Coping with Phobias and Panic

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He is president and founding patron of No Panic, as well as being a patron and adviser to several other charities. He is a frequent contributor to TV, radio and newspapers.

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Acknowledgements

I must here mention some of the people who have influenced me most in my career and who have, at various times, helped me to acquire the skills and knowledge I have today.

Professor Isaac Marks was originally my teacher at the Maudsley Hospital in the 1970s, and is, perhaps, the world's best-known authority on fears and phobias. During his academic career, he ran or supervised numerous research projects on fears and phobias and has published hundreds of books, chapters and papers. In his clinical work, Professor Marks has helped literally thousands of people. Of most relevance to the readers of this book, however, are two areas in which he has led where countless others now follow. He was the first person to recognize that the skills (of therapists) in effective psychological treatments need painstaking attention and they cannot learn all the therapy skills they need in a ten-day course or even a part-time two-year university course. Professor Marks recognized that expert therapists need literally hundreds of hours of training and an enormous amount of clinical practice – with adequate supervision. He also recognized, however, that it is not necessary to have a PhD in psychology to acquire these skills – mental health nurses and, indeed, many others, including those with no background as health professionals, can be taught to be expert therapists. Thus, many of the ideas developed by Isaac Marks some 35 years ago are now expressed in a wide range of training programmes across the Western world. It is very important to emphasize, however, that Professor Marks also realized at a very early point that 'expert' therapy is perhaps necessary only in a minority of cases and many of the commoner and relatively straightforward states of anxiety can be treated with much simpler interventions.

Within this context, Professor Marks wrote what is, within the self-help movement, a legendary book, *Living with Fear*, first published in 1978. In the last 15 years or so, Professor Marks has been at the forefront of developing computer-based self-help treatments for a range of anxiety problems. The computer program closest to his heart is Fearfighter, now recommended by the government as a first-line treatment for fears and phobias. I am sure that it is Professor Marks, along with Colin Hammond, to whom I refer below, who have been the central inspirational figures in my own efforts to promote self-help as an effective treatment.

With regard to Colin Hammond, I have known him since 1982, my initial contact with him being as his therapist. I want to make it clear that I am not breaching patient confidentiality here; Colin and I have, on many occasions, publicly told the story of his treatment to illustrate the benefits of professional treatments and the need for self-help. As Colin would, I am sure, say, his own case serves to exemplify how limited professional treatment can be and how much can be achieved by helping yourself in a structured and systematic way.

My association with No Panic, the charity that Colin founded and managed as its chief executive, began in 1991. It was Colin who suggested that I write my first self-help book on anxiety disorders and has continued to encourage me to write more – hence this book, too! Colin is now recognized as one of the leading lights of the self-help movement and I am proud to say that the charity he founded has won numerous national awards, including the Queen's Award for Voluntary Service 2004 and the Guardian Charity of the Year Award 2003. Colin himself was honoured by the Queen with an MBE three years ago.

While my primary allegiance is, of course, to No Panic, I also need to say that all the other self-help charities, past and present, should be commended for their continuing efforts. There are many different ways to deliver self-help; each of the other charities I know possesses unique individual characteristics and sometimes stark differences from its counterparts. I am grateful for this opportunity to provide my heartfelt commendation to all of those people who give huge amounts of time to the running of self-help groups and organizations.

There is a huge number of people to whom I owe debts of gratitude and I did actually write several lists before beginning this book. I would finish each list and then, shortly after, remember another name and a reason for including him or her. To avoid leaving someone out, I tore up the last such list and so simply wish to say here to all of you, an enormous 'Thank you' from myself and all of the people you have helped.

Preface

At the time of writing this book, I have been involved in treating phobias, panic and other anxiety states for nearly 35 years. For almost as many years, I have also been involved in research into the nature and treatment of these disorders. During this time I have been fortunate enough to travel across the world and meet many of the leading experts in the fields of research and treatment of anxiety and related disorders. I have also had the great pleasure, in the UK, to work with doctors, psychologists, nurses and others who have dedicated their lives to the treatment of people with anxiety disorders. I have, I hope, learned many lessons from these inspiring people and from my own research. The most important lessons, however, have come from my contact with those who themselves experience anxiety states. At the same time, one of the most salutary findings of my research and clinical experience, with several thousand people, is that professional treatment often promises much more than it delivers.

