

Help for Phobias: Real-Life Desensitization

Real-life desensitization is the single most effective available treatment for phobias. While imagery desensitization is often an important prerequisite, actually facing the situations you've been avoiding in real life is essential for recovery.

Other terms for real-life desensitization are *in vivo desensitization*, *exposure therapy*, or simply *exposure*. In many controlled studies, direct exposure to phobic situations has consistently been found to be more effective than other, nonbehavioral treatments such as insight therapy, cognitive therapy by itself, or medication. Nothing works better towards overcoming a fear than facing it—especially when this is done systematically and in small increments. Furthermore, improvement resulting from real-life exposure does not disappear weeks or months later. Once you've fully desensitized yourself to a phobic situation in real life, you can remain free of fear.

Real-life desensitization is the treatment of choice for agoraphobia, social phobias, and many simple phobias. It's useful in overcoming the *territorial* phobias that are common in agoraphobia—for example, grocery stores, shopping malls, driving on bridges or freeways, riding on buses, trains, or planes, scaling heights, and being alone. *Social* phobias that respond to direct exposure include fears of public speaking, making presentations, being in groups, attending social functions, dating, using public restrooms, and taking examinations. And simple phobias ranging from fears of insects to a fear of water can all be overcome by direct exposure.

For all types of phobias it's desirable to practice desensitization through imagery before undertaking real-life exposure. When you're at least halfway up your desensitization hierarchy of phobic scenes, you can begin to confront your phobia in real life. Again, you must start at the lowest step in your hierarchy and progress upwards. As with imagery desensitization, you advance to each new step in your real-life hierarchy only after you can easily handle the preceding step.

If real-life exposure is such an effective treatment, why are there still so many phobic people around? Why hasn't everybody availed themselves of a treatment that is so powerful? The answer is simple. For all its effectiveness, exposure isn't a particularly easy or comfortable process to go through. Not everyone is willing to tolerate the unpleasantness of facing phobic situations or to persist with practicing real-life desen-

sitization on a regular basis. *Exposure therapy demands a strong commitment on your part.* If you're genuinely committed to your recovery, then you'll be willing to

- Take the risk to start facing situations you may have been avoiding for many years
- *Tolerate the initial discomfort* that entering phobic situations—even in small increments—often involves
- *Persist in practicing* exposure on a consistent basis, despite probable setbacks, over a long enough period of time to allow your complete recovery (generally this takes from six months to two years)

If you're ready to make a genuine commitment to real-life desensitization over a period of up to a year or two, you *will* recover from your phobias.

How To Practice Real-Life Desensitization

The basic procedure for real-life desensitization is essentially the same as for imagery desensitization, with some modifications. You can use the same basic hierarchy of phobic scenes you constructed for your desensitization through imagery, progressing from a low-anxiety to a high-anxiety situation. The difference is that you will be carrying out the steps of the hierarchy in real life rather than in your imagination. You may find that you need to add some additional steps to your real-life hierarchy. You may also want to have a support person accompany you as you confront your phobic situations, although it's possible to do this work alone. Finally, you need to retreat when your anxiety reaches Level 4 on the Anxiety Scale (see Chapter 6), or when you reach the point where you feel like you're beginning to lose control. Use the guidelines below to design your exposure therapy.

Set Goals

Start out by clearly defining your goals. What would constitute being fully recovered from your phobias? Do you want to be able to drive on the freeway alone? Buy the week's groceries by yourself? Give a presentation at work? Fly on a jet?

Be sure to make your goals specific. Instead of aiming for something as broad as being comfortable shopping, define a specific goal such as "buying three items in the grocery store by myself" or "making a one-hour flight." Eventually you will want to remove all restrictions—in other words, be comfortable in any store or on any flight. For the purpose of setting up a hierarchy, keep your goals concrete. Once you've defined goals, set up timelines. By what date would you like to be able to give a speech, drive the freeway, or make a flight? Six months from now? One year from now? Give yourself a timeframe within which to work and then make a commitment to stick with it. It's often useful to differentiate between short- and long-term goals. Use the worksheet on the next page to define where you would like to be with your recovery process at various points in the future. Make a copy of this statement of your goals and post it in a conspicuous place to remind yourself of your plan for overcoming your fears.

GOALS

A. In Three Months

B. In Six Months

C. In One Year

D. After Two Years

Create a Hierarchy for Each Goal

You're ready now to break each goal down into small steps. Use the hierarchy you constructed in the last chapter, keeping in mind that you will be enacting each step in real life. Make sure that you start off with a very easy, only mildly anxiety-arousing step and work up to a final step that you would be able to do if you were fully recovered from your phobia. Your hierarchy should have from 8 to 20 progressively more difficult steps.

In some instances, it will be necessary to construct a different hierarchy for real-life exposure than what you used for imagery desensitization. You may need more and smaller steps when you face a situation in real life than when you're visualizing it in

your mind. A scene that was part of your visualization may be impractical to enact in real life, as in the case of a public speaking phobia.

Remember to add an additional step in the middle if you are having difficulty moving from one step to the next. For example, suppose you're exposing yourself to grocery shopping. You've reached the point where you can stay in the store for several minutes but you can't bring yourself to buy an item and go through the express checkout line. One intermediate step you could add would be taking an item in your basket up to the checkout line, waiting in line as long as your anxiety level remained mild (below Level 4 on the Anxiety Scale), and then returning the item to where you found it. You would repeat this step without buying anything until the action became monotonous. Another example of an intermediate step would be to go through the checkout line with your support person carrying and paying for the item you picked out. After several repetitions of this, you might be ready to go through the line and buy an item on your own.

