thing that was avoided was too much to handle, and failure would have been the result. Consequently, the person did not learn that they could have done it. They lost out on the earned confidence that comes with the experience and evidence that they can handle life's challenges.

These costs seem like a small price to pay in the face of anxiety. But when paid again and again, they cost time, joy, connection, and confidence—not to mention peace of mind. When pushing something away costs more than what it buys, that veers into maladaptive avoidance.

Thankfully, moving forward and reclaiming one's life is possible using certain techniques to rise above anxiety. All the tools and techniques in this course will fall into one of two buckets. The first bucket is change. Many of

the change tools will come from a branch of psychotherapy called cognitive behavioral therapy (CBT). In a nutshell, CBT posits that how someone thinks and acts affects how they feel. So, by changing how they think (cognition) and how they act (behavior), they can change how they feel (emotions, including anxiety).

The second bucket is acceptance. In this case, acceptance does not mean resignation but rather seeing whatever one accepts—such as a thought, feeling, or physiological sensation—as part of living a meaningful life. It involves developing a willingness to experience the components of anxiety and to see those experiences as separate from oneself. Practicing acceptance involves using a lot of mindfulness and mindfulness-based tools within the acceptance bucket.

Mindfulness is a word that has become so popularized that it has taken on a life of its own, so it should be defined here. Jon Kabat-Zinn—the father of American mindfulness and the author of *Full Catastrophe Living*—states that mindfulness is paying attention, on purpose, in the present moment, without judgment. Mindfulness settles the mind on a focal point, which is traditionally the breath but can really be anything in the present moment.

Using mindfulness and acceptance, a person can learn that they might not be able to change the world or their thoughts and emotions, but they can choose how they engage with things.

In short, CBT aims to change a person's thoughts, actions, and emotions, while acceptance and commitment therapy (ACT) aims to change a person's relationship to their thoughts, actions, and emotions. Both can be done using change and acceptance skills. So much of anxiety is learned, which means it can be relearned. The techniques in this course have worked time and time again for many people; nonetheless, not all of them have to be mastered or even used. The important thing is to choose the techniques that work personally.

Reading

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2

Understanding and Challenging Anxiety

IN THIS LECTURE, YOU'LL EXAMINE ANXIETY IN REAL time. You'll break down an anxious moment into its basic components to understand what the emotion is made of and how to harness that understanding to create change. Next, you'll do a deep dive into thoughts. Thoughts are fast and automatic, and to challenge or accept them, you first have to catch and articulate them. Then, you'll set some goals and create a customized program you'll refer to throughout the course. After that, you'll investigate some of the core scientific concepts behind anxiety treatment—specifically, exposure and inhibitory learning. Finally, you'll learn about values and plot a course towards the life you want to live and the person you want to be.

The Components of Anxiety

An anxious moment consists of three components. The first is cognition or thoughts, which can be words or images. The second is physiological sensations or the physical changes that happen in the body. The third is behaviors or actions, which may be visible or invisible. (Examples of the latter include worry, procrastination, rumination, and avoidance.) Each of these three components interacts with the others; none of them exists in a vacuum.

Anxiety can start with any of the three and amplify from there. For example, it can begin with a physiological sensation, such as tightness in the chest. That pressure might lead to the thought of a heart attack, which might lead to a behavior, such as going to the emergency room or searching online for "heart attack symptoms."

Alternatively, anxiety can start with a thought: "My friend hasn't texted me back. What if she's mad at me?" That thought might lead to a physiological sensation, such as a shot of adrenaline or a drop of the stomach, which might lead to a behavior—for example, texting again to check in or asking another friend for reassurance.

Finally, anxiety can start with a behavior, such as giving an incorrect answer to a question in a work meeting. That incident might cascade into a thought—"Oh no, everyone must think I'm so stupid"—and a sensation, such as an increased heart rate or feeling of tension.

The three components are connected by double-headed arrows. Not only can they all interact with and amplify each other in any direction, but they can also come together to create anxiety. Now, the great thing about having three components is that it provides three points of intervention. Changing any of the three will affect the other two. Furthermore, changing one's relationship to any of the components will change the resulting feeling or how the feeling is perceived.

Challenging One's Thoughts

For someone who is wired through genetics or experience to have overgrown anxiety, the effect is like wearing purple sunglasses that influence their perception of the world. These glasses affect how they take in and organize information, interpret situations, and respond emotionally. They color the world with an anxious core belief, such as "the world is a dangerous place," "bad things can happen at any moment," or "people will reject me if I do things wrong."

Though these beliefs are sometimes accurate, overall, they result in viewing the world inaccurately and seeing ambiguous, uncertain, or incomplete information anxiously. Unusual or unexpected scenarios are more easily interpreted as negative, and these anxious interpretations might increase anxious feelings, which might trigger more anxious thoughts. The eventual end is avoidance, which maintains and even grows anxiety.

The goal is not to switch from purple- to rose-colored glasses or to swap out inaccurate anxious thinking for inaccurate positive thinking. Instead, the goal is to switch to clear glasses and to look at the world more accurately.However, thinking more accurately can take some practice because anxious thoughts are fast and automatic. Human beings are primed to be efficient—to make snap judgments, jump to conclusions, and use shortcuts and heuristics.

Therefore, the first step is to slow down. Slowing down allows the individual to access their thoughts; gain insight into how they think; and apply change, acceptance, or both. This process can take some getting used to, as it takes practice to catch, examine, and challenge one's thoughts. One method for catching anxious thoughts is to use emotions as a proxy. When a person feels their mood start to shift, they can ask, "What just went through my head?" This question will help them find their thought. Similarly, another method is to start with a physical sensation and ask, "If that exclamation or sensation could talk, what would it say?"

Here is another common issue: Anxious thoughts often pose themselves as questions, and challenging a question is difficult. Nevertheless, anxious what-ifs can be rearranged into a statement. For example, "What if something bad happens?" becomes the declarative statement "Something bad is going to happen." When the question is rearranged as a statement, it is in a more solid, less slippery form that can be challenged by applying the proper tools.

Setting Goals

The next step is to set some goals, which involves asking the following questions: "If anxiety were no longer a problem in my life, what would I be doing? What would I be doing more or less often if I were living the life I want? What would I no longer avoid if I were on the other side of anxiety?"

Notice that these questions do not get rid of anxiety but only turn down the volume. Additionally, note that they contain the word *doing* because goals should be behavioral—meaning they can be checked off on a list when they have been accomplished. For instance, "Be more confident" is a wonderful but vague goal. Instead, one should ask, "What would I be doing if I felt more confident?" The answer then becomes a goal.

Goals can be big, small, or anything in between. Some examples of small goals are asking the waiter for a water refill rather than waiting for them to notice and initiating a conversation with the neighbor rather than saying, "Hi," and then walking on by. Some big goals are getting a colonoscopy or mammogram and asking for a raise despite feeling intimidated.

Importantly, the size of the goal is subjective, and what is a big or small goal depends on the individual. Getting on an elevator might be something one person can do without thinking, while another person would rather take the stairs to their 10th-floor office than stand in an elevator because of their claustrophobia. Everyone is different, so what is hard or easy should not be compared.

In this step, coming up with a challenge list of 8 to 12 goals is best. Some goals should be big, some small, and some in between. They must be written down (in any order) so that they can be referred to later. This challenge list will allow the individual to tackle all their goals—starting from the small ones and working their way up.

The Core Concepts behind Anxiety Treatment

Facing one's fears is called exposure, which is just the technical way of saying practice. Exposure therapy is the cornerstone of anxiety treatment and is the single best way to gather evidence that refutes the two lies of anxiety: the thing avoided was dangerous and could not have been handled anyway. By approaching one's fears rather than avoiding them, one can generate experiences that chip away at both of those lies.

So, how does exposure work? Someone who faces their fears experiences inhibitory learning, which entails learning new information about safety that inhibits the original fear. The goal is to learn the new information so strongly that it permanently inhibits the original fear.

Here is one way to think about it: People usually hike on well-established trails that cut through the forest because such trails are worn and easy to navigate. Similarly, through repeated experiences, the brain has a well-worn path where anxiety flows easily. Every time avoidance occurs or fear is reinforced, the path becomes more established. Thus, facing one's fears and trying out new thoughts, behaviors, and physiological sensations is like establishing a new hiking trail. The aim is to hike down the new path so often and so thoroughly that it eventually becomes an easier trail to hike than the old one.

When facing one's fears, feeling unsure about being ready to do so is normal. Being ready assumes having to feel like doing something before doing it. However, by putting the action first, the feeling will catch up. Readiness, motivation, and—apropos to the situation—confidence will catch up.

The next question is, "Why bother going through all this?" The answer is to change things up for a reason—specifically, values. Values can consist of anything important, meaningful, or valuable, such as one's kids, nature,

human connection, or service. According to Kelly Wilson (one of the founders of ACT) and Michael Twohig and Clarissa Ong (coauthors of *The Anxious Perfectionist*), a value has four parts. First, it is freely chosen and never coercive or obligatory. Second, it is intrinsically meaningful to the individual. Third, it is within the person's control and not contingent on other people. Fourth, it is continuous and can never be checked off on a list—unlike a goal.

Think of a goal as a destination and a value as a direction. For instance, "retire early" is a goal, whereas financial security, wealth, leisure, or freedom are values. Moreover, just like a violinist is never done practicing the violin, people never stop living their values. They can always move in the direction of their values, even when those values change throughout their lives as they grow and evolve.

Following their values allows a person to live a life that is important and meaningful to them. To be able to live such a life means not letting anxiety decide how they show up in the world and instead allowing their values to guide how they live—to quote the poet Mary Oliver—their "one wild and precious life." After all, values are meant to be lived and not just held, and they should be put into action.

Reading

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3

Your Anxious Thoughts: **Overcoming Worry**

ONE OF THE PILLARS OF A VERY COMMON ANXIETY diagnosis called generalized anxiety disorder (GAD) is worry. Worry is a negative, future oriented, relatively uncontrollable thought or chain of thoughts that attempts to problem-solve an issue where what is going to happen is unknown and could end badly. It is an overgrown form of a fundamentally good thing—thinking—and like anxiety, it has good intentions. This lecture defines and describes worry, including the reasons why people think this way. Most importantly, it presents some helpful skills from the change and acceptance buckets that anyone can use to deal with this type of thought.

Defining Worry

Thinking is productive. When thinking ahead helps a person plan or anticipate problems, it works well because it helps them move forward. By contrast, worry is unproductive. It is a form of thinking ahead, but if thinking ahead is a car driving down the road, worry is a car stuck in the mud with its wheels spinning. A lot of energy and effort is expended, but the car does not go anywhere. In both cases, the brain is attempting to solve an issue, but the worry is only masquerading as problem-solving.

Worry can take different forms. Sometimes, worries trigger additional worries, with one leading to another, skipping from topic to topic like a rock skipping over water. Conversely, worry can also stay relatively static about one feared outcome.

Whether worry becomes a chain or stays static, it feels uncontrollable. Once the brain decides to worry about something, it can feel like a mental screensaver—that is, if the person is not actively engaged in something else, their brain automatically goes back to whatever it is they are worried about. Sometimes, worry can feel so uncontrollable that it is the only thing they can think about. They miss out on the moment because they are busy worrying.

Worry is not a disorder in and of itself, but when it crosses the line into distress and impairment, it is a core symptom of GAD. In addition to uncontrollable worry, the other pillar of GAD is physical tension, usually in the neck, shoulders, and back. Physical tension can also creep into other symptoms—such as feeling restless; having a hard time focusing or concentrating; having trouble sleeping; experiencing gastrointestinal problems; and getting grouchy, grumpy, or irritable. With the incessant thoughts and the physical tension, GAD adds up to feeling chronically on edge or agitated, which is exhausting.

So, why has worry stuck around through the millennia? According to cognitive avoidance theory, which was formulated by psychologist Thomas Borkovec, people worry to get away from the feelings evoked by their thoughts of worst-case scenarios. Worry allows them to escape from their feelings by keeping them in a more intellectual, verbal, and abstract realm. Even though it is uncomfortable and exhausting, worry is trying to help them.

