Arman Begoyan

#Bye_Bye_Anxiety

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Reviewer: ***Ani Kalayjian**, Ed.D.*
Adjunct Professor of Psychology at Teachers College, Columbia University
http://drkalayjian.com

Editor: ***Sirvard Amatuni***
http:// amatunicopywriting.com/

Cover design: ***Mariam Grigoryan***
https://www.behance.net/mariamgrigb744

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The book covers primary types of anxiety and anxiety disorders, their causes, developmental trends and modern methods of treatment. The book discusses their neurocognitive models, neurobiological mechanisms and non-medicated methods of treatment, as well as the certain cognitive behavioural therapy techniques for anxiety and related disorders. This book aims at assisting people, who want to overcome their anxiety and anxiety disorders with or without professional help. It is also a useful guide for mental health specialists and professionals in treating patients in related fields (psychologists, therapists, psychiatrists, neurologists, social workers and educators). The book is the product of the author's professional activities and personal experience.

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Hi :)

I am Arman Begoyan – a psychologist (PsyS), a certified psychotherapist (European Certificate of Psychotherapy – ECP), a supervisor, and a trainer. I am an International Affiliate of American Psychological Association, a full member of Polish Federation for Psychotherapy, Chief specialist at Hilfmann Psychological Services, and Head of Clinical Psychology and Psychotherapy Department of Harmand Hilfmann™ School of Professional Psychology, a member of the editorial boards of *Theory and Practice of Mental Health Care* (Russian Federation), *Psychopathology and Addictive Medicine* (Russian Federation), *and Abused Child. Theory, Research, Practice* (Poland) peer-review journals.

My primary research interests include the neurobiology and psychotherapy of anxiety disorders, and trauma-related issues. My expertise is in Cognitive Behavioral Therapy.

You can get in touch with me via phone or email or you can visit my website:

Phone: +374 55 550911,

Email: a.begoyan@hilfmann.com

URL: https://armanbegoyan.com

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*Use the hashtag **#bye_bye_anxiety** to follow book-related news and updates on overcoming anxiety and anxiety disorders, as well as to share them on social media.*

Dedicated to all my clients, who have taught me
to better understand people and my own issues,
as well as reach the furthest corners of one's mind,
and who continue to do so.

What This Book Is About and Who Can Benefit From It

Greetings! This book is about anxiety and anxiety disorders, as well as ways of, let's say, overcoming or treating them. Why "let's say?" Because terms "overcome" and "treat" are more applicable when talking about illnesses or, for instance, an enemy, but not as much anxiety or even phobias. Is this surprising? You will naturally ask "then what is anxiety if not an illness, or, let's say, an enemy, which definitely needs to be treated, defeated, overcome, and so on, and so forth?" And the specialist inside you will object. "Wait a second! Why, then, mental health guidebooks and manuals define those as disorders? Why do psychiatrists and neurologists even prescribe medicine for them?" However, my experience in counseling and psychotherapy constantly keep telling me something else louder and louder (maybe even misleading me, who knows?).

Yes, all these manifestations, which are called anxiety disorders, represent a problem and from the clinical point of view: it is justified to call them "disorders" (but by no means an illness). But in terms of causality, understanding and handling them, those are nothing but a natural emphasis on normal mental processes that comes about as a result of a combination of personality traits (nervous system types, hormonal changes in the body, physiological condition, value system, scenarios for the future and others) and various external environmental factors (stress, loss and such). This combination can also cause anxiety. Thus, as a result of this combination that causes anxiety, one's brain shifts from a normal mode to anxiety mode[1]. And a brain functioning in anxiety mode is more sensitive to external factors, the environment, one's own body changes, anything new, and any tiny danger. This can be explained by the fact that the brain wants to protect us and keep us from possible danger through worry and fear and sometimes even anxiety.

[1] Especially typical for Generalized Anxiety Disorder.

In these very conditions, phenomena that are usually called anxiety disorders can come about. Fears and phobias, obsessions and compulsions, panic and generalized anxiety are the main manifestations of the phenomena mentioned above.

In short, it is not as complex as it may seem from the first glance. However, by covering each of those manifestations one by one I will try to present them in greater detail. In the end, I will offer descriptions of a few methods and therapy techniques for overcoming anxiety and anxiety disorders. Before that, however, we will take a closer look at the mechanisms of how anxiety occurs and develops.

I am confident that it is now clear who this book is meant for. Yes, it's for all those people who have a constant worry, various fears and phobias, anxiety and panic, obsessions and compulsions and other similar unpleasant feelings, and who want to overcome them with or without professional assistance. This book is also useful for professionals of mental health and adjacent fields (psychologists, psychotherapists, psychiatrists, neurologists, social workers and educational professionals dealing with children with special needs), who want to help their patients.

1 GENERAL UNDERSTANDING OF ANXIETY AND ANXIETY DISORDERS

Introduction

I know that many of you (if not all), who have anxiety-related issues, think (especially those who suffer from Panic Disorder) that probably no one else suffers from the same issue and that their problem is very unique. And many (in reality, almost everyone) even try to find another person with the same issue or someone, who has had it before. I also know that many think that this is "not an issue that can be solved", "cannot be treated", "will bother me for the rest of my life" and many other similar thoughts. I know (pardon for using "I know" so many times) that many of you, especially in moments of anxiety and strong panic attacks, think that what they experience is not anxiety or any anxious state, but "a very serious" aggravating mental illness, schizophrenia, and even dementia or another related disorder, whatever you want to call it. If I have to cut it short, **1. No, you're not "crazy"**; **2. No, this is not going to kill you**; **3. Yes, you can get rid of it for good**.

In cases of anxiety disorders, one may feel like the issue is very unique and no one else might have it. This, of course, is not true and is only caused by the intensity of the feelings and the fact that it seems impossible to explain them at first glance.

Many of you probably experience people who love you trying to help you using various "everyday wisdom" or motivational talks, such as, for instance, "everything's fine, it will pass", "you'll find a job and feel better", "drop it, go for a walk", "you've just thought yourself into that". In worst cases, they might not understand you at all and think that you are pretending or being stubborn and lazy, that if you only wanted, you'd put an end to it. The latter causes the most amount of pain.

People we love can talk non-stop, try to teach us and give us advice, while more often than not we are the ones who need to do the talking. Of course, the people we love do this only with the agenda to help us, but for the lack of relevant experience and knowledge, they do it in ways mentioned above. It is hard for people who have never felt or lived through the same experiences to imagine or understand that if you could, you would not be scared, if you could, you would go for a walk. It is hard for them to comprehend that we realize all that all too well and understand it, but the fear and anxiety are so strong in those moments that they hinder our critical thinking and will, which makes it impossible for us to do things that people around us consider the easiest of all.

I know (and here, again, I say "I know") that some of you think of a psychologist, as of any other professional dealing with mental problems, as an "outsider", as someone who has not "been through" anxiety and does not know what it really is, and thus cannot understand or help. For this very reason, you might ask why I identify myself with people who have or have ever had anxiety when I talk about it. As I have already mentioned in the annotation to this guide, everything I talk about here is a reflection of not only my professional but also personal experience.

As far back as I can recall myself, from early childhood I have had almost all possible manifestations of anxiety, starting from phobias and panic and ending with anxiety and obsessive compulsive symptoms.

> *The first anxiety-related memory I have includes my parents quarreling (I am about 5-years-old here). I am crying. It feels like a heavy weight is pressed against my chest. There is a feeling of an unexplainably endless abyss inside me. My next memory is fresh to this day (I'm about 6 or 7). Sometimes I am even able to recall the feelings I had in my body that night and many times after that. It is late at night. I am in my bed and I feel as if some force is pulling me down. My arms feel heavy as if tied to my bed. I feel like my body is about to fall through it. In later years, I can recall my parents taking me to shamans to cure my fear of dogs, which*

made me forget my fear of dogs because I was even more scared of those women.

I remember how various obsessions used to form in my mind, along with "rituals" to neutralize them. For instance, I had an obsession that if I didn't voice the negative thoughts that popped up in my mind once in a while, they would certainly come true. Or another one, when I had to draw a circle around each of my slippers after waking up before I wore them, at that starting with the right one. I also remember how my heart used to jump out of my chest when I imagined playing Henry Morgenthau in a play for my Armenian language and literature class.

I would not have become a psychologist and would not have authored this book if I didn't gradually, maybe even without fully realizing it, take the path of overcoming my own anxiety disorders. A path too long (about 15 years). A path that could have been a few times shorter (1-2 years at most), if I had found myself in the office of a psychologist at the right time, or if I came across a similar book. And if I try to imagine what would happen if my father did not take me to karate lessons, when I was hardly 7 years old, or if I did not take martial arts classes for the next 15 years, if I was surrounded by parental care and did not have to take up mandatory army service eventually. Everything would have been different.

And now, when I am writing this book, my goal is to help those, who have found themselves in the same position, or those, who want to help someone they care about, who have found themselves in the prison of unpleasant feelings that I was in years ago.

In any case, I would like to state that anxiety and anxiety disorders can be successfully overcome with the simple use of psychotherapy. In most cases, this will be a non-drug treatment, although in some cases the use of medications might be required as well. I would also like to assure you that you are not the only one experiencing these feelings. Almost anyone at a certain point in their life experiences the situations that you have found yourselves in and go through similar experiences in a way. In reality, anxiety is the very core problem of it. And all

manifestations of anxiety that you experience are nothing but different faces of your fears. They are by no means related to "grave" mental disorders and are not going to become such. And since I know how important it is for you to know this, I want to assure you and repeat over and over again that **the feelings you have and the situations you find yourselves in are mostly reversible and you are able to overcome them**.

In fact, we know and understand what lies beneath psychological manifestations of anxiety or psychological anxiety. We all have experienced fear and anxiety in our lives in this or that situation, whether it is going on a first date or being late for a job interview. Anxiety and worry are also known to us from life situations, such as when the life or health of someone close to us was at risk, or when we had serious doubts related to our plans for the future, when there were negative changes in our life or when future looked uncertain. In any case, we all know the psychological and mental manifestations of anxiety, although not everyone knows about its somatic (physical and bodily) symptoms.

I refer to complaints concerning physical symptoms that people having fear and anxiety experience. Many go to the physician when they experience those symptoms or feelings for the first time. They don't realize that those symptoms can be related to emotional, psychological difficulties and especially fears and anxiety. I should also note that people very often are diagnosed with *Vegetovascular Dystonia* when they visit the doctor because of somatic symptoms of anxiety. This is especially common in the post-USSR territory. This diagnosis actually hinders solution of the problem itself and does not contribute to overcoming anxiety. Vegetovascular Dystonia is an outdated and disputable diagnosis, which includes diverse symptoms that can have a wide variety of causes [2] [3] [4]. And most importantly, it is not included in the International Classification of Diseases (ICD-10)[5].

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[2] Третьякова И., Родионов А.: «Вегетососудистая дистония — это история медицины» Vegetovascular dystonia is the history of medicine] // MED-info. - March 24, 2014.

Unpleasant feelings in the head are the most common symptoms one can experience during anxiety and anxiety disorders. Sometimes one can feel like their head is in the air, or feel some type of buzzing feeling (which in reality is an illusory feeling), clicks, headaches or dizziness. Cardiovascular symptoms, such as for instance intense heartbeat (when you feel, and sometimes even “see” how your heart is beating), tachycardia, nausea and other similar symptoms can represent physical symptoms of anxiety. The respiratory system also responds to anxiety to a certain degree. One may experience shortness of breath or a feeling of there being not enough air to breathe. Sometimes climber disorder can also occur. Disorders in the digestive system are also quite frequent in people suffering from anxiety or anxiety disorders. Those can be accompanied by constipation, diarrhea, intestinal pain, irritable bowel syndrome and others. The genitourinary system also responds to anxiety with the urge to urinate frequently. In women, it can manifest with decreased sexual desire and in men with reduced sexual performance.

Somatic symptoms of anxiety also include symptoms in the autonomic nervous system, such as buzzing in the ears, foggy or vague vision, dryness in the mouth (in which case the majority of people think they might be developing type 2 diabetes), or heavy sweating.

If you or someone you know have relatively stable repeating physical complaints (intestinal pains, headaches, tachycardia, high blood pressure), which, however, have found no valid explanation as a result of proper medical examinations (electrocardiography, Holter monitor exam and others), anxiety disorder can be a possible explanation to those complaints.

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[3] Евсегнеев Р.А. Почему диагноз «паническое расстройство» лучше диагноза «вегето-сосудистая дистония»? [Why is the diagnosis of "panic disorder" better than the diagnosis of "vegetative-vascular dystonia”] // Liki Ukraine. - May 2008. - No. 4 (120).

[4] Абдуева Ф.М., Каменская Э.П. Вегето-сосудистая дистония или соматоформная дисфункция вегетативной нервной системы сердца? [Vegetovascular dystonia or somatoform dysfunction of the autonomic nervous system of the heart] // Bulletin of Kharkiv National University named after V.N.Karazin. Series "Medicine". - 2012. - No. 23 (998).

[5] World Health Organization (1993). *The ICD-10 classification of mental and behavioral disorders: Clinical descriptions and diagnostic guidelines*. WHO, Geneva.

These are the somatic symptoms of anxiety and anxiety disorders, which usually reveal themselves in times of acute anxiety, fear and/or panic. The majority of people suffering from these symptoms don't even allow the idea that they can somehow be related to psychological issues. This, however, is very important to note in order to correctly identify the issue or for proper diagnosis, as it is known among clinical professionals.

There are most diverse explanations for causes of anxiety and anxiety disorders. This book, however, remains adherent to the cognitive neuroscience paradigm[6] and the cognitive behavioral approach. I will be touching upon the cognitive and behavioral factors for such manifestations, their progression, and performance. I will also cover the related neurobiological mechanisms.

Cognitive therapy, rational emotive behavioral therapy, dialectical behavioral therapy, scheme therapy, cognitive conceptual therapy and others are cognitive behavioral approaches that explain and guide in overcoming the causes and working mechanisms of anxiety. All these approaches, to one extent or another, reveal issues with the neurobiological mechanisms of a person's cognitive (such as perceptions, thinking patterns, memories, imagination and such) and its morphofunctional bases (for instance, inflammation of the Amygdala or the entire Limbic System, serotonin and/or dopamine uptake and such) as grounds of one's anxiety and anxiety disorders. In order to better understand this, we should dig into the neurocognitive model of anxiety.

[6] Ilardi, S.S., & Feldman, D. (2001). The cognitive neuroscience paradigm: a unifying metatheoretical framework for the science and practice of clinical psychology. *Journal of Clinical Psychology*, 57 (9): 1067-1088.

Neurocognitive Model of Anxiety

I will try to metaphorically present this model with a cool name that I gave to it. Imagine that there is a functional system in our head that can be compared to, let's say, apps for modern smartphones or tablets. Imagine an app, the main function of which is to assess the level of danger. Also keep in mind that the app consists of two main components - a database that can be modified and updated (this holds our past experiences, our core beliefs, our stances, norms, values, and such) and a set of algorithms (these are our cognitive functions, mainly the thinking process), which are meant to analyze and combine data and make evaluations and predictions based on all of the above (to determine whether the given situation is dangerous or not).

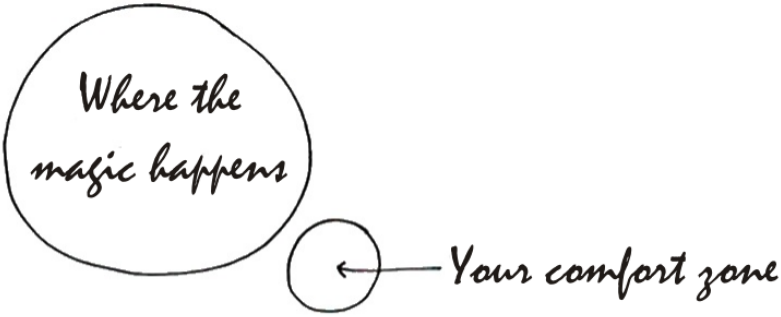
The app might malfunction in two cases. Either the database becomes outdated or there is an error in the algorithms. In the first case, the evaluations and the predictions the app makes will also be outdated and will not reflect the real matter of events ("it is dangerous here", "I will feel bad in this particular situation", etc.) and thus the response to the situation will not be equivalent either (fear, anxiety, panic, flight, avoidance, etc.).

Anxiety and related feelings and emotions are there to protect. If the situation is deemed dangerous, the brain will necessarily activate the defensive responses. This is appropriate and legitimate. However, a problem occurs when the evaluation or the prediction does not correspond to the reality. The responses that manifest in this case are called anxiety disorders.

Here the solution lies in reevaluating the credibility of the data, gradually updating it with new and alternative data (a different approach to the issue, a new emotional experience, etc.) This includes the reexamination of the existing behavioral experience, modeling and changing the existing behavior and responses, demonstrating alternative behaviors and responses, etc.

In the second scenario, when there is an error in the algorithms, even when the data is based on the reality and is objective, the predictions and evaluations made can be subjective and not equivalent. In this case, the solution lies in finding and correcting the relevant error in the algorithm (finding the distortions in the formal logical thinking patterns, errors in the critical and rational thinking, and/or revealing dysfunctional and irrational thoughts and disputing those, etc.).

In the course of time, the app's database is replenished with evaluations and predictions, which, however, are not objective or equivalent, because of the flaws in the app functions. This becomes a part of the information field, reinforcing the negative experience. As a result of this process, the evaluations and predictions that the app makes for real and possible situations become more negative and pessimistic, which gradually leads to limiting the person's activity and vitality in the social and physical domains in order to avoid danger. A so-called comfort zone is thus created, outside of which everything activates the app signals and causes defense responses.



In the course of time, this comfort zone shrinks and becomes even smaller. If, for instance, a person would initially avoid traveling far or being in the surrounding of unpleasant people, with time they might avoid leaving their apartment, going to school or work, or communicating with anyone outside their immediate family.

In order to reduce anxiety, humans have created various religious and philosophical schools of thought and approaches (fatalism, nihilism, asceticism, etc.) over centuries in order to justify one's inactivity, avoid responsibility for one's own life, get rid of the necessity to take action, legitimize avoidance strategies and overcome the complete uncertainty that goes hand in hand with all of the above. Everything would be fine if all these did not inevitably lead to the development of irrational thinking patterns and beliefs.

Along with this, or even prior to this, a cognitive structure is developed and plays a part in each evaluation and prediction that is made. This is the "what if" mode of thinking, the main faculty of which is the overestimation of possible danger and the underestimation of one's own resources ("What if I make a mistake during the speech and everyone laughs at me", "what if I take a plane and become out of breath, or my heart stops and they cannot save me", "what if I feel sick in the presence of the guests", etc.).

Why is it advisable to get professional help?

If you don't deal with anxiety disorders in a timely manner and do not turn to a mental health professional (for instance, a psychologist) for help, you may face additional problems. For example, people who experience panic attacks regularly usually avoid situations, where they have experienced panic attacks before. And because of this avoidance tactic, they can face obstacles in fulfilling their duties at work, school or even in their family relationships.

Based on the leading world practice, as well as the modest experience of my own (my experience being as modest as I am), I can say with confidence that overcoming of anxiety and anxiety disorders lies outside of one's comfort zone. The most important condition to

overcoming anxiety disorders is to break the comfort zone limits and face one's own fears.

I should also note here that as a result one is able to not only overcome anxiety but also experience personal growth along the way.

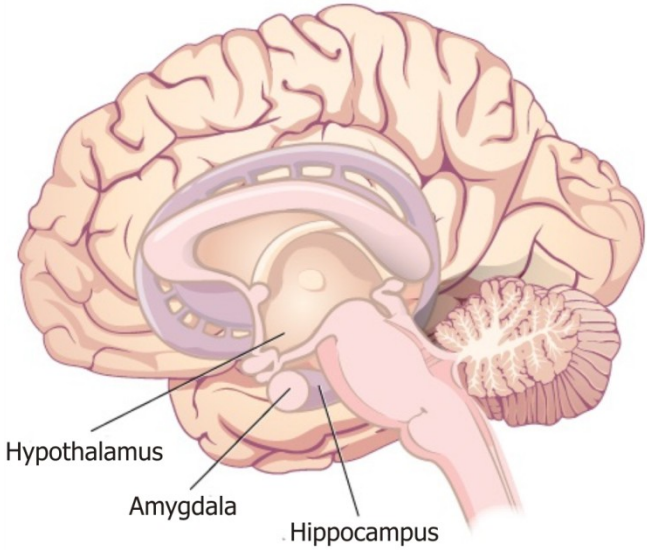
Overcoming any psychological issue goes in parallel with personal growth. Personal growth implies self-awareness, development of vital skills and self-realization.