If you have a problem getting beyond a particular step, try going back to the preceding step in your hierarchy for your next practice session and work your way back up. For example, if you've mastered driving over a small bridge but have difficulty advancing to the next largest one, go back and repeat driving over the smaller bridge several times. The object is to get yourself so bored with the smaller bridge that you feel a strong incentive to attempt the next step up in your hierarchy. When you do, have your support person go with you.

If you have difficulty getting started with exposure therapy, try beginning with an even less challenging step than your original first step. For example, you might have a phobia about flying and you don't feel ready even to drive to the airport. As a preliminary step, watch a video that shows jets taking off and in flight, or get used to looking at photos of planes in a magazine. If you still can't make it to the airport, drive by it repeatedly until you feel able to drive to the airport parking lot, turn around, and return home.

As mentioned earlier, it's helpful to master desensitization through imagery before undertaking real-life exposure. As a general rule, you should start real-life exposure after you've been practicing imagery desensitization for about two weeks—or after you've worked through about half of your hierarchy.

Three examples follow of hierarchies developed for real-life exposure. More examples may be found in Appendix 3. Please note that these are only sample hierarchies; your own hierarchy of phobic scenes involving elevators or grocery stores may differ depending on what aspects of the situations elicit your greatest anxiety.

Elevators

1. Look at elevators, watching them come and go.
2. Stand in a stationary elevator with your support person.
3. Stand in a stationary elevator alone.
4. Travel up or down one floor with your support person.
5. Travel up or down one floor alone, with your support person waiting outside the elevator on the floor where you will arrive.
6. Travel two to three floors with your support person.

7. Travel two to three floors alone, with your support person waiting outside the elevator on the floor where you will arrive.
8. Extend the number of floors you travel, first with your support person and then alone with your partner waiting outside the elevator.
9. Travel on an elevator alone without your support person.

Grocery Stores

1. Drive to the grocery store with your support person and spend one minute in the parking lot.
2. Drive to the grocery store with your support person and spend five minutes in the parking lot.
3. Walk up to the entrance of the grocery store and walk around outside for two minutes with your support person.
4. Repeat Steps 1, 2, and 3 alone.
5. Enter the grocery store for 15 seconds with your support person and then walk out.
6. Enter the grocery store for one minute with your support person and then walk out.
7. Walk to the back of the store with your support person and spend two minutes in the store.
8. Enter the store with your support person and go along while he or she buys one item.
9. Enter the store with your support person and go along as he or she buys two items from different aisles.
10. Repeat Steps 5, 6, and 7 with your support person waiting outside.
11. Enter the store with your support person and buy one item.
12. Enter the store with your support person and buy two items from different aisles.
13. Buy one item alone with your support person waiting outside.
14. Buy two items alone with your support person waiting outside.
15. Go shopping by yourself, buying only one item the first time and gradually increasing the number of items bought and your time spent inside the grocery store.

Flying

1. Approach the airport with your support person and drive around it.
2. Park at the airport with your support person for five minutes.
3. Enter the terminal with your support person and walk around for five minutes.

4. Go to a departure gate with your support person and watch planes take off and land.
5. Repeat Steps 1-4 alone.
6. Arrange to visit a grounded plane and spend one minute on board with your support person.
7. Same as 6 but stay on board for five minutes. You might try buckling into a seat.
8. Repeat Steps 6 and 7 alone.
9. Schedule a short flight (15-30 minutes) and go with your support person.
10. Schedule a longer flight and go with your support person.
11. Repeat Steps 9 and 10 alone.

On the following page is a form on which you can design your own hierarchy of steps for a particular phobia. Make several copies of this page and write down hierarchies for the specific phobias you wish to work on. You may not need all 20 steps, but try to create a minimum of 8 different steps, proceeding from the least to the most challenging steps.

Hierarchy for _____
(specify phobia)

Instructions: Start with a relatively easy or mild instance of facing your phobia. Develop at least eight steps which involve progressively more challenging exposures. The final step should be your goal or even a step beyond what you've designated as your goal.

Write down the date on which you complete each step as you work your way up in the hierarchy.

<i>Step</i>	<i>Date Completed</i>
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____
11.	_____
12.	_____
13.	_____
14.	_____
15.	_____
16.	_____
17.	_____
18.	_____
19.	_____
20.	_____

Note: Make a copy of this sheet for each of your phobias.

Procedure for Direct Exposure

1. *Proceed into your phobic situation* (whatever step in your hierarchy you're on) *up to the point where your anxiety reaches Level 4 on the Anxiety Scale*. In other words, keep going into or stay in the situation up to the point where your anxiety *first begins to feel a little unmanageable*. Even if you are *uncomfortable* in the situation, *stay with it* as long as your anxiety level does not go beyond Level 3.
2. *Retreat* from the situation at the point where your anxiety reaches Level 4 or the point where it begins to feel less than fully manageable—the point where it feels like it might get out of control. Retreat means *temporarily* leaving the situation until you feel better and then *returning*. In most situations this is literally possible (when aboard an airplane, you can retreat to your peaceful scene in your mind). *Retreat is not the same as escaping or avoiding the situation*. It is designed to prevent you from “flooding” and risking the possibility of resensitizing yourself to the situation and reinforcing the strength of your phobia.

Flooding means to let your anxiety rise above Level 4 without retreating. Some people find that staying in a phobic situation without retreating, and enduring a high level of anxiety, may be a useful strategy. This flooding approach does seem to work for a minority of people who suffer from phobias. However I do not recommend it for most people, as it often tends to lead to increased sensitization and a reinforcement of fear. If you do decide to try the flooding approach, it is best to just *stay* at your current step in your hierarchy without going any further. For example, you would not go any further back into a grocery store—nor would you retreat—at the point where your anxiety begins to rise above Level 4. You allow your anxiety to rise and run its course without fighting or resisting it until it subsides. If you're one of the minority of people for whom flooding works, by all means use it as a tool in your recovery.