Change Tools for Dealing with Worry

The four cornerstone tools for dealing with worry within the change bucket come from CBT. They help with cognitive restructuring, which is defined as noticing and changing thinking patterns that cost more than what they buy.

The first tool is specification. Anxiety is vague, so simply honing one's thoughts from vague to super specific can be an effective tool. Plus, specification sets the individual up to challenge their thoughts. A vague and squishy thought cannot be challenged, but a clear and precise thought can. Take the classic worry that "something bad will happen," which is extremely nonspecific. By turning it into something specific—"The guy who answers the phone at the pizza restaurant won't understand my accent, and our order will get screwed up"—pushing back is easier. Sometimes, specification is the first and last step. When the feared outcome is stated out loud, realizing it is highly unlikely or unrealistic lessens the worry.

The second tool is called de-catastrophizing, which is simply asking, "How bad would it really be? What's the worst that could happen?" Of course, the feared outcome will likely still be uncomfortable, challenging, or hurtful—

but it will not be irredeemably awful forever. Thus, de-catastrophizing provides some perspective. Nevertheless, some outcomes are true catastrophes. To deal with those, a third tool can be used.

This third tool—probability estimation—involves slowing down and shining a bright light on an anxious thought. The worry is treated like a math problem: "What are the odds?" For a worry with multiple steps, the odds of each step happening can be calculated and then multiplied, which will probably result in a tiny percentage. The conclusion is that no amount of anxiety or urgency is proportionate to the odds.

The fourth tool is coping ahead, which is simply asking, "What would I do? How would I cope?" It entails answering all the what-if questions rolling through one's brain and coming up with a coping plan if the feared outcomes come to pass. This tool works for both small and big things. Using such resources as problem-solving skills, self-care, downtime, and people who can provide a listening ear, what to do and what the plan is can be spelled out.

However, some folks are reluctant to try to change because they believe worry is helpful to them—that it buys them more than it costs them. For example, Natalia has a son who has asthma, and she cannot stop worrying that he will have a bad asthma attack. She feels that worrying will help keep him safe and that she will be blindsided if she does not worry. A part of her believes her worry is a form of taking action. Such positive beliefs are common: "Worry motivates me. Worry helps me be prepared. Worry prevents bad things from happening. Worry helps me solve problems. Worry helps me be in control of the situation." The technical term for these thoughts is *metacognitions* (thoughts about thoughts).

Metacognitions can be challenged by doing an A/B experiment. For instance, Julie is a nursing student who worries intensely about doing poorly in school. Her worry is exhausting, makes her grouchy, and gives her stomach problems before every exam. However, she credits it with keeping her motivated and on top of things. As an A/B experiment, she worries as much as she can for one exam and uses the four cognitive restructuring skills above—as well as some mindfulness skills—for another exam. The result is that she does about the same on both exams and learns that not worrying excessively before an exam feels nice. She realizes that worry might initially feel like a life preserver but is actually holding her underwater. It costs her more than it buys her.

Acceptance Tools for Handling Worry

The first tool from the bucket of acceptance is mindfulness. Recall that mindfulness is paying attention, on purpose, in the present moment, without judgment. Another way to explain mindfulness is that it shifts one's focus from the content of one's experience to an awareness of the experience. Mindfulness is not one's thoughts, emotions, and sensations; rather, it is the realization that "I'm thinking X, I'm feeling Y, and I'm sensing Z."

A lot of people find mindfulness to be pleasant and relaxing, but this is not always the case. A person can also be mindfully aware of some pretty uncomfortable feelings or ideas they would rather not think about. In this situation, mindfulness means being aware of uncomfortable feelings or thoughts and noticing them without judgment or the need to make them go away.

The next tool is called cognitive defusion. But first, cognitive fusion comes about when someone is overly attached to their thoughts and takes them overly seriously as if they were truth. For example, Janet struggles with OCD and is concerned that harm will come to her partner, Thomas. The well-worn neural hiking trail in her brain often leads her to the thought that "Thomas

is going to die in a mass shooting." With this idea in her mind, she gets tense and panicky and even cries sometimes. She is fused with the thought because it feels like truth—like a foretelling. However, it is just a thought.

According to Russ Harris—ACT trainer and author of *The Happiness Trap*—people can fuse with lots of kinds of thoughts in six ways. First, they can fuse with thoughts about the past, and second, they can fuse with thoughts about the future. Third, they can get overly entangled with thoughts about the self—what kind of person they are and what that means about them. Fourth, they can get stuck on reason giving, where their explanations feel true. Fifth, they can get stuck on dictates (such as "always be productive") or how to feel (for example, "if I feel scared, I shouldn't try"). Sixth, they can get fused with judgments (such as "I'm a loser").

To defuse from such thoughts, an individual can use mindfulness to observe them. They can look at their thoughts objectively rather than let them drive their actions. They can also play with their thoughts as part of cognitive defusion—and even get a little irreverent and creative. A classic defusion technique is to picture one's thoughts floating by like leaves on a stream. A variation of this tactic is picturing one's thoughts as plates of sushi on

the belt at a revolving sushi restaurant. One can also picture a distressing prediction, rule, or judgment as fancy needlepoint on a pillow, skywriting behind an airplane, or words written in purple Comic Sans.

Playing with a thought this way not only emphasizes that it is a product of the mind but also provides some control over it. Rather than being sucker punched and put in a passive, low-power position, the individual can take an active, high-power position. Though this exercise does not get rid of the thought, the person's relationship to it changes.

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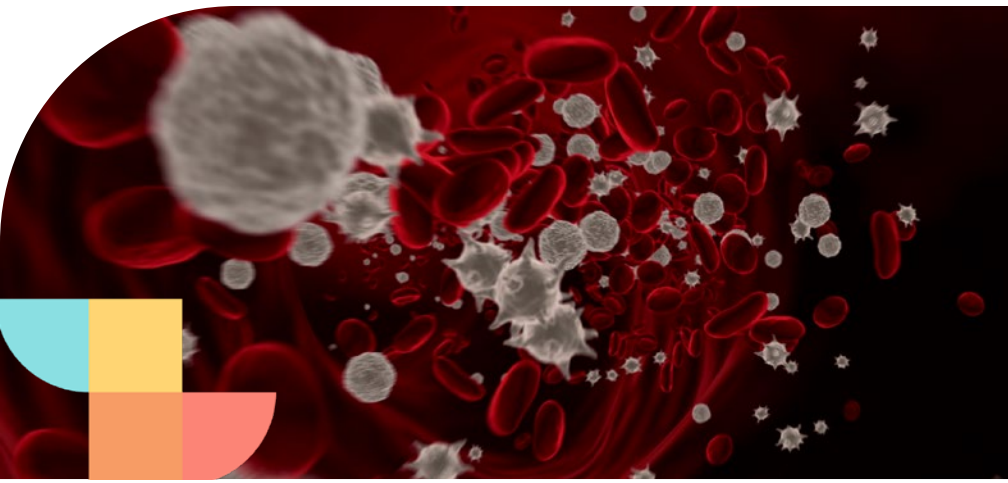
4

Your Body: **Tools for Anxiety** and **Panic**

THIS LECTURE ZOOMS IN ON THE PHYSIOLOGICAL sensations component of anxiety. Human beings' bodies have several responses to threats—including fight or flight, freeze, flop, and fawn. However, since this course is about anxiety and panic, the focus here will be on fight or flight. You'll start by examining the panic cycle, safety behaviors, and panic disorder. Then, you'll investigate some change and acceptance tools for handling the physiological sensations of anxiety, such as slow breathing with longer exhales and reframing your physiology without having to change it at all.

Defining Panic

When someone is acutely anxious, their body sends blood to their large muscle groups. This preparation results in the dilation of their blood vessels, which makes them blush and raises their body temperature. They also experience dry mouth and shortness of breath, which are caused by their muscles' increased need for water and oxygen, respectively. Their adrenaline spikes, resulting in trembling hands or lips. Plus, their gastrointestinal system rids itself of extra weight so that they can be quicker on their feet when they fight or run.



A little bit of this revving up is good, as moderate anxiety enhances performance. In fact, the relationship between anxiety and performance takes the shape of roughly an upside-down *U* called the Yerkes-Dodson curve, with the optimal level of anxiety for peak performance at the top of the curve. However, along the right side of the curve, performance decreases as anxiety increases. Moreover, intense anxiety is uncomfortable. Panic—the most extreme anxiety—is unpleasant, to say the least.

Potentially helpful anxiety turns into panic through a three-part snowball effect called the panic cycle. In the first step, panic begins with physical sensations that are interpreted as dangerous. The second step is called

catastrophic misinterpretation, which involves truly scary and consequential thoughts that enter the mind—such as "I'm going crazy," "I'm having a stroke," or "I can't get enough air." The third step is fight or flight as the catastrophic misinterpretation provokes anxiety and amplifies the physical sensations. The intensified symptoms are then interpreted as proof that something is really wrong. The cycle repeats until the parasympathetic nervous system kicks in, and the body drops into exhaustion.

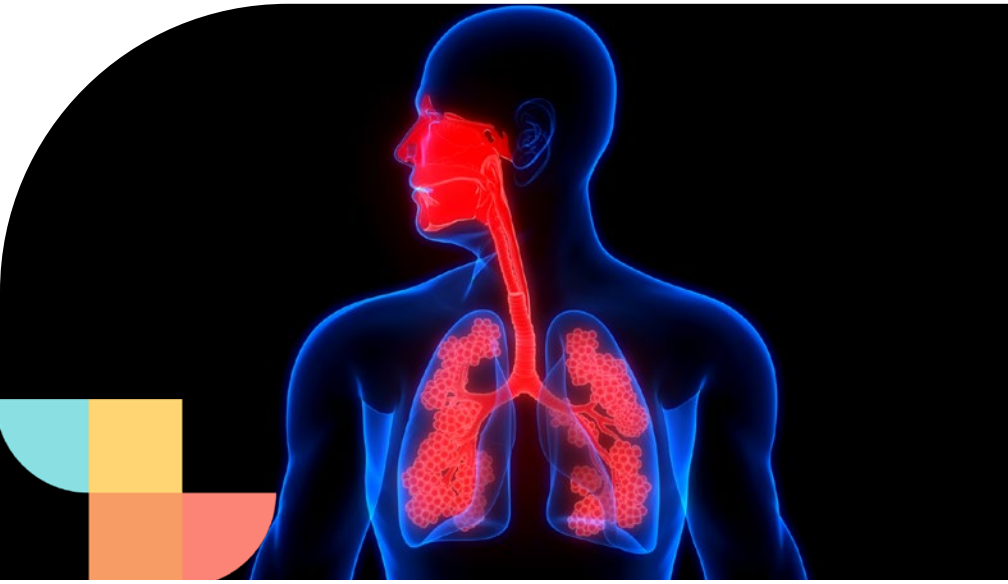
Once someone has had a panic attack, they might fear having another one. So, they'll try to do everything in their power to prevent that from happening. They keep panic at bay with safety behaviors, such as carrying a water bottle at all times, only going out with someone else so that the person can assist them or call for help if panic strikes, or monitoring their body closely for the symptoms that precede an attack, especially in circumstances similar to the first attack.

Such safety behaviors are a form of avoidance. Other methods of avoidance include avoiding any situation where the individual might experience panic-like symptoms, such as exercising, having sex, or drinking coffee. If their fear crosses the line into distress and impairment, experiencing panic attacks crosses the diagnostic line into panic disorder. Panic disorder often (but not always) goes hand in hand with another diagnosis called agoraphobia, which is intense anxiety in a minimum of two situations where escape might be difficult—for instance, in open spaces or crowds.

Regardless of how someone tries to save themselves from panic or avoid spaces that make them anxious or panicky, avoidance steals the credit. The individual attributes not having a panic attack to the fact that they had their medications with them, they sat near the exit, or they scouted out the restrooms as soon as they got to the restaurant. Safety behaviors and avoidance reduce their stress and anxiety—but only for the short term. In the long term, they become dependent on such actions, which makes them reluctant to leave the safety behaviors or avoidance behind. They start to believe that the situations they avoid are truly dangerous, which narrows their lives.