One can face one's own fears and leave the comfort zone both with or without the help of a psychologist or psychotherapist. The latter can apply various cognitive and behavioral methods and techniques to reach the above-mentioned goal. However, I will be covering those later on.

What will happen if you don't deal with anxiety in a timely manner and don't turn to a professional for help?

There is a big chance that other mental problems, such as depression or alcohol/drug abuse, can manifest over time.

In order to fully understand the neurocognitive model of anxiety, we need to understand the neurobiological mechanisms of anxiety and anxiety disorders. Along with rapid growth in neuroscience and brain studies in the past few decades, as well as the emergence of newest methods of neuroimaging (for instance, Positron Emission Tomography - PET), the role of the brain's limbic system (as one of the oldest structures of the brain, it is also called paleomammalian, which means the oldest mammalian brain), and especially amygdala (almond-shaped body) as a part of it, has become more apparent in the causes of anxiety.



Amygdala, or the almond-shaped body, as I have already mentioned, is a part of the brain's limbic system. And the excessive activity of the amygdala becomes the cause of anxiety when a person faces uncertainty[7] [8] [9]. At that, overactivation of the amygdala does not only cause anxiety but also negatively influences critical thinking, since it suppresses the activity of parts of the prefrontal cortex that are responsible for critical thinking[10]. Besides, "after it is overactive, it takes the amygdala some time before it can return to a relaxed state for control to be regained in more rational and critical thinking centers of the brain"[11]. As a result, critical thinking becomes more difficult and is highly jeopardized, which in its turn can manifest in various erroneous, dysfunctional and irrational thoughts. The latter accompanies many

[7] Morriss, J., Christakou, A., & van Reekum, C. M. (2015). Intolerance of uncertainty predicts fear extinction in amygdala-ventromedial prefrontal cortical circuitry. Biology *of Mood & Anxiety Disorders*, 5, 4.
[8] Schienle, A., Hettema, J.M., Cáceda, R. &Nemeroff, C.B. (2011). Neurobiology and Genetics of Generalized Anxiety Disorder. *Psychiatric Annals*, Vol. 41, Issue 2: 113-123.
[9] Shin, L. M., &Liberzon, I. (2010). The Neurocircuitry of Fear, Stress, and Anxiety Disorders. *Neuropsychopharmacology*, 35 (1), 169–191.
[10] Bush, G., Luu, P. & Posner, M.I. (2000). Cognitive and emotional influences in anterior cingulate cortex. *Trends in Cognitive Sciences*, 4:215–22.
[11] Wayne, F.R. (2011). *Applying Family Systems Theory to Mediation: A Practitioner's Guide*. Lanham: University Press of America. p. 129.

anxiety disorders (such as generalized anxiety disorder, panic disorder, etc.).

We may ask: why does the amygdala overactivate and why does it cause a problem? Doesn't anxiety itself have a protective function? In reality, that IS its function. The limbic system and the amygdala get activated when there is an error in our functioning, or when, for some reason (very often because of activation of the neural network or the synaptic connections because of acute stress or psychological trauma), the existing or expected situation is assessed as dangerous. Then the worry and anxiety caused by amygdala activation aim at inviting our attention to what needs to be corrected in our actions to warn us of danger.

The existing situation can also be evaluated as dangerous automatically (due to automatic thoughts), based on specific ideas or core beliefs. In this case, our brain automatically generates respective thoughts about the situation and possible outcomes, based on our basic core beliefs. Further on, based on the very same automatic thoughts and evaluations, we or our body gives out respective responses in the form of specific emotions, behavior or physiological manifestations. This means that by revealing and changing the automatic thoughts and dysfunctional and irrational core beliefs, we can minimize or completely overcome anxiety. This, however, will be covered in the 3rd chapter within the framework of *Cognitive Restructuring*.

New synaptic connections and the neural networks (which is basically the new experience) can be formed in one's brain in two main ways: 1. As a result of regular repetition of the same signals within a certain relatively long period of time (for instance, when you learn a new language), and 2. In a very short period, as a result of strong emotional experiences (for instance, as a result of unexpected traumatic event or information acquired).

The transition from worry to anxiety does not happen immediately. In fact, it does not always happen. In general, the worry is the result of vigilance and one of its main factors. The brain in fact uses worry to say "hey, pay attention, there is a problem here. Take a look at it and see how you can solve it." Or it says "hey, it is dangerous here. You should either fight or take a flight." However, when the brain's initial evaluations and predictions, which have caused amygdala activation, are not equivalent to the reality, and when the *Objectification*[12] (I'll have to use "smart" words like this throughout) that happens because of worry does not reveal a problem or any danger, our consciousness ignores those signals (worry). And later on, when generalized anxiety (unfortunately) becomes our inseparable friend, the need for control and our overly alert state "make us" check from time to time whether everything is fine, whether there is a panic attack coming and so on. With time it starts to seem that these checks help us avoid anxiety and panic or from "falling". Meanwhile, in reality, it is just the opposite - because of the constant state of alertness, our brain's limbic system never returns to its relatively calm state.

Objectification creates conditions for mental activity, which are there to help solve the problem and to make required adjustments to the algorithms to evaluate the need for a certain behavior or response. Cognitive functions and reflective thinking are activated when objectification is to take place.

If, however, the amygdala has not come to a balanced state yet, or becomes active again, and/or our conscious continues to ignore the signals of worry, the latter can gradually grow into anxiety or panic in order to break through our insensitivity to the signals.

[12] Имедадзе И. Научное творчество Узнадзе и проблемы общей психологии [Uznadze's scientific masterpieces and the problems of general psychology] // В кн. Узнадзе Д.Н. Общая психология / Пер. с грузинского Е. Ш. Чомахидзе; Под ред. И. В. Имедадзе. — М.: Смысл; СПб.: Питер, 2004. — 413 с: ил. — (Серия «Живая классика»).; с. 13.

Are there effective methods to overcome anxiety disorders?

Without a doubt! The majority of anxiety disorders can be overcome with the help of a mental health professional, for instance, a psychologist or a therapist. A bulk of recent research evidence that one of the therapy methods, namely "cognitive behavioral therapy", is especially effective in overcoming anxiety disorders.

So, this or that anxiety disorder can develop, depending on a number of factors: 1. How often situations like the ones described above happen (the more often, the bigger the possibility of a disorder developing); 2. the degree of overactivation of our brain's limbic system (which can be measured by SPECT[13] or fMRI[14]); 3. one's physiological state (fatigue, excitement, etc.); 4. main traits of the nervous system (neuroplasticity, how quickly new synaptic connections are formed, etc.); 5. personality traits (the "Big 5"[15]) and personality disorders[16, 17] (for instance, paranoid personality disorder, avoidant personality/panic disorder); 6. the evaluation we give it (for instance, "if this happens to me again, I will not survive it", "this is above my abilities"), or other no less important factors.

Common Anxiety-Related Thinking Errors and Biases

As we already learned from the previous pages, a person's thinking patterns can change during anxiety. In particular, various thinking errors can manifest in the process. The latter can significantly influence anxiety-related experiences, enhancement of those experiences and formation of avoidance behaviors.

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[13] Single-Photon Emission Computed Tomography.
[14] Functional Magnetic Resonance Imaging.
[15] Big Five personality traits or the Five Factor Model (FFM).
[16] World Health Organization (1993). *The ICD-10 classification of mental and behavioral disorders: Clinical descriptions and diagnostic guidelines*. WHO, Geneva.
[17] American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.

Below I will outline the thinking errors and biases that often manifest when people experience fear or anxiety. You may find some mistakes in this list that you are making as well, although you would hardly manifest them all at the same time. Read and try to understand which ones (types) are characteristic of you. Then try to fill in the respective form (Appendix 1.1) the cognitive errors that you make when under the influence of anxiety.

Catastrophizing is the process of focusing on the worst possible outcome of a situation that causes worry, fear or anxiety.

Examples:

- *"My chest hurts, this is a sign of a heart attack".*
- *"I have made a mistake in my report. I will be fired".*
- *"I have been talking for five minutes now, but no one says anything. They think I am talking nonsense".*

Jumping to conclusions. Being convinced that the worst-case scenario is what is going to happen or at least is the most probable outcome is what leads us to immediately making conclusions.

Examples:

- *"I will definitely fail my exam since I have not prepared for all the questions".*
- *"I will surely lose my thread of thought if they ask me questions during my speech".*
- *"I will definitely "feel sick" if I take a plane".*

Tunnel vision is when one focuses on a situation that causes worry, fear or anxiety, seeing only the negative or dangerous sides of it and overlooking the positive or safe ones.

Examples:

- *While making a speech for a large number of people, you only see the faces of those who express*

boredom or disagreement.

- *You notice dirt even in the cleanest public restroom.*
- *You feel the danger of losing your job because your supervisor made remarks twice in the past week.*

Nearsightedness is the tendency to assume that the threat or the danger is unavoidable or very close.

Examples:

- *You are sure that you caught dirt, or get a feeling that you did when you pass by a homeless person even without getting in physical contact with them.*
- *You are sure or you think that there is an extremely high possibility that soon you'll be fired because there are cuts in your department.*
- *Every time you have unusual feelings in your abdomen, you take medicine because you are sure that you will have stomach or intestinal problems if you don't.*

Emotional reasoning. In case of appeal to emotion, the only basis for the disorder is the intensity of the worry, fear or anxiety. The stronger it is, the slower danger seems to be.

Examples:

- *"My heart will stop beating on the bus because every time I get on it, "I feel sick", my heartbeat intensifies and I lose breath".*
- *"I will not travel far because I will "lose control" because of anxiety".*
- *"I am definitely going insane because I feel unexplainable anxiety without any reason for it".*

When **All-or-Nothing thinking** is at work, we see danger or safety as rigid (set, fixed), absolute phenomena/conditions, which may either be present or absent, without any other options available in between.

Examples:

- *"If I don't get an A for this exam, I will not be preparing for any other exam ever again".*
- *"If I don't make a perfect presentation at this conference, everyone will think I am utterly unprofessional".*
- *When someone, who has experienced trauma in the past believes that they should avoid everything that can remind them of the past incident, including things and even people.*

After filling in the information, take a side look at what you have written or try reading it as if those are someone else's thoughts, for instance, your friend's, and your goal is to help them to take a more critical/rational approach to the situation. In order to do this, you should ask the relevant questions[18]. Write down those questions for each flawed idea or thought.

Intolerance of Uncertainty as a Primary Cause of Anxiety

Intolerance of Uncertainty is one of the models explaining the interaction of the cognitive and neurobiological processes in times of anxiety and anxiety disorders. It is also a constituent concept of the cognitive model of primary anxiety disorders[19].

Intolerance of uncertainty is a model that was developed by Canadian researchers M. Freestone, R. Ladouceur, M. Dugas et al. This model was developed to explain anxiety and generalized anxiety disorder. They define intolerance of uncertainty as "a way someone regards information in specific situations and responds to it cognitively, emotionally and behaviorally"[20]. These responses are negative and do not depend on the possible outcome of the situation or the results it leads to.

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[18] You can use Socratic questions narrated in the 3rd chapter.
[19] Carleton, R.N. (2012). The intolerance of uncertainty construct in the context of anxiety disorders: theoretical and practical perspectives. *Expert Rev Neurother*, 12 (8): 937-947.
[20] Ladouceur, R., Talbot, F., & Dugas, M. J. (1997). Behavioral expressions of IU in worry. *Behavior Modification*, 21: 355-371.

Intolerance of Uncertainty is a state and/or personality trait that is characterized by negative emotional responses, especially in worry and anxiety, in the conditions of uncertainty or ambiguity.

Intolerance of uncertainty is described as a "dispositional factor, which generates negative perceptions and beliefs related to uncertainty and its outcomes, and involves a tendency to have a negative reaction to uncertain situations and events on cognitive, emotional and behavioral levels"[21]. According to another research[22], it is a cognitive element accompanying anxiety, worry, and emotional disturbance. A different body of research has found that a high level of intolerance towards uncertainty is accompanied by a high level of anxiety in the participants[23] [24] [25].

There is also evidence[26] that intolerance of uncertainty is characteristic to all emotional disturbances. Meanwhile, some researchers hold the position that the concept of intolerance of uncertainty as a state of mind or a personal trait. In any case, the good news is that it is possible to become more tolerant of uncertainty with time, and specific steps should be taken in order to achieve that. We will be covering this part in Chapter 3.

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[21] Buhr, K., &Dugas, M.J. (2009). The role of fear of anxiety and intolerance of uncertainty in worry: An experimental manipulation. *Behaviour Research and Therapy*, 47: 215–223.
[22] Reuman, L., Jacoby, R.J., Fabricant, L.E., Herring, B., & Abramowitz, J.S. (2015). Uncertainty as an anxiety cue at high and low levels of threat. *J. Behav. Ther. & Exp. Psychiatry*, 47: 111-119.
[23] Grupe, D.W. &Nitschke, J.B. (2013). Uncertainty and anticipation in anxiety: an integrated neurobiological and psychological perspective. *Nat Rev Neurosci*, 14(7): 488-501.
[24] McEvoy, P.M. & Mahoney, A.E.(2013). Intolerance of uncertainty and negative metacognitive beliefs as transdiagnostic mediators of repetitive negative thinking in a clinical sample with anxiety disorders. *J Anxiety Disord*, 27(2): 216-224.
[25] Whiting, S.E., Jenkins, W.S., May, A.C., Rudy, B.M., Davis, T.E. 3rd & Reuther, E.T. (2014). The role of IU in social anxiety subtypes. *J ClinPsychol*, 70(3): 260-272.
[26] Boswell, J. F., Thompson-Hollands, J., Farchione, T. J., & Barlow, D. H. (2013). Intolerance of Uncertainty: A Common Factor in the Treatment of Emotional Disorders. *Journal of Clinical Psychology*, 69(6).

Intolerance of Uncertainty is one of the primary causes of anxiety and related disorders.

The level of intolerance of uncertainty is measured with the use of Intolerance of Uncertainty Scale, which evaluates "emotional, cognitive and behavioral responses to uncertain situations, as well as the efforts to control the outcomes of being in uncertain situations and the future"[27].

Primary Factors Contributing to Development of Anxiety Disorders

A number of factors can lead to the development of anxiety disorders (please note, not anxiety itself). They can be classified as follows[28]:

1. Long-term predetermined factors (hereditary factors, childhood traumas, cumulative stress).
2. Biological factors (physiology of panic, certain health issues).
3. Short-term impulsive factors (stressors causing panic attacks, trauma, and post-traumatic stress).
4. Defense factors (avoiding phobic situations, automatic thoughts, dysfunctional and irrational ideas, repressed feelings, lack of assertiveness, muscle tension, stimulators present in food and other factors related to one's diet, high-stress lifestyle, lack of meaning and goals).

Hereditary factors

Some researchers state that anxiety disorders can be partially hereditary. For instance, it has been found that 15-25% of children, who have at least one parent that suffers from agoraphobia, will

[27] Freeston, M.H., Rhéaume, J., Letarte, H., Dugas, M.J., &Ladouceur, R. (1994): Why do people worry? *Personality and Individual Differences*, 17 (6): 791-802.
[28] Bourne, E.J. (2010). *The Anxiety and Phobia Workbook, 5th Edition*. Oakland, CA: New Harbinger Publications.

develop the same condition in time. Meanwhile, only 5% of the children, none of whose parents suffer from this phobia, will develop it over time. This fact in and of itself, however, does not prove that agoraphobia is hereditary because it can also be explained by mirroring or learning mechanisms when children impersonate and imitate parents' behavior and their evaluations of the world around them.

Identical (monozygotic) twin studies have rendered relatively more credible results[29]. Thus, it was found that if one of the identical twins experiences anxiety disorder, there is a 31-88% chance that the other one will also have it. Dizygotic twins show a different picture[30]. If one of the twins has an anxiety disorder, the probability that the second one will also have it is only 0-38%.

Nevertheless, based on modern research one can say that we do not simply inherit sociophobia, agoraphobia and even panic attacks from our parents.

Anxiety disorders are NOT hereditary per se.

You can inherit only those biological traits of the central nervous system that can become a precondition for the development of a specific anxiety disorder later on. But this is not sufficient either. Besides specific preconditions, specific environmental conditions, like particular upbringing, stress, etc. are also necessary for disorders to develop.

[29] The genetic composition of monozygotic twins is 100% identical; in terms of genes - they are the same person.
[30] Dizygotic twins share the same number of genes as any other sister-brother.

Childhood events

What childhood events or family moral-psychological atmosphere can cause anxiety or anxiety disorders in adult life? Unfortunately, research in this area is quite scarce. However, some research still shows that agoraphobia and panic attacks in adult life can be related to separation anxiety disorder in childhood. This is a state of mind when the child experiences anxiety, panic or somatic (bodily) symptoms when it is separated from their parent/s for a long or even sometimes a short period of time (for instance, when attending a kindergarten or during sleep).

The parents' communication style can also be a significant factor. Communication styles, words, phrases and sayings used by parents can also have an impact on the child developing a particular anxiety disorder. Statements, such as "don't go out, it's raining, you'll catch a cold and get sick", "don't sit in front of the computer, you'll go blind", "don't fight with other children, they will beat you up", "don't climb the tree, you'll fall and break your arm", or, "the scariest animal is the man", "everyone's looking for a fool to take advantage of" and similar statements can lead to a child forming ideas about the world that say it is a dangerous and hostile place. Parents' values and value systems, communicated through words, have a huge contribution to the formation of dysfunctional, irrational and core beliefs that play such a significant role in the development of anxiety disorders in children.

Parents' critical approaches and extremely high standards also have their impact. Children of parents, who demonstrate a critical and perfectionist approach to everything, usually find it hard to have faith in themselves. They constantly doubt their personal and professional qualities and skills. As a result, they always seek their parents' approval. And as adults, they seek everyone's approval, try to be nice and leave a positive impression at the expense of their self-esteem and real feelings.

Critical approaches and extremely high standards communicated by parents may cause lack of self-confidence in children.

When growing up with a constant feeling of lack of self-confidence, one may become dependent on people who are secure (usually it is one of the family members) and/or safe places (usually the home). They can also avoid crowded places and events because of the risk of "showing their real face". It should also be noted that children of such parents usually internalize their parents' values, become perfectionists themselves, and demonstrate a judgmental attitude towards others and their own selves.

Emotional instability and dependence. Up until the age of 4 or 5, children are fully dependent on their parents, especially mothers. Any condition that may cause insecurity or the feeling of lack of protection at this age may become a cause for the development of extreme dependence and attachment towards parents. Various conditions can lead to this, for instance, divorce or death of a parent, children feeling abandoned, neglected, denied, as well as physical or mental abuse. According to some sources[31], children of alcoholic parents may grow up developing a number of personality traits, which can further on become a reason for anxiety disorders. Those disorders are 1. The obsessive need to control everything; 2. Avoidance of emotional experiences; 3. Lack of trust; 4. An extreme feeling of responsibility; 5. "All or nothing" thinking; 6. Extreme need for approval at the expense of own needs and personal interests.

Repression of emotions and independence by parents. Parents may not only be contributing to the development of attachment in children but can also cause repression of emotions and independence in

[31] Bourne, E.J. (2010). *The Anxiety and Phobia Workbook, 5th Edition*. Oakland, CA: New Harbinger Publications.

children, as well as hinder the child's self-expression and attempts to defend their own opinions. For instance, if the child has constantly been reprimanded and punished for intervening in the conversations of the adults, for impulsive actions or let's say expressing anger, then most probably in adult life these children will try to repress reactions and feelings occurring response to such signals.

Repression of emotional expression in children by their parents may result in the development of anxiety disorders in adult life.

If repression of impulses and emotions continues to take place in the same way for a long time, the stress caused by it can result in anxiety and even panic attacks.

Cumulative stress

If one undergoes stress for a certain period of time, for instance, a few months or years, the latter accumulates. This type of stress lasts longer than the stressful situations that can occur, for instance, during Christmas celebrations or short-term financial difficulties.

Cumulative stress can become a fertile ground for manifestations of anxiety, as well as the development of anxiety disorders.

Cumulative stress can be the result of both intrapersonal and interpersonal psychological conflicts (regret and feeling of having committed an "unforgivable sin", inability to get accustomed to unwanted reality, problems and fights between spouses, etc.), as well as long-term physiological, mental-physiological tension (during work, army or military service that involves a high level of responsibility).

Physiology of panic

Panic is the extreme response to anxiety that our body goes through in response to any serious/major danger. Many years ago famous American physiologist Walter Cannon named it *Fight-or-Flight Response*.

