To be human is to have emotional problems. Sometimes we can deal with these problems by ourselves or with the help of family and friends. But just as we would not wait until a physical illness reached the critical stage before consulting a physician, we sometimes benefit from professional help in overcoming emotional problems before they become too severe as to be disabling. The decision to get help is a sign of wisdom, common sense and faith in one's own creative potential. In order to make the most of your experience with therapy, read this pamphlet before your first session. You might find answers to some of the questions in your mind, and the suggestions will prove helpful.

**Sign Of Anxiety**

“What if I fail this exam? My career will be ruined before it starts. I feel so sick just thinking about it that I can't study. But I have to study or....”

“I can't give that speech tomorrow because I know I'll be so nervous. I'll forget what I was going to say. I can just see what it will be like - all those eyes looking at me, all of them knowing how nervous and inadequate I am.”

“That job was just made for someone with my qualifications. I should apply for it. But I might freeze and make a fool of myself. I can't stand the idea of doing a miserable job in the interview. It will be frightening and humiliating.”

“I might have a panic attack. I don't know how I can tolerate another one. It's an awful experience.”

Such are the thoughts and emotions that sweep over those who suffer from anxiety and panic attacks. Since both anxiety and panic are rooted in fear, they indicate the dread of some type of danger. This sense of threat is manifested by a wide range of physical symptoms--anxiety's “body language”--which are distressing in themselves: rapid breathing, accelerating heart rate, dizziness, nausea, headache, sweating, dryness of
mouth, tightening of throat, pain in various sets of muscles, etc. When the state of anxiety is prolonged --- or chronic --- these frightening, uncontrollable symptoms may take the form of what seems to be a real disease or disability.

**Nature Of Anxiety And Panic**

The anxious individual is reacting to a specific object or situation which can often be avoided. As long as the feared event, object, or situation, is not an integral part of the person's life, she can remain free from the anxiety. For instance, someone who has an intense, phobic fear of flying, can plan to do all his travelling by means of earthbound transportation.

The anxiety sufferer, however, cannot always pinpoint the source of her anxiety. And even if she can identify the cause, she cannot avoid encountering it; either the demands of her life situation force her to confront the feared circumstance, or she has so completely internalised her fear that the source of it is within herself.

Sometimes it is necessary for a person to experience fear in order to acknowledge the threat of a real danger and prepare himself to meet it. A certain degree of anxiety may accompany such fear. But the person who suffers from excessive anxiety or phobic reactions is not responding to the realities of his situation. He may be anticipating a threat to his well-being when there is little likelihood that it will occur.

If the patient is facing a challenge of some sort--- an exam, or job interview --- he will magnify the difficulties and dwell on the horrors of a negative outcome. At the same time, he will underestimate, overlook, or discount his own ability to cope with whatever he fears. In other words, he misinterprets and distorts reality so that he feels anxious about dangers which either do not exist or with which he could cope with effectively if he were not so disabled by his own anxiety reactions.

To make matters worse, when the severely anxious person becomes intensely aware of her own unpleasant physical and emotional reactions, she may begin to dread and fear the symptoms themselves even more than the situation that triggers them. The more upset she gets, the more exaggerated her symptoms become, and she is involved in a self-perpetuating spiral of increasingly intense emotional and physical suffering.
New Understanding From Research

Research studies have revealed that certain thoughts and mental pictures (images) automatically accompany the experience of anxiety. These thoughts, or cognition's, are usually focused on the future: "I will be fired." "I will make a fool of myself and be humiliated." "I may be rejected." "I won't be able to function."

The connection between these automatic thoughts and the experience of unwarranted anxiety suggested to research psychologists and psychiatrists studying the problems that by monitoring these cognition's and then reshaping them to conform with reality, the anxiety itself would be modified and even eradicated. Experience with patients has borne out the effectiveness of this method, which is called cognitive therapy because it is concerned with the way a person's thought patterns affect his emotions and behaviour.

The Cognitive Method Applied

In the following anecdote, you may recognise the way in which the "inner voice" of anxiety destroys the ability to function adequately. A lonely young man wants to ask a girl for a date. But every time he has the opportunity to do so, the anxious thoughts rise up: "She'll think I'm stupid to be so nervous. She'll turn me down and I'll feel so miserable that it will show. I might even cry. More disgrace!" As these thoughts flood his mind, his throat tightens, his mouth is dry and he can't utter a word even if he tries. The opportunity for a date goes by, and the young man now hates himself for failing again. "I'm a loser," he thinks.