Change Tools for Dealing with Panic

To deal with panic attacks, two points of intervention can be used: physiological and cognitive. Starting with the change bucket, one way to slow and calm one's physiology involves using the respiratory system—in other words, breathing. Deliberately changing the speed, depth, and pattern of breathing allows the individual to take advantage of the fact that the body is a package deal. All systems want to work together, so breathing can be the gateway to calming all the other body systems.



The first aim is to breathe slowly, which will slow the cardiovascular system and cascade out to the other systems. The second goal is to rebalance the proportion of oxygen and carbon dioxide in the blood to prevent hyperventilation and constriction of the blood vessels. The way to regain this balance is to make the exhalation longer than the inhalation.

A method popularized by the wellness expert Andrew Weil called 4-7-8 uses these principles: Breathe in for a count of four, hold for seven, and breathe out for eight. Another popular method is called box breathing: Inhale for four,

hold for four, exhale for four, and hold for four. The latter does not have a longer exhale, but it does help slow down one's breathing and calm the body. Ultimately, the exact method or count is less important than breathing in a calm, slow manner to get through anxiety.

The next change technique is a cognitive one called interoceptive exposure, which is the gold standard for treating the fear of fear itself that characterizes panic disorder. Here, the individual uses their body to change their thoughts. They intentionally approach the symptoms they are afraid of rather than continuing to avoid them. Specifically, they practice the sensations that make them anxious so that they do not make catastrophic misinterpretations about them when they occur in the wild.

As the feared sensations are experienced again and again, the brain will learn that they might be uncomfortable or annoying, but they are not dangerous. Ultimately, the goal is to get the brain bored with the sensations so that when they occur randomly in real life, the brain will be willing to experience them as opposed to interpreting them as problems, dangers, or signs of a feared outcome.

The interoceptive exposure process is uncomfortable, but anxiety will start to decline over multiple practice sessions. Over time, this approach refutes the two lies of anxiety discussed in the first lecture and changes catastrophic misinterpretation from "Oh no! This can't happen!" to "Eh, this happens," thus interrupting the panic cycle.

Acceptance Tools for Dealing with Panic

Within the acceptance bucket is a technique called 5-4-3-2-1. This tool does not aim to change physiological sensations but often does so as a bonus, and it can make people feel calmer and more centered by grounding them in the present moment. The technique involves looking around one's surroundings and working through the five senses in any order.

For example, the first step is naming five things that can be seen, and the second is naming four things that can be heard. The third step is naming three things that can be touched, while the fourth and fifth steps are naming two things that can be smelled and one thing that can be tasted, respectively.

This simple exercise does two important things to interrupt the sensations of anxiety: One, it grounds the individual in their senses and the present moment. Two, having to keep track of the count and which sense comes next interrupts spinning thoughts. The 5-4-3-2-1 tool is a mini moment of mindfulness that is especially helpful because it is portable. It can be done anywhere, anytime.

To wrap things up, here is a method that has one foot in the change bucket and the other in the acceptance bucket. It encompasses accepting physiological sensations by changing how they are thought about and is related to a study conducted by Alison Woods Brooks at Harvard Business School. In the study, she asked the participants to solve difficult math problems under time pressure. She framed the problems as an IQ test,

gave a monetary reward for every correct answer, and deducted money for every incorrect answer. Moreover, the instructions ended with, "Good luck minimizing your loss." Indeed, everything was focused on making the participants as anxious as possible.

Right before the math test began, each participant was given one of three instructions: Try to remain calm, try to get excited, or please wait a few moments. Then, they were hooked up to a heart rate monitor so that the study team could see what happened. In the end, everyone's heart rate remained high throughout the task, but the group that was told to get excited performed best on the test.

The reason for this is that people naturally get physiologically activated before a big moment. All bodily systems are go, and slowing a racing heart and jangling nerves is hard. So, rather than trying to change their physiology, an individual can change their mindset by saying, "I'm excited." Doing so changes their view of the task from a threat (which results in anxiety) to an opportunity. In other words, seeing the task as something to look forward to doing rather than something that has to be done does not change a person's physiology, but it can change how the task is interpreted in their mind.

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5

Your Actions: **Living a Valued Life**

BEHAVIOR IS ARGUABLY THE MOST IMPORTANT OF THE three components of anxiety because it is the most under a person's control. Human beings have some control over their thoughts and bodies, but they cannot control them completely. By contrast, people can always control their behavior. In this lecture, you'll delve into the details of controlling your behavior in light of anxiety by applying your values. You'll learn about such concepts as towards moves and away moves and how they relate to change and acceptance tools to help you live the life you want. Finally, this lecture provides some examples of challenge lists to illustrate how you can supercharge your progress with yours.

Applying Values to Behavior

Controlling one's thoughts is hard because thought suppression does not work. When a person suppresses a thought, one part of their brain does avoid the thought, but another part checks to make sure they are doing it, which makes them think about it. In other words, they have to remember what it is they are not supposed to think about. This mechanism is called ironic process theory—also known as the white bear effect originated by the social psychologist Daniel Wegner. As the name suggests, the exercise he liked to use was "Don't think about a white bear!"

Similarly, human beings have some control over their bodies but not complete control. They cannot willfully kick their immune systems into high gear or ask their sweat glands to stop perspiring. However, they can control their behavior with respect to their context or situation. For example, they can control the behavior of eating breakfast, but it will look different given the context of having shopped for groceries yesterday versus a week ago or the context of a lazy Saturday morning with lots of time to cook versus grabbing a cereal bar and rushing out of the house on a Monday.

So, what drives behavior? The answer is values, which are under a person's control, freely chosen, continuous, and intrinsically meaningful. Values can be concepts—such as adventure, authenticity, justice, or kindness—or priorities, like self-care, financial security, family harmony, or close friendships. They can include objects or center on relationships. In short, values are the things that make a person feel fulfilled and make their life feel meaningful.

Nevertheless, behaviors are sometimes driven by anxiety, and anxious behaviors throw the individual out of alignment with their values. Letting anxiety control their behaviors does not usually lead to living the life they want. They miss out, end up exhausted, or endure with white knuckles. Therefore, the goal is to lessen the time they spend in anxious avoidance and increase the time they spend doing things they find meaningful—or, to flip that, to find meaning in doing the things they have to do anyway.

A variation on a concept called Choice Point from Russ Harris and his colleagues Ann Bailey and Joseph Ciarrochi can help a person consider whether their behaviors are "towards moves" or "away moves." As these terms

suggest, towards moves move someone towards their values and match how they want to live, while away moves take them away from their values and further away from being the person they want to be.

When life is easy and anxiety is quiet, following one's values is pretty easy. However, when anxiety bubbles up in the form of anxious thoughts, feelings, and urges, following one's values is harder. In the latter situation, change and acceptance tools can help the individual either change or accept those anxious thoughts, feelings, and urges and then move towards their values and the life they want to live through their behaviors.

Deciding at the Choice Point

At the Choice Point, the individual has to decide the following: How will they respond to their anxious thoughts, feelings, and urges? Will they let anxiety drive them away from their values? Or will they use their skills of change and acceptance? The operative word here is *choice*: They get to choose how to

respond in a moment of anxiety. They always have a choice to either change the things that can be changed or wholeheartedly accept what cannot be changed so that they can move forward towards their values.

People who build their skills of change and acceptance will be able to take charge of their anxiety, choose actions in line with their values, and move closer to the life they want. For example, Brian has imposter syndrome, and his anxiety drives him to overcompensate to prove himself. He checks his email on his phone constantly and always replies instantly so as not to disappoint any colleagues by taking too long to respond. He polishes and rewrites his projects for many hours because he is so worried he will make a mistake. In short, his actions are driven by his anxiety, and listening to his anxiety costs him a lot.

One of Brian's values is being fully involved in his son's life, but he frequently excuses himself from the sideline of his son's soccer games to answer emails and misses most of the action. He opts out of parent-teacher conferences and bedtime stories because he perceives there is always more to do at work. Consequently, Brian's wife feels like she cannot count on him, and his son learns to go to mom automatically because dad is never available. Brian feels guilty, isolated, and disappointed in himself.

With the help of a therapist, Brian identifies his anxious thoughts as "I don't deserve to be here. I have to prove myself all the time." He also identifies his away moves, such as interrupting moments of connection to answer work emails and missing family events to polish his work. This process brings him to a Choice Point.

Brian decides to use some change skills. He turns the tables and asks himself whether he would expect a colleague to answer all emails immediately. He realizes that unless the matter is urgent, the answer is "no." He also does some acceptance. He imagines his "I don't deserve to be here" thought broadcast over a loud radio over and over, and he discovers he does not have to listen to it so closely. Though he cannot turn the radio off, he does not have to focus on its message.

In addition, Brian practices feeling his phone buzz and choosing to keep watching the soccer game rather than ducking away to check his email. He practices riding the wave of the urge to leave the minute the game ends to go home and work, and he chooses to stay and chat with the other parents. Eventually, he is able to choose these towards moves more consistently.

Remaining attentive in the moment, checking his email regularly but not instantly, and prioritizing family life do not necessarily make Brian's anxiety go away. Nonetheless, the idea of having a choice and that he would contend with negative feelings either way is extremely helpful. He figures that between guilt and disappointment if he listens to his anxiety and residual anxiety if he listens to his values, he might as well feel bad while following his values. And counterintuitively, accepting that he would feel some anxiety helps him feel less anxiety.

Working through a Challenge List

This section presents two ways to make some headway with a challenge list: through repetition and via dropping safety behaviors. The first method is demonstrated by Eric, whose primary concern is social anxiety. Here is his list:

1. Order at a restaurant without rehearsing it in my head.

2 Use regular checkout when the self-checkout line is longer.

3 Ask a store employee for help when I can't find an item.

4 Tell the barista when they accidentally get my order wrong rather than just keep the incorrect drink.

5 Initiate conversations with colleagues.

6 Maintain a conversation when a colleague initiates with me.

7 Show up to a hiking meetup.

8 Make a dating profile.

9 Go on a date.

In Eric's case, he can practice repetition with the fifth item. Initiating conversations with his colleagues many times will provide more evidence to refute the two lies of anxiety: The worst-case scenario is a forgone conclusion, and he cannot handle it anyway. With a repeatable item like this, he can brainstorm various ways to make it harder or easier.

Eric can vary his challenge by person. Initiating a conversation with Marge, who is friendly and chatty, might be easier versus Megan, who seems intimidating. Alternatively, he can vary by conversation length: A long talk over lunch in the breakroom is more uncomfortable than a quick how-was-your-weekend. He can also vary by topic. Initiating a conversation about the weather or the traffic is easier than asking for advice or disclosing a problem. The point is that repetition will help Eric grow and stretch.

The second method is illustrated by Tabitha. Her anxiety primarily centers around germs. Here is her list (keeping in mind that normative handwashing is washing before eating or preparing food, after using the bathroom, and when one's hands are visibly soiled):

1. Refrain from washing my hands after touching the handle of the refrigerator.
2. Sit typically on public transportation rather than on the edge of the seat.
3. Eat at a restaurant and refrain from using hand sanitizer after touching the menu.
4. Continue to touch items in my house after putting away groceries.
5. Continue to touch things in my purse after handling money.
6. Continue to wear the same clothes when I come home from errands (though I can take off my outside shoes).
7. Continue to touch things in my house after taking out the garbage.
8. Cook raw meat according to the recipe rather than cooking it for longer.

With regard to number 5, Tabitha perceives money as dirty and feels anxious about touching the contents of her purse because she thinks they will also become contaminated. In tackling this challenge, she is willing to perform the exposure of touching the objects in her purse despite her fears. However, her safety behavior is that she touches them gingerly with the tips of her fingers.

A great way to approach this challenge is to do it initially with the safety behavior and then drop the safety behavior and touch the objects fully after a couple of repetitions. Tabitha could even add another level of overlearning: After touching money, she could try to deliberately and thoroughly handle all the contents of her purse.

These two methods—repetition and dropping safety behaviors—can help Eric and Tabitha change and accept their anxiety. Ultimately, they will allow them to move towards their values, such as connec tion, independence, and bravery.