The latter is a defense mechanism, which is characteristic of most evolved animals and which primarily aims at mobilizing the body resources to effectively flee or withstand a dangerous situation in a short period. This response, which is a signal in its nature, is usually provoked by situations that represent a real danger. However, many of us demonstrate it even in cases when the level of danger in a given situation is much lower or even completely absent. In order to understand this response mechanism, we should look at the physiology of the nervous system.

From the functional point of view, our nervous system is composed of *Bodily* (somatic) and *Autonomic* (vegetative) nervous systems.

The bodily nervous system is responsible for our muscles and movements, which are mostly guided and controlled by us. However, the autonomic nervous system controls the autonomic functions, which, even if we really want to, we are unable to control. Those are, for instance, the processes of breathing, heartbeat, digestion. The

autonomic nervous system, however, in its turn consists of *Sympathetic*, *Parasympathetic* and *Metasympathetic* parts.

The Sympathetic part is responsible for a number of responses, which our body manifests when we are feeling emotional or are experiencing certain feelings.

Sympathetic part is a system that controls anxiety, defense, and reserve potential. It connects the body to the external environment. Sympathetic responses activate the brain activity and the body's defense mechanisms (such as the thermoregulation process, blood coagulation, and immune mechanisms).

Parasympathetic section, as opposed to the Sympathetic part, deals with the smooth operation of the internal organs when we are in a state of rest and peace.

Parasympathetic part of the autonomic nervous system usually is activated in a state of rest and contributes to synthesis, accumulation and storing of energy.

During a panic attack, our Sympathetic nervous system immediately and intensively responds in the form of a number of bodily responses. As a result, the first thing that happens is that our adrenal glands produce a big amount of adrenaline.

The adrenaline produced at the tips of the nerves in the Autonomic nervous system's Sympathetic part is considered to be an anxiety hormone. The sympathetic part has a nourishing-adaptive influence on the skeletal muscles of the body. Levon Orbeli and A. Ginitsiski studied the peculiarities of the latter. They found that the adrenaline produced at the tips of the Sympathetic part's nerves restores the muscle functions and increases their power.

What we feel as a result can be described as a "shakeup" (which gives you a feeling of a "shakeup" or a "wave") and is often accompanied with the feeling of horror. In a matter of seconds, the produced adrenaline can 1. Increase the heartbeat; 2. Make you feel short or out of breath; 3. Increase sweating; 4. Lead to tremors and shocks in the body; 5. Make your feet and hands cold. The sympathetic system can also lead to muscle contractions, the most extreme form of which is when someone "freezes" from fear, or experiences stupor. Other responses of the sympathetic nervous system can be the production of red blood cells by the spleen, release of sugar accumulated in the liver, interruptions in the digestion process, overproduction of gastric acid, acceleration of the metabolism and dilation of the pupils. All these responses take place anytime we feel emotional but in much lesser intensity. In case of panic, however, we feel pressure, horror and the urge to flee because of much stronger manifestation of the above responses.

It is extremely important to remember in relation to all this that the adrenaline produced in during panic is absorbed by the liver and the kidneys in a matter of minutes. And if we get used to the bodily symptoms of panic and not try to fight them or understand how terrible they are, those symptoms will reduce and ease in a very short period of time.

Other issues related to physical health

Some other physical health problems can also result in the development of anxiety disorders. Hyperventilation syndrome, hypoglycemia, hyperthyreosis, the mitral valve prolapse, premenstrual syndrome and inner ear diseases are some of them.

Hyperventilation syndrome involves breathing too deeply or too rapidly, which can lead to a sharp decrease in the volume of carbon dioxide in the blood. As a result, the symptoms that occur are very similar to a panic attack, which includes a feeling as if you are going to

faint, dizziness, derealization or depersonalization, sighing or yawning, trembling, numbness and tingling in hands and feet. The symptoms themselves can be perceived as something dangerous and thus cause a real panic attack.

Abdominal breathing[32] is the best way to reduce or fully get rid of symptoms during hyperventilation and panic attacks.

Hypoglycemia, which is when the level of blood sugar drops below normal (for example, because of stress or wrong diet), can induce symptoms that are very similar to panic, for instance feeling alarmed, heavy sweating, dizziness and feeling amnestic. Thus, hyperglycemia can both lead to and worsen panic responses.

Hyperthyreosis, which is the excessive production of thyroid hormones by the thyroid gland, can lead to tachycardia, heavy sweating, and generalized anxiety. Hyperthyreosis symptoms also include loss of weight, increase in body temperature, loss of sleep and eye swelling.

Mitral Valve Prolapse does not usually involve serious danger, however, it can lead to tachycardia. This birth condition represents a displacement of an abnormally thickened mitral valve leaflet into the left atrium.

The blood, flowing through the mitral valve, passes from the atrium to the ventricle, after which the valve closes and the blood is pushed into the aorta. However, when the mitral valve is prolapsed, part of the blood flows back to the atrium, which results in abnormal heart rhythms. The latter can cause panic but is not dangerous.

[32] See Chapter 3: Relaxation Techniques.

Premenstrual syndrome. Women should pay attention to when their anxiety responses and generalized anxiety become more frequent. Do they coincide with the premenstrual period? If so, by treating the premenstrual syndrome (which usually includes a better diet, physical exercises, vitamin B6 and sometimes natural progesterone), they can also solve the issues of panic and anxiety they experience.

Inner ear diseases. Panic attacks, although relatively seldom, can also be related to inner ear illnesses, such as infections, allergies and Meniere's disease. A person can feel dizzy, rocking or have a feeling like they will faint, in cases of the above-mentioned and other inner ear diseases.

Stressors that Provoke Panic Attacks

Often the very first panic attack one experiences is a result of a stressful situation or event. And usually, the first panic attack is preceded by one of the three primary stressors, which are the significant personal loss, a serious change in lifestyle or use of recreational drugs.

Death of a close person or a relative, divorce or separation can be considered **significant personal losses**, which can result in the first panic attack, although other events like losing a job, serious financial trouble or long-term or serious health problems can also precede the first panic attack.

Serious change in lifestyle. Any change in one's lifestyle, which involves an adapting period of a few months or more, can sometimes precede the first panic attack. Such lifestyle changes can include, for instance, shifts in the social and cultural environment, migration, drastic changes in one's diet or limitation in physical activities, getting married, shifting jobs, starting army service and others.

There are many cases when the first panic attack is preceded by **use of performance-enhancing or recreational drugs**. Drugs like cocaine and marijuana, as well as liquids and food that are extremely rich in caffeine, can have such an effect. Abuse of amphetamines, phenetidine, barbiturates, and tranquilizers can also lead to the first panic attack.

Trauma and Post-Traumatic Stress

Sociophobia and agoraphobia, as a rule, develop by the same mechanism of forming synaptic connections and neural networks, as described in "Neurocognitive Model of Anxiety" section of this book, namely, occurring in a very short period and as a result of very strong emotional events (for instance, an unexpected traumatic event or information received). On the other hand, uncommon phobias can result in activation of a specific traumatic experience.

> *As a 4 or 5-year-old child I got bitten by our neighbor's dog. Although the wound was not a major one, I was frightened because for the first time in my life I felt something sharp piercing into my skin. This experience felt horrible for me then. As a result, because of the association that was created between dogs and the feeling that was labeled "unexplainable and horrible", I kept avoiding dogs for many years and experienced very strong fear when I had to be in a close proximity with one. In the same way, someone who has experienced a car accident may develop a fear of driving or even being in a car. Same goes for someone, who has experienced drowning in the sea and now has developed a fear and aversion to it.*

From this point of view, many phobias can be a result of traumatic events that have taken place in earlier life. However, some of them, for instance, fear of darkness or of insects, can even be programmed in many mammals biologically for the preservation of the kind. In any case, such fears can be called phobias only when they contribute to the development of a strong avoidance behavior and manifestations and are preserved in adulthood.

As a result of a traumatic experience, along with phobias, one can also develop post-traumatic stress disorder, which will be covered in

greater detail in the section on "Primary Types of Anxiety Disorders". We should simply mention here that post-traumatic stress disorder automatically brings back painful memories and dreams because our brain tries to establish control over the event itself and neutralize the emotional charge that the latter carries.

Avoidance of phobic situations

Phobias develop because of the simple reason that it is much more comfortable to avoid situations that cause worry and anxiety than to be in them. And as long as there is no specific need to find ourselves in those situations, we can continue living like that and demonstrate avoidance behavior on any occasion. However, if we want to or if we have already decided to get rid of our phobias, it will simply be impossible to do if we continue to avoid facing them. As long as we delay and avoid such situations, we will continue to doubt even more whether we can overcome them or not. To overcome a phobia means to "unlearn" certain responses and learn new ones. When we face phobic situations, we "unlearn" 1. Getting anxious ahead of time because of a possibility of "feeling sick" in a specific situation and 2. Avoiding the situation itself. At the same time, we give ourselves the chance to learn that we can face phobic situations and remain in them without undue worry or anxiety. We can learn to tolerate and in the course of time even feel comfortable in any phobic situation, if we start with small steps.

Automatic thoughts

Thoughts that occur in our minds unconsciously as a result of some trigger (sound, image, memory, physical feeling, place, etc.) and lead to self-talk are called automatic thoughts. Self-talk can cause worry and anxiety that grows with time. Automatic thoughts and anxious self-talk that they lead to can take too much time, most of the day or the entire day from us. Automatic thoughts usually trigger or become a reason for anxious feelings or avoidance behavior to manifest.

Self-talk is the practice of having a conversation, a dialogue or asking and responding to questions in our minds.

Thus, the majority of our worries and anxiety can happen as a result of self-talk content and assertions, which start with the phrase "what if", for instance, "what if I become anxious again?", "what if I lose control while driving?", "what will my colleagues think if I suddenly "feel sick" at work?", "what will people think if I suddenly faint?", etc. Such thoughts, as a rule, reflect the worst-case scenario, which usually is very far from the reality.

As I have already mentioned, automatic thoughts and anxious self-talk can be triggered by many things, the most common ones being various feelings in the body (pressure in the head, chest or abdomen areas or other feelings of pressure) or thoughts/facts related to uncertainty in the future (for instance, "when will I find a job?", "will I have my own family?", "which treatment will be more efficient?", etc.) And if one can subdue those automatic thoughts at the moment they are born and wait for some time, they will disappear. The good news is that we can learn to identify automatic thoughts that cause worry and anxiety and substitute them with rational thoughts and assertions that correspond to the reality and are relaxing in their nature. We will cover this more thoroughly in the third chapter of this book on cognitive restructuring.

Dysfunctional, irrational ideas and core beliefs

Our negative automatic thoughts arise from and are based on dysfunctional, irrational (passive, irrational, unreal) ideas and core beliefs about one's self, other people and the world and life in general. For instance, if we truly believe that life is a struggle, then every time we feel good or receive help from someone, we will experience automatic thoughts that something is wrong. This, in turn, can become a reason for worry and anxiety.

This is why the reconstruction of basic ideas about ourselves and life and the world, in general, can demonstrate more tangible and lasting results than regeneration of automatic thoughts and self-talk, but time and patience are needed. This will also be covered in more detail in the 3rd chapter on cognitive restructuring.

Repressed feelings

By denying and repressing feelings of anger, sadness, disappointment and even excitement can lead to the generation of free-floating anxiety. Free-floating anxiety is when we feel unclear worry, the cause of which we cannot understand or determine. This can also be described as worry or anxiety with no reason. For this very reason, you may have noticed that in cases when you let the feeling loose (for instance, anger) or when you feel free to cry, you feel relieved and better afterward. Showing emotions and feelings can have a marked physiological effect on reducing the level of anxiety one is experiencing.

As I have already mentioned above, people prone to worry and anxiety often demonstrate emotional reactivity and an inborn disposition to instability. And if they grow up, let's say, in families where parents suppress or control children's emotional expression, they will continue suppressing their feelings as adults. As a result, repression of deep feelings can result in chronic stress and anxiety. Thus, it is necessary to learn to express one's own feelings and emotions. This, however, should be done carefully and gradually, and sometimes even through properly modifying and readdressing those feelings, especially when we are talking about feelings of anger.

Lack of assertiveness

We need to develop an assertive communication style in order to express emotions in the presence of or towards other people. It will allow us to express ourselves in a direct and honest manner. Assertive behavior allows finding the golden mean between submissiveness

(when we are afraid to express what we really want) and aggression (when we take what we want through threat or coercion).

Avoidance is one of the primary cognitive and behavioral factors promoting the development of anxiety disorders.

Practice shows that if we are prone to worry and anxiety, then most probably we manifest avoidance or submissiveness. We avoid directly saying what we want and are afraid to show strong emotions, anger in particular. Often we are afraid to be in conflict with people or be seen as "rude" or impolite. This also happens when we are afraid that if we show perseverance in relationships, we can push away people we depend on or people who ensure our basic feeling of safety.

Lack of self-confidence, self-love and self-care skills

A strong need for safety is characteristic of people with anxiety disorders. The latter is especially eminent in people with agoraphobia when someone constantly needs to be in a safe place or near someone who ensures their safety. Such feeling of lack of safety and protection can emerge as a result of a number of circumstances in childhood, including being neglected or abandoned by parents, physical or sexual abuse, excessive care, excessive criticism, as well as alcoholism or other addictions (gambling, drug addiction, etc.) running in the family. Because of lacking the necessary protection, love, and care in childhood, such people often lack self-love, self-care and self-confidence skills in adulthood. Not knowing how to love and take care of themselves, they suffer from low self-esteem and can feel stressed and anxious when they face demands that adults face.

Muscle tension

When our muscles are tense, we feel worried or stressed. Muscle tension also limits respiration. When respiration is limited, we usually

feel anxious. Tense muscles also contribute to suppressing feelings, which, as we already know, may lead to anxiety. You may have also noticed that when our muscles are tense, it feels like the mind is in a race and often thoughts get confused in our head. The opposite is true when all muscles in the body are relaxed, the mind is relaxed and peaceful as well. Thus, we should always remember that mind and body are inseparable. There can be no peaceful mind in a tense body. And muscle tension can be relieved by practicing daily exercise routines and by employing muscle relaxation methods.

Stimulants in food and other diet-related factors

Stimulants in food, such as caffeine and nicotine, can aggravate anxiety and make us more prone to panic. We might not even fully imagine the level of influence those stimulants have in causing anxiety before we try to reduce or completely avoid their use. We should, however, keep in mind that caffeine and nicotine are not the only stimulants present in food. There are other dietary factors (such as sugar, diet additives, etc.) that can stimulate or aggravate anxiety and worry. Thus, it is important to pay attention to one's diet as well.

High-stress lifestyle

It is long known that high-stress lifestyles can exasperate worry and anxiety. The frequency of panic attacks and degree of depth that one's phobias run in, increase and decrease depending on how well we can deal with everyday stress.

Stress is the body's overall and specific adaptive response to various external and internal stimuli. Stress that is related to pleasant feelings, or beneficial stress, is also called eustress, while stress related to negative or unpleasant feelings is called distress. The degree and quality of stress do not depend on how objective the situation is and/or how easy it is to overcome.

Lack of meaning or goals

Lack of meaning or goals can also contribute to the development of worry and anxiety, as well as various anxiety disorders. People who set goals and try to achieve them are happier and find more meaning in life. On the other hand, the fear and anxiety that come from the realization that death is inevitable can be partially or fully overcome by attaching meaning to life. Nevertheless, existentialists like Viktor Frankl, Rollo May and Irvin Yalom have covered the relation between lack of meaning in life and anxiety more extensively.

Finding meaning in life is also necessary in order to overcome anxiety disorders. The process of overcoming anxiety needs to be meaningful for the person to realize why they are taking that step. This is one of the most important sources of motivation in therapy.

In this regard, I often recommend my visitors Irvin Yalom's "*Staring at the Sun: Overcoming the Terror of Death*", where the author presents his own and other existentialists' and philosophers' thoughts about death and overcoming the fear of death and some episodes from his work with his own patients.

Assessment of Anxiety and Related Disorders

There are numerous questionnaires and clinical scales for assessing (and usually later on diagnosing) anxiety and related disorders. A part of them is meant for self-assessment and the other part is to be filled in by a professional.

We can do screening and initial assessment to reveal the degree of anxiety. But we can also visit a professional to get a more trustworthy evaluation.

In any case, below you can find:

- *Taylor Manifest Anxiety Scale (TMAS)*[33], which you can fill in yourself to reveal the degree of anxiety.
- *Hamilton Anxiety Rating Scale (HAM-A)*[34], which requires knowledge and experience in the sphere of mental health, thus it is recommended that it is filled in by a psychologist, psychiatrist or a therapist.
- Anxiety disorder self-assessment scale based on ICD-10 and DSM-5, which you can also fill in yourself to see if you have symptoms of any specific anxiety disorders.
- Information on other scales and questionnaires for assessment of anxiety disorders, which you might need before paying a visit to a professional.

Taylor Manifest Anxiety Scale (TMAS)

J. Taylor Manifest Anxiety Scale (TMAS) is a 38-item questionnaire (Appendix 1.2) with “True” or “False” questions, which can reveal the degree of one’s anxiety.

The key below is used to score the results. On your test questionnaire, circle your "True” or “False" responses that correspond to the responses listed below. Add up the number of responses you circle and this total is your score on TMAS.

Points need to be added up to get the results. If you answer “True” to the following questions - 4, 5, 7, 8, 10, 12, 13, 15, 17, 18, 19, 20, 21, 22, 24, 26, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37 - you get one point for each. You also get one point for each of the following questions, if you answer “False” - 1, 2, 3, 6, 9, 11, 14, 16, 23, 25, 30, and 38.

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[33] Taylor, J. (1953). A personality scale of manifest anxiety. The Journal of Abnormal and Social Psychology, 48 (2): 285–290.

[34] Hamilton, M. (1959). The assessment of anxiety states by rating. Br J Med Psychol 32:50-55.; Hamilton, M.C. (1959). Hamilton anxiety scale (HAMA), In: Sourcebook of adult assessment (Applied clinical Psychology). Edited by N.S. Schutte, J.M. Malouff, Plenum Press, New York. Pp.154-157.

Interpreting the results:

- 16-38 points - high level of anxiety;
- 6-15 points - medium level of anxiety;
- 0-5 points - low level of anxiety.

If you have accumulated 15 and more points, it is advisable, and if 40 points or more, it is extremely important to get professional help.

Hamilton Anxiety Rating Scale (HAM-A)

Hamilton Anxiety Rating Scale consists of 14 items, which reflect somatic (bodily) symptoms of anxiety, for instance, feeling concerned, negative expectations, shivering, insomnia, other disorders with sleeping and memory, muscle aches, buzz in the ears, tachycardia, intense heartbeat, frequent sighing or yawning, nausea and others.

The professional rates each of the symptoms on a scale of 0-4 based on the responses of the patient. Zero means the complete absence of the symptom and four - an extreme manifestation of the symptom. The results are interpreted in the following way:

- 1-17 slight anxiety;
- 18-24 slight to medium degree anxiety;
- 25-30 medium to intense anxiety.

As I have already mentioned, profound knowledge and experience in the field of mental health are required to make a credible assessment based on this scale, so it is advised that the assessment is made by a psychologist, psychiatrist or a therapist.

Anxiety Disorder Self-Assessment Scale Based on ICD-10 and DSM-5

The following questionnaire is based on “International Classification of Diseases -10” (ICD-10), published by World Health Organization and

the "The Diagnostic and Statistical Manual of Mental Disorders" (DSM-5) published by the American Psychiatric Association. It is meant to help determine which particular anxiety disorder is dealt with.

We should keep in mind, however, that *it is required to turn to a mental health professional - psychologist, therapist or psychiatrists - for proper assessment/diagnosis*.

1. Do you have spontaneous panic attacks (choose "yes" only if you don't suffer from any phobias).

□ Yes □ No

2. Have you had such as an attack at least once in the past month?

□ Yes □ No

3. If you have had an attack in the past month, were you worried that you could have another one? Or, were you worried that it could negatively influence your physical or mental health?

