

COUNSELLING IN PRACTICE

Counselling for Anxiety Problems



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Preface

All of us can empathize with what it might be like to suffer from an 'anxiety problem'. For example, in the first encounter with a client, a counsellor might worry about acting incompetently. The client, in turn, might be concerned about getting along with the counsellor. There may be a lurking fear that opening up too much could lead to an uncontrollable display of emotion. These relatively minor anxieties are not 'problems'. They are routinely faced and managed in counselling. However, they are similar to larger problems with respect to the content of the underlying worries and, when analysed in detail, they can appear just as complex. Both involve social expectations, self-evaluation, and some idea, however sketchy, of what *could* 'go wrong'.

Threat, worry and anxiety enter all forms of counselling, and special techniques are not necessarily needed to resolve them. Severe, persistent and irrational anxieties, however, call for more specialized methods. The purpose of this manual is to summarize, in the form of practical wisdom, what has been learned about anxiety, phobias and panic by clinical researchers and professionals working with clients. Most of the material has been described in scientific journals devoted to cognitive and behavioural therapies but these articles rarely describe hands-on experience or give the practical tips so useful to novices. This has been done more successfully in a number of detailed anxiety manuals (see Appendix A). The present short manual aims for broad coverage, an eclectic approach and a concise description of general principles. For ease of reading, factual and theoretical points are not backed up in the text by reference to academic sources, although each chapter is followed by suggestions for further reading. The manual will inevitably reflect my personal style of working; in mitigation, the hope is expressed that over a number of years of counselling anxiety problems, I will have learned something useful to pass on. This experience has also yielded a number of case illustrations for the manual, in which all personal details have been suitably disguised.

Regarding the personal element, two biases may become evident. First is my belief that clients are dependent (as we all are) on a limited vocabulary of terms to describe their psychological distress. There are a fair number of anxiety words – worry, tension, panic, unease, horror and so on – but none of them has precise referents. Clients struggle to find the words to describe their distressing experiences and commonly fall back on metaphor. Put another way, anxiety as an emotion (if it can be described as such) is not transparent. Clients may have difficulty in translating into words a complex web of associations, images, self-judgements, and half-formulated intuitions of threat. For instance, the statement ‘I feel I am walking a minefield to a precipice’ invites the counsellor to enquire what will explode, with what consequences, and with what inevitability and finality. As in counselling generally, the counsellor is helping the client to reframe experience and to reconstrue the self and the world in relation to past, present and future. The experiences to which anxiety refers centre around unpleasant sensations and happenings, real or imaginary. Given that what is unpleasant is not always easy to bring into conscious awareness, an anxiety problem may express itself in silence or in other forms of inhibition, in behaviour performed for no ‘obvious’ reason, or in a bodily symptom. In short, the client does not necessarily complain of ‘anxiety’.

My second bias is to avoid prescriptive remedies for anxiety problems. Principles and techniques will be described in as abstract and flexible a manner as a practical manual allows. It cannot be stressed too strongly that all anxiety problems have some idiosyncratic feature that needs to be taken into consideration. In any event, techniques are employed in the context of a *process* of counselling with its different stages. It is assumed that anyone using this manual possesses basic counselling skills and would not attempt to apply techniques in a mechanical way. Although this manual is not a general introduction to the theory and practice of cognitive-behavioural counselling, I have devoted a considerable amount of space to providing a theoretical framework for assessing and formulating problems. This background is essential to provide the counsellor with a source of ideas for innovative solutions to anxiety problems. It is also important in the educative role the counsellor inevitably plays. The very notion of a manual implies that problems can be solved by the systematic application of technique. However, I believe that a technology should always be employed in the services of a form of counselling that views and responds to the client at a multiplicity of levels. A technical approach to overcoming habits of thought and behaviour is merely one of them.

The word counselling is derived from the verb to counsel or give advice. Some of the methods I describe depart significantly from this mode of influence. They require the counsellor to induce the client to face up to frightening thoughts or situations. Although the client's agreement and collaboration is always sought, the counsellor may feel responsible for the distress this procedure may cause. It should be expected that there will be times when the client cries or does not wish to continue with a procedure. Careful advance planning of the session makes this unlikely but there is probably no way of counselling anxiety problems which does not distress the client to some degree. Reservations about these methods decline as both counsellor and client realize the benefit they can bring. The client will feel most at ease if the counsellor is confident that progress is possible. Patience and calm determination are qualities for the counsellor to model. The counsellor straddles the divide between providing support and reassurance, and encouraging, leading, or even pushing the client to confront new challenges and frightening situations. Getting the balance right is not always easy. It is recommended that counsellors new to this area of work arrange regular support and advice from an experienced supervisor.