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6

Rise Above Social Anxiety

THIS LECTURE IS A DEEP DIVE INTO ONE OF THE diagnoses mentioned in the previous lecture: Eric's social anxiety. You'll examine what social anxiety is, how it falls into one of four categories (appearance, anxiety itself, social skills, and character), and how to recalibrate it. You'll also go over two skills—task-focused attention and giving oneself some structure—as well as dropping safety behaviors, which can help a person deal with this type of anxiety and live more authentically. Whether or not social anxiety is one of your challenges, this lecture is sure to provide some valuable takeaways.

Defining Social Anxiety

Social anxiety is an individual's perception that something is wrong with them or that they are deficient in some way—and unless they work hard to conceal that perceived flaw, it will be revealed to everyone around them, who will judge or reject them for it. This self-consciousness is about something intrinsic to their very being.

According to David Moscovitch—a psychologist and social anxiety researcher at the University of Waterloo—the perceived fatal flaw typically falls into one of four categories. The first is appearance: The person thinks something about the way they look is shameful, such as being fat, ugly, or inadequately dressed. The second is anxiety itself: They fear that others will detect signs of their anxiety—such as sweating through their shirt, blushing, or speaking with a quavering voice—and infer that something is fundamentally wrong with them. The third category is social skills: In their efforts to avoid being judged as awkward, boring, or having no personality, they might opt to stay home or remain silent when they are out with friends. The fourth is their entire character: They think their whole personality is somehow deficient and worry people will think they are a loser, imposter, or freak.

However, these perceived fatal flaws are distortions. They are either flat-out untrue or may only contain a grain of truth. Social anxiety inflates these grains of truth to distorted proportions and magnifies the perceived flaws and their consequences until they become more dire than reality dictates.

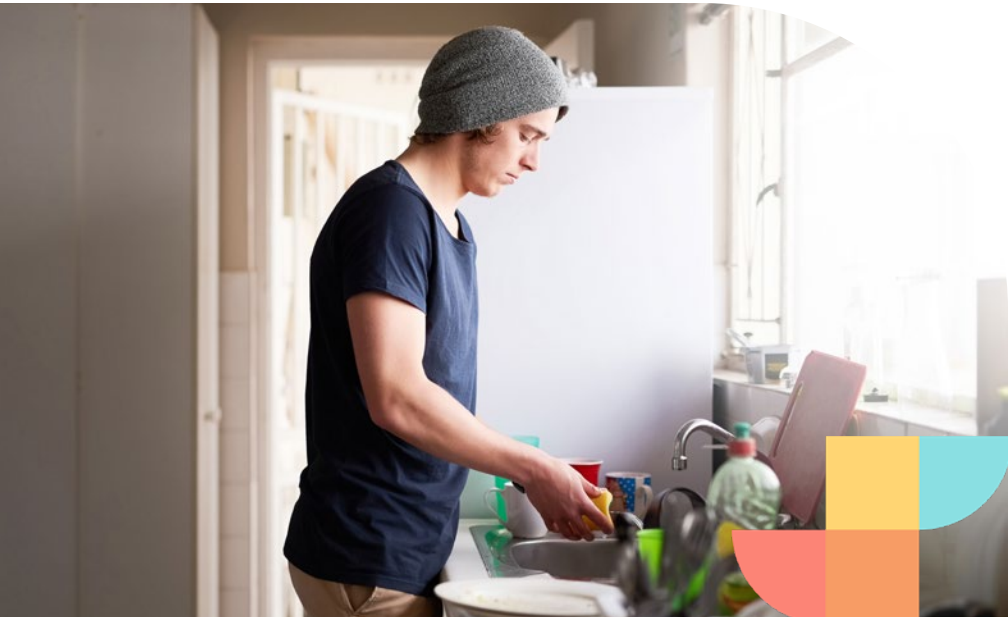
To recalibrate from these distortions, a good way to start is to realize that 40% of people identify as shy, which is just the everyday way of saying socially anxious. Moreover, 80% say they have been dispositionally shy at some point in life, and 99% have experienced a socially anxious moment. Thus, a person who has social anxiety is actually in one of the biggest boats; they are not alone.

Moreover, for 13% of people in the US—which accounts for millions of people—social anxiety crosses the threshold of distress or impairment at some point in life. It is the most common anxiety disorder and the third most common psychological disorder overall, right behind depression and substance use disorder.

Nevertheless, some people do not realize they are in that big social anxiety boat and might chalk it up to introversion. The difference is that introversion is a personality trait. With introversion, no perceived fatal flaw, feared reveal, or disproportionate expectation of judgment or criticism exists. In a nutshell, introversion is baked into someone's personality, while social anxiety can be changed.

Tools for Dealing with Social Anxiety

The first skill that works for social anxiety—and, indeed, any kind of anxiety—is task-focused attention, which is based on the work of Susan Bögels at the University of Amsterdam. She states that attention can be thought of as a spotlight. As folks live their lives, the spotlight points outward to whatever they are doing, such as reading, working, or doing the dishes. Other times, the spotlight points inward, like when they are lost in thought, working on a problem, or daydreaming.



However, in a socially anxious moment, the individual points their attention inward in a potentially problematic way: self-monitoring. They might turn their attention to their body and monitor what is happening internally. Or they might turn it to their behaviors—specifically, their social performance. This internal focus is called self-focused attention, and it leaves very little attention for what is happening in the moment.

Self-focused attention can be turned around using task-focused attention. As attention is like a spotlight, the good news is that people get to choose where to point the spotlight and focus their attention. The focus can be shifted from inward self-monitoring to outward focus on the task at hand, such as via listening, talking, being present, and connecting with others.

The second skill is structure. A study by Australian researchers Simon Thompson and Ron Rapee illustrates this tool. The research team recruited two groups of women: One group had social anxiety disorder, while the other was more outgoing and gregarious than average. In the waiting room, a male research assistant pretending to be a fellow study participant tried to strike up

a conversation with each participant for 5 minutes. Then, another researcher entered the room and told them to get to know each other as well as they could in 5 minutes.

Thus, the unstructured 5 minutes had opportunities for conversation but no particular goal, while the structured 5 minutes had a mission to fulfill: Get to know this guy as much as possible in 5 minutes. As expected, the scores of the group with social anxiety were lower than the scores of the gregarious group in the unstructured 5 minutes. However, in the structured 5 minutes with clear instructions and something specific to do, the two groups were almost equal.

The reason for this result is that social anxiety is particularly common in situations where people are not clear about what they should be doing or do not know what is going to happen. Consequently, they can reduce their anxiety by giving themselves some structure. For example, they can take on a leadership position in an organization, which gives them a role to play, a reason to talk to everyone, and a duty to fulfill. Or they can assign themselves the task of saying something within the first 10 minutes of a work meeting so that they do not feel ever-growing pressure to speak as the hour goes by.

Whatever the goal may be, it creates structure and purpose by lessening uncertainty. The only caveat is not to give oneself a structure that ends up avoiding socialization. For instance, offering to help the host in the kitchen during a birthday party is not a structure; it is a safety behavior. The better thing to do is offer to circulate and get all the guests to sign a card.

The Safety Behaviors of Social Anxiety

The problem with social anxiety is that its safety behaviors are social, which means other people can see them, and they send the opposite message of what is intended. Indeed, folks who struggle with social anxiety often come across as cold, arrogant, or distant when they are just anxious. Therefore, letting go

of actions that artificially reduce anxiety is an important step in facing one's fears. A study led by M. Leili Plasencia, Lynn Alden, and Charles Taylor at the University of British Columbia demonstrates this mechanism.

The researchers asked participants with social anxiety to have a 5-minute getting-to-know-you conversation with a lab assistant. They told half of them to white-knuckle their way through the conversation and that social anxiety was like getting in a hot bath: They would get used to it eventually. Then, they told the other half to drop their social anxiety safety behaviors as an experiment so that they could see for themselves whether their expectations were confirmed. So, the second group let go of such habits as avoiding eye contact, nervously giggling, and apologizing unnecessarily.

Interestingly, the results came from the point of view of the lab assistants. After the exercise, they rated their conversations with the participants who dropped their safety behaviors as more enjoyable. One explanation the research team surmised for this outcome was that the second group came across as less self-presentational and more genuine. This theory makes sense because dropping one's safety behaviors sets up two feedback loops.

The first is internal. When a person makes eye contact, squares their shoulders, or looks up from pretending to be absorbed in their phone, they are not just pretending to be confident. Rather, they are engaging in the behaviors of someone who is confident. And when they see themselves engaging in confident behaviors, they start to realize they can do it.

The second feedback loop is external. Even though safety behaviors are designed to make the individual feel less anxious, they actually broadcast to other people that they feel nervous or scared, which makes those people treat them in kind. Thus, dropping safety behaviors helps them come across as less anxious and more authentic because they set people at ease and do not broadcast that something is wrong.

To sum up, regardless of the kind of anxiety being worked on, dropping safety behaviors allows people to set the tone in their interactions. Not only does it help them realize their capabilities, but it also helps them live a more authentic life.

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7

Live Well with **OCD**

NOW, YOU'LL TACKLE THE OTHER DIAGNOSIS MENTIONED in the fifth lecture: Tabitha's OCD. While OCD is not officially classified as an anxiety disorder, discussing it is useful because it causes quite a bit of anxiety. OCD can also be dealt with using tools from the change and acceptance buckets. These techniques work because they help the person with OCD try to change their relationship to their experience rather than change the experience itself. This means not arguing with their obsessive thoughts and instead approaching them differently. This lecture covers some tools that can be used for any kind of anxiety, so don't skip it even if you don't have OCD symptoms.

Defining OCD

The official definition of OCD is very different from the common cultural portrayal, which implies being excessively tidy, picky, or organized. That description contains a grain of truth, but it does not get to the heart of the matter. Moreover, OCD is super varied, and it can manifest in lots of ways that have nothing to do with being orderly or particular.

As the name suggests, OCD consists of obsessions and compulsions. Obsessions are uncontrollable, recurring, and distressing thoughts, images, or urges. The most well-known example of an OCD thought is having germs on one's hands. An image might be a picture in the mind's eye of a loved one who has been horrifically injured, and an urge might be the need to arrange one's body symmetrically when lying in bed. Meanwhile, compulsions are the actions one feels driven to take to lessen the anxiety from the obsessions. Sometimes, compulsions are observable (such as handwashing), while others are internal and invisible (for example, counting one's steps).

Compulsions help a person with OCD feel better in the short run by making them feel less anxious in the moment. However, they backfire in the long run because they are either not connected in a realistic way to what they are supposed to neutralize or are excessive. They eat up a lot of time and mental energy because they "work" in the moment, so the next time the obsession pops into the person's head, they feel compelled to take the action again. They get stuck in a cycle of having to neutralize their thoughts.

Everyone occasionally has unwanted thoughts pop into their head, but in a brain with OCD, thoughts are taken more literally. For unwanted thoughts or the need to neutralize them to become a problem, they must cross one of two thresholds: distress or impairment. Just like panic disorder is a fear of physical sensations, OCD is a fear of thoughts. The individual with OCD believes their thoughts are dangerous and have to be controlled or neutralized.

OCD can show up in countless ways or a combination of ways. The most well-known type is contamination, which involves obsessions around spreading or contracting germs and compulsions like handwashing or cleaning. Relationship OCD focuses on fears and doubts about a romantic partner, and scrupulosity OCD is being overly concerned about violating a

moral worldview—such as striving to be 100% honest. Sexual orientation OCD includes obsessive doubt about one's sexual orientation and its implications. For instance, a woman married to a man might have intrusive thoughts like "What if I'm gay?" or "How do I know for sure who I'm attracted to?"

Importantly, someone with OCD is not a danger to themselves or others. Obsessions are mainly distressing to the person with OCD, such as the harm subtype ("What if I just jumped off this bridge?") or the pedophilia subtype ("My neighbor's kid is adorable—does that mean I'm attracted to them?"). No matter how OCD manifests, the core is doubt. In fact, OCD is nicknamed the doubting disease because of the wish for certainty and the difficulty tolerating uncertainty. The individual wants to feel 100% certain, but OCD will not let them.

Metaphors for Dealing with OCD

Cognitive defusion—a technique for overcoming anxiety—can be used specifically for OCD. The following metaphor is a favorite of many mental health professionals: In this exercise, the person with OCD pretends they are driving a bus down a road. The bus represents their life, and they are headed in the direction of their values. Suddenly, a monster appears in the middle of the road and will not move. The road is not big enough to drive around it, and bargaining with it does not work. The only option is to open the door and let it get on the bus. The road is now clear, allowing the person to keep driving.