□ Yes □ No

4. During your strongest panic attack, have you experienced at least any three of the following symptoms?

I. Dyspnea or shortness of breath;
II. Dizziness or a sense of losing balance
III. Tachycardia or intense heartbeat;
IV. Trembling or muscle contractions;
V. Sweating;
VI. Feeling of breath shortness;
VII. Nausea or tension in the abdomen;
VIII. Feeling of loss of connection with the body;
IX. Numbness or tingling;
X. Tremor;

XI. Pain or uneasiness in the chest;
XII. Fear of death;
XIII. Fear of going mad or losing control.

> *If symptoms I-IV were present during your strongest panic attack, you need not continue. This may evidence that you have* ***Panic Disorder****.*
>
> *If you experience the first symptom simultaneously with three or fewer other symptoms which, however, were mentioned after the fourth symptom in the list, there is a possibility of limited symptom panic attacks and not full-blown panic disorder.*
>
> *Continue if you have panic attacks and phobias.*

5. Do you avoid certain situations because of the fear that the panic attack may happen again?

□ Yes □ No

> *If yes, you need not continue. You most probably have* ***Agoraphobia****. In order to see how intense your agoraphobia is, look at question N 6.*

6. Which of the below situations do you avoid because of the fear of panic attack happening again?

- Leave home;
- Shop at a supermarket;
- Stand in a line in a supermarket;
- Visit malls;
- Drive on a highway;
- Drive on roads far from your home;
- Go anywhere alone by car;
- Take public transport (bus, trolley, etc.);
- Be on a bridge (by car or on foot);
- Be under a tunnel (by car or on foot);
- Take a plane;
- Take an elevator;
- Take a metro;

- Be at a high location (upper floors of high-rises or similar);
- Visit a dentist;
- Take an appointment with a hairdresser or nail artists and sit there;
- Eat at restaurants;
- Go to work;
- Be far from a safe place or person;
- Be alone or leave the house alone;
- Other (specify) _____ .

> *The number of situations you avoid shows how intense your agoraphobia is and how the latter limits your activity.*
>
> *Continue, if you answered "No" to the fifth question but have phobias.*

7. Are there situations that you avoid not because you are afraid of panic attacks, but because of shame and/or because of fear of the negative opinions of other people (which can result in panic)?

□ Yes □ No

> If yes, you need not continue. Most probably, you suffer from ***Social Anxiety (Sociophobia)***. Take a look at the following 8th question to determine the intensity of your Sociophobia.

8. Which of the following situations do you avoid because of feeling ashamed or humiliated?

- To be in the same place with a group of people (at work, in a classroom, etc.);
- To make a speech or presentation in front of a small group of people;
- To make a speech or presentation in front of a large group of people;
- To be at a party or event;
- To use public restrooms;
- To eat in front of others;

- To write your name or sign in the presence of others;
- To go on a date;
- Any situation, where you can make a "fool" of yourself;
- Other (specify)_____ .

> *The number of situations that you avoid shows how intense your Sociophobia is and how strongly it limits your activity. If you have answered "No" to questions 5 and 7, but you have phobias, please continue.*

9. Do you avoid or experience fear in relation to one or more of the following things/phenomena?

- Insects or animals (spiders, cockroaches, dogs, etc.);
- Height (upper floors of high-rises, high bridges, etc.);
- Driving;
- Tunnels;
- Bridges;
- Elevators;
- Planes;
- Physicians, dentists;
- Thunder or lightning;
- Water;
- Sun;
- Injections or other medical procedures;
- Illnesses like a heart attack or cancer;
- Darkness;
- Other (specify) _____ .

10. Do you experience anxiety only when you face the above-mentioned things/phenomena?

□ Yes □ No

> *If you have checked one or more items in question 9 and have answered "Yes" to question 10, you need not continue. You most probably have* ***Specific Phobia****. If not, please continue.*

11. Would you say that you are anxious most of the time, but you do not experience panic attacks, you do not have phobias and lack any obsessions or compulsions?

□ Yes □ No

12. Have you been prone to extreme anxiety at least in the past 6 months?

□ Yes □ No

13. Are your worry and anxiety accompanied by at least three of the following symptoms?

- Tension;
- Quick fatigue;
- Difficulties in concentrating or "empty thoughts";
- Irritability;
- Muscle tension;
- Sleep disorders (difficulties falling asleep, uneasy or interrupting sleep, not getting enough sleep).

> *If you have responded "yes" to questions 11, 12 and 13, you need not continue. Most probably, you suffer from* ***Generalized Anxiety Disorder****.*

14. Do you have obsessions about hurting someone close to you, feeling dirty or having been poisoned, having left the door open, the stove on or similar, when you realize that these are irrational thoughts but you cannot stop them?

□ Yes □ No

15. Do you have ritual actions such as washing your hands or counting to ease the anxiety caused by irrational thoughts?

□ Yes □ No

> *If you have answered "yes" to question 14 and "no" to question 15, you most probably have **Obsessive Compulsive Disorder** accompanied only by obsessions.*
>
> *If you have answered "yes" to both questions 14 and 15, then you most probably have Obsessive Compulsive Disorder.*
>
> *If you have responded "no" to both questions 14 and 15, as well as all questions prior or the majority of them, but you still have anxiety or related symptoms, then you probably have a **Post-Traumatic Stress Disorder.***

Other Scales and Questionnaires for Assessment of Anxiety Disorders

If the self-assessment shows that you have the above-mentioned anxiety disorders, the next step would be clinical assessment, which is usually done with the use of clinical assessment scales.

Below are some of the most popular and credible scales for assessing the degree of intensity of syndromes of specific anxiety disorders:

- ✓ ***Severity Measure for Panic Disorder – Adult*** is a clinical assessment scale based on DSM-5[35]. It consists of 10 items/questions and 4 possible answers for each.
- ✓ ***Agoraphobia Scale - AS***[36] presents 20 different agoraphobic situations, which should be rated as to the degree of anxiety and avoidance behavior they cause.
- ✓ ***Liebowitz Social Anxiety Scale - LSAS***[37] consists of 24 items, 13 of which are related to the degree of severity of the anxiety experienced and the remaining 11 represent social situations that they can reveal themselves in.

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[35] American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
[36] Ost, L.G. (1990). The Agoraphobia Scale: an evaluation of its reliability and validity. Behaviour Research and Therapy, 28(4), 323-329.
[37] Rytwinski, N.K., Fresco, D.M., Heimberg, R.G., Coles, M.E., Liebowitz, M.R., Cissell, S., Stein, M.B., & Hofmann, S.G. (2009). Screening for social anxiety disorder with the self-report version of the Liebowitz Social Anxiety Scale. *Depression and Anxiety*, 26 (1): 34–38.

- ✓ ***GAD7***[38] - Generalized Anxiety Disorder questionnaire is a 7-item scale with 4 possible answers for each.
- ✓ ***The Yale–Brown Obsessive Compulsive Scale – YBOCS***[39] is a scale to assess the severity of obsessive-compulsive disorder that is obsessions and compulsions. It is widely used in studies and clinical work. It individually assesses the degrees of obsessions and compulsions.
- ✓ ***Clinician-Administered PTSD Scale for DSM-5 - CAPS-5***[40] consists of 30 questions and represents a clinical scale based on DSM-5. It is used for assessment of the degree and subtype of the post-traumatic disorder.

Further Steps

If the self-assessment of anxiety disorders based on ICD-10 and DSM-5 scale reveals that you have or most probably have any type of anxiety disorder, it is recommended to turn to a health professional (psychologist, psychiatrist, therapist or neurologist) to avoid possible issues or complications.

Is there a need for medications?

Such need may arise, although there are very few cases when anxiety disorder cannot be overcome without medication.

After you present your complaints to the respective mental health professional and consult with them, there can be 3 possible scenarios:

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[38] Spitzer, R.L., Kroenke, K., Williams, J.B.W., &Löwe, B. (22 May 2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166 (10): 1092–1097.

[39] Goodman, W.K., Price L.H., Rasmussen, S.A., et al. (1989). The Yale–Brown Obsessive-Compulsive Scale. I. Development, use, and reliability. *Arch Gen Psychiatry*, 46: 1006–1011.

[40] Weathers, F.W., Blake, D.D., Schnurr, P.P., Kaloupek, D.G., Marx, B.P., & Keane, T.M. (2013). *The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)*. Interview available from the National Center for PTSD at www.ptsd.va.gov.

1. The self-assessment results will be invalidated and it will turn out that you have no anxiety disorders.
2. The self-assessment results will be invalidated and it will turn out that you don't have an anxiety disorder, but another mental and/or physical issue. As a result, the professional will transfer you to the respective specialist.
3. The self-assessment results will be confirmed and the professional will offer you to:
   3.1. undergo therapy (non-medicated treatment) course with a psychologist or a therapist;
   3.2. undergo medicated treatment with a psychiatrist or a neurologist;
   3.3. undergo both therapy (non-medicated treatment) with a psychologist or a therapist AND a medicated treatment with a psychiatrist or a neurologist.

Studies [41] [42] [43] [44] show that medication therapy that goes hand in hand with cognitive behavioral therapy for treating anxiety disorders can accelerate the process of overcoming the disorder, however the possibility that the problem will occur again or relapse increases in this case. The reason for this is the reduction in the patient's motivation and manifestation of independent action ("I'm taking the pills anyway, why should I bother?" attitude), distrust for own willpower ("I will probably not be able to do this without medication next time"), as well as the low level and quality of required cognitive and behavioral skills and experience (critical/rational thinking, cognitive restructuring based on Socratic questioning, facing fears, etc.) being formed as a result.

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[41] Clark, D. M., et al. (2003). Cognitive therapy versus fluoxetine in generalized social phobia: a randomized placebocontrolled trial. *Journal of Consulting and Clinical Psychology*, 71: 1058-1067.
[42] Nadiga, D.N., Hensley, P.L., & Uhlenhuth, E.H. (2003). Review of the long-term effectiveness of cognitive behavioral therapy compared to medications in panic disorder. *Depress Anxiety*, 17(2): 58-64.
[43] Prasko, J., et al. (2006). Moclobemide and cognitive behavioral therapy in the treatment of social phobia. A six-month controlled study and 24 months follow up. *Neuro Endocrinol Lett*, Aug, 27(4): 473-781.
[44] Hollon, S.D., & Ponniah, K. (2010). A review of empirically supported psychological therapies for mood disorders in adults. *Depress Anxiety*, Oct, 27(10): 891-932.

Further steps here depend on which of the mentioned scenarios will be chosen for further development of events, as well as your own decision. If the third scenario unfolds and you, in turn, decide that you want to deal with the situation with the use of or exclusively by medication, then make sure to ask your health professional giving out the prescription what *diagnosis* they take as a basis for prescribing medication. In some cases, based on objective reasons, the professional himself/herself may not be fully confident of the diagnosis but has *to have a working diagnosis*, which may be changed and adjusted over time.

Only psychiatrists and neurologists are allowed to prescribe or execute medical treatment. This means professionals with doctoral education, who have also attended additional training/courses in psychiatry and neurology.

But if you decide to overcome the issue without medication and later realize that you can't do it on your own and turn to a professional (psychologist or therapist), then I recommend considering cognitive behavioral therapy as a model. More details on that in the next section.

Cognitive Behavioural Therapy: When Professional Help is Needed

Cognitive Behavioral Therapy (CBT) is an umbrella term for a number of psychological interventions, therapeutic approaches (for instance Cognitive Therapy, Rational Emotive Behavior Therapy, Dialectical Behavior Therapy, Schema-Therapy, Cognitive Conceptual Therapy), which are united with a single methodology.

In case of CBT, just as almost all other therapy approaches, the primary format used is the individual approach. This implies a format that includes one therapist and one patient.

What other formats of therapy are there?

In addition to individual therapy, psychologists can also use other formats, such as group therapy, which implies therapy sessions with the participation of patients that have no connection to each other, other than the same anxiety disorder. Family therapy can also be used sometimes, where the family members of the patient can better understand the issue the patient is going through and learn to communicate and relate in a way that does not reinforce anxiety and the dysfunctional behaviors related to it.

CBT can be done face-to-face, for instance, in the psychologist's office, as well as online using modern internet communication methods with audio-visual capacity (for instance, Skype, Viber, WhatsApp, etc.)

As a result of numerous studies [45] [46] [47], it has been found that online therapy in general and Internet-Based CBT in particular, does not yield the same efficient results as face-to-face therapy.

Researchers have been and continue to study the effectiveness of all components of CBT. As of today, CBT is one of the most effective approaches for overcoming mental issues and disorders. It has been supported and used by dozens of thousands of mental health professionals (psychologists, psychiatrists, therapists) all over the world.

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[45] Seol, S.H., et al. (2016). Internet-Based Cognitive Behavioral Therapy for Obsessive-Compulsive Disorder in Korea. *Psychiatry Investig*., 13(4): 373-382.

[46] Heber, E., et al. (2017). The Benefit of Web- and Computer-Based Interventions for Stress: A Systematic Review and Meta-Analysis. *J Med Internet Res*., 19(2): e32.

[47] Hummel, S.B., et al. (2017). Efficacy of Internet-Based Cognitive Behavioral Therapy in Improving Sexual Functioning of Breast Cancer Survivors: Results of a Randomized Controlled Trial. *J Clin Oncol*, 35(12): 1328-1340.

How long does the therapy last?

In case of the majority of people who have anxiety disorders symptoms reduce or disappear completely with only a few months of therapy. However, some people feel significant positive changes even after only a few therapy sessions.

What are the basic concepts of CBT?

CBT also has an educational component, which means that during the therapy you learn how to control your own issues and symptoms. It shows new paths for thinking and acting, which will allow long-term control over own issues.

In order to understand CBT, it is necessary to get familiar with its basic concepts.

1. CBT focuses on "here and now". One of the most important concepts of CBT is to work with the symptoms that are active and are crippling us now instead of focusing on the causes of the issue or the disorder. Nevertheless, CBT also pays attention to how the issue developed in the first place, although knowing the causes of the issue or the disorder is not enough to overcome it.

Imagine that you are really afraid of dogs. Every time you see a dog you change your path because you are sure that the dog might bite you at any time. And if you try to understand what caused your fear, you may reveal, for instance, that you were bitten by your neighbor's dog as a child. This, without a doubt, may become a reason for such fear to develop. But the realization of this fact alone cannot help you overcome your fear or change your opinion of them.

2. CBT emphasizes the importance of homework. Irrespective of whether you turn to a CBT professional for help or decide to go with

self-help literature, you will face the necessity to do homework. It is one of the most important components of CBT. Homework, in this case, implies that you will regularly apply in your life the new skills you gained during the therapy or from the self-help books.

Why is homework so important?

As long as you fail to apply newly acquired skills in your everyday life, you will not be able to successfully control your problem. In order to apply the new skills **at the moments, when your problem is at its highest intensity**, you need to have them imprinted in your memory. Unfortunately, it is very unlikely you will if you don't exercise them every day.

Is there a therapy plan that suits all?

No therapy plan can be equally effective for everyone. The plan to overcome the issue at hand needs to be tailored to the patient's specific needs and the type of disorder.

Exercising new skills to control and overcome one's own problems is like developing new healthy habits. If, for instance, you want to do this regularly, you should include it in your daily to-do list. Initially, it may involve some difficulties, but as you continue doing so, it will become a habit. And the sooner you apply CBT techniques, the easier you will make it for yourself to do it over time and consequently will learn to better control your problem.

What should you expect from an appointment with a CBT therapist?

If you have decided to turn to a CBT therapist for professional help, you can expect the following:

1. CBT is structured and educational. Counselling and therapy sessions within the framework of CBT imply learning a new way of thinking about the symptoms of your problem or disorder. This is why

the sessions are set up in a way that usually you will go over your homework together with the therapist, then discuss new information and skills. At the end of the session, the patient and the therapist agree on the next to-do list and the homework to be done before the next session.

2. CBT is cooperative. Therapy is very saturated since you constantly train and learn new skills. You and your CBT therapist will work on learning to understand your symptoms and finding ways to control and overcome them.

3. CBT is time-constrained. The duration and the number of CBT sessions largely depend on the degree of the specific problem/disorder and personality traits. Usually, however, an experienced CBT therapist can tell how much time and how many sessions will be required for a specific problem/disorder, based on their own experience. For instance, issues like anxiety disorders and repression can require 2-5 months or 8-20 sessions. Moreover, in CBT you learn to be your own therapist. The moment you manage to successfully apply the skills acquired in CBT, you will see a positive shift in your life and will be able to finish therapy and continue working on yourself without help.

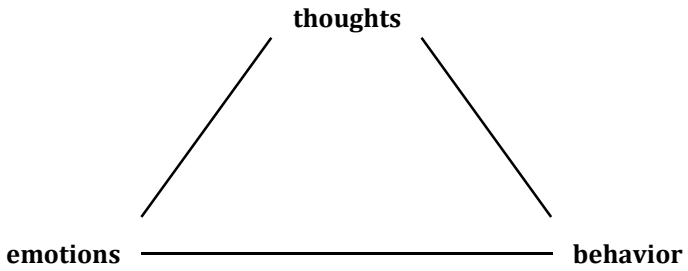
When we talk about CBT, we should remember: in order to succeed **we need to make the maximum effort**. Otherwise, it is highly likely that we will not be able to get all the benefits CBT offers.

What will I learn from CBT?

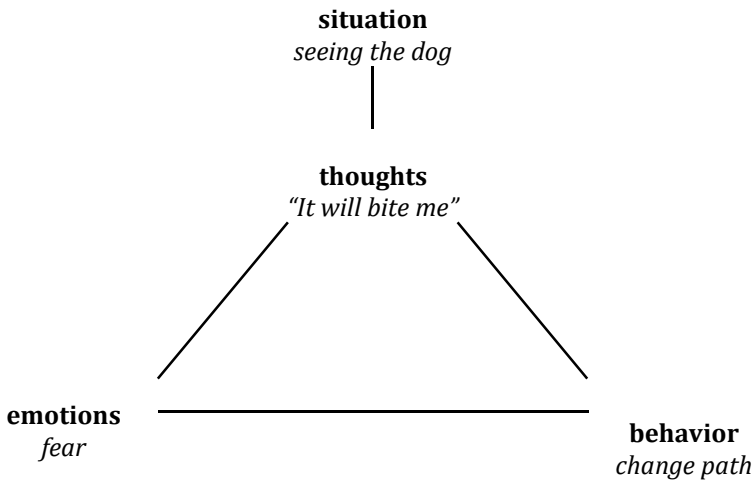
Psychoeducation is one of the most important components of CBT. In CBT we learn to change our thoughts (which are also called cognitions) and behavior. This is why it is called cognitive behavioral therapy.

Why do we need to change thoughts and behaviors? Because in any situation we have certain thoughts and emotions related to it, and as a

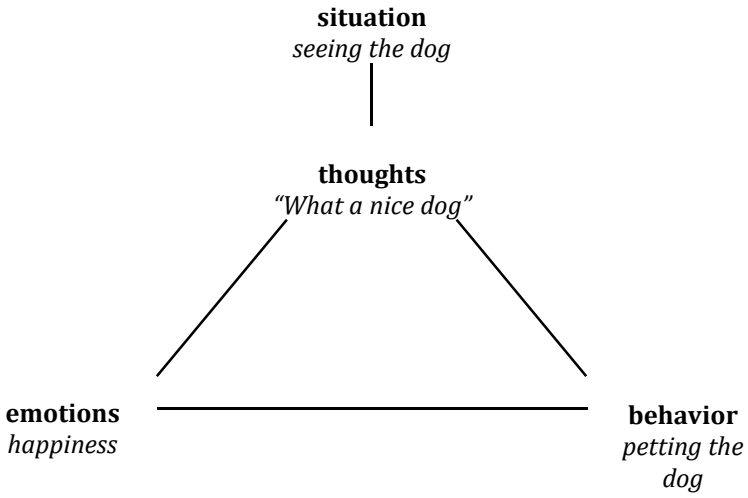
result, we take certain actions and demonstrate certain behaviors. The thoughts, emotions, and behaviors are interrelated and influence each other. In order to understand it better, you can look at it as a triangle.



Returning to our example of being scared of dogs, let's imagine a situation. You are walking down the street and see a dog. When you see it, you may think that it may bite you. This thought provokes fear or worry. As a result, you change your path. It will look something like this.



Now imagine the thoughts, emotions, and behavior of one of your friends, who is not scared of dogs, moreover, he likes them.



Thus, fear of dogs can be reduced or overcome, if:

You change your behavior

As a result of exposure, i.e. facing the object of fear instead of avoiding it, the fear of dogs will gradually subdue. Also, you'll be assured that not all the dogs bite.

OR

You change your thoughts

It is possible to change the "triangle" by changing the thought that says "all dogs bite". For instance, you can tell yourself that if all dogs were dangerous and bit people, no one would have them as pets. When we are anxious, our thinking pattern changes. It becomes more negative and we can't see and understand the entire picture of the situation, since our thinking in those moments is focused on the possible danger.

Other Information?