3. *Recover*. After you temporarily pull back from your phobic situation, wait until your anxiety level recedes to no more than Level 1 or 2 on the Anxiety Scale. Be sure to give yourself sufficient time for your anxiety to subside. You may find that abdominal breathing or walking around at this point helps you recover your equanimity.
4. *Repeat*. After recovering, reenter your phobic situation and continue to progress into it up to the point where your anxiety, once again, reaches Level 4 on the Anxiety Scale. If you are able to go further or stay longer in the situation than you did before, fine. If not—or if you can't go even as far as you did the first time—that's fine, too. Do not chastise yourself if your performance after retreating turns out to be less spectacular than it was initially. This is a common experience. In a day or two you'll find that you'll be able to continue in your progression up your hierarchy.
5. *Continue going through the above cycle—Expose-Retreat-Recover-Repeat—until you begin to feel tired or bored, then stop for the day*. This constitutes one practice session, and it will typically take you from thirty minutes to two hours. For most people one practice session per day is enough. In a single session you may be unable to master the first step in your hierarchy or you may progress through the

first four or five steps. *The limit for how far you go in any practice session should be determined by the point when your anxiety reaches Level 4 on the Anxiety Scale.*

On some days you'll enjoy excellent progress, on others you'll hardly progress at all, and on still others you will not go as far as you did on preceding days. On a given Monday you might spend five minutes alone in the grocery store for the first time in years. On Tuesday you can endure five minutes again but no more. Then on Wednesday you are unable to go into the store at all. Thursday or Friday, however, you discover that you can last ten minutes in the store. This up-and-down, "two steps forward, one step back" phenomenon is typical of exposure therapy. Don't let it discourage you!

Rely on a Support Person—Especially at the Beginning

It's often very helpful to rely on a person you trust (such as your spouse, partner, friend, or a helping professional) to accompany you on your forays into your phobia hierarchy when you first begin the process of real-life desensitization. The support person can provide reassurance and safety, distraction (by talking with you), encouragement to persist, and praise for your incremental successes.

However, your support person shouldn't push you. Your partner *should* encourage you to enter a phobic situation without running away. But it's up to you to decide on the intensity of your exposure and to determine when you reach Level 4 and need to retreat. Your support person should not criticize your attempts or tell you to try harder. Yet it is good if she or he can identify any resistance on your part and help you to recognize whether such resistance is present. Your partner's main job is to provide encouragement and support without judging your performance. Guidelines for support people can be found at the end of this chapter.

Become Aware of Your Particular Sensitivities

As you undertake exposure, look for which particular characteristics of your phobic situation make you anxious. In the grocery store, for example, is it the number of people, the size of the store, the brightness of the lights, or simply the multiplicity of stimuli that causes you anxiety? While participating in a group, is it the number of people, the proximity of an exit, a fear of being judged or of making a bad impression that bothers you the most? Becoming aware of the specific elements of any phobic situation that makes you anxious will increase your sense of control over that situation and accelerate desensitization. You may want to list your specific sensitivities for each phobia on the back of your hierarchy worksheet for that phobia.

Making the Most of Exposure

These instructions are intended to help you get the most out of real-life desensitization:

1. *Be Willing To Take Risks*

Entering a phobic situation that you've been avoiding for a long time is going to

involve taking a mild to moderate risk. There's simply no risk-free way to face your fears and recover. Risk-taking is easier, however, when you start with small, limited goals and proceed incrementally. Establishing a hierarchy of phobic situations allows you to take this incremental approach toward mastering your phobias.

2. *Deal With Resistance*

Undertaking exposure to a situation that you've been avoiding may bring up resistance. Notice if you delay getting started with your exposure sessions or find reasons to procrastinate. The mere thought of actually entering a phobic situation may elicit strong anxiety, a fear of being trapped, or self-defeating statements to yourself such as, "I'll never be able to do it" or "This is hopeless." Instead of getting stuck in resistance, try to regard the process of desensitization as a major therapeutic opportunity. By plunging in you will learn about yourself and work through long-standing avoidance patterns that have held up your life. Give yourself pep talks about how much your life and relationships will improve when you are no longer plagued by your phobias.

You might also want to review the section on motivation under "Necessary Ingredients for Undertaking Your Own Recovery Program" in Chapter 3. Consider whether there are any secondary gains that might be contributing to your resistance.

Once you get through any initial resistance to real-life exposure, the going gets easier. If you feel you're having problems with resistance at any point, you may want to consult a therapist who is familiar with exposure therapy.

3. *Be Willing To Tolerate Some Discomfort*

Facing situations that you've been avoiding for a long time is not particularly comfortable or pleasant. It's inevitable that you will experience some anxiety in the course of becoming desensitized. In fact, it is common to feel *worse initially* at the outset of exposure therapy before you feel better. Recognize that feeling worse is *not* an indication of regression but rather that exposure is really *working*. Feeling worse means that you're laying the foundation to feel better. As you gain more skill in handling symptoms of anxiety when they come up during exposure, your practice sessions will become easier and you'll gain more confidence about following through to completion.

4. *Avoid Flooding—Be Willing To Retreat*

Your exposure sessions are entirely different from the phobic situations you are forced into by circumstance. In the process of desensitization, you are in control of the intensity and length of your exposure to the situations that frighten you: circumstance does not offer this luxury. Always be willing to retreat from a practice situation if your anxiety reaches Level 4 on the Anxiety Scale. Then wait until you recover before confronting the phobic situation again. *Retreat is not cowardly*—it is the most efficient and expedient way to master a phobia. Overexposure or *flooding* may resensitize you to a situation and ultimately prolong the time it takes to overcome your phobia.