Despite the very encouraging results from research studies and an enormous increase in skill among the workforce over the past 30 years, many people with anxiety achieve only limited benefit from professional treatment. Indeed, I would go so far as to say that some people with anxiety disorders remain the same or, sadly, are worse after receiving professional treatment. Equally, I am continually surprised by the way in which people help themselves. I can think of many cases where people have abandoned years of professional treatment to 'go it alone' and have succeeded where professionals have failed.

In the 18 years or so that I have been involved in the charity No Panic, of which I am a patron and very proud president, I have been increasingly convinced that the self-help movement has a great deal to offer. Rather than seeing self-help and professional treatments as separate entities, I believe that the way forward is to obtain a blend of these two approaches. Indeed, much of the time, my own professional treatment involves helping people to help themselves.

As this book will I hope show, self-help comes in many shapes and forms, ranging from Internet-based programmes, available across the English-speaking world, to two or three people getting together over a cup of coffee or sharing their experiences on the telephone.

Self-help is not for everyone, though, so the starting point for anyone trying to help people with anxiety disorders should be to

obtain the views of the people concerned as to what they think is needed. My advice in this respect is to listen to what they say; they are often the experts on themselves.

Introduction

'Fear is normal.' I probably use these three words every time I see a new client who comes to me with phobic anxiety or panic. The problem with fear is that, as with many normal phenomena, it can simply get out of hand. Fear can grow into a phobia, so that the presence of a particular object or being in a particular situation leads to a level of fear that is unpleasant and overwhelming and makes you want to escape from it at the earliest possible opportunity. Likewise, 'nervousness', which everyone feels on some occasions, can grow to such an extent that we become overwhelmed by a mixture of physical feelings and thoughts of such intensity that we feel like a catastrophe is about to occur. That catastrophic feeling may signal, to the individual concerned, that death is imminent, humiliation is inevitable or a loss of control and madness will develop, without any hope of recovery.

Fear is an essential part of all our lives. If you think about it, people *without* fear would be killed the first time they crossed a road. Ask yourself: 'Is it normal to have some fear and apprehension?' If the choice is walking down a well-lit road or taking a shortcut through a dark underpass late at night, what stops us choosing the riskier route? Is it normal to have some apprehension when walking through the undergrowth in a forest or to have butterflies in the tummy when about to ski down a glacier? Is it normal to have some apprehension about a medical check-up? All these situations involve fear. The answer to the questions, then, is 'Yes'. Indeed, if someone was to answer 'No' to any of those questions, that would be very abnormal.

Fear has a survival function: it protects us from making unwise choices and walking through the dark underpass instead of the well-lit road. Fear also protects us in a physical sense. The hormone of fear – adrenaline – prepares our body for 'fight or flight' responses to situations.

Human beings, however, are strange! Some people seem to enjoy fear. What about people who get a kick out of being scared stiff when taking a rollercoaster ride? Therein lies an interesting point. The phrase 'scared stiff' derives from the physical experience of having very tense muscles as a result of the outpouring of adrenaline – the hormone of fear – into the body. For the thrillseeker at a fairground, that tension is exactly the same physical sensation as the person who is in a chronic state of anxiety and worry and whose neck and shoulders are stiff, but their feelings about those sensations are entirely different. Fear is

therefore a double-edged sword and some people seem to have more fear than others.

This is a book about phobias and panic and, as I will explain below, I deal with these two topics together as they are often inextricably linked. The majority of people I see in outpatient clinics with phobias experience panic attacks and the pattern of their panic can become as much of a problem as the phobia.