There is another important aspect. No matter how structured and strategized the cognitive behavioral therapy is, it is nevertheless important to remember that the functional part of the therapy is also conditioned by the personal traits of the patient. This is why one can't apply the same therapy plan for everyone, and the methods and techniques cannot have the same influence on everybody.

Besides cognitive behavioral therapy, there are also other therapeutic approaches, methods, and techniques stemming from them. However, you will not be finding detailed information on them in this book. Here is why:

1. At present, cognitive behavioral therapy is the one direction that has proven efficiency through the largest and most credible body of research in overcoming anxiety and anxiety disorders.
2. I use this approach in my work (mainly) and its methods and techniques :)

Now, when we are already familiar with what problems you might be having and the ways to overcome them, I suggest that we familiarize ourselves with the main types of anxiety disorders.

Looking at these examples, we can see that the **situation** is the same in both cases. It does not change. But the **thoughts**, just like **emotions** and **behaviors**, change.

2 PRIMARY TYPES OF ANXIETY DISORDERS

Specific Phobias

ICD-10 code F40.2 | DSM-5 code 300.29

Someone's knocking on the door. We're home alone and it is 2 in the morning. We have not been expecting anyone. The light on the porch is not working. I wonder who it is. Here they're knocking again. We try to listen. Someone's breathing heavily behind the door. We can only see deep darkness on the other side of the peephole. We can hear how our hearts beat in the darkness. It is louder than the bark of other neighbor George's dog coming from the building next door. Sweat pops on our foreheads… This should be enough. Let's stop here. Did you get the same feeling we had while you were reading this? Probably. Well, this is called fear. We experience it with some periodicity in certain situations, when there is a well-recognized real object - a possible source of danger. The situation is clear and the fear is adequate and justified. The case is not the same with phobias. In case of the latter, the manifestation of fear, as well as its intensity, is not adequate to the situation or the object of danger. Phobia is a consistent fear for a phenomenon or an object, which forces us to avoid facing that phenomenon or object of fear. This, however, does not lead to decrease in the level of fear even in cases, when we understand how absurd that fear is.

Primary symptoms:

- ✓ Obvious fear or anxiety related to a specific object or situation.
- ✓ The specific object or situation always creates immediate fear and anxiety.
- ✓ We avoid facing that object or situation.
- ✓ The fear or anxiety are not adequate to the

real danger the object or the situation represents.

- ✓ The fear, anxiety or avoidance behavior has been there for at least 6 months.
- ✓ The fear, anxiety or avoidance cause distress or difficulty in social, work or other important environments.

We can experience various types of phobias, be it fear of getting in an elevator, metro, confined spaces (claustrophobia), and even fear of clowns and holes on various objects or biological organisms (trypophobia).

Phobias refer to specific objects like specific animals, insects, or, let's say, planes, elevators or the metro.

Cognitive Behavioral Therapy is quite successful in overcoming phobias. Two main approaches can be applied in overcoming phobias without the help of a professional. The first one is facing the fear, that is confrontation. The second one is the technique of projection, be it through painting, sculpting or otherwise, of everything that is related to your phobia (both external facets of it and your feelings and emotions related to it).

Facing a phobia is done based on a quite simple formula - by trying to confront the object of one's fear as often as possible. This means we should not avoid it, but go toward it, search for it and not miss an opportunity to face it. However, if we fail because the manifestation and the intensity of our fear is too high, we can make small steps and/or small portions. For instance, if you have a phobia for insects, instead of directly facing, touching them or having any other contact with them, you can first have insect toys, statuettes, pictures, watch cartoons, movies or documentaries about insects. This type of approach will allow gradually getting closer to the source of your phobia and make a further step later on to face the real insect through

visual and, why not, physical contact with it. In order to succeed, you will need to have patience to consistently and regularly apply this technique.

Arachnophobia - fear of spiders - is the most widespread type of phobia. Approximately 48% of women and 12% of men experience it.

The important factor in the second approach is projection, which basically means expressing or "releasing" everything related to one's fear. This can be done by following the steps described further First we need to determine a particular method for projection, for instance, painting, sculpting or other. Then we can use it to express everything that we associate with the phobia or its source. Let's say, you choose painting as a means of expression. Then you need to paint the object or the source of your phobia (ex., a clown, a dog, etc.) You can use abstract painting to express everything that makes the object of your phobia so scary for you. This should be done regularly and not just once. You can determine a schedule and remain consistent. If, for instance, you want to spend 5-10 minutes a day to practice this approach, keep to your schedule. If you feel like you do not have enough time, it is better to revise the schedule than to miss practice. It is important to remain consistent to a realistic schedule.

Trypophobia - fear of irregular patterns or small holes - is one of the most unusual phobias.

One of the objects of this phobia occurring in nature is Nelembonucifera - a species of Indian Lotus flower.

These two main approaches will surely help you to significantly control your phobia if not overcome it completely.

Phobias, as a rule, can be "passed on" from parents to children as a result of children regularly witnessing phobic behaviors in parents.

Nevertheless, I advise to turn to a professional for help if you have certain phobias that you want to get rid of completely along with all side issues related to the phobia. Very often phobias, like any other psychological issue, usually manifest along with and sometimes are a cause or an effect of another psychological issue, which can even be more complex than the initial one. This is why I suggest checking in with a psychologist if you can.

Agoraphobia

ICD-10 code F40.00 | DSM-5 code 300.22

Many people probably use "agoraphobia" term in everyday life. However, not everyone knows that this can manifest as an individual anxiety disorder, as well as be a part of other anxiety disorders, like, for instance, the generalized anxiety disorder or the panic disorder. Agoraphobia is quite a popular issue maybe simply because the latter is so directly interrelated with our everyday life and activity. We should note that agoraphobic manifestations are not always an indicator of a pathology. They can also manifest within the range of the norm.

In any case, if we have to give a short definition to it, then we can say that agoraphobia is a fear of confined spaces or spaces that are open but you cannot easily see an exit, where the latter is beyond our visibility or control.

Primary symptoms:

- ✓ Obvious fear or anxiety of using public transportation, being in open spaces, standing in line or being in a crowd, leaving home unaccompanied.
- ✓ Fear and avoidance of places and/or situations, which one thinks one cannot easily leave/exit if such necessity occurs.
- ✓ The fear or anxiety are not adequate to the real degree of danger the situation represents.

A number of criteria determine whether this state is paraclinical or pathological. Such criteria include, for instance, the degree and the intensity of one's fear, the length of time it is active (usually, it is considered pathological if the state is persistent for the period of at least a few months.)

Agoraphobia is the fear of confined spaces or open spaces, which lack an exit or do have an exit, which is, however, not easily identifiable, when it is beyond one's control.

We can also add that agoraphobia manifests in situations or in places, which are not common environments for the person. This could be, for instance, confined spaces like rooms with closed windows and doors, an elevator, etc., or open and wide spaces, for instance a crowded square, the street, etc. Agoraphobia often manifests in public transportation with too many people inside and limited space. Heat and limited oxygen can also lead to this. Besides, agoraphobia can also manifest in cases, when we feel like or we really are far from home. Sometimes even the thought of traveling somewhere far can cause worry and anxiety symptoms, including somatic ones.

Social Anxiety Disorder (Sociophobia)

ICD-10 code F40.10 | DSM-5 code 300.23

Sociophobia or social anxiety manifests in a social or other situation where there are people around and we need to present ourselves or present something else, make a speech or talk. This could happen during sessions when you are a student, during work meetings, when you are making a public speech, presenting something to a group of people or a crowd.

Primary symptoms:

- ✓ Obvious fear or anxiety in social situations (meeting and conversing with people we don't know, eating when others are watching, making a speech, etc.
- ✓ Fear that visible anxiety symptoms will be negatively perceived by other people.
- ✓ Fear or anxiety, which is not adequate to the real degree of danger that the situation represents.
- ✓ If the fear, anxiety or avoidance behavior persist for over 6 months.
- ✓ When fear, anxiety or avoidance behavior cause significant distress and difficulties in our social, work or other life aspects.

Usually sociophobia can manifest in cases when we imagine the expected situations where we will be finding ourselves in the center of attention of a group of people.

Sociophobia is the fear of specific social situations, where we may found ourselves in the center of attention of a group of people.

If you have the above-mentioned symptoms, and especially if they force you to make changes in your lifestyle or avoid certain behaviors or situations thus limiting your activity, it is advised to turn to a mental health professional for help.

Panic Disorder (PD)

ICD-10 code F41. 0 | DSM-5 code 300.01

Panic disorder is a type of anxiety disorders, which is usually associated with panic attacks. This can also be accompanied with certain avoidance strategies being devised in order to avoid panic attacks. It should be noted that panic attacks can last from a few seconds to a few hours. Symptoms associated with panic disorder are similar to symptoms that manifest in any situations that represent justified causes of worry or fear. The most common symptoms are dizziness, intense heartbeat, nausea, abdominal pain and discomfort, feeling like there is not enough air, derealization (when the environment does not seem real), depersonalization (feeling of detachment from one's own personality), fear of going mad, losing control and even dying. It should be noted, however, that panic disorder is not limited to only panic attacks. Certain behavioral patterns are also characteristic of panic disorder. After experiencing or going through a few panic attacks, one usually adjusts their lifestyle, including their habits and behaviors, in order to avoid panic attacks or situations that cause them.

Primary symptoms:

- ✓ Repeating panic attacks, which can be accompanied with tachycardia, intense heartbeat, heavy sweating, shivering, difficulty breathing, pressure on the chest or chest pains, nausea, abdominal distress, dizziness, weakness, chills, fever, feeling like one's going to faint, numbness or tingling, derealization or depersonalization, fear of losing control, going mad or dying.
- ✓ Fear of the panic attack occurring again.
- ✓ Unbeneficial changes in one's behavior and habits in order to avoid panic attacks happening again.

Someone who experiences panic attacks in the course of time identifies the triggers, that are everything that can initiate a panic attack. These can be specific situations, places, talks, images, memories, etc. When the triggers are identified, one starts to avoid them. The fear of possible outcomes of the panic attacks - usually fainting or dying - adds up to this. Often times these fears can be related there being not enough air to breathe or the possibility that one's heart will stop. As a result, both the panic attacks themselves and their possible outcomes (fainting, dying), can cause avoidance behaviors. It should be noted, however, that usually these fears are not justified and these possible outcomes never happen.

Panic Disorder includes an unexpected intensive feeling of fear and horror that happen without a trigger. This is called a panic attack.

There are two more specificities that need to be mentioned concerning panic attacks. First, the panic attack can be expected or unexpected. And second, it can manifest as a nocturnal attack.

It is easy to imagine what unexpected in the first case means. The attack happens out of nowhere without any sign or warning.

The "expected" panic attacks can be of two different types. In the first case, one is constantly thinking and/or is sure that if certain conditions are there, for instance, doing something specific or being in a particular location, it will lead to a panic attack. This is because a panic attack has previously happened when the same conditions were there in the past or one has heard/read that a panic attack occurred to other people when those conditions were there. Various online forums, where people share their symptoms or negative experiences, can have a huge negative effect on this.

By constantly focusing on these situations, trying to recall them in every detail, one awakens the existing corresponding chains of

neurons in one's brain that contain all memory and traces of feelings related to a panic attack.

In such cases, the probability of a panic attack happening increases a few times, and in some cases becomes unavoidable.

When someone suffers from a Panic Disorder, fears related to when and where the next panic attack will develop. As a result, one limits their activity to avoid it.

The second time of expected panic attack gets activated from the so-called checks, when one repeatedly tries to check and see whether they are having a panic attack at that moment, whether they feel well or not, whether there is a probability of a panic attack happening at the moment or not. This way one, again, activates the existing chains of neurons in the brain that contain all memory and feelings related to a panic attack. The thing is, during those checks one unintentionally activates the same feelings that they are trying so badly to avoid. This happens simply because in order to understand and thus evaluate the existing emotional field, we have to have a different picture of an emotional state in order to compare it to the existing one (meaning experiencing it in part or in full). And many people, in order to compare, unintentionally "choose" the emotional or sensory picture that they avoid the most (asking questions like "Is my heart beating fast?" "Is it hard for me to breathe?" "Does it feel like a panic attack is coming?", etc.).

Nocturnal attack or panic is when one wakes up in panic (usually at night). This is the scariest experience, since people experiencing this type of panic usually believe it is caused by biological or physical factors.

Generalized Anxiety Disorder (GAD)

ICD-10 code F41.1 | DSM-5 code 300.02

Generalized anxiety disorder stands out by its characteristics of intense uncontrollable and irrational worry and/r fear, which sometimes grow into anxiety. They are usually related to the future. Examples are expectations, actions, which one needs to take, meetings, etc. Often these are related to one's everyday issues, routine actions, health, problems at the workplace, interpersonal relations, financial means, topic related to death, basically everything that can cause someone to worry in general.

Primary symptoms:

- ✓ Intense worry and anxiety.
- ✓ Difficulties in controlling worry.
- ✓ Anxiety and worry are accompanied with tension, strong irritation, problems concentrating, muscle tensions, sleeping disorders.
- ✓ Worry, anxiety and physiological symptoms become a cause of significant distress or difficulties in social, work and other environments.

Almost all somatic symptoms[48] characteristic of anxiety disorders in general also occur in case of generalized anxiety disorder. Here I will cover only those symptoms that are most characteristic of generalized anxiety disorder. Those are depersonalization, derealization, fear of going mad, losing control and dying.

People suffering from **Generalized Anxiety Disorders** usually have various fears and worries, which can be related to, for instance, health or finances. There is often a deep-rooted feeling that something bad is going to happen.

[48] See Introduction.

Depersonalization is the state of mind, when one feels like they are not themselves or that everything that is happening in their surroundings, has no association with them. This is not to say they feel like their arm or leg does not belong to them. It feels more like there is a barrier between them and everything that surrounds them, a certain type of abstraction between one's "I" and their physical body. Naturally, one understands that they are themselves and their body parts belong to them. In such cases, however, people oftensay, "I don't feel myself".

Derealization is a problem in perceiving the reality. One feels like everything that is happening around them is not real, but is a dream.

These two symptoms are not especially grave. However, for someone experiencing this for the first time in their life, it may cause to think that they may have a serious mental illness or it is a precondition to developing one. It should be noted, however, that both depersonalization and derealization represent legitimate defensive psychological manifestations as a result of the work of neurobiological mechanisms in the brain that get activated during anxiety.

In case of **Generalized Anxiety Disorder**, it is very often hard or even impossible to find a reason for those anxiety manifestations. However, the fears and the worry are more than real and can seriously hinder one's education or work processes.

Fear of death is a natural and legitimate manifestation during anxiety disorders, since the mental and physiological processes taking place during anxiety disorders are usually related and happen around the ideas of danger and protection. And so, naturally, any situation that causes fear or anxiety and deals with one's feelings of security and protection, will in the end lead to the fear of death.

Fear of going mad is also quite legitimate, since if we critically perceive and analyze cognitive and emotional changes that take place in us during anxiety, we naturally get worried and try to understand them, especially the uncontrollable cognitive manifestations (for instance, automatic thoughts occurring in relation to hyperbolization of danger

and catastrophization of the situation). That same uncontrollable state of the cognitive field is what causes thoughts and fears of going mad. This, however, is not dangerous at all either, since it indicates that the person is able to think critically. As we know, critical thinking is the best guarantee of mental health, since in more serious psychoses (for instance, schizophrenia) critical thinking is absent.

What concerns the fear of losing control, I should state that it is also quite legitimate, since it is based on the work of the nervous system and consequently the mental activity. The worry aims at disconnecting us for a moment from all the activities that we realize automatically and indulge in, so that we can pay attention to ourselves and the reality surrounding us, try to understand and see what is wrong with it, what has changes or what is not functioning as it should. Those things need to be changed and corrected. In order to do this, we need to control our actions and the situations we find ourselves in. As in performing any conscious action, we need to have conscious control. From this point of view, however, the control that is at one point normal and legitimate, may become pathological in the course of time. And the person, who at the initial stage of the issue felt some relief from taking control, starts attempting to control everything around them. And since the list of things that "need to be controlled" becomes longer over time, one is unable to control them all. In time it becomes more and more difficult and then impossible. However, the habit of controlling everything is already rooted, the impossibility to control everything and consequently the realization of losing control leads to fear. Losing control, in its turn, is then associated with the fear of fainting or dying. So, people, who have or have ever had anxiety issues, and even professionals who have dealt with patients with such problems, will state that the fear of losing control is one of the most common manifestations in all types of anxiety disorders and it is most difficult to overcome. It often hinders in the process of therapy, when the aim is to solve certain problems or carrying out certain experiments (for instance, behavioral experiments).

Very often people suffering from a generalized anxiety disorder also experience problems with sleep. And often people suffering from generalized anxiety disorder and simultaneously experiencing sleep disorders perceive and present the latter, that is the sleep disorder, as the main issue and as the key cause for the somatic symptoms of anxiety (overall weakness). They believe that what they experience during the day is the result of sleep disorders and by tackling the latter, the sleep schedule will be regulated and anxiety will resolve on its own. But only one part of this is true, since the main cause here is not the sleep disorders, but the generalized anxiety disorder that the person experiences. Here sleep disorder is not the cause, but the result along with other cognitive and emotional issues.

Obsessive Compulsive Disorder (OCD)

ICD-10 code F42 | DSM-5 code 300.3

Obsessions and compulsions are the main characteristics of obsessive-compulsive disorder. Obsessions are repetitive and generally stable, resistant thoughts, images, fears that automatically occur during the day and force a person to constantly think the same content over, which in its turn becomes a distinct source of some level of worry and distress. The majority of people, trying to get rid of these thoughts, attempt to take up different activities or distract themselves. Usually, they may become compulsory or in other words, sticky behaviors over time. Thus, sticky behavior or compulsion can be defined as continuous repetitive behavior, such as frequent washing of hands, locking doors and windows again and again, checking to make sure the stove is off, etc. Various types of compulsions also include counting specific subjects in one’s mind, repeating certain words and sentences, etc.The meaning behind these behaviors, before they become compulsory, is something I've already mentioned: it is usually to overcome

obsessions, reduce anxiety and dystrophy. Unfortunately, it is not always that compulsions or other similar ritual practices can relieve a person of sticky thoughts or at least act as a distraction, or say, positively affect the level of anxiety.

Obsessive Compulsive Disorder is characterized by steady, uncontrollable and unwanted behaviors (compulsions) and sensations or thoughts (obsessions).

Thus, over time, independent of sticky thoughts, a person may also be able to automatically develop sticky behaviors which, in turn, become a separate issue.

Obsessive-compulsive disorder can be more concentrated on thoughts, or, for example, articulated behaviors, although there are also cases when the expression is almost equal. With regard to the content and manner of thought and conduct, it is necessary to note that the latter can be very different depending on personality traits, however, in the case of sticky thoughts they are united by one important aspect:a sense of responsibility and guilt,whereas with sticky behavior, you might say that this occurs based on some sort of worry, a desire to get rid of the anxiety, or say, to avoid any unwanted situation expected or anticipated in the future.

Primary symptoms:

- ✓ Obsessions, that is, repetitive and sticky thoughts, motives, or visions.
- ✓ Unsuccessful attempts to get rid of those obsessions.
- ✓ Compulsions, that is, repetitive behavior (e.g. washing your hands, checking the door or the stove) or mental actions (e.g. repeating silent words, counting).
- ✓ Obsessions or compulsions have taken up a lot time or caused major disruptions or difficulties in social, labor or other important areas.

One of the most disturbing symptoms of obsessive-compulsive disorder is that many people with this problem seem to have suffered a very serious mental disorder. As a rule, they believe that they have a problem that was formerly known as psychosis. Alternatively, they believe they are either in the process of or already mad. This kind of thinking pushes the factthat these automated ideas seem to arrive independent of their own will and cannot be controlled. To a point this is true, however this becomes the case only when first, when people give great importance to those automatically generated ideas and their content,and second,when they are too strict, thinking that every thought and every action they need to and can control, which is not really the case. And if, in the beginning, when these automated thoughts first enter their mind, a person was able to fully understand that those thoughts, although a product of their own mind, do not embody their true desires, or have nothing to do with reality, or that they are automatically generatedand that it is possible that this is normal, or if they were able tocritically analyze those the content of those thoughts, asking themselves certain questions, those thoughts would not develop a sticky quality.The latter would not become sticky thoughts if their contents were not important for the person and were not tied to their personal meanings. The problem is that stickiness stays or strengthens when a person is quite serious about these thoughts and tries to critically avoid them. However, in the same way, they are only strengthened by as they gain more stickiness over time, turning into a disturbance.

The most common example of compulsion is to wash or frequently check one's hands or whether or not the doors are closed.