How would cognitive therapy help this young man and those of you whose anxious thoughts and imaginings interfere with your ability to live the kind of life that is rewarding to you? By helping you learn to recognise the mistakes in your thinking about what would happen if you dared to act as you really wish. Through therapy you will learn to apply your reasoning skills and powers of observation to situations in your life which are causing anxiety. Like a scientist, with your own self as a "guinea pig" and life as a laboratory, you will learn how to "test out" your ideas to determine how realistic they are. When you can gradually eliminate the distortions and inaccuracies in your own thinking, you will develop a workable, anxiety-free approach to dealing with life situations.
**Steps In Cognitive Therapy**

The first step is to recognise your own automatic thoughts when you feel anxious. In order to help you recognise them, keep these characteristics in mind:

1. These thoughts often seem to come out of nowhere. They are not summoned up by conscious recollection or by an attempt to reason or develop a logical pattern.

2. The thoughts are often unreasonable or far-fetched, as you will recognise when, with the help of your therapist, you learn to evaluate them with logic and evidence.

3. Even though the thoughts are unreasonable and inaccurate, they probably seem plausible and reliable at the time you are experiencing them. You tend to accept them as readily as a realistic thought, like "The phone is ringing -- I should answer it."

4. These automatic thoughts often serve no useful function and interfere with your ability to control your own behaviour. Therefore, the more you accept them, the more anxious you feel.

Try to remember what you said to yourself and what mental pictures or fantasies you had in your mind when you began to feel anxious. Your automatic thoughts may have been triggered by an immediate challenge-- the need to take an exam, participate in a social event, keep an appointment for a job interview or they may relate to the possibility of an event in the distant or indeterminate future, such as getting married or divorced, having a heart attack, an accident, or failing in your career.

The second step, after you have learned to recognise these cognition's, is to keep track of them in a notebook. With your therapist's help, you will learn to appraise them, to consider them in the light of your own logic and specific knowledge of reality. Your therapist may also show you how to record your anxiety on a graph, representing frequency and duration. When you realise that each anxiety experience is time-limited, you will not become panicky at the mistaken notion that you will always feel like this.

The third step is to develop and carry out strategies for testing your thoughts and beliefs about what might happen. For instance, the young man in the anecdote will plan to ask a girl for a date, not in order to actually get a date, but to test his ability to ask her, to
test his exaggerated ideas about the probability of being rejected and how rejection will affect him.

The fourth step is to discuss the results of the test. The young man may find that because he was just "testing," his anxiety about the result was reduced, and that even a negative result was not as disastrous as he had expected.

The fifth step, or corollary technique, will be role playing. To help you practice various ways of coping with difficulties, your therapist will assume the role of "Anxious you" so that you will find yourself on the "other side of the fence" where you can challenge some of your own statements and ideas about what will happen if you do such and such. When you are well on your way to applying the methods learned in therapy, your anxiety-producing thoughts will subside, and you will experience a sense of confidence and pleasure in your ability to manage your own responses and to meet life as it comes.

Thinking Errors

When you keep track of your anxiety-producing thoughts, you may find that the errors in your thinking fall into these general categories.

(1) Exaggerating: A woman had a continuous fear that her husband was going to leave her, that she was too old to be attractive to him. Her anxiety caused her to notice all the new wrinkles in her face and neck, all the grey hairs in her head, and to compare herself unfavourably with every younger woman she met. She could not recognise any of her own merits and became too upset to make the most of them. Furthermore, she underestimated the extent of her husband's love and loyalty, and did not even think about the fact that he too was showing signs of getting older.

(2) Catastrophizing: When the anxious person anticipates danger or difficulty, he perceives total disaster as the probable outcome. An anxious patient facing a relatively simple surgical procedure fears that death or prolonged incapacitation will be the result.