When writing this book, I had two principal aims. First, I wished to set out information about these topics and, therefore, empower those experiencing these disorders with knowledge. In my experience this is usually of central importance, as people often feel they are completely alone, when the reality is that huge numbers of people have irrational fears and states of anxiety. Information about phobias and panic is important because many people who come to me for treatment tell me that their worst, deep-down fear is that their condition will lead to madness or a breakdown. I hope that my book will assist in putting across the message that, while some phobias can be truly debilitating and at times seem overwhelming in intensity, phobias and anxieties do not develop into major mental illnesses, such as schizophrenia. Madness is never a consequence of phobias and, most important of all, for the vast majority of people there can be great levels of improvement – even a total disappearance of these symptoms is a real probability. To achieve such alleviation of suffering does not necessarily mean that you need to go to a psychiatrist, psychologist or specialist therapist; often substantial improvement can follow from self-help techniques. Indeed, there is now a huge amount of research evidence that testifies to this.

The second aim of this book is to provide practical advice about how to conquer phobias and panic. As much as I can, I have tried to use plain English as I believe that if there is a need to resort to medical jargon or unintelligible scientific terminology, there is something wrong with the message you are trying to transmit!

The book is divided into two main parts. Part 1 – Phobias and panic: the facts – sets out all you need to know about phobias and panic. I describe the commonly occurring phobias, panic and a number of conditions that also often trouble people. I say something about how it is thought phobias and panic are caused and then describe the various treatment approaches, including the roles of self-help methods and organizations.

In Part 2, I describe a tried and tested self-help programme, which I designed more than 15 years ago. The programme has been modified over time as I have learned a great deal from those who have used it and provided me with very valuable feedback.

I make no apology for emphasizing the word 'exposure'. This word is repeated in all sections of the book as exposure is the central method for conquering phobias and panic. To remove phobic fears from your life, you need to face them and Part 2 of this book teaches you how to do that.

There is an emphasis on two principles. First, exposure to phobias and panic needs to be carried out in steps, with you gradually increasing your efforts. Second, exposure should be at a level that you find difficult, but manageable. If you try to push yourself too far, you will suffer setbacks.

I must emphasize that this book will not have all the answers. I do hope, however, that, in helping you to help yourself, I can, at the very least, point you in the right direction.

A note on the case studies

The case studies and examples in this book are all based on real people. Some people have given their permission for their stories to be included, while, in other cases, details have been changed to protect their anonymity.

A note on the NICE guidelines

Throughout this book I refer to the NICE guidelines. NICE (the National Institute for Health and Clinical Excellence) is an independent organization set up by the government in the UK to be responsible for providing national guidance on promoting good health and preventing ill health. NICE has several functions, one of them being the production of clinical guidelines.

The clinical guidelines are recommendations by NICE on the appropriate care and treatment of people with specific diseases and conditions within the NHS. They are based on the best available evidence. The guidelines help health professionals in their work, but they do not replace their knowledge and skills.

The guidelines are very important as they tell you about what are considered to be the best treatments to which you are entitled. They give you not only summaries in plain English but also, for those who wish to have more information, detailed technical background.

NICE also provides a free newsletter – just visit the NICE website (at <www.nice.org.uk>) and register. The NICE website also contains details of guidelines under development.

Once a NICE guideline has been published, it becomes subject to another review after five years. The guidelines are revisited and, as necessary, amended and/or rewritten.

Part 1
PHOBIAS AND PANIC: THE FACTS

1

Categories of anxiety states

Phobias and panic are anxiety states. It is essential here to say something about how anxiety states are classified.

Anxiety states may be classified in many different ways and even professionals use different ones. In practice, however, the list that follows probably represents a reasonable general way of categorizing the various anxiety states:

- simple (specific) phobias
- social phobia or social anxiety disorder
- panic and panic disorder
- agoraphobia with and without panic disorder
- generalized anxiety states.

This book is about phobias and panic. As noted in the Introduction, I have decided to discuss them together because of the considerable overlap between these conditions and the fact that for most people, their panic and phobia are inseparable. Most people with phobias report panic attacks at some time, while most people who have panic attacks over a long period report some degree of avoidance or phobic behaviour.

I must mention three other conditions:

- post-traumatic stress disorder (PTSD)
- obsessive–compulsive disorder (OCD)
- body dysmorphic disorder.

People with these often have phobias and panic attacks that need to be treated in their own right.