The manual is structured as follows. The first three chapters provide a theoretical framework and overview of the approach. This is followed by chapters on the formulation and assessment of anxiety problems. Some strategies are common to all forms of fear and anxiety, and these are described next. The most commonly encountered problems are those in which panic attacks play a major part. The longest chapter is therefore devoted to the topic of panic and associated phobias. Pervasive forms of anxiety related to worry and social anxiety are considered separately. The manual ends with a discussion of obstacles to progress. Clearly, anxiety problems cannot be neatly separated off from other life problems. This manual simply focuses on those aspects of a person's difficulties that are experienced as anxiety. The reader is directed to other manuals in this series dealing with related topics such as post-traumatic stress and depression.

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A Theoretical Framework for Anxiety Problems

To counsel anxiety problems effectively, it is necessary to have a good theoretical understanding of the topic. In this chapter I will consider the term anxiety as a linguistic concept and differentiate the process of *naming* distress in this way from processes that *give rise* to distress. I will conclude the chapter with a review of the biological contribution to anxiety problems.

What is anxiety?

We tend to use the term 'anxiety' without examining its meaning too closely. We use it of other people even when they deny acting anxiously. We sometimes use it to explain our own behaviour after it has occurred ('I must have been anxious'). In my opinion, anxiety should not be regarded as something that *exists*, causing all the phenomena we refer to as anxiety. Instead, we can view it as an everyday word which refers, in a shorthand fashion, to what is in reality a complex relationship occurring through time between a person and the situation he or she faces. It can refer to (1) the behavioural and physiological responses directly induced by a situation; (2) an appraisal of the responses and their effects; (3) a person's intentions towards a situation; and (4) a person's evaluation of the resources available for dealing with it. The situation is likely to be an unpleasant one (or signal some future unpleasantness) but our gift for imagining unpleasantness can be so well developed that the anxiety-provoking nature of the situation is not always obvious. The salient marker of this complex relationship is how the person *feels*, but as noted earlier, the concept of anxiety is not always used to refer to a person's self-reported feelings.

If this view of anxiety is correct, (that it is an everyday construct which refers to more than just a subjective feeling), then it suggests that there is no single set of psychological or biological processes that define it uniquely. Anxiety cannot be understood in purely objective terms as a state of the organism. The concept is likely to be used in slightly different ways by different people, and the same

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Table 1.1 *Common referents for anxiety words*

An unpleasant quality of subjective experience varying through 'tension' to 'terror'
An awareness of imminent danger or harm whether or not its sources can be specified
An experience of bodily sensations associated particularly with activation of the autonomic nervous system
A strong urge to flee to a place of safety
A lack of control over fine motor movements
Thoughts of a worrying or unpleasant nature over which there is little control
An inability to think clearly or act in a coordinated manner especially in novel, conflictual or threatening situations

NB: 'Anxiety' is inferred in *others* on the basis of (1) observing behaviour indicative of the above; (2) perception of the context as threatening or stressful; and (3) other signs such as facial expression and pitch of voice.

person might use it differently on separate occasions. In brief, the word anxiety, and terms with a related meaning, do a rough and ready job which suffices for most purposes. When pressed, a person will go on to supply a richer account of the situation, including a description of his/her intentions, perceptions of others, and perhaps mention a variety of sensations and feelings.

The common referents for anxiety words are listed in Table 1.1. Given the wide range of meaning, it is safe to say that a variety of psychological and biological processes are involved. Virtually all areas of theoretical psychology are relevant – innate biological defences, models of stress, self-conception, social evaluation, skill and competence, cognition, problem-solving, learning and so on.

Some implications of viewing anxiety as an everyday construct

Describing oneself as anxious is not just an academic exercise in naming a frame of mind; it also serves some purpose in social interaction. The unpleasantness of the experience to which it refers certainly captures the attention and helps to identify the presence of a problem. A failure to recognize 'anxiety' may leave a person unprepared as a situation unfolds. Communication of 'anxiety' prepares others for potential failure in joint enterprises. It also serves to enlist support. It is no accident that people with the most soothing manner are those we have come to trust completely, such as airline pilots. For them to communicate anxiety would amount to an admission that they expected to encounter problems that they

could not handle. The voice quality is intended to reassure us that no assistance is needed.

A further assumption we can make is that the ability to name anxiety and communicate it verbally is *learned*. This implies that a *verbal/cognitive* process is operating to some extent independently of other processes that give rise to the experiences we construe as anxiety. Of course, once we have mastered a language and its concepts, information that is verbally transmitted can act as a potent stimulus for fearful behaviour. Information about what is likely to happen may terrify us. As we shall see, the tendency for biologically based responses to come under the control of symbolic processes (that is, thoughts, assumptions or interpretations), is one explanation for anxiety becoming a problem.