5. *Plan for Contingencies*

Suppose you're practicing on an elevator and the worst happens—it stops between floors. Or suppose you are just beginning to drive on the freeway and you start to panic when you're far away from an exit. It's good to plan ahead for those

worst-case scenarios whenever possible. In the first example, give yourself some insurance by practicing on an elevator that has a functioning emergency phone. Or in the case of the freeway, tell yourself in advance that it will be all right to retreat to the shoulder or at least drive slowly with your emergency flashers on until you reach an exit. If you'll be entering a situation that doesn't have a "trap door," keep your list of coping statements (see Chapter 6) near at hand, or bring along your relaxation cassette and a tape player with headphones.

6. *Trust Your Own Pace*

It's important not to regard real-life exposure as some kind of race. The goal is not to see how fast you can overcome the problem: pressuring yourself to make great strides quickly is generally not a good idea. In fact to do so carries a risk of resensitizing yourself to your phobia if you attempt advanced steps in your hierarchy before becoming fully comfortable with earlier steps. Decide on the pace you wish to adopt in exposing yourself to a difficult situation, realizing that very small gains count for a lot in this type of work.

7. *Reward Yourself for Small Successes*

It's common for people going through real-life desensitization to castigate themselves for not making sufficiently rapid progress. Bear in mind that it's important to consistently reward yourself for small successes. For example, being able to go into a phobic situation slightly further than the day before is worthy of giving yourself a reward, such as a new piece of clothing or dinner out. So is being able to stay in the situation a few moments longer—or being able to tolerate anxious feelings a few moments longer. Rewarding yourself for small successes will help sustain your motivation to keep practicing.

8. *Learn To Cope With the Early Stages of Panic*

Use your array of coping techniques (see Chapter 6) if you are unable to easily retreat from a situation when your anxiety reaches Level 4:

- Deep abdominal breathing
- Affirmative self-talk
- Conversation with your support person
- Distractions (such as counting the number of blue cars on the freeway)
- Anger (get angry with the anxiety)
- Thought stopping

Remember to maintain an overall attitude of "floating" or "going with" your bodily sensations rather than balking or resisting them. Using abdominal breathing and positive self-talk in combination often helps. As soon as retreat becomes possible, use this option!

9. *Use Positive Coping Statements When Entering a Phobic Situation*

Repeating positive statements over and over before or during exposure sessions can be quite helpful. Repetition of coping statements serves to direct your attention away from physical symptoms of anxiety and prevents you from talking yourself into a higher level of panic. Such statements encourage a confident and composed attitude that can help you through the most difficult moments in your exposure practice. Use the list of positive coping statements provided later in this chapter.

You may want to write some of them on a 3x5 card which you carry with you during your practice sessions.

10. *Practice Regularly*

Methodical and regular practice—rather than hurrying or pressuring yourself—will do the most to expedite your recovery. Ideally it is good to practice real-life desensitization *three to five times per week*. Longer practice sessions, with several trials of exposure to your phobic situation, tend to produce more rapid results than shorter sessions. As long as you retreat when appropriate, it's impossible to undergo too much exposure in a given practice session (the worst that can happen is that you might end up somewhat tired or drained).

The *regularity* of your practice will determine the rate of your recovery. If you're not practicing regularly, notice what excuses you're making to yourself and sit down with someone else to evaluate them. Then find arguments for refuting those excuses the next time they come up. Regular practice of exposure is *the key* to a full and lasting recovery.

11. *Expect and Know How To Handle Setbacks*

Not being able to tolerate as much exposure to a situation as you did previously is a normal part of recovery. Recovery simply doesn't proceed in a linear fashion—there will be plateaus and regressions as well as times of moving forward. Setbacks are an integral part of the recovery process.

For example, suppose you are working on overcoming a phobia about driving on freeways. Your practice sessions over a four-week period might go like this:

Week 1: During three out of five practice sessions you can drive the distance of one exit on the freeway.

Week 2: For five out of five practice sessions you can't get on the freeway at all. (This degree of regression is not at all uncommon.)

Week 3: For two out of five practice sessions you are able to drive the distance of one exit. During two other sessions you're able to drive the distance of two exits. One day you can't get on the freeway at all.

Week 4: Due to illness you only get in two practice sessions. On one of those days you're able to manage three exits.

It's very important not to let a setback discourage you from further practice. Simply chalk it up to a bad day or bad week and learn from it. Nothing can take away the progress you've made up to now. You can use each setback as a learning experience to tell you more about how to best proceed in mastering a particular phobic situation.

12. *Be Prepared To Experience Stronger Emotions*

Facing phobic situations you've been avoiding for a long time often stirs up suppressed feelings—not only of anxiety but anger and sorrow as well. Recognize that this is a normal and expected part of the recovery process. *Allow* these feelings to surface and let yourself express them. Let yourself know "It's O.K. to have these feelings" even though you may be uncomfortable with them. An important

part of recovery from a phobic condition is learning to accept, express, and communicate your feelings (see Chapter 13).

13. *Follow Through To Completion*

Finishing exposure therapy means that you reach a point where you are no longer afraid of panic attacks in *any* situation that was formerly a problem (obviously this does not include extreme situations that anyone would be afraid of). The recovery process generally takes from six months to two years to complete. Getting comfortable with most situations but still having one or two you are afraid of is generally insufficient. To attain lasting freedom from your phobias, it's important to keep working until you get to the point where 1) you can go into any situation that nonphobic people would regard as safe, and 2) you regard panic reactions themselves as manageable and not at all dangerous.