From the back of the bus, the monster yells, "This is hopeless! You suck! Your fears will come true!" Nevertheless, stopping the bus and telling it off means not moving ahead anymore. Furthermore, the shouts are distracting, so the driver misses a couple of turns and loses some time on their journey. The best thing to do is to keep driving even while the monster lobs insults at them. In this scenario, the monster represents a challenging thought or feeling the individual wants to avoid, but they can keep driving and living their life in a way that is meaningful and important to them.

The next metaphor is from Steven Hayes, Kirk Strosahl, and Kelly Wilson—the originators of ACT. Someone with OCD imagines a vast chessboard stretching infinitely in all directions, with endless black and white pieces set up on the board. They picture their obsessions as one set of pieces and their attempts to control them as the opposing set. The two sides compete against each other, but neither side will ever win the war because the board and pieces are infinite, and the struggle will go on forever. To shift the perspective, what if that person is the chessboard? What if they are the home for the pieces—the place where everything plays out?

For the chess pieces, the game is very important because the stakes are high. By contrast, for the board, it does not really matter how the game plays out—the fight between anxiety and control does not have any impact. This concept is called self-as-context: The self is not the thoughts, feelings, and sensations it experiences; rather, the self is the context in which all of it plays

out. In other words, by taking the stance that they are not their experience, the individual becomes the observing self, which helps them accept all their inner experiences.

Another way to exercise this sort of acceptance is from Russ Harris: The person with OCD writes the obsessive thought, emotion, sensation, memory, or urge in big letters on a piece of paper. Then, they imagine everything that makes life meaningful—all the things they like to do and have to do, all the places they like to go, and all the challenges they need to deal with—in front of them. Next, they hold the paper at the edges and push it as far away from them as they can to try to get rid of that thought, emotion, or sensation. They soon realize that doing this is exhausting and that the piece of paper is coming between them and what is important in their life.

When the individual stops pushing and drops the struggle, they can focus on a lot more, and life is not obscured anymore. Their hands and arms become free to take action—such as hugging a loved one, making dinner, or doing a favorite thing. Notably, what was written on the paper is still there, but they respond to it differently. They can let it sit there while they engage with what they value.

Other Tools for Dealing with OCD

Under cognitive defusion, a person with OCD can treat an obsessive thought like the background music playing at a coffee shop: They can hear it but not really listen to it. Alternatively, they can approach their thoughts like junk mail that keeps getting delivered day after day—they can pay attention to the important mail while letting the rest be.

Images can be played with too. In Chad LeJeune's book, *"Pure O" OCD*, one of his clients was plagued by intrusive horrific images, including "a penis being sliced." LeJeune introduced defusion by asking, "Like how you slice a banana into a bowl of cereal?" His client, who had previously been so distressed by the thought that he was close to tears, burst into laughter. Note that defusion does not get rid of the thought; instead, it reduces the struggle not to have the thought. In short, it changes the individual's relationship to the content of the thought.

The final tool is not a metaphor, but it is the gold standard of OCD treatment. Its name is exposure and response prevention (ERP), and it essentially means triggering one's obsession and then not doing the compulsion. One variation of ERP is to do a compulsion incorrectly or incompletely rather than simply not doing it. An example is saying only half of a prayer or leaving out some words if the compulsion is saying the prayer in the exact right way.

Someone with OCD can also refrain from rituals that are internal and invisible. If their compulsion is to review their memory to make sure they did not assault anyone by mistake, for instance, they can turn their attention spotlight back to whatever they are supposed to be doing when they catch themselves going over their memory. If the compulsion is to argue internally with their obsession of thinking up reasons that they are a good person, they can expose themselves to uncertainty by repeating, "I'll never know if I'm a good or bad person. I'll just have to live with this doubt."

According to Steven Hayes, when it comes to OCD—or any anxiety—people have two thermostats: anxiety and willingness. When they suffer from anxiety, they think, "My anxiety is too high. I want to set the thermostat lower." Along those lines, they think, "I hate having this anxiety. I'm not willing to experience these thoughts or sensations, so I'm going to set my willingness thermostat way down here."

The problem is that the anxiety thermostat is broken and cannot be set, no matter how hard one tries. By contrast, the willingness thermostat does work and can be controlled. A person can set it to high, meaning they are willing to have obsessions or other thoughts pass through their head. Or they can keep it low, meaning they are unwilling to have them at all.

When the willingness thermostat is set to low, anxiety locks into place. The anxious thought remains, which keeps anxiety high. Conversely, setting the willingness thermostat to high means being free to do what matters. If a person is willing to have their thoughts, trying to get rid of them will not take up their time and energy, and they can focus on the people they love, their work, and their life.

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8

From Perfectionism to **Flexibility**

THE NEXT THREE LECTURES ARE ABOUT THE CROSS-CUTTING factors of anxiety—meaning the common themes found across the types of this emotion. The first is perfectionism, which is a personality trait or mindset that drives many different kinds of anxiety. You may or may not identify with it, but that might be because perfectionism is a bit of a misnomer. Rather than striving to be perfect, perfectionism is more about never feeling good enough, which is something a lot of people can identify with. In this lecture, you'll go over perfectionism's two pillars—overevaluation and self-criticism—and ways to counter its characteristics, namely a focus on rules, inflexible thinking, and working hard to present well.

Defining Perfectionism

According to perfectionism researchers Gordon Flett of York University and Paul Hewitt of the University of British Columbia, perfectionism has three types: Self-oriented perfectionism is when someone is tough on themselves. Other-oriented perfectionism is when they are tough on the people around them—especially people they think reflect on them, such as their partner, kids, or employees. Socially prescribed perfectionism is when they think others expect them to be perfect.

All three types of perfectionism are thought to be at least partially genetic, but they also come from one's surroundings. They may have been modeled by families of origin or elicited by what Andrew Hill—a professor at York St. John University—calls a perfectionistic climate. A demanding field (such as the highest levels of gymnastics, ballet, or classical music performance) creates this intense and punishing culture. From genetics to culture, layers of forces add up to make a person feel not good enough.

Researchers Roz Shafran, Zafra Cooper, and Christopher Fairburn of Oxford University state that clinical perfectionism is a cycle with two core elements: self-criticism (harsh and personal judgment of oneself) and overevaluation (when the evaluation of oneself is overly dependent on meeting personally demanding standards).

Classic examples of overevaluation include overachieving students who equate their worth with their grade point average, social media users who conflate their value with their numbers of likes and follows, and modern-day workers whose self-image rises and falls based on their perceived productivity. Whatever the individual measures themselves by, they set the bar at a level they find personally demanding. Too often, they set it so high as to be unrealistic.

Why do people equate their worth and performance? Striving to meet standards is a way to gauge themselves. If they do things correctly, they are also correct in a sense. Therefore, the conventional advice to stop when things are "good enough" does not sit well. They focus intently on their performance

in a certain domain and evaluate it as a success or a failure with nothing in between. They focus on flaws and details, do not give themselves credit for what goes well, and get stuck on little things that go wrong.

People with perfectionism often fail to meet their stringent standards, or they might put so much pressure on themselves that they avoid things—often through procrastination. Either of these pathways leads to the second pillar of perfectionism: self-criticism. If they do meet their standards, they write it off as "I got lucky" and reset their standards even higher. And round and round they go.

Overevaluation versus Cognitive Shifts

Two cognitive shifts can push back on overevaluation and stop the cycle where it starts. The first is a shift from either/or to both/and. To illustrate, "I am …" can be filled by a label or a descriptor that can feel fundamental to who an individual is and how they think about themselves—such as "kind," "a gardener," or "good with kids." Positive or negative, these labels provide consistency and stability.

However, some folks think they have to be that label, all or nothing. An exception or deviation feels like a personal failure. For example, if someone is the "rock of the family," needing comfort and support from others might feel forbidden. Nevertheless, they cannot maintain their label 100% of the time. Life is unpredictable, with exceptions and mistakes, so it is better to retain their consistent idea about themselves while making room for inevitable deviations. In other words, allow for both. Shift from either/or to both/and.

Some examples are "I'm a productive person who sometimes has a lazy day," "I'm an outgoing person who sometimes needs a quiet moment," and "I'm a fit person who sometimes skips a workout." Rather than all or nothing, a person can be both. Instead of making self-worth contingent upon performance, they can affirm their intrinsic worth while embracing their imperfections.

The second cognitive shift is a shift from the self to the act. In the 1970s, Helen Block Lewis—a pioneering psychologist known for her work on guilt and shame—drew a distinction: Guilt focuses on an act, while shame focuses on a negative evaluation of the global self. Thanks to overevaluation, when people with perfectionism make a mistake or fall short of all they expect of themselves, it means something bad about them.

Thus, when an individual makes a mistake and feels bad about it, they can slow down and ask themselves what is going through their head. Does their brain say, "Why did I do that? I'm so stupid," or, "Why did I do that? That was so stupid." The difference is subtle but profound. Though they will likely still feel bad, shifting from the self to the act can shift their emotions from shame to guilt. Guilt may not be better than shame, but it is less personal and less overidentified and helps them break free of overevaluation.

Rules versus Cognitive Flexibility

Human beings like rules because uncertainty increases anxiety, and rules reduce uncertainty; therefore, rules reduce anxiety. In other words, rules can be comforting and create order out of chaos. Moreover, sticking to rules requires self-control and self-discipline, which in turn help a person reach their goals and promote a sense of mastery.

With perfectionism, rules can sometimes be helpful, but they can also be unnecessary and even harmful. Cognitive flexibility comes in here. It is the ability to appropriately adjust one's behavior according to a changing environment. Whereas rules are rigid, flexibility considers two things: context (the present moment and everything that shapes it) and workability or feasibility (what is realistically achievable given the situation and one's goals and values).

Context and workability may be external—such as adjusting one's expectations of what is workable to have for dinner in the context of a holiday weekend with lots of relatives coming to visit versus a half-hour layover at the airport. They may also be internal, for example, how much work can feasibly be done in the context of having gotten a solid 8 hours of sleep versus having been up all night with a newborn.

Instead of rigidly adhering to rules, consider both context and workability: "Given this context, what would work for my goals and values?" The aim is to be flexible and respond to what is rather than what the rules dictate should be. For example, "I have to be nice" is a rule that works well most of the time.

Nonetheless, it does not mean a person can never ask for a raise because they might make their boss uncomfortable. It boils down to doing what works and what matters.

Perfectionistic Self-Presentation versus Vulnerability

Perfectionism is not just an individual problem; it is also a social problem. It is interpersonally motivated, meaning human beings are hungry for acceptance from others or at least try to avoid rejection and disapproval. However, some may try to gain acceptance by performing well and presenting themselves as free from problems or vulnerability, which is the concept of perfectionistic self-presentation.

Perfectionistic self-presentation is a style of relating that has three parts: perfectionistic self-promotion (bragging or humblebragging), nondisplay of imperfection (hiding perceived flaws and mistakes), and nondisclosure of imperfection (not talking about mistakes, doubts, or problems). In a nutshell, someone is saying they are perfect and hiding that they are not.

Relating to other people in this way might be impressive or intimidating, but it does not win a lot of friends. Putting an outsized emphasis on performance or looking like one has it all together ends up backfiring. A classic study from the 1960s by psychologist Elliot Aronson confirms that imperfection is humanizing. Assuming a foundation of competence, a blunder makes a person approachable, relatable, and altogether human.

Thus, rather than straining to hide their struggles to look like they have it all together, people should make room for their inevitable mistakes. Not only will this lower the pressure on them, but it will also make them more likable and approachable.

To supercharge this effect, they can be vulnerable. In terms of everyday human connection, vulnerability means putting themselves at risk of being criticized, rejected, ignored, or misunderstood. It is the willingness to show and express thoughts and emotions that might result in judgment. It is signaling two things to another person: "I trust you" and "We are the same."

When humans make a first impression, they are gauged along two dimensions: competence ("How smart, effective, and skilled is this person?") and warmth ("How trustworthy, caring, and sincere is this person?"). Perfectionism and its associated habits put a premium on competence, but the more important dimension is warmth. By pumping up how an individual is perceived on the warmth dimension, vulnerability brings them closer to others and integrates them into a larger social structure. So, even though competence and warmth are both important and necessary, warmth is king.