The verbal and cognitive abilities which enable us to name our emotions and account for them socially are influenced during their development by the sub-culture of the family and by the broader social milieu. Parents differ, for example, in the extent to which they draw the attention of their offspring to potential threats ('Don't *ever* talk to strange men') or to their bodily sensations and feelings ('You must be upset, you're so hot and bothered'). The child will become more or less sensitized by parental reminders, and by actual experiences, to those threats that most concern us in our culture. Besides the threats which appear to be part of our biological inheritance (darkness, heights, being stared at, small animals, and so on), there is another set of themes which constantly recur in anxiety problems. These relate to our physical survival (death, illness, material security) and to fears of the loss of others, social rejection and negative evaluation. The extent to which a person is willing or able to express concern about these threats varies a great deal and this variation is probably related to the 'emotion training' he or she has received as a child. It is widely accepted that boys and girls receive different kinds of emotion training.

The distinction I have drawn here between an everyday construct of emotion and that to which it refers has some interesting implications. On occasions, what a person says is or is not threatening and how that person behaves, are at odds with each other. A person may look tense and withdraw but deny feeling anxious. Another may worry incessantly about what *could* happen but do very little about it and regard their worrying as pointless. Another may feel nauseous or have heart palpitations in apparently stressful situations, but deny that the situation is threatening or that they feel anxious. These examples underline the complexity of anxiety problems. Although most researchers now accept that there can be

gross discrepancies between the verbal/cognitive expression of 'anxiety' and other behavioural and physiological indicators of emotion, it is not so easy to explain them theoretically. There are many factors to consider but at this point I will look at some further implications of differentiating the 'emotion naming' process from 'what-is-named'.

Naming anxiety and the development of 'anxiety memories'

As we begin to make observations of our own behaviour and that of others, and use words to name and communicate these situations, the words themselves enter into and influence the events we are observing. They enter in a concrete way as sound patterns and come to be associated with other experienced elements in the situation. Just as a churchyard in the moonlight may be perceived as 'spooky', words also become evocative, through association with behavioural and physiological reaction to events, and acquire an emotional life of their own. A word, or a verbal description linking together the elements of a fearful event, is stored with the memory of that event, and helps to re-evolve it when a person is prompted by instruction or reverie to recall the event later on.

The sound patterns we know as words are of course richly associated with a huge number of concrete situations that we have personally experienced. They also enter as symbols in a language that allows us to reason, plan, order, categorize and so forth. One of the consequences of our ability to form verbal associations between events that are unrelated in time and place is our great potential 'to scare ourselves silly'. We become anxious or afraid when it is inappropriate or unwise to do so. One form of association is made on the basis of physical similarity to the stimuli which were elements in the original fear experience. This mechanism (*stimulus generalization*) operates on the physical properties of stimuli. A garden hose may be perceived as a snake: a siren of a certain pitch may evoke the memory of an air-raid warning. Written words with a similar physical structure might also evoke anxiety memories (for example, eyelash and car crash).

A second form of association is based on reasoning and logical inference. We might infer that since eating raw eggs has been known to produce salmonella poisoning, eating a lightly boiled egg could make us ill and cause our death. This is one form of *symbolic generalization*. It is clearly an essential cognitive ability to associate events on the basis of their abstract properties. In many cases, an inference is borne out by experience; at other times it is

not, and our anticipatory anxiety proves to be unwarranted and unnecessary. Inferences about unpleasant events can be based on misinformation, or religious belief, or on widespread superstition. For these cases, the associations between representations of events in our memory is made for us by others and we absorb them unwittingly. A great deal of this culturally transmitted knowledge is of great value.

Another form of symbolic generalization involves identifying with the events depicted in a book or in a picture, or in events that we are witnessing before us. We take on the role of the other person and respond as if the events were happening to us.

Anxiety memories have been conceptualized as a network of associations between representations of the situation, of responses to it, and of semantic links between them. There are features of these anxiety memories that predispose us to develop anxiety problems. As the memory is re-evoked by circumstances or voluntary recall, the associations between elements may strengthen and new links may form on the basis of generalization as described above. It may require less and less of a stimulus to evoke the memory, and as time goes on, all elements of the network are evoked together when only one element is stimulated. For example, anxiety memories include representations of the stimulus input from bodily arousal such as rapid heartbeats, irregular breathing, sweating and trembling. These stimulus elements can be evoked by normal daily activities such as running upstairs or drinking a strong cup of coffee. Bodily arousal produced by exercise is similar to bodily arousal associated with anxiety. As a result, anxiety memories tend to be evoked by exercise. Once evoked, other elements of the anxiety memory are retrieved and recalled, such as 'This rapid pulse could mean I'm having a heart attack.' An innocuous experience can therefore give rise to full-blown terror.