Factors That Can Promote or Impede Your Success

Numerous studies have examined the conditions affecting the success of exposure therapy. This section summarizes the findings of this research. For a more detailed discussion, see the 1988 volume by David Barlow, *Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic* (see especially Chapter 11).

What Promotes Success

1. *Cooperation of Your Partner or Spouse*

When your partner or spouse supports your recovery and is willing to assist you in the exposure process itself, results are often excellent. Conversely, if your partner is indifferent, uncooperative, or consciously or unconsciously opposes your recovery, success with exposure may be difficult to attain. If you feel that your partner is interfering with your progress in overcoming your phobias, you both may want to consult a competent couples' therapist who is knowledgeable about the treatment of phobias.

2. *Willingness To Tolerate Some Discomfort*

As discussed in the previous section, it is inevitable that you will feel more anxiety when you begin to confront phobic situations in real life. Practicing exposure therapy is hard work and requires a willingness to tolerate some discomfort. It may be tempting not to begin or not to follow through with exposure because you dread the unpleasantness involved. That is why it is so important to reward yourself for your efforts. In some cases, *low* doses of a minor tranquilizer, such as Xanax, may be a useful adjunct in the early stages of exposure therapy. Low doses of a minor tranquilizer can reduce your anxiety just enough to make the process feasible while still allowing desensitization to occur. (See Chapter 17 for a more detailed discussion of the pros and cons of using tranquilizers.)

3. *Ability To Handle the Initial Symptoms of Panic*

Fear of having a panic attack is perhaps the greatest deterrent to undertaking a course of real-life desensitization. If you've developed a broad repertory of skills for handling the early symptoms of panic (as detailed in Chapter 6), you can approach exposure with considerable confidence. Many phobia treatment programs these days train clients to cope with physical reactions associated with panic *before* beginning a program of gradual exposure.

4. *Willingness To Retreat When Retreat Is Appropriate*

Moving too fast or pushing yourself too hard to confront phobic situations is likely to backfire. If you don't retreat when your anxiety reaches Level 4 on the Anxiety Scale, you're likely to resensitize rather than desensitize yourself to whatever situation you're confronting. In recent years, most phobia treatment programs have given up the old approach of flooding and have allowed clients to *pace themselves*, emphasizing the importance of retreating when anxiety begins to rise. This newer approach has resulted in higher success rates and a greater number of people following through with exposure to complete recovery. In short, it is wise to avoid taking a "Rambo" approach to your exposure sessions.

5. *Ability To Handle Setbacks*

Some people stop their program of exposure after experiencing one or two setbacks, failing to recognize that setbacks are a normal and predictable part of the process. Your ability to tolerate setbacks and still persist in your daily practice sessions will be a crucial determinant of your success.

6. *Willingness To Practice Regularly*

Regular, consistent practice—in other words, three to five times per week—is unquestionably the *strongest* predictor of success with exposure. There is simply no substitute for regular practice. It has been my experience over the years that the clients who practice regularly are the ones who recover. There is no phobia that cannot be overcome by a steady and persistent commitment to practice exposure. This is definitely an area of human experience where "persistence wins the race."

What Interferes With Success

The opposite of any of the above-mentioned conditions will tend to impede your success with exposure: lack of cooperation from your partner, your own inability to tolerate some discomfort, a lack of skills for coping with panic, an unwillingness to retreat when retreat is appropriate, an inability to handle setbacks, and/or an unwillingness to practice consistently. In addition, clinical research has shown that the following two conditions can impede success with exposure therapy:

1. *Depression*

People who suffer from clinical depression associated with agoraphobia or social phobia are generally less motivated to practice exposure. They also have a tendency to discount successes and progress when they do practice. Common symptoms of clinical depression include

- Fatigue and lack of energy
- Self-reproach and feelings of worthlessness
- Loss of interest or pleasure in usual activities
- Difficulty concentrating
- Reduced appetite
- Difficulty sleeping
- Suicidal thoughts

If you feel you're experiencing three or more of the above symptoms, it would be advisable to have a clinical consultation before undertaking a self-paced program of exposure. Cognitive behavior therapy is an extremely effective treatment for depression. In more serious cases, antidepressant medication, taken under a doctor's supervision, can help lift your mood enough to allow you to practice real-life desensitization.

2. *Alcohol and Tranquilizers*

Alcohol or high doses of minor tranquilizers such as Xanax tend to interfere with exposure. It's necessary to experience *some* anxiety during exposure to a phobic situation if you are to learn new and more adaptive responses to it. People who undergo exposure therapy while on high doses of minor tranquilizers often relapse when they go off the medication. This is less likely when you've been taking a low dosage (for example, 1 mg or less of Xanax per day). In fact, *low* doses of tranquilizers may in some cases be helpful toward undertaking and maintaining a program of exposure.

Using Coping Statements During Exposure

It's often helpful when doing real-life exposure to work with coping statements. These are positive statements you can say to yourself just before you begin to face your phobic situation—or during the exposure process itself. If you have a problem with public speaking, for example, you would use them before you do your presentation. With most other phobias, you can use coping statements before or during exposure.

The purpose of using coping statements is to help distract your mind from any negative, anxiety-provoking self-talk you might be prone to engage in when you face what you fear. These positive statements also help put your mind in a positive frame. They can help you relax and maintain your confidence just before or during the time you confront your phobia. Any anxiety you experience during exposure tends to make you more suggestible. By repeating positive coping statements at the time of exposure, you will induce a positive state of mind which can help keep your anxiety at a lower level.

There are two ways in which you might want to work with coping statements. First, you might want to record your favorite statements on an audio cassette and listen to them right before you directly confront your phobic situation. If you have a portable cassette recorder, you might even want to listen to them during the exposure process itself.