Those with PTSD often experience severe anxiety relating to many situations, which may be linked to the event that triggered their condition. Thus, for example, people who have been involved in road traffic accidents and who have developed PTSD will most likely have great difficulty travelling in cars, whether as a driver or passenger. Many will find it somewhat easier to drive themselves as they fear not being in control. Sometimes, the fear of travelling in cars spreads to all situations involving public transport and, in extreme cases, they can

become confined to their own homes. Sometimes simply walking along the street causes great fear and the sound of police or ambulance sirens can trigger memories of the original traumatic event.

This book may be helpful to some of you with PTSD, but I need to emphasize that, because of the wide range of other symptoms associated with this condition, a variety of treatment approaches are often necessary. In the References section at the end of this book I have included an excellent book by Dr Claudia Herbert that may be used as a comprehensive self-help guide for PTSD.

Likewise, people with OCD often have specific phobias that may be central to their condition. People with OCD commonly have phobias of dirt, germs or contamination. As with PTSD, I hope that people with OCD will find Dr Herbert's book useful. Also, see the References section for details of an excellent self-help book by Dr David Veale and Rob Willson. The Useful contacts section (p. 106) gives details of the charity OCD Action, which provides considerable help and support for people with this condition. I have personal knowledge of the charity's good work as I am its patron and have been involved in its activities over a number of years.

Body dysmorphic disorder is characterized by a preoccupation with one's appearance and often with specific parts of the body. The condition leads to phobic anxiety and avoidance, in so far as various situations, including social events, shopping and working environments, become the source of fear and distress because of the person's preoccupation with those parts of the body. More about this on p. 38.

Finally, children can have very real fears and phobias of various kinds.

To return to the various categories of anxiety states listed at the beginning, I will now say something about each of them, followed by further information on the other conditions mentioned above and children's anxieties.

Simple (specific) phobias

A phobia may be defined as a marked or persistent fear that is excessive, unreasonable or out of proportion to the danger that the situation or object presents.

There is usually a considerable amount of anticipation when someone with a phobia is aware of potential contact with a feared object or situation. Once that object or situation has been removed, however, or the person 'escapes' it, the anxiety levels return to normal.

Although the causes of phobias are not fully understood it seems very clear that avoidance of and/or repetitive escape from the object or situation makes the fear (phobia) worse. In the vast majority of cases, the person is aware that the fear associated with the phobia is excessive and/or unreasonable and may well admit to feeling silly or embarrassed about admitting the problem. Virtually every object or situation you can think of can become the object of a phobia.

The excessive fear that accompanies a phobia comprises both physical and psychological elements. Those elements form two of the central themes of this book. In the descriptions of phobias and panic that follow you will see that the fear (physical and psychological) accompanying a phobia seeps into every corner of our being. Indeed, the anticipation of the fear becomes a 'fear of fear' – often a greater problem than actually confronting the phobic object.

Simple phobias often start in early childhood and many of the people I see tell me, 'I have had this fear for as long as I can remember.' Usually there is no clear reason for the phobias to have developed, but sometimes they start after a specific traumatic event.

> A lady in her thirties developed a very strong fear of bees after seeing a programme on television. Prior to this, she had no fears whatsoever, but, over a relatively short period of time following the programme, she started to go to extraordinary lengths to avoid going anywhere she thought bees might be. That included her own garden, which she had lovingly tended for several years.
>
> This story has a happy ending, though. She was persuaded to meet a beekeeper and, having donned full beekeeping kit and after several hours of 'safe' exposure, she was still not exactly able to love and cherish bees, but did develop an interest in a very captivating topic. With the beekeeper's help (rather than a therapist's) she was able to once more enter situations where bees might be present.

The phrase 'simple phobia' does not necessarily imply that all simple phobias are mild. As with the bee phobia, some simple phobias can cause high levels of fear, extreme stress and tremendous handicaps in terms of being able to carry out the activities of daily living.

As with any anxiety disorder, or indeed any other mental health problem, phobias can be experienced at various levels of severity. In the case of simple phobias, where the anxiety is confined to a specific place, object or situation, the phobic object may rarely be encountered. I recall several years ago somebody who could not be persuaded to go on an Arctic cruise because of a phobia of icebergs. This phobia only

obtain the views of the people concerned as to what they think is needed. My advice in this respect is to listen to what they say; they are often the experts on themselves.