It might be supposed that all that a person needs to do to overcome an anxiety problem is to recognize how their anxiety memories are constructed and to dissociate those elements that are illogical or cannot be validated by real-life experience. This view contains more than a grain of truth but it ignores several aspects of our psychology that argue against it. These concern the role of *awareness*, the formation of *habits*, the presence of extreme *mood* states, *physical* and *personality* factors.

Awareness

The associative connections of an anxiety memory are not always available for examination. For instance, there are deeply embedded cultural beliefs about the connections between events (for example,

what happens after death, what 'madness' signifies) which may be accepted without ever being consciously examined; they may not even be accessible to formulations by conscious reasoning. Some associations are merely pre-conscious in the sense that by careful questioning a counsellor can elicit them. A situation might be associated with a fleeting image such as the visual image of a burst blood vessel. However, a client may find the associated thought or image difficult to describe because it occurs so briefly in fragmented form and appears so illogical. The accessibility of pre-conscious associations can sometimes be facilitated by a guided fantasy conducted during deep relaxation or in hypnotic trance. Completely unexpected associations can arise when anxiety memories are vividly recalled, especially when the client is in large measure reliving the remembered experiences. For instance, a man who had a fear of 'sleep paralysis' (a state occasionally reported on waking in which the 'mind is awake' while the body remains in its paralysed sleeping state), recalled during guided fantasy several events from his past that were associated with the fear that sleep paralysis produced in him. While paralysed, he was unable to speak and he felt trapped in a no man's land of non-existence. One image he recalled concerned entrapment: that of being almost strangled as an adolescent by the vice-like grip of another boy with whom he was fighting.

One account of the relative inaccessibility of these kinds of image is that they are so unpleasant that active defensive processes keep them repressed. Another possibility is that they are remote childhood memories that were not verbally encoded at the time (because the child cannot articulate its experiences) and are therefore difficult to retrieve.

Habit

The associative connections between the elements of anxiety memories are likely to be strengthened every time a person re-experiences their 'anxiety'. For example, a 'panic attack' (see chapter 7), which may continue for several minutes in a highly unpleasant manner until the person escapes to a place of safety, simply strengthens the associations between all the elements involved (bodily sensations, frightening thoughts, aspects of the environment, running away, and so on). Moreover, once the 'panic attack' has been encoded as an unpleasant experience to be avoided at all costs, any sign that the panic will recur is associated with the attack and becomes a new element in the memory. The more that anxiety becomes a dominant concern of the person, the more the external and internal (bodily) environment will be scanned to check

for warning signs that another panic is imminent. For this reason a person may become preoccupied with their bodily sensations, or avoid places where they think panic will occur.

It is generally assumed that an anxiety memory is maintained (and gradually encompasses more and more elements) because a person *avoids* deliberately evoking or recalling it. A person escapes from a distressing situation and attempts to put an end to fearful imagery. Any activity that leads to 'anxiety' is avoided in order to maintain a sense of safety. The memory is therefore protected from new experiences that could help to change it in a positive direction.

It is not surprising that as an anxiety problem grows in strength it becomes a habit that is hard to break. It comes to be seen as irrational because the degree of distress experienced is disproportional to any obvious source of threat. In comparison to his/her rational judgements of what is a 'normal' or 'appropriate' degree of anxiety, the person begins to perceive him or herself as 'silly', 'neurotic', or 'out of control'.

One mechanism, then, for the growth of an anxiety problem is the steady addition of new warning signals (that is, through associations between new situations and instances of 'anxiety') and a failure to test out reality (that is, escaping or avoiding when the warning signal occurs). A second mechanism appears to involve a vicious cycle (see chapter 2). A vicious cycle is created when the person's response to anxiety, instead of improving matters, reinstates the conditions that gave rise to it. For reasons already stated, simply understanding what might have caused an anxiety problem is not sufficient to break into this vicious cycle. Behavioural techniques that involve the breaking of habits are usually required.

Mood

The more that an anxious or depressed mood predominates, the greater the difficulty the client has of mobilizing positive thinking and constructive defences. In extreme cases, negative thinking seriously hinders attempts to reframe a client's perception of his/her situation. People who continually worry always seem able to find a new threat to concern them or an additional reason for disbelieving evidence that a situation is not as dangerous as it seems. In some cases, negative thinking appears to be irrefutable: we all eventually die and prior to that illness may cause hardship and suffering. However, even these hard realities can be reconstrued, especially when there is no evidence that the client has been singled out for a worse lot than anyone else.

Clients who are severely agitated or depressed may require a