An alternative, more active way to work with coping statements is to write them down on 3x5 cards—one or two statements per card. Keep the cards in your purse or wallet and then take them out and rehearse the coping statements before or during your real-life exposure sessions. Some people find repeating a single coping statement over and over to be more effective, while others like to read down a list of several coping statements at once.

Keep in mind that to get the most benefit from coping statements, you will need to practice working with them many times. They may not be as effective in offsetting anxiety the first few times you use them as they will be after repeated practice. It took many repetitions to reinforce your negative, anxiety-provoking self-statements that trigger your anxiety. By the same token, it will take repeated use of positive coping statements—before or during real-life exposure—to reach a point where you fully internalize them.

The following 30 coping statements are divided into three categories: statements to use when you are *preparing* to face your phobic situation; statements you can use when you *first confront* the situation and *during* the exposure process; and, finally, statements you can use to help you handle any symptoms or feelings that come up during exposure.

Preparing To Face Your Phobia

Today I'm willing to go just a little outside my comfort zone.

This is an opportunity for me to learn to become comfortable with this situation.

Facing my fear of _____ is the best way to overcome my anxiety about it.

Each time I choose to face _____, I take another step toward becoming free of fear.

By taking this step now, I'll eventually be able to do what I want.

There's no right way to do this. Whatever happens is fine.

I know I'll feel better once I'm actually in the situation.

Whatever I do, I'll do the best I can.

I praise myself for being willing to confront my fear of _____.

There's always a way to retreat from this situation if I need to.

First Confronting (and During Exposure to) Your Phobia

I've handled this before and I can handle it now.

Relax and go slowly. There's no need to push right now.

I can take some abdominal breaths and take my time.

Nothing serious is going to happen to me.

It's okay to take my time with this and do only as much as I'm ready to do today.

I'm going to be all right. I've succeeded with this before.

I don't have to do this perfectly. I can let myself be human.

I can think about being in my peaceful place as I undertake this.

I can monitor my anxiety level and retreat from this situation if I need to.

This is not as bad as I thought.

As I continue to practice exposure, it will get easier.

Coping With Body Sensations and Feelings That Come Up During Exposure

I can handle these symptoms or sensations.

These sensations (feelings) are just a reminder to use my coping skills.

I can take some abdominal breaths and allow these feelings to pass.

These feelings will pass and I'll be okay.

This is just adrenalin—it will pass in a few minutes.

This will pass soon.

These are just thoughts—not reality.

This is just anxiety—I'm not going to let it get to me.

Nothing about these sensations or feelings is dangerous.

I don't need to let these feelings and sensations stop me. I can continue to function.

It's always okay to retreat for a while if I need to.

Guidelines for the Support Person

Support people come in many guises, including spouses, lovers, relatives, friends, other people with phobias, recovered phobics, and therapists. The most important characteristics of an effective support person include: a caring and supportive attitude, the ability to be nonjudgmental, and a willingness to encourage you to face your fears with patience and persistence.

The following guidelines are intended for support people who may work with you during your exposure therapy.*

*I am indebted to Barbara Bringuel for much of the content of these guidelines.

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I don't have to do this perfectly. I can let myself be human.

I can think about being in my peaceful place as I undertake this.

I can monitor my anxiety level and retreat from this situation if I need to.

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Support people come in many guises, including spouses, lovers, relatives, friends, other people with phobias, recovered phobics, and therapists. The most important characteristics of an effective support person include: a caring and supportive attitude, the ability to be nonjudgmental, and a willingness to encourage you to face your fears with patience and persistence.

The following guidelines are intended for support people who may work with you during your exposure therapy.*

*I am indebted to Barbara Bringuel for much of the content of these guidelines.

1. Be familiar with the material presented in this workbook, especially the concepts of desensitization, retreat, and the Anxiety Scale.
2. Before beginning a practice session, communicate clearly with your phobic partner about what is expected of you during practice. Do they want you to talk a lot to them? Stay right with them? Follow behind them? Wait outside? Hold their hand?
3. If your partner is easily overwhelmed, help them to break each problem down into small, incremental steps.
4. It's up to the phobic—not the partner—to define the goals of a given practice session. Partners should be cooperative rather than assuming the initiative.
5. Partners should be familiar with the phobic's early warning signs of anxiety. Encourage them to verbalize when they're beginning to feel anxious (reaching Level 4 on the Anxiety Scale). Don't be afraid to ask them from time to time how they're doing.
6. Create with your phobic partner a list of coping statements and relaxation procedures that you can remind them of during exposure sessions.
7. Don't allow your partner's distress to rattle you, but don't fail to take it seriously. Remember that anxiety isn't necessarily rational. In case of a panic attack, quietly lead your partner away from the threatening situation, end the practice session for the day, and take your partner home. Above all, stay close by until the panic completely subsides.
8. A hug can go much further than a lot of words. If you see that your partner is frightened in a particular situation, your hug or the offer of your hand will help relieve anxiety better than any lecture about how there is no reason to be afraid.
9. Be reliable. Be where you say you're going to be during a practice session. Don't move to another location because you want to test your partner. It can be very frightening for the phobic to return to a prearranged meeting place and find you gone.
10. Don't push a person with phobias! Phobics know what's going on in their body and may panic if pushed further than they're ready to go at a particular point in their recovery.
11. On the other hand, encourage your partner to make the most out of practice. It's better to attempt to enter a frightening situation and have to retreat than not to try at all. Your partner's resistance may be making practice impossible or may be impeding progress. If your partner seems stalled or unmotivated to practice, ask what is getting in the way of proceeding. Assist, if you can, in exploring and identifying psychological resistance.
12. In spite of all your desire to help, phobics must have responsibility for their own recovery. Be supportive and encouraging but avoid trying to step in and do it all for them. This will only undermine their confidence.
13. Try to see things from the phobic's point of view. Things which seem insignificant to others—such as walking down a street or eating in a restaurant—may involve

a great deal of work and courage for the phobic to achieve, even for a short period of time. These accomplishments and the efforts leading to them should be recognized.