From this point of view, taking into account the characteristics of Obsessive Compulsive Disorder, the primary goal of psychotherapy is to help a person understand that these sticky thoughts can be overcome; even though those thoughts are in their head, they can be

generated automatically and be uncontrollable. All this happens because our nervous system accumulates massive amounts of information over time and it is impossible for that not to effect on our consciousness, not to manifest itself in our psyche. It is also important to help a person understand that escaping is not a good solution to the problem, and one must turn toward the problem itself, to one's own sticky thoughts. It is also imperative to help a person be convinced that they have Obsessive Compulsive Disorder and not another type of disorder, which speaks to being mad or a progressing to the latter.

Post-Traumatic Stress Disorder (PTSD)

ICD-10 code: F43.10 | DSM-5 code: 309.81

Post-Traumatic Stress Disorder (hereafter PTSD) occurs as a residual or prolonged response to a traumatic, stressful event or situation. PTSD may develop in those who participated in or witnessed wars and terrorist activities, victims of disasters, persons involved in or witness to accidents, physical or sexual abuse. Characteristic features of PTSD include the continuous reliving of trauma, stigmatization, nightmares, alienation of loved ones and relatives, and anhedonia. Usually, a person with PTSD is afraid and avoids everything that might remind him of a traumatic event or situation. Occasionally, there may be fear or panic attacks and aggressive outbursts. Along with the aforementioned symptoms, there is also anxiety and depression, thoughts of self-injury and suicidal, alcohol and drug abuse.

Primary symptoms:

- ✓ Repeated, unwanted and sticky stressful memories of traumatic events that happened to a person or that they have witnessed.
- ✓ Repetitive stressful dreams about past traumatic events.
- ✓ Distortive responses (such as sudden emotions) in which a person feels and behaves as if the traumatic event is repeating

itself.

- ✓ Intensive or long-term psychological distress when dealing with things or situations that resemble or embody a traumatic event.
- ✓ Obvious physiological effects when dealing with things or situations that resemble or embody a traumatic event.
- ✓ Stable avoidance from symptoms of traumatic events.
- ✓ Negative changes in cognitive functions and moods that manifest in:
    - Inability to recall important aspects of the traumatic event;
    - Having stable and exaggerated assessments of oneself or of others, (e.g. "I'm bad", "You shouldn't trust anyone", "This world is a very dangerous place");
    - Stable, distorted perceptions of the causes and consequences of the traumatic event;
    - With a stable negative emotional state (e.g. sense of fear, horror, guilt, anger, shame);
    - A sense of alienation from people;
    - Inability to feel positive emotions;
- ✓ Irritability and nervousness.
- ✓ Sleep disorders
- ✓ Overly alert.
- ✓ Destructive attitude towards oneself.
- ✓ Concentration issues.
- ✓ Depersonalization or derealization.

These disorder manifestations are usually noticeable after the end of the latent phase, which may last from one week to several months. Usually, the disorder is overcome, but some of the cases can be chronic and bring about steady negative changes in a person.

3 NON-DRUG TREATMENT METHODS FOR ANXIETY DISORDERS

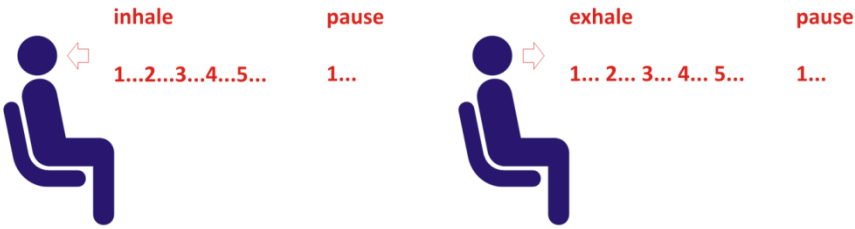
As we learned from the first chapter, there are 3 main ways to overcome anxiety and anxiety disorders, one of which is just totally non-drug. The latter can be of different types, but the maximum result is achieved only in case of the combined application of all these. It is about psychological counseling and psychotherapy but also physical exercises and rehabilitation.The latter are all implemented differently in their turn. This is addressed below:

Relaxation

Relaxation is one of the most common physical methods that temporarily minimizes somatic symptoms such as dizziness, fatigue, intense heartbeat, numb limbs, chest pain, dry mouth, overly sweaty hands, trouble swallowing, weakness, muscle tension and pain. The main methods used for rehabilitation are abdominal respiration, progressive muscle relaxation, conscious meditation, and sensory-centered motion therapy.

Abdominal Breathing

When we are panic or fear, our breathing becomes accelerated so that our body is prepared for danger. Abdominal breathing sends a signal to the body that everything is normal and it is now safe. Abdominal breathing is slower and deeper than normal breathing and also puts the abdomen to work instead of the chest.



The proper way to perform abdominal respiration is:

- Sit down or lie down on your own,
- Close your eyes if it is convenient,
- Try to breathe through your nose,
- Slowly inhale, count to 5 in your mind, then pause and slowly exhale, counting to 5 (5 is not principle, simply find a suitable rhythm for you, which can be 3 or 4),
- Make sure your breathing is smooth, stable and continuous,
- In some people, abdominal breathing can cause unpleasant sensations at the very beginning, but one should push through them as they are temporary.

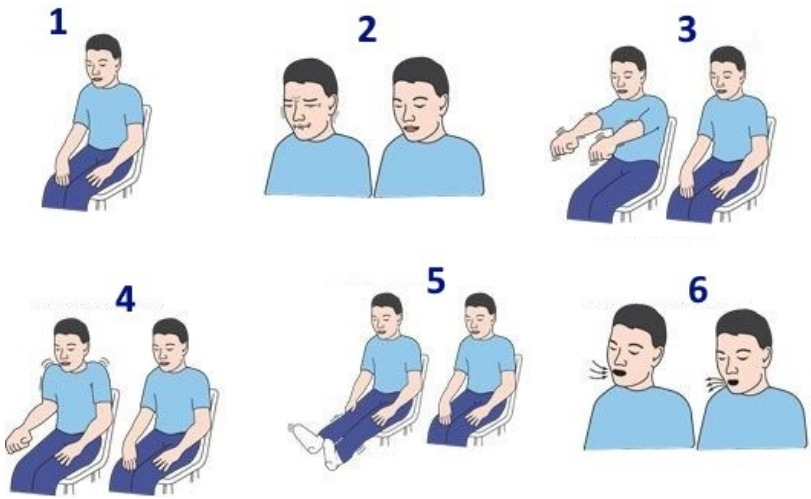
Abdominal breathing can be performed for at least 5-10 minutes. It is preferable to this daily, at least twice a day, immediately after waking up and before going to sleep.

Progressive Muscle Relaxation

In the case of this relaxation technique, it is necessary to concentrate on the progressive stretching and releasing of each muscle group.This must be done from the top and periodically be interjected with abdominal breathing.From the top, I mean the head, and more specifically, the eyebrows. Here are some of the possible options:

- Eyebrows,
- mouth/" smile",
- shoulders: up,
- shoulders/arms back,
- fingers/fist,
- bisects/" muscle",
- abdomen/«contract»,
- knees/legs up from a seated position,
- feet,
- toes.

Each muscle should be stretched for at least 5 seconds and then relaxed for 30 seconds. Repeat.



In the example shown in the illustration, relaxation starts from the eyebrows and mouth (see position 2), with fists (position 3), then with shoulders (position 4), then with knees and feet (position 5) and ends with abdominal breathing (position 6).

Mindfulness Meditation

Mindfulness Meditation is a methodthrough which it is possible to focus on the present, the ability to be "here and now". It is done by concentrating on internal and external sensory signals and processes.

One of the simplest ways to practice mindfulness meditation is the following:

1. Time yourself for 5 minutes and begin
2. Sit so that your spine will be straight. Posture is very important.
3. Feel your breath and try to concentrate on it.

4. It will seem that your thoughts are mixed up and you lose control over them. In fact, that is not true.
5. Take it for granted, and then continue concentrating on your breathing.
6. Your thoughts will get mixed up again.
7. Turn to your breath once again.
8. The entire point is to return to your breath.
9. Continue on until the timer sounds.

There are many options for mindfulness meditation. The latter is more effective in parallel with Cognitive Behavioral Therapy.

Sensor Centered Movement Therapy (SCMT)

This system of exercises, which promotes the development of Mindfulness skills, I started to develop and apply approximately 10-11 years ago, but the first articles on it were published in 2010[49] and 2011[50]. SCMT can be divided into three main parts.

1. Sensory-centered motor-breathing therapy;
2. Focusing on taste sensations;
3. Sensory-centered meditation.

Of these three components, the second is not commonly used in the prevention of anxiety, but in some cases it is also possible to use this for training one's concentration.

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[49] Бегоян А.Н. Двигательная сенсор-центрированная терапия по А.Бегояну [Sensor Centered Movement Therapy by A.Begoyan] // Актуальные проблемы охраны здоровья лиц молодого возраста: Сборник материалов VII Международной научно-практической конференции. – г.Брянск, 5-7 октября 2010г. – Брянск: Группа компаний «Десяточка», 2010. – 440 с.; стр.111-115.

[50] Бегоян А.Н. Двигательная Сенсор-Центрированная Терапия: коррекция пищевого поведения и избавлении от лишнего веса [Sensor Centered Movement Therapy: Eating Behavior Correction and Weight Loss] // «Психология телесности: теоретические и практические исследования» (24-28 января 2011 года): Сборник статей IV международной научно-практической конференции / Под ред. БуренковойЕ.В. – Москва: МГППУ, 2011. – 101с.; с. 4-6.

Sensory-centered motor-breathing therapy is a free, even artistic and gymnastic, so to speak, without any definite, specific exercises. During the latter, the visitor focuses on sensitivity (tactile, hearing, etc.). From this point of view, SCMT is similar to the Whitehouse's "authentic movement"[51]. Even though great attention is paid to breathing here, it should be calm, smooth, controlled, and rhythmic, just as during M.Fuchs' functional discharge, but not as deep and rhythmic like with gentle breathing. It is most effective when done with closed eyes. This will give an opportunity to bring more awareness to the senses. When performing the exercise, it is necessary to switch from one sensory system to another, for example from tactile to hearing, from time to time. In other words, attention should be drawn from the inner and outer worlds, and all that must be accompanied by movements and controlled breathing. Figuratively speaking, this can be compared to non-directed paintings done under music, where music is replaced by sensitivity, and the paintbrush by one's own body.

Focusing on homogeneous sensitivities implies eating, focusing exclusively on taste stimuli. While doing this, you must chew the food consciously, trying to consciously analyze the received taste sensations and transfer them in words, describing them using metaphors, similes, comparisons, etc.

Sensory centered meditation should focus solely on external auditory sensitivities. While practicing this is to be seated and with closed eyes. During sensory meditation, to increase the concentration, various techniques may be used, such as identification with the source of external auditory stimuli.

[51] Adler, J. (2002). *Offering from the Conscious Body: The Discipline of Authentic Movement*. Rochester: Inner Traditions.

Physical Exercises

One of the most effective and result-yielding ways to reduce generalized anxiety and overcome predisposition to panic attacks is regular, consistent and diligent physical exercises.

We have a panic attack when our body's Fight-or-Flight reaction, that is, the sudden increase in the volume of adrenaline release becomes stronger or manifested outside of the context or when there is no real danger.

Periodic and consistent physical exercise directly affects the physiological factors that trigger the anxiety. Exercises promote relaxation of muscle tension, which is particularly responsible for the feeling of tension and anxiety, as well as the accelerated metabolism and excess adrenaline in the blood, which in turn causes irritation and hypersensitivity.

The physiological benefits of physical exercises are:

- Increased blood and cerebral oxygenation that promotes concentration and cheerfulness;
- Promotes increase in endorphins which then increases well-being, mood;
- pH reduction in blood that increases the energy level;
- Improved blood circulation;
- Improvement of digestion;
- Improvement of elimination (removal of products from vital activities such as skin, intestines, lungs, etc.);
- Decreased cholesterol levels;
- Decreased blood pressure;
- Releasing excess weight;
- Improved sugar control in the blood.

The aforementioned physiological changes also lead to the following positive changes:

- Increased subjective well-being;

- Decrease in dependence on alcohol and drugs,
- Better sleep quality;
- Improved attention and memory retention;
- Reduced depression;
- Boost in self-confidence;
- Increased awareness and control over anxiety.

To ensure periodicity and consistency of physical exercises you need to choose a program or a specific sport. Almost all types of physical activities can be used to reduce generalized anxiety and overcome the predisposition to panic attacks, but it is important to take into consideration the peculiarities and health of the body and one's own preferences as well.

As I have already said, there are a lot of physical exercises and sports, but based on personal experience and, most importantly, on my clients' experience, efficiency, ease of access and availability, I would point out three main types of physical activity: running, swimming and cycling.

Running. Running is probably one of the most popular sports that you can handle independently and which does not require a gym, as well as special equipment or other such things. Running has been and remains one of the best methods of weight loss. Numerous studies have shown that it leads to positive changes in depression, as it contributes to the regulation of the levels of endorphin and serotonin in the brain.

As I mentioned above, running slows the anxiety, contributing to adrenaline consumption, absorption, and the releasing of muscle tension.Thus, for example, 4-5km running a day 4-5 times a week can greatly affect the level of anxiety.

Swimming. Swimming is one of number of sports that are most associated with pleasure. It is not always a pleasure to run, but swimming is more comfortable in this regard.Frequently, doctors prescribe this to people with muscle and skeletal problems, injuries, or arthritis. Swimming does not help to reduce excess weight, but it

contributes to the beautiful structure of the body and the muscle formation.

To reduce the rate of anxiety, it is preferable to swim freely, at least 20-30 minutes, 4-5 times a week.

Cycling: In recent years, cycling has become popular in our country as well. If even 5-6 years ago rare cyclists could be spotted on the streets of Yerevan, today, especially in spring, summer, autumn, we meet them at every turn.

When riding a bicycle, the heart is heavily engaged and as a result, the problem of excess oxygen consumption in the blood as a result of worry and anxiety is solved.

It should also be noted that at the beginning it is necessary to start with small distances and low speeds.You can start with 15-20 minutes a day and 10-15km / h, if you have never been engaged in sports.

Improving Self-Esteem

Self-esteem can be increased in different ways, in fact, it is possible to apply all of them at once. These include, for example, caring for one's own personality, establishing social and intimate relationships, and developing self-defense skills.

Taking Care of Oneself

Taking care of oneself is the basis on which all other ways and methods of self-esteem and self-reliance are built. Without the basic desire and ability to love and care for oneself, it would be difficult to deeply appreciate the self, to be self-confident.

The latter will be easier if we have received love, support, and are accepted by our parents. That would mean that we are now free from all sorts of insecurities, as well as doubts and negative self-confidence. And if this is not the case and we have not gotten all of this from our

parents, then one of the best ways to get rid of this fundamental self-confidence and suspicion and self-esteem is to be a supportive, encouraging, loving parent, husband or wife, brother or sister, friend or close friend. Helping others, encouraging and supporting, protecting, and caring for others can also strengthen our confidence in one's own strengths.

Establishing Social Ties and Close Relationships

Our self-esteem has a great impact on our relationships with people and social ties. Other people cannot give us a sense of self-confidence, but being accepted by them, their respect and trust can contribute to raising our self-esteem and self-confidenceSocial connections are also important in the sense that even in the case of being loved and taken care of, but socially isolated, we can gradually become a narcissistic person.

There are two major formats for building relationships with others: friendship and intimacy.

Friendship. For the majority of people, friends are almost as important as life, family, career, and health.Many people do not imagine their lives without their friends or company at all. Each of us needs at least 2-3 close friends.A close friend is usually a person we trust and whom we can count on in difficult situations. Close friends usually accept what we are, regardless of our mood or behavior. They will be with us during times of joy and sorrow. Close friends share the same emotions, experiences and thoughts about people, life, us, etc., as we do. Close friends often come to our aid of difficult moments in our life.

Intimacy. In addition to having close friends, we also need to feel even closer to a particular person. It is about the kind of intimate relationship that exists between people.

In intimate relationships, we are able to completely open up and give the other person an opportunity to learn more about ourselves.Close relationships allow us to overcome loneliness. Such relationships have a great impact on our self-esteem and self-confidence.In healthy, intimate relationships, it is possible to believe in self-exaltation and self-fulfillment.

There is a lot written about the establishment of intimate relationships and peculiarities, so I will try to summarize only the most important points in the following:

- Common interests;
- Romantic feelings;
- Mutual respect for independence / freedom and own space;
- Mutual support for personal growth;
- Mutual acceptance and tolerance of mistakes and weaknesses;
- Regular expression of emotions (hugging, stroking, etc.);
- Sharing emotions and communicating well;
- High level of mutual trust;
- Common values and goals.

Developing Self-Defense Skills

The development of self-defense skills can greatly contribute to strengthening self-esteem and self-confidence, especially in the case of prejudice against generalized anxiety and panic attacks.

This can be done by attending relevant trainings and / or contact sports (boxing, judo, etc.) or eastern martial arts (taekwondo, karate, aikido, etc.). Using our body periodically, discovering it, gaining greater control, as well as learning specific tricks of self-defense will gradually increase confidence in our strengths. Additionally, regular exercise and overload will allow you to get rid of some of the panic and anxiety symptoms such as feeling faint, dizziness, unrealistic feelings, hemorrhoids, trembling hands and feet, and tingling in the latter.

Overcoming Anhedonia and Fostering Motivation

Effective techniques for overcoming the anhedonia during anxiety and anxiety disorders are those techniques that allow activating neurons in the brain associated with fun, as well as techniques that enable them to work with the future and goals (for their intended purpose).

One such technique is “What do I want in my life?”, "Pleasurable activities" and "Future and alternative scenarios."

Goal-Setting and Developing Strategies to Reach One’s Goals “What Do I Want In My Life?”

The essence of this technique lies in the fact that you need to think about this issue and write down everything you want to get from your life. They can be material, tangible, and seemingly simple things (e.g. home, car, travel) and intangible values (such as family, children).

Then you need to specify them as much as possible. For example, if you've mentioned a "good car", "good family," "long travels," it would be preferable to mention all of this by specifying what you mean. Try to specify, describing them, for example, instead of writing a "good car" you can write a specific model or models, and instead of "long travel", specific countries, the length of your journey, the budget you want to pass alone or not, with whom, and so on.

The next step would be to turn these things into conversion goals. Determine the approximate timing of achievement.Then, single out the tasks you need to achieve each goal, and then list the steps necessary to solve those problems. For example, to continue on with the idea of traveling, the problem of reaching that destination as a destination can be the following: obtaining the required amount of money and appropriate visas. The steps can be taken to calculate the amount of money needed, contact embassies of the respective countries, find out about the list of documents required for the visa, register for an appointment and so on.

All this will give you an opportunity to focus on your own wishes, make them more tangible, more realistic, and to implement them.

Composing a List of Pleasurable Activities and Acting upon It

Try to recall everything that gives you pleasure and/or happiness. Write it down point-by-point (See Appendix 3.1). Indicate everything that comes to your mind, even if it is insignificant.

If you find it difficult to think or think that there are few things today that give you pleasure and happiness, try to recall what has been your enjoyment and happiness in the past (maybe even a long time ago).
Even if you find it difficult to think of, try to remember everything you believe gives pleasure to other people, especially your peers.

1. Having a cup of coffee early in the morning at my balcony
2. Walking on a beach
3. Receive presents
4. Theatre
5. Walking in the rain
6. Swimming at the pool
7. Shopping

The next step is to exclude all the points, that is, the things that give pleasure and happiness that do not depend on you or at the moment are less realistic. These are, for example, points 3 and 5 of the picture.

After this step, make a weekly To Do List, where you will list things that are pleasing to you and make you happy.

To Do List [__ / __ / ____]

1. ☐ _____
2. ☐ _____
3. ☐ _____
4. ☐ _____
5. ☐ _____

To be able to understand which ones you should write down or in what frequency, follow the principle of what is most possible, maintaining your health and what your capacities are. That is, for example, when it comes to morning coffee, then ask yourself three questions:

1. Can I allow for this every day?

If **YES**

2a. Will this harm my health in any way?
2b. Is it worth doing that every day? Will my time, physical/mental and/or material resources be enough?

If **NO**

3a. How many times a week can I do this?
3b. Is it worth doing that every day? Will my time, physical/mental and/or material resources be enough?

However, if you do this every day one way or another, there is no need to include it in your To Do List.