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9

From Self-Criticism to **Self-Compassion**

THE SECOND CROSS-CUTTING THEME OF ANXIETY is self-criticism—sometimes called self-judgment or self-blame. A degree of self-criticism is normal and helpful. In evolutionary terms, humans critique themselves to keep their behavior socially acceptable and ensure group cohesion and harmony, increasing the whole tribe's chance of living to see another day. But with anxiety, self-criticism is more frequent, intense, and impactful. In this lecture, you'll dip into the change and acceptance buckets for tools to prevent self-criticism from becoming a problem. You'll look at how to change some self-critical core beliefs that can hold a person back along with how to implement the concept of self-compassion.

Defining Pathological Self-Criticism

According to Raymond Bergner of Illinois State University, pathological self-criticism has three characteristics. The first is the degree of harshness: Instead of acknowledging something did not work out, feeling disappointed, and resolving to do better, the individual shames or beats themselves up for a long time. The second is the all-or-nothing approach. They see themselves and their behavior as only black or white. Third, unhealthy self-criticism is personal: It is all their fault, or something is wrong with them.

Not only is this kind of self-criticism painful in the moment, but it also does a number on self-esteem, saps energy and motivation, and keeps one stuck in the long term. Nevertheless, some folks perceive that pathological self-criticism buys them something valuable, even though it feels bad. Some of the perceived benefits are self-improvement ("Without self-criticism, I'll grind to a halt, become complacent, or fail"), humility ("Criticizing myself keeps my ego in check"), and protection from the criticism of others ("No one can criticize me if I do it first").

Other potential benefits are perceived protection from disappointment ("By thinking little of myself, I won't get my hopes up and never have to suffer the pain of trying and falling short") and perceived atonement ("I'm punishing myself for my transgression to communicate remorse so that I can rejoin the tribe").

Counterintuitively, some people might criticize themselves to gain a sense of superiority: When they hold themselves to exalted expectations, it implies that normal expectations—the standards that apply to ordinary people—are beneath them. Others self-criticize to gain reassurance. By broadcasting their self-criticism, they might get assurance from others that they are fine. Think of announcing that you're "so ugly" to be able to hear "No, you're gorgeous!"

Furthermore, self-criticism can be used to reduce pressure and expectations—known as self-handicapping. A person might tear themselves down so that others do not expect too much of them. Last but not least, self-criticism can be used to disguise anger. Bergner gives the example of a client who spent hours preparing a celebratory meal for her partner. To her dismay, he got home late and ate it in silence. Rather than communicating her anger directly,

she proclaimed loudly that she must be a terrible cook who never did anything right and then burst into tears. She was angry at him but disguised it as self-criticism.

Changing One's Core Beliefs

When it comes to harmful self-criticism, trying to think differently is useful. The first step is to try to change some self-critical core beliefs, which is a concept developed by Aaron Beck (the founder of CBT) and his daughter and collaborator, Judith Beck. Core beliefs are human beings' most fundamental ideas about themselves, the world, and the future. They color and inform how they interpret every experience and situation. Some core beliefs are useful and help them move through life—for example, "I'm generally likable" and "I'm resilient." Others are harmful and keep them stuck, such as "I'm unlovable" and "I'm a bad person."

A classic technique from CBT called downward arrow can help one find their core beliefs. To illustrate, Shirley, who is struggling with social anxiety, has been invited to a colleague's retirement party and is anxious about going.

"No one will talk with me, and I'll end up standing by myself, awkward and alone" is her feared outcome. To dig down to her core belief, she asks herself, "What would that mean about me?" She answers, "It would mean I was weird and awkward." The question is repeated, and she replies, "It would mean people were trying to avoid me."

The question is asked again, to which she answers, "It would mean people didn't like me." And so on. Finally, "And what would that mean about you?" leads to the end of the line—the core belief of "It would mean I was a total loser." Now, this technique comes with a big asterisk. Just because someone articulates a core belief like "I'm a bad person" or "I'm unlovable" does not mean it is true. The important thing is that no matter how painful the core belief is, it buys the individual something.

With a positive core belief like "I'm generally capable," a mild setback—such as negative feedback from the boss—might result in the thought, "Things didn't work out because I was rushing. I'll do better next time." The emotions are disappointment but also motivation to improve. The behavior is taking one's time or trying something different next time.

By contrast, a negative core belief like "I'm incapable" might lead to "I knew I couldn't do it. I'm in over my head." The resulting emotions are anxiety, inadequacy, or feeling overwhelmed. In terms of behavior, the person might procrastinate or avoid the task next time. Here, the resulting self-critical thoughts are harsher and more personal and keep the individual stuck. They trade the uncertainty of anxiety for the shame of self-criticism—because at least the shame is "certain" and puts their doubts to rest. But at the same time, it is holding them back.

Take the core belief of "I'm a loser" living in someone's brain. The person goes to the breakroom at work and sees two colleagues staring at their phones and eating in silence. They think, "No one's talking to me," which is a neutral observation. However, it is interpreted in a way where the thought matches the core belief: "No one's talking to me, so I must be a loser." Another time, their colleagues invite them to go out after work. To fit the thought to their core belief, their brain says, "But they're just being nice."

The way to counter this mechanism is to grow a new core belief to edge out the old negative core belief and give the brain a healthier alternative. However, this does not mean replacing "I'm a loser" with "I'm amazing all the time." As mentioned at the beginning of the course, the goal is not to switch from purple- to rose-colored glasses but to switch to clear glasses—to look at the world more accurately and objectively. So, to move away from "I'm a loser," the new core belief can be "I'm generally likable."

The process of growing the new core belief takes some deliberate, conscious thought, plus it will feel wrong at first. After automatically interpreting the world in a way that underscores a negative core belief, deliberately underscoring more neutral, clear-glasses core beliefs will feel unnatural. Nevertheless, thinking a little differently—not radically differently, just a little—will lead to feeling differently.

Practicing Self-Compassion

The opposite of self-criticism is self-compassion. According to Kristin Neff—a leader in self-compassion research at the University of Texas at Austin—self-compassion is having compassion for oneself in the face of suffering, failure, or a feeling of inadequacy. In other words, self-criticism is when a person attacks themselves when they make a mistake or fail to meet expectations, while self-compassion is when they extend themselves care and understanding.

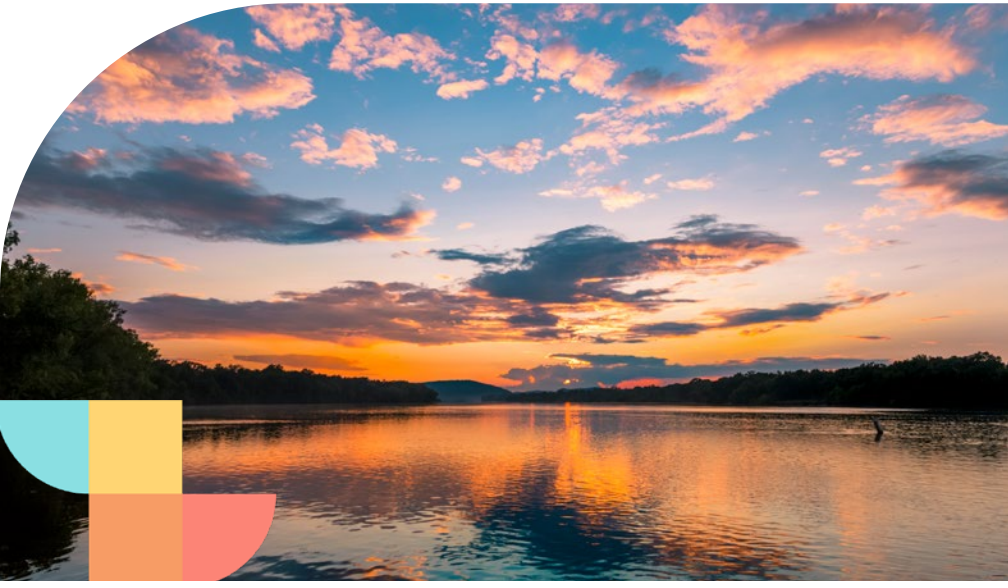
Self-compassion has three components: self-kindness (being warm, supportive, and understanding), mindfulness (paying attention, on purpose, in the present moment, without judgment), and common humanity. People often feel alone when they fail or make mistakes, and they forget that everyone experiences failure. To fail is to be human, which means suffering connects rather than separates everyone.

Paul Gilbert—the founder of compassion focused therapy—states that self-compassion is turning towards one's pain, suffering, or anxiety and then doing what is needed in the moment. To that end, counterintuitively,

compassion does not have to be calm or soothing. For instance, a firefighter running into a burning home to save a family is compassionate, but it is definitely not calm and soothing.

Doing what is needed in the moment depends on the moment. It can be words, such as talking to oneself as one would talk to a good friend who is having a hard time. It can be validation, which is the recognition of thoughts, feelings, and behaviors as understandable. It can also be actions—such as enjoying a cup of coffee in the morning, cuddling with the dog, making time to go to yoga, or allowing oneself to skip yoga. Indeed, self-compassion encompasses kind encouragement to do something hard and permission to not do something hard.

Nonetheless, research shows that self-compassion can be a surprisingly hard sell despite having a positive impact on well-being. Some say self-compassion is too soft and mistake being kind to oneself for indulgence; others say it is just too hard. But here is the twist: When people start to treat themselves as deserving of kindness, care, and compassion, they may start to believe it. Put behavior first, and beliefs will catch up.



In this regard, Kelly Wilson—one of the founders of ACT—asks, "Are you a math problem or a sunset?" A math problem needs some work, and some time and energy must be expended to solve it. By contrast, a sunset can simply be looked at without trying to improve it. Thus, people should treat themselves as a sunset rather than a math problem. Of course, they can keep having goals, learning, and moving forward, but they should add some appreciation to that spirit of self-improvement.

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10

Make Decisions and Get Things Done

TO FINISH UP THE SERIES ON THE CROSS-CUTTING factors of anxiety, this lecture covers two common manifestations of this emotion: indecision and procrastination. Both phenomena are rooted in avoidance and can keep a person stuck. In a nutshell, indecision is the avoidance of uncertainty, and procrastination is the avoidance of negative emotions. When someone cannot make decisions or they are procrastinating, they are not moving forward. The good news is that some change and acceptance tools can address these factors.

Defining Indecision

Indecisiveness is getting stuck or feeling disproportionately anxious when making decisions. Indecision can be triggered by big, high-stakes decisions, such as whether to break up with a partner or what job offer to accept. Small-scale indecision—for instance, which model of Instant Pot to buy—can also be debilitating. Whether big or small, the heart of indecision is the same as the heart of anxiety: uncertainty.

Uncertainty is a part of daily life, but people vary in their ability to tolerate it. Some people are fine with having a lot of uncertainty in their lives, while others cannot stand even a small amount. Those who struggle with anxiety are more likely to be significantly intolerant of uncertainty. They usually have a strong reaction: an urge to either eliminate or avoid the uncertainty. This reaction makes them approach uncertainty with an all-or-nothing mindset.

When an individual errs on the side of "all," they go all-out trying to maximize certainty and eliminate uncertainty. However, they overdo it. They over-research, overthink, overplan, or overprepare. They might ask repeatedly

for reassurance or perseverate over pros and cons. They become overwhelmed by information and get mired in what is colloquially known as analysis paralysis, which keeps them stuck.

By contrast, when someone errs on the side of "nothing," they try to avoid uncertainty and the thoughts and emotions it brings with it. Rather than overdoing it, they do nothing. They procrastinate, get sucked into distraction, or do the equivalent of sticking their fingers in their ears and singing la-la-la.

People who are stuck in indecision are really trying to avoid the consequences of making the wrong choice: regret, a mistake, the possibility of criticism or disapproval, or the risk of harm. However, their avoidance keeps them stuck too.