14. Phobics generally are very sensitive and need a great deal of praise for every step they take. Be sure to give your partner recognition for small achievements. Praise them for whatever they accomplish and be understanding and accepting when they regress.
15. Encourage practice with rewards. For example, you might say, "When you can handle restaurants, let's have lunch together somewhere special."
16. Accept the phobic's "bad" days and reinforce the idea that they can't have a perfect day every time. Backsliding is part of the normal course of exposure therapy.
17. It may be necessary to readjust your own schedule to facilitate your partner's practice. Be sure you're willing to make a commitment to work with your partner regularly over a sustained period of time before offering to be a support person. If you're unable to see them through the full period of recovery (which can take typically six months to two years), let them know specifically how long a commitment you can make.
18. Know your own limits. Be forgiving when you are a less-than-perfect partner. If your capacity to be supportive has been stretched to the limit, take a break.

What Type of Support Person (or Partner) Are You?

The kind of support you can offer your phobic partner or friend depends to a great degree on what type of person you are. Dr. Art Hardy, founder of the TERRAP Program (the first program to offer effective treatment for agoraphobia) outlined six types of personalities that can interfere with being an effective, helpful support person:

1. The overly capable type
2. The overly dictatorial, domineering type
3. The overly protective type
4. The overly critical type
5. The overly quiet, inhibited type
6. The overly objective type

If you're trying to be of assistance to a phobic person, consider whether any of these categories fits you. It's especially important to be aware of these issues if you happen to be the spouse or partner of an agoraphobic.

1. Overly Capable Type

The overly capable type wants to take charge and do more and more for the phobic person. In essence, they believe that through their skill and capability, they can take responsibility and "fix" the phobic's problems. The result is that phobics, often insecure and lacking in confidence in the first place, give up their independence, self-sufficiency,

and self-esteem until a point is reached where they no longer know what they want or how to go about finding it. They look to the support person to take charge. Thus the overly capable support person needs to learn how to consciously restrict his or her own efforts to do too much for the phobic. Only in that way can phobics grow in their sense of self-sufficiency and independence.

2. Overly Dictatorial, Domineering Type

In some ways similar to the overly capable type, the overly domineering support person or partner tries to control and regiment the phobic's attempts at recovery much as an overcontrolling parent would attempt to supervise a child. The dictatorial type enjoys power and believes that the agoraphobic's recovery is dependent on an enforced program and consistent discipline. The usual result of this approach is to undermine the phobic's spontaneity and increase his or her overall level of fear and inhibition. As phobic people in such a partnership increasingly withhold their spontaneous feelings and impulses, anxiety rises and the relationship becomes more strained. Finally, such relationships may need to come to an end if the phobic person is to learn to express her or himself and become self-sufficient.

In this case, both the partner and the phobic might do well to seek counseling. The former needs to take the risk of relinquishing control; the latter needs to risk becoming an assertive, independent individual.

3. Overly Protective Type

Overly protective support people or partners tend to infantilize the phobic by being too inclined to take care of them, trying to respond to their every need. What phobics learn from this is that they can get a lot of attention and comfort by keeping this type of dysfunctional relationship going. They can also lose their sense of self-sufficiency and self-esteem by becoming overly dependent on the ministrations of their oversolicitous partner. The result is that they become too comfortable to risk the difficulties and anxiety involved in overcoming their phobias.

Again, it is useful for both the overly protective partner and the phobic to seek counseling. Overly protective partners need to give up the habit of obtaining their sense of self-worth by playing parent to the phobic. Phobics need to be willing to give up some of the comfort of being overly protected in order to individuate and become their own person.

The three preceding patterns, on the part of the support person or partner, constitute variations on the common theme of co-dependency, which is discussed elsewhere in this book (see Chapters 11 and 15). The following three personality types, though less likely to create co-dependent relationships with the phobic, still tend to interfere with the latter's recovery.

4. Overly Critical Type

Overly critical types often learned their characteristic way of behaving from overly critical parents. Frequently their tendency to put down and ridicule the phobic is fueled by frustration and anger over having their life limited by their partner's restrictions. Sometimes they rationalize their behavior with the erroneous belief that pointing out the phobic's faults and weaknesses will somehow correct the situation.

Phobic people are insecure and inclined to be highly self-critical. Being overly critical toward them only increases their low self-esteem and anxiety, further impeding any

chance at progress. It's important that overly critical partners learn to relax their standards and accept the phobic's limitations and weaknesses. This can go a long way toward helping phobics get past their own perfectionism and tendencies toward self-criticism. In order to deal with the inevitable frustration that living with a phobic person can evoke, it's important for both partners to cultivate some of their own interests and pursuits that provide a sense of satisfaction outside the immediate context of the relationship.

5. Overly Quiet, Inhibited Type

The quiet, overly inhibited support person (or partner) may not provide sufficient stimulation for the phobic. The example such a person provides may lead the phobic to hold back and suppress his or her feelings and self-expression. After a sustained period of time, withheld feelings lead to chronic stress and tension. The body keeps score and may eventually develop anxiety or panic reactions (see the chapter on feelings).

It's important that quiet, introverted partners learn how to get in touch with and express their own feelings. This can happen through individual or group therapy, attending and participating in support groups, or even going to classes or workshops on communication. In this way partners can help phobics learn to express rather than repress their feelings.