Building Future and Alternative Scenarios

The purpose of this technique is to help build a picture/scenarios of the near future and other alternatives.When a person has an idea of their future, about the alternatives that he or she would like to have in their life compared to the present, they are happier and more motivated.

Application of the "Future Scenario" technique is quite straightforward. First, ask yourself what I see for the next 5 years. Then read the questions in the appropriate form by sections and ponder them. try to grasp as much as possible and write it on paper (See Appendix 3.2). In each section, besides the answers to the questions, you can also specify additional information, including your emotional attitude towards what is described.

Most likely many of you will have been faced with the following question during a job interview: where do you see yourself after 3 years? That question can be formulated in a different way: Are going willing to work for us for at least 3 years? However, they do not address the matter straightforward, so they avoid your conscious defense and, consequently, the likelihood of being lied to. The same thing happens. The question is formulated to take your thoughts in another direction.In this case, besides your pure desires and plans, the future scenario will also reflect your fears and predictions, as well as emotions and attitudes.

When completing this form, remember that it is necessary to write in present tense, that is, "I'm working ...", "My husband / my wife has started ...", "My parents are busy ...".

On the form, it is preferable to work without having to hurry, giving it a minimum of one week, 15-30 minutes per day. It is necessary to start from the main section and after one week of working, go to the alternative options section. Then work on it for another week.

Write down all that comes to your mind, no matter how unrealistic it may seem to you, or even things that seem contradictory to you.

Cognitive Restructuring

As a rule, our emotions and behavior are conditioned by the specific situations and phenomena we are given (we also talked about this in Chapter 1 when we discussed the neurocognitive pattern of anxiety). We often give these grades instantly, fast and seemingly automatic.Why is it automatic? Because, after some time, these points of view (which may also be in the form of visual images) may seem wrong, unrealistic, or rational. Sometimes it turns out that these automatic thoughts gain some stickiness, so we want to get rid of them so that they can no longer exist, but we cannot.

> In case of anxiety disorders, typically there is a risk overestimation and underestimation of one's own potential.Another way to present this connection is through the following formula, from which it becomes clear that anxiety is present when the person's graded risk is greater than the potential.
>
> $$\frac{Risk}{Potential} = Anxiety$$
>
> Thus, the more the person overestimates the risk and underestimates their own potential, the higher the level of anxiety

It has also been found that these automatic thoughts are based on very specific core beliefs. And, having been put into a particular situation, dealing with specific phenomena, our perceptive beliefs give rise to certain automatic thoughts.

In other words, what happens to automatic thoughts depends on core beliefs and those convictions, in their turn, can sometimes be irrational, dysfunctional, and not to correspond to the reality.As a result, we can have inadequate emotional and behavioral attitudes.

Work with automatic thoughts and deep beliefs is one of the key components of cognitive-therapeutic therapy and begins with the discovery of the latter, the discovery of their core beliefs, their rational challenge and the ending of those for the construction of new, rational core beliefs.In cognitive-behavioral therapy, all this is called cognitive intrusion.

Below I describe the step by step.

Revealing Automatic Thoughts and Core Beliefs

One can use cognitive structuring form to detect automatic thoughts (see Annex 3.3: Automatically revealing issues).

It is preferable to start the situation.Specify in what situation or situations is manifested and/or aggravated by anxiety. Try to write

brief, but complete. Then go to the Reactions section and fill out the corresponding columns. Write down what kind of and emotions (such as anxiety, sadness, fear), what physiological / physical symptoms (such as nausea, trembling, heavy breathing, etc.) appear while you are in the situation. Note what you do, what kind of behavior do you exhibit (e.g. I call my friends, open the window, leave the car, etc.) Finally, try to think about being in that situation before you have those responses, what ideas or thoughts pass through your head.In other words, what kind of thoughts are there between the occurrence of the situation and your reactions (although responses may arise in parallel to thoughts).

After discovering automatic thoughts, try to think a little about the underlying assumptions, what core beliefs could have generated such thoughts. Fill in the part of the appropriate form, which says "Old Core Belief" (see Appendix 3.4: Revealing core beliefs).Core beliefs, as a rule, are relatively stable values and / or dissociative ideas about personality, other people, the world around them, and life.For example, "I'm going to feel bad and faint on the bus, and I'll be embarrassed." The underlying thought is that "having a health problem is something to be ashamed about," or a "lack of control of one's own body" is a core belief. Or, for example, "I will definitely make a mistake during a speech at the meeting and everyone will laugh" automatic thinking can be "I cannot do anything right" and / or "It is wrong to make a mistake; if you are mistaken, then you are not competent" core beliefs.

Socratic Questioning

The rational questioning group is called Socratic questioning. Socratic questions are a coordinated group of questions used to capture complex ideas, core beliefs, concepts analysis, and the logic, rationality, and reasonableness of the latter[52].

[52] Brunschwig, J., & Lloyd, G.E.R.(2003) (Eds).*A Guide to Greek Thought: Major Figures and Trends*. Harvard University Press.; p. 233.

The main Socratic Questions used for rational dispute within the context of cognitive restructuring are[53]:

- What are some reasons to think that your thoughts or concerns are correct? Are there facts to support that view?
- Are there other aspects of the situation to look at?
- If the worst case scenario would take place, what could be done to overcome it or accept it? What is the most optimal or desirable way out? What is the most realistic way out?
- What is the outcome / effect of the current automatic thought? What will be the outcome / effect of changing your mind?
- What would you say to a friend or a close friend if he / she were in a similar situation and with similar automatic thoughts? How can you apply it in your case?
- What should you do now?

The collection of evidence used in the following sections, formulation of possible outcomes and their rational dispute, alternative interpretation of the situation, the construction of new and rational core beliefs, the self-negotiation and the compilation of texts are carried out using the above-mentioned questions.

Evidence Gathering

The next step, after discovering automatic thoughts and core beliefs, is to evaluate the validity of the latter, which is used for rational disputes and may be realized by searching for evidence. An appropriate form can be used for that purpose (Appendix 3.5: Evidence gathering).

First, describe the anxiety or rate it (point 1).This is usually the same core belief. However, the same form can also be used to rationalize automatic thinking. Then, indicate how likely it seems that the thought or anxiety will actually be realized when you are in the worst case of anxiety or worried state (point 2).Assessment is required from 0 (not

[53] Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond. 2nd ed.* New York: Guilford.

happening) at 100 (definitely will happen) range. For simplicity's sake, you can count as percentages. The next step is to indicate how seriously or hard it is for you to think of that idea or event when you are in the worst case of anxiety or worried state (point 3). Here, also use a 100 points system.

After that, using the columns following the points above, try to gather evidence; evidence of justification of thoughts that bring about anxiety or evaluations and evidence against anxious thoughts or ratings. Do not rush.Try to recall everything you can. You can also ask your close ones and others who know you well so that they can help you see or look at the evidence present.

Then, when you have provided enough time for evidence gathering, try weighing them against one another. Try to evaluate for yourself what evidence is more in quantity and in weight to justify in contrast to the anxious thoughts, that is, core beliefs or automatic thinking. Finally, reassess how realistic the thought is and how likely the concern is to actually manifest (point 4), as well as how heavy the consequence is for you after you gather evidence (point 5).

Defining Possible Solutions and Their Rational Dispute

Defining possible solutions is also aimed at rationally debating automatic thoughts and the breakdown of the latter.Here we are talking about the possible solutions to anxious thoughts or worries, or in other words, how can the events develop.Sometimes the development of specific solutions already greatly reduces the level of anxiety, as in some cases the cause of fear and anxiety is the uncertainty regarding possible ways out.

First, briefly describe the worst (worst-case scenario) outcome of your anxiety (see Appendix 3.6: Defining possible outcomes, point 1). Then formulate the most desirable (best possible scenario) solution associated with your anxiety (point 2).Finally, formulate the most realistic (probable scenario) or neutral exit (associated with your anxiety) (point 3).After formulating these three possible scenarios, try

to find evidence for each, separately, i.e., evidence for the worst case, evidence for the most desirable outcome, and evidence for the most realistic or neutral outcome.

Evidence, after writing the reasons, look over all the scenarios and weigh them, which is more founded, intelligent, realistic.Try to also discuss the results with your close friends or your psychologist.

Alternative Interpretation of the Situation

When I say the situation, I mean here a specific case, the motivation of another person's particular behavior, and the expected event, i.e. any signs or group of signs that may be preceded by or coincided with anxiety.

And thus look over the form designed for discovering automatic thoughts (Appendix 3.3) and try to recall other reasons for the situation, other causes of the situation, other motives for specific behavior, and other scenarios of the expected situation.

For this purpose, you can also use techniques such as 'Alternative Assessment Setup', 'Positive Construction for Anticipated Events' and 'Alternative Scenarios' techniques that you can find in the book “Когнитивное конструированиереальности: три техники из когнитивно-концептуальнойтерапии” [“Cognitive construction of reality: 3 techniques from cognitive-conceptual therapy”][54].

Building New Rational Core Beliefs

New, rational core beliefs are needed to change primary and dysfunctional automated thinking, which in turn will lead to reactions, that is, emotional, behavioral, and physiological responses and symptoms.For this purpose, you can apply the form you are already

[54] Бегоян А.Н. Когнитивное конструирование реальности. Три техники из когнитивно-концептуальной терапии. Изд-е 2-е., доп. и переработ. [Cognitive Construction of Reality. Three Techniques of Cognitive Conceptual Therapy] / А.Н.Бегоян. - Ер.: Хильфманн Пресс, 2017 - 64 с.

familiar with in the Disclosure section (see Annex 3.4: Revealing core beliefs).

There are two main ways to establish new core beliefs.The first way is to ask yourself what to expect in a particular situation (remember that the word 'situation' has a wider meaning in this context) what kind of reaction you would like to have instead of what you have.Then think in that case what thoughts could be spinning in your head and / or what / how do you think it would be possible to counteract them in a particular situation? The next step will be to formulate a core belief for these new automatic ideas (as we did in the first phase of cognitive re-distribution, when we discovered automatic thoughts and core beliefs). This itself will be your new core belief.

The other way is simply the formulation of polar, opposite beliefs in terms of meaning, and essence from the old core belief. This might seem a little shorter but no less effective.

Self-Dispute and Affirmative Statements

When you will have completed the forms for evidence collection and core beliefs (see Appendix 3.4 and 3.5), based on evidence that supports the new belief and conflicts with the old belief and anxiety causing thoughts, on the evidence against the anxious thoughts, make one or a few texts that will be built on the principle of rational self-dispute and will have positive confirmations (affirmations) in them. In the text, try to avoid words with negative connotation (for example, "unfortunate", "ill"), with a denominational prefix (e.g., "do not go", "do not be afraid") and verbs made of intangible nouns (e.g., "not to worry", "do not worry"). Negative connotation words will give an unnecessary negative emotional tone to your text. The words with the denominational prefixes also focus on the negative side of the content.Well, intangible nouns-verbs are necessary to avoid, because they cannot be a goal because of their intangibility.For example, if you repeat the phrase "I want to not panic when my phone rings", it will never be possible to reach that goal, because a person cannot "not

panic", but instead may have a sense of harmony and tranquility. It is impossible to achieve something that does not exist.

When you have the text ready, read it on the same day. It is important to read it aloud. Even if the text becomes familiar to you, read it slowly and with imagery.At least once a week, it is desirable to modify the text based on current disputes and discoveries.

Reading aloud, repeating, and visualizing, self-dispute texts will give you the opportunity to reinforce them.

Behavioral Experiment

Behavioral experiment is a type of behavioral intervention that is aimed at achieving a new actual experience with specific situations, and hence the dispute and gradual change in continuous and present irrational, dysfunctional core beliefs and / or automatic thoughts.
As the name suggests, behavioral experiment implies the conduct of certain behaviors for a particular hypothesis, that is, for the approval or denial of a core belief and / or automatic thought.And you may start working from the fears and avoidance hierarchy structure.

Structuring of Anxiety and Avoidance Hierarchy

For this purpose, you can use the form provided in the Appendix (see Appendix 3.7). In the latter you see a table with three columns. At the top right, you need to write down all the situations and places in which fear, worry, or anxiety may arise. Remember, write the situation or place, not the fear or the object of fear. That is, if you are afraid of dogs, write down in what situations or places it is happening, or might happen to you. For example, in the yard of a neighboring building, on the way to work, while listening to a dog bark, and so on. Then, when you write down all the situations, in the next column, indicate the degree of your fear in them by 0-100 points. And at the end, indicate the degree of avoidance (also 0-100 points) for each situation or place. By avoidance I mean when we are afraid of the feeling of fear or

necessity, we avoid being in a situation (e.g. in the spotlight, in an uncomfortable scenario) or place (e.g. bus, crowded place).And when grading avoidance, use behavioral manifestations as a guide.For example, if you are afraid of elevators, but you always use them, then you will have the level of avoidance "0", and if you never get upstairs because of that fear, the level of elusiveness will be "100".

Degrees of fear and avoidance may not necessarily coincide or may even vary greatly. For example, being scared of ground crossings (let's say, "20" points) can be completely avoided by using them (avoidance, "100" points).

After all this, based on the numbers, draw up the hierarchy of your fears and avoidances, that is, try to arrange the situations by degree of fear, strongest to weakest, or vice versa.

Facing Anxiety

And now, when the hierarchy of your fears and avoidances is ready, it's time to deal with them. Facing it is a necessary step, because being in our comfort zone over time, we begin to assess the actual and future situations based on our current feelings, taking into account not only our mistaken thinking, but also the fact that every case, and the situation is different and the factors vary.Often we wait for the problem to be solved or "relieved" so that we can take active steps, face the anxiety, but this strategy has the opposite effect.In this way, we only reinforce the problem, but in order to solve it we have to act immediately, instead of waiting for changes. They will not come on their own.

By facing, I mean confronting anxiety. This, in time, will make it possible to overcome fears and anxiety through sensory gradual desensibilization and a change in the degree of danger as graded by the brain.And these are only possible thanks to the acquisition of a new, real experience.

However, in order to be less likely to fail and not to be demotivated, I recommend starting with the weakest, i.e. fear, anxiety and / or anxiety situations or places where the emotional, physiological manifestations are the weakest.

And now you can proceed to practical steps, in other words facing your particular fear. If you are ready and the fear of anticipated confrontation is not too strong to suspect, to start or not, and there is no uncertainty regarding the solution, then skip the next two subtitles and go straight to the behavioral experiment.And if not yet, the following techniques will definitely help.

Outlining Possible Outcomes and Rational Dispute of The Behavioral Experiment

In case of indecision and / or uncertainty with the behavioral experiment, you can try the possible outcome scenarios. In that case, Appendix 3.6 will be helpful. And I advise you to go back to the Cognitive Resource chapter and try again to look at the "Defining possible outcomes" section.

Visualization of the Behavioral Experiment

The connection between imagination and organic processes has been discovered long ago, so expected or planned behavioral regular specific experiment visualization, that is imagining mentally can create a neuro-muscular predisposition. To achieve better results, try to implement a cognitive construction of a specific behavioral experiment, that is, do not limit yourself to visualization (visual senses and perceptions) but also add the senses and perceptions of other modalities (audible, taste, odor, tactile, proprioceptive and vestibular). The main condition here is to have the most detailed and comprehensible imagination[55].

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[55] You can become more aquatinted with this technique with the book "*Cognitive Construction of Reality: 3 Techniques from Cognitive-Conceptual Therapy.*" (Бегоян А.Н. Когнитивное конструирование реальности. Три техники из когнитивно-концептуальной терапии. Изд-е

Behavioral Experiment. Empirical Evaluation of Hypothesis

As with any upcoming event or planned action, we all knowingly or automatically have different hypotheses as to the outcome, what the solution or end will be. In the event of anxiety and anxiety disorders, hypothesis usually implies a negative outcome because a distressed brain typically produces predictions that will induce passivity, avoidance, in order to avoid potential dangers.And since these predictions are usually exaggerated and far from reality, it is necessary to approach them as hypotheses. Well, the most objective and effective way to verify the hypothesis is by experiment.

First of all, it is necessary to mention the hypothesis at the beginning of the corresponding form, i.e. prediction of what will happen if you face your anxiety (see Appendix 3.8). Then determine the frequency and duration of the behavioral experiment. For example, if I decide to start with public transportation, which is at the end of my hierarchy of anxiety and avoidance, after I have a hypothesis (for example, I'll feel bad and lose consciousness), I can note that I will take the bus 3 times a week and I'll stay on for 5-10 minutes.

The next step is to start. Before each time, we need to write in the appropriate column how exactly we are going to implement the experiment. After doing this, in the second column, make the appropriate notes if everything has been done as planned, i.e. then leave it empty, and if something went wrong, write exactly what and how.In the third column, specify the result, that is, what happened in the end, but so it will be clearly understandable if the hypothesis was confirmed or denied. Continuing the example above, my form could have the following appearance:

1. Form the hypothesis: *I get on a bus, "feel bad" and lose consciousness*
2. Define weekly or daily frequencies: *3 times a week*
3. Define the period of each time: *5-10 minutes*

2-е., доп. и переработ. [Cognitive Construction of Reality. Three Techniques of Cognitive Conceptual Therapy]/ А.Н.Бегоян. - Ер.: Хильфманн Пресс, 2017 - 64 с.)

The description of the experiment	How is it done?	Solution
I'll leave the house without a bottle of water. From the bus stop near the building, I will take the 33 bus. I'll stay standing inside. I will pass 2 stops, which will take about 5-10 minutes. Then I will go back and go home on foot.	There was traffic, so I just went one stop instead of two, because it took 10 minutes barely get that far. During my time, my anxiety increased.	My heartbeat increased. But everything was ok in the end. The hypothesis was denied.

Work with each situation for at least 2 weeks. It can even be in parallel. Overcoming some of the fears during the course of time, while some will independently weaken and possibly disappear. During your work with each situation, look over your notes every day. Read them. Complete the work when you consider that anxiety and avoidance are no longer present or have lessened (e.g. 1-2, on a 10-point scale) to a degree that will not bother you. One week after you finish, look over the relevant points and recall the process. This will enable you to reinforce your positive experience.

How to Become More Tolerant of Uncertainty

Tolerating uncertainty is an inseparable part of our everyday life. We can never know what will happen to us the next day or in the near future because we cannot see the future.

Research shows that people are different in terms of the extent to which they can tolerate uncertainty. That is why some are successfully living in uncertainty, and some are unable to withstand even the slightest uncertainty.

People with anxiety, especially those who have a high predisposition to it are usually **Intolerant of Uncertainty**. They are often trying to plan and prepare for everything in order to avoid or reduce the level of uncertainty.

Why is intolerance toward uncertainty a problem? In fact, it is normal when people experience anxiety or indecision in uncertain circumstances. We prefer to know beforehand - at a party, for example, whether we are invited or not, or at a restaurant where we are going and if we will enjoy our favorite dishes or not. When we know all this beforehand, we feel more relaxed and comfortable than we would otherwise.

Uncertainty as an allergy ...

Intolerance of uncertainty is somewhat like being allergic. If we have an allergy, like from flowers, what happens if even a very small amount drops in our noses? We will sneeze, cough and probably our eyes will be filled with tears. When people who are intolerant to uncertainty or have a low level of tolerance to uncertainty deal with it, their counteraction is also strong; they are worried and do everything to get themselves out of the situation or reduce the level of uncertainty.

In the case of excessive intolerance towards uncertainty, due to increasing anxiety, serious problems can arise, starting from the wasting of time to tedious behaviors, anxiety and stress.

Revealing Behaviors Tto Reduce Uncertainty or Avoid It

If you are unable to accept the fact that life is uncertain, you probably are familiar with the following behaviors that seem to be aimed at minimizing the level of uncertainty or avoiding it.

- Need for assurance from others. This can be seen in asking family members or friends about their decisions.
- Making to-do list. Often in order to minimize uncertainty, people make various lists of things they need to do, sometimes even several lists a day.
- Double checking. This can be manifested, for example, by reading their own emails, to make sure that they are perfect

and do not contain spelling errors, or, for example, by constantly calling and checking on your loved ones to make sure if everything is ok or not.

- Not trusting or transferring assignments to others. Many people who are intolerant of uncertainty, whether at work or at home, do not want to transfer any assignment or task, justifying it by the fact that they do not believe things will be done properly.
- Delay / Avoidance. because uncertainty can eventually lead to distress, some simply delay or avoid specific people, places, and situations. If you do nothing, you will not have a sense of uncertainty regarding the process or results.
- Distraction. Many of those who are intolerant of uncertainty keep themselves "occupied" during the day so that they do not have the time to think about the uncertainty that exists in the lives of all people.