Tools for Dealing with Indecision

Given the two approaches to uncertainty in indecision—eliminate it or avoid it—two tools can be used to deal with them. Starting with the "all" or "eliminate it" approach, an excellent illustration is the story of Annika, a stay-at-home parent whose young daughter is about to enter preschool. Annika is trying to decide whether or not to go back to work. She weighs her options: "My daughter will be in school, but it's only half a day. It'll be hard to find a job that matches those hours exactly, so we'll probably still need daycare or a nanny. But then most of my salary will be going towards childcare, plus I'll miss out on time with her."

After making a list of pros and cons, listening to podcasts for working and stay-at-home moms, and talking endlessly with her partner and friends, Annika realizes she is seriously stuck. She assumes a right decision and a wrong decision exist, and she wants to know which is which with 100% confidence. All her efforts to gather information, ask for advice, and weigh the pros and cons are in the service of eliminating uncertainty.

To try to get unstuck, Annika artificially removes uncertainty from the decision. First, she imagines she has no choice but to go back to work. Next, she imagines she has no choice but to stay home. In each case, she asks herself how she feels. Without the risk of making the wrong decision, she can clarify

her emotional reaction to each possible outcome. Ultimately, this exercise allows her to work out that she prefers to return to work but feels anxious after being out of the working world for 3 years. Nevertheless, as this course explains, anxiety can be coped with. If "anxiety" is part of the answer, tuning in to the other feelings underneath it—excitement, relief, resentment, or resistance—can help in decision-making.

The next tool is for dealing with erring on the side of "nothing" or trying to avoid uncertainty. People with a metaphorical allergy to making mistakes put tremendous pressure on themselves. They start to question themselves, doubt their abilities, and second-guess their judgment. In moments when they need to shore themselves up, they can use the technique of affirmation.

Here, affirmation does not mean generically reciting "I'm good enough," "I can do it," or "I'm awesome" to oneself, which backfires because it often feels like a lie. Instead, affirmation means something personal and specific—the strengths and values that are unquestionably true, even if they have nothing to do with the decision at hand. Examples include "I'm a good and loyal friend," "Dance is my passion," and "I keep trying, no matter what." Such affirmations help maintain an overall narrative of one's adequacy. They buffer against threats, setbacks, and insecurities.

Defining Procrastination

Everyone procrastinates from time to time. In fact, 50% of college students and 20% of adults procrastinate consistently and problematically—meaning it has a measurable impact on their jobs, health, or relationships. Officially, procrastination is a self-regulation problem that involves an unnecessary and voluntary delay in the start or completion of an important intended task despite the recognition that delaying may have negative consequences. In plain language, it is kicking the can down the road even though one knows better.

However, the truth is that aversive tasks require a lot of self-regulation. People have to be motivated, focused, and organized. Both research and common sense show that self-regulation deteriorates when folks are under stress or feel bad. Nobody blows their sobriety or savings goals because they feel good.

As mentioned earlier, the avoidance of negative emotions is at the heart of procrastination. When a task makes a person feel lousy, procrastination acts as a one-two punch of mood repair. When they procrastinate, they turn away from an aversive task and towards one that makes them feel better. They go from feeling overwhelmed, incapable, inadequate, stupid, bored, or resentful to feeling good. For instance, they feel entertained by TikTok dances, productive because they are grinding through their emails, or virtuous because they are getting their laundry done.

Procrastination is a highly reinforcing coping mechanism—at first. However, at a certain point, it makes the individual feel even worse than before because they feel guilty or pressured due to lost time. At some point, things flip. Their fear of appearing unprepared in front of their colleagues outweighs their aversion to working on a presentation. Their panic over possibly failing an exam outweighs their dread of studying.

In short, procrastination is about consistently prioritizing mood repair. It is not about time management; rather, it is about emotion management.

Tools for Dealing with Procrastination

The first way to manage one's emotions, stop procrastinating, and get stuff done is to use a classic technique: breaking down aversive tasks into smaller steps. Most folks know to break overwhelming tasks down into more manageable pieces. For instance, instead of expecting to clean the entire house, go room by room. Rather than thinking about writing a 10-page paper in one sitting, make an outline, then write a first draft, and then edit it.

With procrastination, tasks can be broken down into steps so small that the individual feels no resistance. In the example of writing a paper, if "write a first draft" is overwhelming, it can be broken down to "outline one paragraph," "write for 5 minutes," or even "turn on the computer." No one else needs to know how small these steps are, and each step can be broken down further until no resistance is felt at all. If a task is aversive because the steps are unknown, building small steps to get more information or clarify the task is helpful—for instance, Step 1: Google how to build a website. Step 2: Read the first search result. Step 3: Decide what to do next.

Overall, breaking tasks down makes them less aversive and requires less self-regulation, and therefore, the individual is more willing to do them. What's more, as they work their way through them, they rack up mastery experiences, which means small successes in plain language. Successes make them feel better, which in turn lessens the need to repair their mood through procrastination.

The next technique is more cutting edge: connecting with one's future self. People who procrastinate reason that their future selves will feel different than they do now: less tired, more motivated, and more inspired. However, recent research shows they feel more disconnected than average from their future selves. Furthermore, brain scans show that when they are asked to imagine themselves in the future, their brains light up in a pattern similar to being asked to imagine a total stranger.

To counter this feeling of disconnection, a person who is procrastinating can use their imagination and vividly picture their future self. For example, one study asked college students to visualize their end-of-semester self. They were instructed to picture what they were wearing and doing. Did they feel stressed

or prepared? They were then asked to picture their textbooks. Did they look new or used? Were they full of highlights and underlines or blank? The results showed that highly vivid mental imagery increased a sense of connection to a future self—and that was related to less procrastination.

When someone imagines their future self with lots of sensory detail, it can decrease their feeling of disconnection and increase empathy towards themselves. Not only does this exercise help them feel that their future self is not a stranger but more like an extension of who they are today, but it can also lead to doing their future self a favor by getting started now.

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11

Seeking Treatment: **Medication**

TAKING ACTION AND PURSUING TREATMENT FOR anxiety can give one hope and empowerment, but it can also be overwhelming and confusing. In addition to the evidence-based techniques drawn from CBT and ACT, more choices to treat anxiety are out there. One of these options is medication. Medication can be a powerful and effective tool, but everybody is different. To choose what is right for one's body, life, and anxiety, being an informed consumer is key. In this lecture, Christopher Miller—a psychiatrist and associate professor in the Department of Psychiatry at the University of Maryland School of Medicine and author of *The Object Relations Lens: A Psychodynamic Framework for the Beginning Therapist*—answers some questions about brain chemistry, medications for anxiety, side effects, and more.

How Anxiety Medications Work

According to Dr. Miller, the emotional brain in anxiety has an overrepresentation of excitatory receptors that increase the firing of neurons and fewer of the inhibitory receptors that decrease the firing of neurons. These disorders cause anxiety and tension. Anxiety medications work by decreasing excitatory receptors and increasing inhibitory receptors to decrease overall activity. This mechanism allows the thinking brain areas to work more. Therefore, medications can give an individual more flexibility in their thinking and more control over their emotional brain.

Some of the brain's excitatory and inhibitory receptors are part of the serotonin family, so many drugs for anxiety are serotonin drugs. These drugs take anywhere from 2 to 8 weeks to work because that is about how long it takes to reorganize those receptors on the surface of the emotional brain. However, 2 weeks can feel like an eternity for people with bad anxiety, so they might want to take something else that can help before these drugs kick in.

One way of getting some short-term relief from anxiety is to take drugs that act on a different pathway, such as benzodiazepines. These drugs activate the main inhibitory neurotransmitter in the brain—the gamma-aminobutyric acid (GABA) inhibitory receptor—to calm things down. Examples of benzodiazepines are Valium (diazepam), Ativan (lorazepam), Klonopin (clonazepam), and Xanax (alprazolam).

People often think about medications as purely biological and psychotherapy as purely psychological. Indeed, medications often target the emotional brain first, while psychotherapy primarily strengthens the thinking brain so that it can stand up to the emotional brain. Nevertheless, folks who are taking medications and doing better because of them are going to think differently—a psychological impact. Similarly, the brain of somebody doing psychotherapy undergoes changes—a biological effect.

The truth is that anxiety can be accompanied by depression, issues with sleep, or issues with appetite. In addition to medications, the person might need psychotherapy, and a psychiatrist is a dedicated provider who can pay attention to these things.

Different Types of Medications for Anxiety

Dr. Miller states that whether somebody's anxiety requires medication is an individual choice. A vital question to ask is, "Is it really impinging on my quality of life?" If the answer is yes, then the aim is to find the lowest effective dose of a medication to take the edge off. Such drugs can be divided into two groups: medications taken every day and those taken only when needed.

The first group needs to build up in the body's system and reach a certain level in the blood. Among the options for daily medications, the mainstays are antidepressants. Taking antidepressants might seem counterintuitive; however, depression and anxiety often coexist, and the neural circuitry overlaps. The main class of drugs here is selective serotonin reuptake inhibitors (SSRIs). Examples are Prozac (fluoxetine), Paxil (paroxetine), Zoloft (sertraline), Celexa (citalopram), Lexapro (escitalopram), and Blue Vox (fluvoxamine).

A drug called Buspar (buspirone) acts directly on an inhibitory serotonin receptor in the brain and is sometimes used with an SSRI. Serotonin and norepinephrine reuptake inhibitors, such as Cymbalta (duloxetine) and Effexor (venlafaxine), decrease the uptake of not only serotonin but also norepinephrine. The latter is also known as noradrenaline—the brain's version of adrenaline. Other drugs increase the activity of GABA, which is inhibitory, meaning the medications conversely decrease firing in different areas of the brain. Such GABA boosters include Topamax (topiramate), Lyrica (pregabalin), and Neurontin (gabapentin).

The second group of medications is for people who are waiting for their everyday medication to kick in or those who only want to take medication when they feel anxious or when they expect they will. For instance, Inderal (propranolol)—a blood pressure drug—can be used by someone with social anxiety who has to give a speech. Propranolol reroutes noradrenaline to the thinking brain areas and blocks noradrenaline's ability to bind to some receptors that are involved in emotional arousal and behavioral strategies for dealing with stress, such as shaking and sweating.

Individuals with more severe anxiety can use benzodiazepines, which are stronger than a drug like hydrocortisone, for instance. These drugs are commonly prescribed because they can be very effective. However, they are controlled substances due to some of their side effect profiles and the potential for becoming dependent on them.

Side Effects of Anxiety Medications

In any case, anxiety medications should not be pushed too much or too quickly. Rushing the physiology of the process might give the patient side effects to the point that they do not want to remain on the medication, which would be unfortunate because it might help in the long run. The person taking the drug needs to be comfortable and in constant communication with their doctor to get a sense of their response to the medication.

With SSRIs—the most commonly prescribed daily medications—the short-term side effects include headaches, dizziness, restlessness, and sleep disturbances. Activation of the gastrointestinal tract can also be expected,

as the gut has a lot of serotonin receptors and produces close to 95% of the body's serotonin. Taking a drug to increase serotonin means the gut will have to deal with it, resulting in abdominal pain, diarrhea, or nausea. Nevertheless, such side effects usually go away within 5–7 days.

Some long-term side effects of SSRIs are increased bruising and bleeding, as these drugs can decrease how well platelets aggregate. Individuals may also experience emotional blunting—a sign that the drug is working too well and making them feel like they cannot engage with their emotions, their thoughts, and other people the way they want to. Furthermore, over 70% of people may suffer sexual side effects, such as a decrease in libido, sexual interest, or the ability to climax. Though the drugs may make the patient feel better, they can interfere with their relationship with their partner and their self-perception.

Benzodiazepines also need to be mentioned concerning long-term side effects. Recent studies have shown that using benzodiazepines daily around the clock increases the risk of major neurocognitive disorders, such as dementia. These drugs not only decrease anxiety but also the ability to think, so long-term use can lead to permanent cognitive issues.

Nonetheless, some strategies can be helpful in maintaining the benefits of the medication while working around some of the side effects.

Other Concerns about Anxiety Medications

Many people ask about the risk of suicide associated with antidepressants—the main category of drugs used for anxiety disorders. In 2004, the Food and Drug Administration (FDA) issued a black box warning against several antidepressants that mentioned some of their side effects and potential dangers, such as suicidality, suicidal thoughts, and suicidal behaviors—particularly in children and adolescents. However, the FDA came out with an expanded warning in 2007, reminding people that depression causes suicidality and that it may be the condition itself and not the medication that is driving the issue.