(3) Overgeneralizing: One negative experience, such as being turned down for a promotion, will be translated into a law governing one's entire existence --- "I may never get anywhere in life. What if I don't make the grade?"
(4) Ignoring the positive: The anxious person overlooks all the indications of his own ability to cope successfully, forgets all the positive experiences -- the successes and mastery experiences -- of the past, and anticipates only insurmountable problems and unendurable suffering in the future. The anxious student will forget about her record of high grades on past tests. She will also ignore the fact that this is only one of many exams and will not of itself "make or break" her career.

**Homework**

An important part of therapy is the "homework" assigned. Since you will be learning methods for coping that will be applicable throughout life, carrying out your homework assignments not only strengthens your ability to use the strategies developed in therapy but also provides a way to test your ideas in real life situations. In addition to monitoring the recording of your automatic thoughts, you will learn how to confront anxiety-producing situations in a way that enables you to control your anxiety reactions, even "nip them in the bud." Here are some of the ideas you can keep in mind as you practice your new techniques.

1. Before confronting the anxiety-producing situation, consider what we call "rescue factors." What do you have going for you? The anxious student may concentrate on remembering her good grades, her faithful preparation for many months, her past good record on exams.

2. To avoid Catastrophizing, think through the situation to the worst possible outcome. For instance, if the student fails, will it really mean the end of her career? Will she have more opportunities to prove her basic ability? Usually you will find that you can tolerate, or "live through" the worst. And since the "worst" is unlikely, you will be able to take what comes.

3. If you have a few basic beliefs at the root of your anxiety, make a point of getting facts to test them, for knowledge is the antidote to fear. If you have a phobia about elevators, get all the safety: Construction, inspection, accident rate, alarm systems, etc. If you are fearful of the effects of your anxiety on your health, have a physical check-up and follow your physician's recommendations for a healthy routine.
(4) If you feel overwhelmed at the thought of confronting an anxiety-triggering situation, go about it gradually. For instance, if a man is too anxious to ask for a date, he can first ask someone who has a valid reason for turning him down (such as, being already engaged or married) and can tell her he is just "practising." Someone with fear of going up in tall buildings, can go up a few floors at a time, first with a friend, the alone.

(5) When you are already in the midst of a challenging situation and anxiety begins to take hold, practice the techniques of diversion. Concentrate on various details that have no relation to your anxiety. If you're in an exam, read the name on your pen, or notice the shoe styles of various students. In a social situation, study fabric patterns, furniture styles, or random superficial facts about other persons in the group.

Your therapist will help you apply these techniques to your own situation, and will encourage you to try more ways to control anxiety, such as increasing sensory input by distracting, substituting a coping fantasy for an upsetting one, practising your ability to deliberately summon up an unpleasant fantasy in order to tune it out, as you would a TV show you didn't enjoy. In therapy session, you will rehearse these techniques so that you can rely on them when you're on your own.

Since you are just starting therapy, here are some general ideas to keep in mind.

(1) Beginnings are important. Once you get started, once you make the decision and begin to carry it out, you will become aware of more power and control already within yourself.

(2) Setting goals gives impetus to your program. If you have in your mind a clear picture of how you would like to change and what you imagine your life could be like if you were free of anxiety, you will know what you are working toward. Share your ideas with your therapist so that she can help you reach your goal.

(3) Remember that "You can only get out what you put in." Effort is required if any significant changes are to take place. You have been prey to anxiety for a long time. It will take time and effort to isolate old thought patterns and develop ways to counteract and eradicate them.
(4) Be aware that there are usually others who can lend a helping hand if you need them. Your own "extended family," relatives, friends, business associates, fellow church members, physician, and others interested in your well-being, are all potential participants in your progress. Learn to call upon them for understanding and help. Usually these "significant others" experience favourable changes in their own lives when they are called upon to help another.

(5) Be conscientious in the use of techniques learned in therapy. Although therapy itself is time-limited, the methods you learn are applicable throughout life. No one is forever free of emotional problems, but you will find that the anxiety they create need not dominate your existence.

(6) And finally, permit yourself the pleasure of feeling excited about exploring new ways to meet life's challenges. The very fact that you have shown enough initiative to seek help indicates that there is a lively spark of hope and expectation within you. As therapy progresses and anxiety recedes, that spark of hope will kindle a new enthusiasm for daily living. Be prepared to work for it.

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