You probably already felt that all this takes too much time and energy. Efforts to eradicate the element of uncertainty in every issue can remove the joy and fun out of your life as surprises and unexpected events become frightening. Also, in avoiding uncertainty you can miss out on many good opportunities that you may never again have.

Because you cannot see the future, there will always be room for uncertainty in your life.

If you cannot deal with uncertainty and do everything you can to get rid of it, you probably have noticed that whatever you do, it is **IMPOSSIBLE** to get rid of all the uncertainties in your life.

This, in its turn, means that any effort to get rid of uncertainty is in vain. That *strategy* does not work. Otherwise you would not have to deal with anxiety and work.

Here's a question: what to do in that case?

If you are unable to get rid of the uncertainty in your life, the best way to manage your intolerance is **to learn how to tolerate it**.

How can we learn to be more tolerant? In fact, even if you agree that being tolerant of uncertainty can help to reduce anxiety and worry, still, it is not always easy to change the position. Nevertheless, from cognitive-behavioral therapy, we know that our thoughts, emotions and behavior are interconnected and by changing one of them, we change the rest.

Thus, to become more tolerant of uncertainty you have to start manifesting or "behaving" yourself as if we are already this way. That is, by changing our behavior in situations of uncertainty, we can also change our thoughts and emotions over time.

Six Basic Steps to Develop Tolerance Towards Uncertainty

Step 1: Make a List of Your Behaviors

Try to remember and write down all the behaviors you use to reduce the level of uncertainty or avoid it.

As an example, you can look at the following:

- I'm trying to get others to confirm that my decisions or steps are right or expedient,
- I often double-check,
- Before making a decision, I collect a very large amount of information,
- I often spend too much time trying to do something,
- There are quite a number of situations that I avoid.

To compile this list of behaviors, you need to carefully look at your own response to everyday situations. Try to understand that in what cases you start to worry or become anxious, and as a result of what your worry or anxiety diminishes. For example, if you have worry or anxiety

over looking for a gift for your spouse, and you call, for example, your friends for advice, you can write this on your list.

Step 2: Rate Them According to The Level Of Anxiety

If you want to act as if you are completely tolerant of uncertainty, it would be good to start with small steps. In this way, the likelihood of success increases, as a result of which self-esteem and motivation increases.For this purpose, you first need to evaluate all your list-based behaviors according to the level of anxiety.In other words, look at your list and try to figure out how much the anxiety level will be for each behavior if you do not use that behavior in the appropriate situation. Rate the anxiety level from 0 ("no anxiety at all") to 10 ("extreme strong anxiety") score system.

Example:

№	Behaviors to reduce or avoid uncertainty	Anxiety level (0-10)
1	Before going to an event, I clarify who exactly will be there	8
2	I only go to the market to shop with a pre-made list.	5
3	When sending messages to my friends, I always check the spelling.	7
4	I always call my child at a time when I know that their lessons should be over.	10

Step 3: Try to Tolerate Uncertainty

From the moment you have the list of behaviors, start using it. It is desirable to begin with the behavior that is unlikely to cause anxiety or where the anxiety level will be the lowest (for example, in STEP 2 it will be the second point). Try using at least 3 points at the same time for a week. For example, you can go to an unknown cafe without getting acquainted with the menu and simply ask the waiter to bring a dish to their choice, and at the same time wait for the order, send an

email to anyone or publish it on the social network without checking the spelling.

Step 4: Write it Down

Every time you behave like you are already tolerant of uncertainty, write it down.

Specifically:

- What did you do?
- How did you feel when doing so (it was harder or easier than you thought)?
- What happened (Did everything go well / successfully)?
- Describe how everything went well if everything didn't go as you planned.

Each time you write your experience, first you will have the opportunity to compare over time and see how your anxiety alerts change, as well as your attitude towards uncertainty.And secondly, you will be able to give positive experience to your brain.

Step 5: Write What Happened as a Result

If you take a certain risk and do not have 100% confidence in what happens, then there is a possibility that events can develop not in the same way as you would like. For example, if you manifest tolerance over uncertainty and go to the cinema without having to get acquainted with the film beforehand, it is likely that you will not like it. Or, for example, if you go to the market or shop without a list, is it likely that after returning home you will realize you have forgotten to buy some things.

When you allow for certain ambiguity in your life, sometimes events can develop not the way you would prefer.

For this reason, it is important to note what happened as a result of your exercises in tolerance towards uncertainty and what you did to correct it. For example, if you forgot to buy something from the store, what do you do? Do you leave it until the next day or return to the store to buy it?

How terrible was the result?

Ask yourself the following questions:

- Did everything succeed, even though I was not 100% sure?
- If everything did not succeed, what was the result?
- What did I do to correct the negative results?
- Was I able to correct the negative consequences?
- What has this taught me about my capacity to remedy the negative effects in the future?

Sometimes events can develop the way you want or slightly different, if you allow some uncertainty in your life. But that does not mean that you have made a mistake or you have failed. Most people who are tolerant of uncertainty know that even if bad things happen to them, they can correct the consequences or come to terms with them.

It is also important to realize that even in situations where you have tried to do everything to minimize or avoid uncertainty, it is not always your efforts succeed. Any step to reduce or avoid uncertainty takes time and effort. As you become more tolerant towards uncertainty, you gradually leave behind all the issues of intolerance towards it. You also begin to realize and adapt the idea that some things in your life can be less than perfect.

Step 6. Keep Gathering Momentum

When you begin to feel good about the steps you have taken to become more tolerant toward uncertainty, try to gradually take more challenging steps.
Look for new opportunities to develop your tolerance toward uncertainty.For example, if one of your family members asks you to buy butter from the store, go and take the very first thing without asking for someone's opinion.

Doing this more and more often, as if you are already tolerant, will make you feel more relaxed and calm in uncertainty. In the end it will become an integral part of your life. Think of this as developing muscles. You have to work hard every day to succeed.

As an Epilogue

Now that you know what anxiety is, you know it's neurocognitive model and neurocognitive mechanisms, as well as the key factors that contribute to the development of anxiety disorders, I'm convinced you have a more adequate response to anxiety and that you have begun to pay more attention to the health and lifestyle of you and your loved ones, family members.Additionally, after completing self-assessment and having a better idea of your own problem, you have begun to take concrete steps to overcome it.It is possible that not all techniques are effective in your case, depending on the problem, but I'm sure you have already discovered or will still find out the effectiveness of techniques listed in this book.You will see how much relief you get from the relaxation techniques, and how you change your thinking, changing your assessments of specific situations and, consequently, your reactions. Perhaps the most positive changes will occur during your behavioral experiments. Physical exercise and sport will also greatly help you overcome anxiety. Continue to work on your self-esteem and tolerance toward uncertainty.

In a word, keep working on yourself, keep changing your thinking and behavior, be responsible for your life. Do it all the time, be consistent and patient, and over time, you will definitely reach your goal. And if you encounter some difficulties at the beginning, or you need advice, guidance, or other types of professional assistance, contact a cognitive-behavioral therapist.

Start working today and say bye-bye to anxiety ☺

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APPENDICES

Appendix 1.1: Common Anxiety-Related Thinking Errors and Biases

Common Thinking Errors and Biases	***Thinking Errors and Biases***	
	My Thoughts	***Critical Questions***
Catastrofization		

Jumping to Conclusions		

Tunnel Vision		
Nearsightedness		

Emotional Reasoning		
All-or-Nothing Thinking		

Appendix 1.2: Taylor Manifest Anxiety Scale (TMAS)

	True	*False*
1. I do not tire quickly		
2. I believe I am no more nervous than others		
3. I have very few headaches		
4. I work under a great deal of tension		
5. I frequently notice my hand shakes when I try do something		
6. I blush no more often than others		
7. I have diarrhea one a month or more		
8. I worry quite a bit over possible misfortunes		
9. I practically never blush		
10. I am often afraid that I am going to blush		
11. My hands and feet are usually warm enough		
12. I sweat very easily even on cool days		
13. Sometimes when embarrassed, I break out in a sweat		
14. I hardly ever notice my heart pounding, and I am seldom short of breath		
15. I feel hungry almost all of the time		
16. I am very seldom troubled by constipation		
17. I have a great deal of stomach trouble		
18. I have had periods in which I lost sleep over worry		
19. I am easily embarrassed		
20. I am more sensitive than most other people		
21. I frequently find myself worrying about something		
22. I wish I could be as happy as others seem to be		
23. I am usually calm and not easily upset		
24. I feel anxiety about something or someone almost all of the time		
25. I am happy most of the time		
26. It makes me nervous to have to wait		
27. Sometimes I become so excited I find it hard to get to sleep		

28. I have sometimes felt that difficulties piling up so high I couldn't get over them		
29. I admit I have felt worried beyond reason over small things		
30. I have very few fears compared to my friends		
31. I certainly feel useless at times		
32. I find it hard to keep my mind on a task or job		
33. I am usually self-conscious		
34. I am inclined to take things hard		
35. At times I think I am no good at all		
36. I am certainly lacking in self-confidence		
37. I sometimes feel that I am about to go to pieces		
38. I am entirely self-confident		

Appendix 1.3: Hamilton Anxiety Rating Scale (HAM-A)

1	Anxious mood (worries, anticipates worst)	0	1	2	3	4
2	Tension (startles, cries easily, restless, trembling)	0	1	2	3	4
3	Fears (fear of the dark, fear of strangers, fear of being alone, fear of animal)	0	1	2	3	4
4	Insomnia (difficulty falling asleep or staying asleep, difficulty with nightmares)	0	1	2	3	4
5	Intellectual (poor concentration, memory impairment)	0	1	2	3	4
6	Depressed Mood (decreased interest in activities, anhedonia, insomnia)	0	1	2	3	4
7	Somatic complaints - Muscular (muscle aches or pains, bruxism)	0	1	2	3	4
8	Somatic complaints - Sensory (tinnitus, blurred vision)	0	1	2	3	4
9	Cardiovascular Symptoms (tachycardia, palpitations, chest pain, sensory of feeling faint)	0	1	2	3	4
10	Respiratory Symptoms (chest pressure, choking sensation, shortness of breath)	0	1	2	3	4
11	Gastrointestinal Symptoms (dysphagia, nausea or vomiting, constipation, weight loss)	0	1	2	3	4
12	Genitourinary Symptoms (urinary frequency or urgency, dysmenorrhea, impotence)	0	1	2	3	4
13	Autonomic Symptoms (dry mouth, flushing, pallor, sweating)	0	1	2	3	4
14	Behavior at Interview (fidgets, tremor, paces)	0	1	2	3	4

Appendix 3.1: List of Pleasurable Activities

Try to recall everything that gives you pleasure and/or moments of happiness.Write it point by point. Describe everything that comes to your mind, even if it is insignificant.

If you find it difficult and think that there are little things today that give you moments of pleasure and happiness, try to recall what happened to you in the past (maybe way back when) that pleases you and gives you happiness.

Even if you find yourself in this situation, try to remember everything you think gives others and especially to your peers happiness.

1. _____
2. _____
3. _____
4. _____
5. _____
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7. _____
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44. _____
45. _____

Appendix 3.2: Scenario for the future

Read the questions below and consider them. Try to imagine it with as much detail as possible and write it down. In each section, besides the answers to the questions, you can also specify additional information, including your emotional attitude towards what is described.

How do you see the next 5 years?

1. Work

1a) What will I be doing? What kind of work will I do? What progress and what achievements will I have? What omissions and failures (if any)? How much time do I spend on work? Do I easily perform my job duties? Do I have enough time to relax?

1b) Alternative Version 1: What will I be doing? What kind of work will I do? What progress and what achievements will I have? What omissions and failures (if any)? How much time do I spend on work? Do I easily perform my job duties? Do I have enough time to relax?

1c) Alternative Version 2: What will I be doing? What kind of work will I do? What progress and what achievements will I have? What omissions and failures (if any)? How much time do I spend on work? Do I easily perform my job duties? Do I have enough time to relax?

2. Family. Parents.

2a) What changes are there? What are my parents doing? What are the progresses and achievements of my parents? How is my relationship with my parents? How much time do we spend together (average daily)? What are the flaws and failures of my parents (if any)? What is their appearance? Have they changed in the way they look?

2b) Alternative Version 1: What changes are there? What are my parents doing? What are the progresses and achievements of my parents? How is my relationship with my parents? How much time do we spend together (average daily)? What are the flaws and failures of my parents (if any)? What is their appearance? Have they changed the way they look?

2c) Alternative Version 2: What are the changes? What are my parents doing? What are the progresses and achievements of my parents? How are my relationships with my parents? How much time do we spend together (average daily)? What are the flaws and failures of my parents (if any)? What is their appearance? Have they changed their appearance?

3. Family. Husband/Wife

3a) What changes are there? What does my husband / wife do? What are their progresses and achievements? How is our relationship? How much time do we spend together (average daily)? What are the shortcomings and failures (if any)? What is my spouse's appearance? Has it changed?

3b) Alternative Version 1: What changes are there? What does my husband / wife do? What are their progresses and achievements? How is our relationship? How much time do we spend together (average daily)? What are the shortcomings and failures (if any)? What is my spouse's appearance? Has it changed?

3q) Alternative Version 2: What changes are there? What does my husband / wife do? What are their progresses and achievements? How is our relationship? How much time do we spend together (average daily)? What are the shortcomings and failures (if any)? What is my spouse's appearance? Has it changed?

4. Family. Child/Children

4a) What kind of changes are there? What are they doing? What are the improvements and achievements do they have? How are our relationships? How much time do we spend together (average daily)? What kind of shortcomings and failures my children have (if any)? Have they changed a lot in their appearance?

4b) Alternative Version 1: How are they/him/her? What kind of changes are there? What are they doing? What are the improvements and achievements do they have? How are our relationships? How much time do we spend together (average daily)? What kind of shortcomings and failures my children have (if any)? Have they changed a lot in their appearance?

4c) Alternative Version 2: How are they/him/her? What kind of changes are there? What are they doing? What are the improvements and achievements do they have? How are our relationships? How much time do we spend together (average daily)? What kind of shortcomings and failures my children have (if any)? Have they changed a lot in their appearance?

5. Preferences, Interests, Hobbies

5a) What new preferences, interests, and hobbies do I have? How much time do I spend on them? How do they differ from my previous interests and hobbies? Have they changed?

5b) Alternative Version 1: What new preferences, interests, and hobbies do I have? How much time do I spend on them? How do they differ from my previous interests and hobbies? Have they changed?

5c) Alternative Version 2: What new preferences, interests, and hobbies do I have? How much time do I spend on them? How do they differ from my previous interests and hobbies? Have they changed?

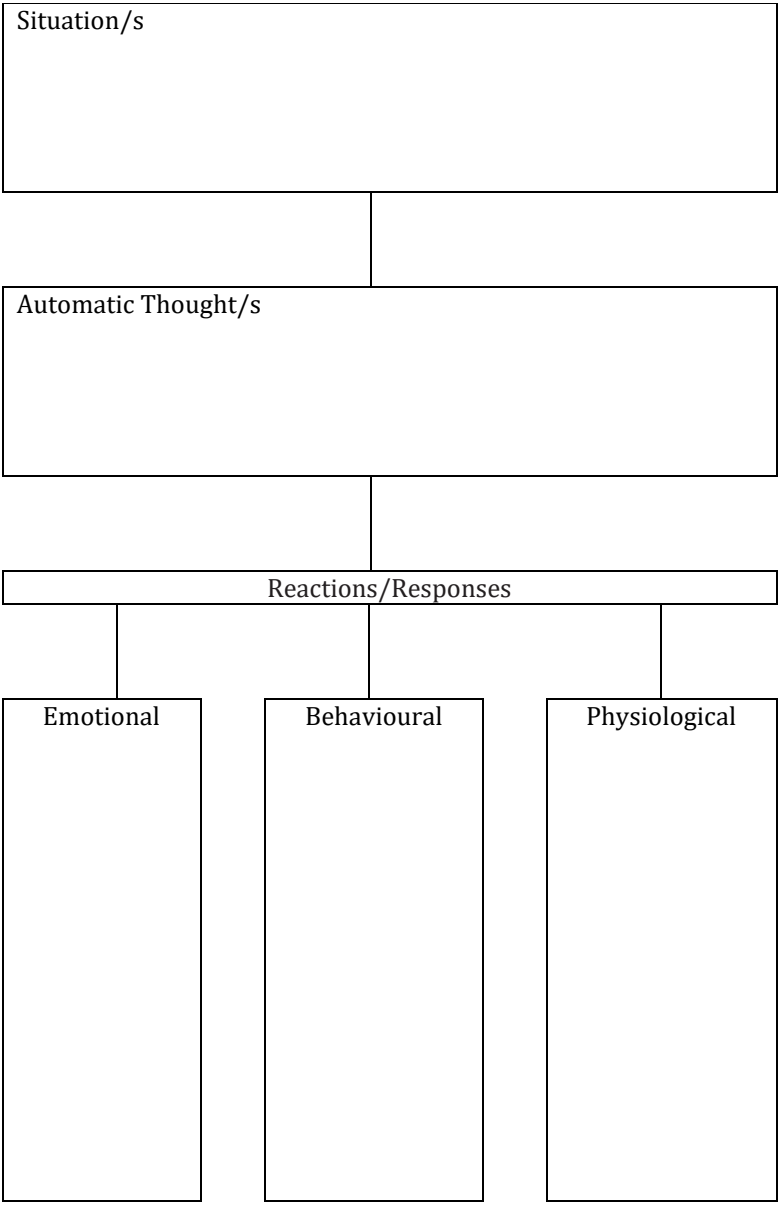
6. Appearance & Health

6a) What has changed in my physical appearance and how do I look now?

6b) Alternative Version 1:What has changed in my physical appearance and how do I look now?

6c) Alternative Version 2:What has changed in my physical appearance and how do I look now?

Appendix 3.3: Revealing Automatic Thoughts



Appendix 3.4: Revealing Core Beliefs

Old Core Belief _____

_____

New Core Belief _____

_____

How much do you believe in the old core belief right now (0-100 points)?	Rationally	
	Emotionally	

How much do you believe in the new core belief right now (0-100 points)?	Rationally	
	Emotionally	

Evidence that are contrary to the old core beliefs, but justify a new core belief	Evidence that seem to substantiate the old core belief

Appendix 3.5: Evidence Gathering

1. Briefly rate and describe the anxious thought.

2. Describe how likely you think the worry will realize itself when you are in the anxious or most worried state. From 0% (will not occur) up to 100% (will definitely happen).

%

3. Indicate how serious or severe the idea or event seems to you when you are in the anxious or most worried situation. From 0% (not serious at all) up to 100% (disastrous)

%

Evidence for anxious thoughts or assessments	***Evidence against anxious thoughts or assessments***
1.	1.
2.	2.
3.	3.

4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.

4.Indicate how likely that thought or anxiety will be realized after searching for evidence. From 0% (will not occur) up to 100% (very often).

%

5.Identify how seriously or hard the solution of that thought or situation seems to you after searching for evidence. From 0% (will not occur) up to 100% (very often).

%

Appendix 3.6: Defining Possible Outcomes

1. Briefly summarize the worst outcome (**worst scenario**) associated with your anxiety.

2.Briefly summarize the best outcome (**best scenario**) associated with your anxiety.

3. Briefly summarize the neutral outcome (**neutral scenario**) associated with your anxiety.

Evidence for the worst scenario (catastrophic view)	***Evidence for the most best scenario (the most desirable goal)***	***Evidence for the most neutral scenario (alternative view)***
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
6.	6.	6.
7.	7.	7.

8.	8.	8.
9.	9.	9.
10.	10.	10.
11.	11.	11.
12.	12.	12.
13.	13.	13.
14.	14.	14.
15.	15.	15.

Appendix 3.7: Anxiety and Avoidance Hierarchy

Situation	***Fear (0-100)***	***Avoidance (0-100)***
1.		
2.		
3.		
4.		
5.		
6.		
7.		

8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Appendix 3.8: Behavioral Experiment. Empirical Evaluation of Hypothesis

1. Form the hypothesis.

2. Define weekly or daily frequency.

3. Define the period of each time.

Description of the experiment	***How the experiment was carried out / implemented***	***Experiment result***
1.		
2.		
3.		

Description of the experiment	***How the experiment was carried out / implemented***	***Experiment result***
4.		
5.		
6.		

Description of the experiment	***How the experiment was carried out / implemented***	***Experiment result***
7.		
8.		
9.		

Description of the experiment	***How the experiment was carried out / implemented***	***Experiment result***
10.		
11.		
12.		

Description of the experiment	***How the experiment was carried out / implemented***	***Experiment result***
13.		
14.		
15.		

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