Another concern is whether the side effects of anxiety medications last forever. Most go away once the patient stops the medication; for instance, emotional blunting and sexual side effects tend to get better. Less than 2% of patients on these drugs may experience tinnitus. Stopping the medication may resolve it, but it can be a permanent side effect for some folks. Likewise, benzodiazepines can cause cognitive side effects and increase the risk for neurocognitive disorders if used every day for a long time.

People also worry about addiction to psychiatric medication, but becoming addicted is different from experiencing a plateau with a drug. Once a patient starts to feel better after 4–8 weeks on a drug, they will reach a level of stability and stay there. They are not necessarily becoming addicted or dependent on the medication; rather, the drug has done what it needed to do to bring them in tune with how they want to live their life. That said, the one group to worry about is benzodiazepines, which are similar to alcohol in terms of activating the GABA pathway. Both create a feeling of calm and reward signaling, leading to dependence.

Moreover, some folks are concerned about whether they will be the same person on these medications. While these drugs can change how they react to their environments and how they feel about themselves, who they are does not fundamentally change. In situations that would ordinarily cause them

to feel very worried or anxious, they simply don't feel that way anymore. Their confidence level goes up, and they can think more flexibly. Even after the medications are stopped, those benefits may remain—especially with psychotherapy, which teaches the individual different coping strategies.

Importantly, if a drug does not agree with the patient, they do not like it for whatever reason, or it makes sense to stop taking it at some point, then they can stop. However, the medications used for anxiety are all different, so stopping them is not going to be a similar experience across the board. Some are very easy to stop, such as Prozac, but most need to be very slowly tapered off because of the risk of withdrawal.

For example, suddenly stopping Cymbalta may result in irritability, restlessness, leg or back pains, and worsened anxiety. The same goes for benzodiazepines: Stopping them abruptly can raise the heart rate and blood pressure, and it can even lead to seizures. For these reasons, coming up with a strategy to stop is essential, as tiny adjustments are necessary to prevent these symptoms. The patient should not just take matters into their own hands because this can be dangerous depending on which drug they are dealing with.

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Sleep and **Anxiety**

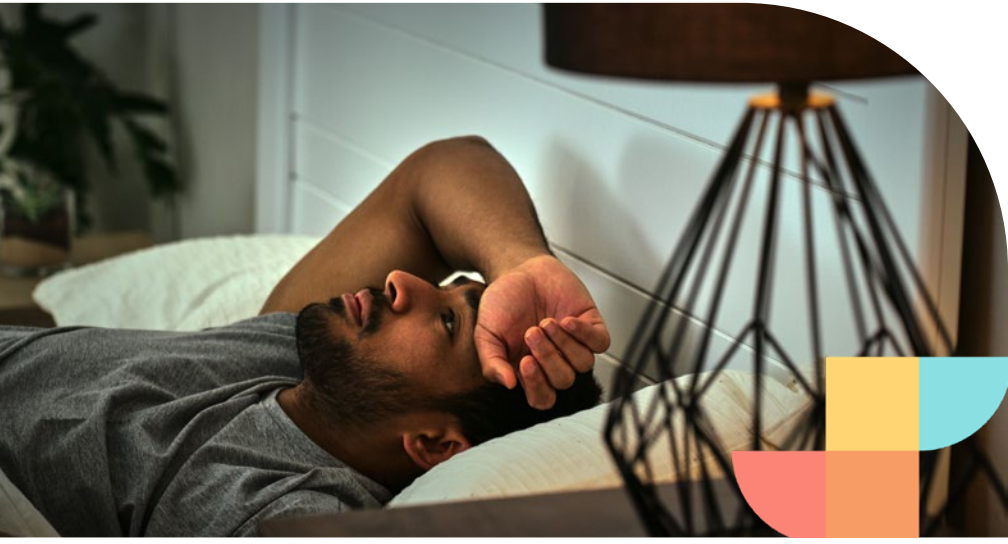
SLEEP PROBLEMS AND ANXIETY ARE A CLASSIC combination that can undermine one's quality of life. Sleep loss does more than make people tired the next day; it also impacts their emotional functioning. Even short periods of sleep loss result in increased anxiety symptoms—both physical and cognitive. Moreover, sleep and anxiety go both ways: Sleep loss leads to feeling more anxious, and increased anxiety leads to sleeplessness. This lecture is about sleeping better to feel better and vice versa, as explained by Jade Wu—a board-certified sleep psychologist trained at Boston University and the Duke University School of Medicine and author of *Hello Sleep: The Science and Art of Overcoming Insomnia Without Medications*.

The Relationship between Sleep and Anxiety

According to Dr. Wu, healthy sleep is sleep of adequate duration for most people during most parts of their lives—between 6 and 10 hours. It should happen mostly at night and at about the same time every day. In addition, it should be consolidated, meaning it should happen in one big chunk without too many interruptions. Lastly, it should be rejuvenating and refreshing.

One of the most common sleep problems that can happen hand in hand with anxiety is insomnia—defined as trouble falling asleep or staying asleep or just having overall poor-quality sleep that does not feel refreshing. Another common problem is nightmares or stressful dreams, which can be a manifestation of stress and anxiety felt during the day as the brain tries to discharge thoughts and process them at night.

Everybody loses sleep, especially in periods of stress or anxiety. In fact, this natural occurrence is a sign that the body's alarm system is working properly. However, sleep problems can affect anxiety by making it harder to regulate



emotions—a process that the brain goes through during rapid eye movement sleep. When someone is having a harder time coping with stress and cannot regulate their emotions properly, then they are more likely to have anxiety when they have not slept well.

Anxiety can also affect sleep in the other direction. With anxiety, the body goes into fight-or-flight mode, and the mind races at 100 miles per hour. This hyperarousal overrides the sleepiness drive and makes it hard to fall asleep even if the individual is tired. If the sleep disruption and anxiety cycle becomes chronic, it may affect some aspects of health, such as the blood pressure or immune system.

Nonetheless, it is never too late to work on one's anxiety and start sleeping. Dr. Wu recommends three foundational sleep habits. First, have a consistent sleep schedule: We are daytime animals that run on 24-hour clocks, so sleeping at about the same time every evening sets us up for success. Second, be active during the day and ideally outdoors. Being physically active and getting sunlight exposure helps the body to earn sleepiness. Third, have a good sleep environment that is not only comfortable but also associated with relaxation to make it easy to let go and drift off into sleep.

Reducing stress obviously helps folks sleep well, but this is not always realistic. People should check in with themselves once in a while to revisit any aspects of their lives that they can take to a lower stress level, but this may not always be possible. The good news is that reducing stress might not be about taking away things from one's life but rather adding nurturing things—for example, socializing, eating nutritious meals, and exercising.

Getting Better Sleep

Sleep is different for everybody and changes over time, so ideas of what sleep should look like must be flexible and based on personal experience. Trusting one's body and listening to what it needs is a good place to start to improve sleep. Setting up the sleep environment is also an important part of the equation. A nice sleep environment is a room that is clean, well ventilated, quiet, and dark. In some cases, earplugs or eye masks can be helpful.

Another important aspect of a good sleep environment is its psychological vibes. The bedroom is not the place to do taxes, fight with one's partner, or think about exciting ideas and anxiety-producing worries. Furthermore, if a person spends a lot of time in bed worrying, ruminating, or strategizing, then their brain will automatically fire up that program once they get into bed.

The bedroom should be an oasis for relaxation and sleep. However, some people's brains want to talk to them when they are in bed with no distractions. One way to help the mind process what it wants to process during the day instead of at night is to make a to-do list or write down one's fears and hopes. That way, the mind can wind down for the evening. Another tip from Dr. Wu is to do a mindfulness exercise, such as mindful breathing or a body scan. If none of that works, then getting up and doing something else may help the person get back to sleep faster.

The truth is that sleep is a 24-hour affair, so it involves what someone does both during the day and at night. The best thing they can do is be physically active and get lots of bright light during the day—even via just going for a walk around the block or playing with the dog. Another good thing to do is take breaks in between hectic activities to allow the body and mind to slow down, get grounded, and be mindful and relaxed.

How much sleep a person needs can range from about 6 to 10 hours depending on their genetics, environment, lifestyle, and life stage. Nevertheless, the amount of sleep needed boils down to how much recovery the body needs. For instance, someone who is pregnant or sick, has just run a marathon, or has gone through an emotional event will need more sleep than usual. The same applies to people going through puberty or those busy with their careers and families. By contrast, sedentary or retired folks who do not have too many things on their plates may need less sleep.

Just as important as how much to sleep is when to sleep. Timing matters, and the consistency of an individual's sleep schedule may be more important for predicting their long-term health than how much sleep they get. Additionally, they should work with rather than against their chronotype—their natural tendency to feel sleepy or awake at certain times. Some folks are night owls, others are morning larks, and most are in between.

Other Concerns about Sleep

A person who has set up their sleep environment well; nurtured themselves during the day with exercise, light, and socialization; and practiced mindfulness and de-stressing techniques but still has trouble falling or staying asleep might have insomnia disorder. About 15% of the adult population has clinically significant chronic insomnia, especially folks with anxiety or depression. The good news is that insomnia is very treatable with CBT.

Many people with anxiety will also have stressed dreams or nightmares, which are not only upsetting but also detrimental to sleep quality. One of Dr. Wu's tips to reduce the frequency and intensity of nightmares is to avoid alcohol, caffeine, and recreational drugs. Revisiting one's medications with a doctor may also be worthwhile because some drugs can increase nightmares. Another tip is to sleep on a consistent schedule and get enough sleep.

If these tips do not help, then it may be time to consider nightmare disorder—a condition where frequent nightmares disrupt sleep, are distressing, and interfere with a person's life. Nightmare disorder can be

treated with imagery rehearsal therapy, which is a type of short-term CBT that is about restricting dreams and giving a sense of control back over one's dreaming.

For some people in certain circumstances, sleep medication may be the best answer. For example, someone who is going through an acutely stressful time and does not have the wherewithal to manage their stress just needs to get through the night and sleep so that they can function. However, sleep medications are designed to be used in the short term and not forever. Even over-the-counter drugs can create psychological dependency and backfire because they need to be taken in increasingly larger doses to be effective.

Regarding melatonin, just because many people are using it does not mean it is harmless. Synthetic melatonin comes over the counter and is not closely regulated by the FDA. The amount of melatonin on the label might not be the actual amount in the drug, for instance. And unfortunately, most people are taking melatonin at the wrong time, making them groggy the next day or shifting their entire sleep schedule later. Therefore, consulting a doctor and making sure to take the right sleep aids at the right times are critical steps.

Related to this topic are sleep fads, such as the recent lettuce water craze. Drinking lettuce water supposedly helps a person sleep, but the amount of lettuce they would have to consume for that effect is about a truckload. Chasing such fads can be tempting for some because they are already stressed, anxious, and not sleeping well and want a quick fix. However, quick fixes can backfire in the form of sleep effort, which is when someone tries too hard to trick themselves into falling asleep. Ultimately, sleep effort raises the anxiety level and initiates hyperarousal.

Sleep fads can also distract from the foundational behaviors and good relationship with sleep that really work—for example, going to sleep and waking up at consistent times. The important thing to avoid is sleep debt, which happens when a person chronically does not get enough sleep. This negative balance in their sleep bank account can perhaps be paid back in the short term, but sleeping a whole day or a whole week to make up for accumulated sleep debt is simply impossible. Once the sleep debt has happened, the damage is already done.

Finally, people with chronic sleep problems who do not get better with the tips mentioned may find talking to a sleep specialist worth their while, as a lot of sleep disorders fly under the radar. If the only sleep problem seems to be insomnia or nightmares, seeing a behavioral sleep medicine specialist is also a great idea. This professional can help individuals notice their patterns and change their behaviors and relationships with sleep without medications.

Whatever sleep disorders someone may be dealing with, advances in sleep medicine and behavioral sleep strategies provide hope. Even those with depression or anxiety and long-term sleep problems may be pleasantly surprised by how much power and control they can gain over their sleep health by learning more about their sleep, trusting their bodies, and applying certain strategies.

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