6. Overly Objective Type

The overly objective approach to working with a phobic is an attempt to base everything on reason and logic. The problem with this approach is that fear is neither reasonable nor logical. It's important to realize that phobic thinking, especially during times of anxiety or panic, is likely to be entirely subjective. At these times phobics are simply unable to respond to logic. Their response is likely to be, "Yes, I know that being in the supermarket is not actually dangerous, but the way my body is reacting sure makes it *feel* dangerous. I feel like I *have* to leave." If you attempt to reason with phobic people under these circumstances, they will likely clam up, withdraw, or even become considerably more anxious because they feel misunderstood. A better approach is to allow phobics to talk about exactly how they are feeling. Listen to them carefully at these times so that they can gain reassurance and confidence by feeling understood. This is the most effective way to offer support. In general, don't criticize phobics because their reactions don't seem to be logical. Even if you've never experienced what they're going through, make an effort to understand that the ability to think rationally drops out when anxiety runs high.

Living with a person restricted by phobias can be frustrating. Yet it is vital that your frustration and resentment are not directed toward the phobic, either overtly (through outbursts and verbal bashing) or covertly (through overcontrolling or passive-aggressive behavior). Support people or partners need support, too, and a chance to deal with their feelings. They also need to have opportunities to pursue their own interests, on occasion, apart from the relationship. Here are some recommendations for accomplishing both of these aims:

1. Give yourself the opportunity to express your frustrations regarding your phobic partner either in counseling or with a supportive friend.

2. Set clear limits on what you can do for the phobic—but don't withdraw your support and encouragement.
3. Listen to the phobic's needs, making your best effort to respond, but don't take responsibility for his or her recovery.
4. Take "time out" from your relationship with the phobic to pursue creative hobbies, interests, and goals that give you a sense of forward movement and meaning in your life.
5. Remember that recovery from agoraphobia is time-limited. If the phobic person gets appropriate treatment—and engages in that treatment—he or she should make substantial gains in one or two years. Thus the present restrictions on your life are not long term.

When Are Medications Useful?

The emphasis of this chapter up to this point has been to offer practical strategies you can use to help you face and overcome your phobias in real life. If practiced regularly and conscientiously, these strategies are very effective. Direct exposure has repeatedly proven itself to be the most helpful method for overcoming phobias.

Sometimes, however, it is difficult for some people to get started with exposure. When your anxiety level is very high, or you've been avoiding particular situations for a long time, your initial resistance to beginning the first few sessions of exposure may be strong. You may, quite literally, have difficulty "getting out the door." It is in this situation that medication can sometimes be useful. While not providing a long-term solution, medication can sometimes help you get over initial blocks and barriers to getting started. Once you've gained more confidence about being able to handle previously avoided situations, the medication can gradually be phased out.

Two types of medication may be useful in facilitating early exposure. Both types can reduce the frequency and intensity of panic attacks sufficiently to help you get past your initial resistance. In so doing, they will also tend to reduce anticipatory anxiety.

1. The newer SSRI antidepressant medications, Paxil and Zoloft (see the chapter on medications), often help by reducing both anxiety and depression. This can certainly help increase motivation to undertake exposure. It's usually necessary to take these medications three to four weeks before therapeutic benefits occur. Also, if you're sensitive to these medications, it's best to start out with a *low dose, for example, 1/2 or even 1/4 of a tablet per day*, and gradually to work up to 1 tablet per day, usually taken in the morning.
2. A low dose of a benzodiazepine tranquilizer, such as .5 mg Klonopin or .25 mg Xanax, can be taken about one-half hour prior to your practice session. With benzodiazepines, two conditions need to be observed. First, it's important that the dose be low, since if you take a dose high enough to mask your anxiety, you will not experience desensitization. It's always necessary to experience some anxiety for desensitization to be effective. Second, if possible, use the medication *only*

before you go out to practice. Taking the medication several times per day, although sometimes necessary and often prescribed this way, is more likely to lead to dependence and eventual addiction. If you are not taking any medication, I suggest you try the antidepressant approach before trying a low dose of a benzodiazepine tranquilizer, since the former carries no risk of addiction. In either case, it will eventually be necessary to undertake exposure without the assistance of the medication if you wish to gain a sense of complete mastery over your fear.

See the chapter on medications for further guidelines on how to use either antidepressant medications or tranquilizers.

Summary of Things To Do

1. Decide on those phobias for which you're ready to undertake real-life desensitization. It's best to have practiced imagery desensitization with these phobias first, as described in Chapter 7.
2. Establish a hierarchy with at least eight steps for each phobia you wish to work on. Use the hierarchies you created for imagery desensitization. You may find it helpful to add some additional steps to your real-life hierarchies. If you haven't yet constructed any hierarchies for your phobias, use the examples in this chapter and in Appendix 3 as models.
3. Review the section "Procedure for Direct Exposure" so that you're thoroughly familiar with the correct procedure for real-life desensitization. Learning to retreat and recover when your anxiety reaches Level 4 on the Anxiety Scale is especially important.
4. Practice real-life desensitization three to five days per week. Monitor your progress by indicating the date you complete each step in your hierarchy on the hierarchy worksheets. Regular practice is the best way to ensure your success.
5. Rely on a support person (your spouse, partner, a close friend, a recovered phobic, or a therapist) when you begin to work on your hierarchy and also the first time you confront each new step. Having a support person with you should help make exposure easier unless you have a strong preference for doing it on your own.
6. Review the section "Making the Most of Exposure" so that you fully understand all of the ingredients that contribute to success with real-life desensitization. Your willingness to a) deal with initial resistance, b) tolerate some discomfort, c) learn to retreat, d) practice regularly, and e) handle setbacks is particularly important.
7. Practice using coping statements when you're preparing to undertake an exposure session, or during the exposure process itself.
8. Have your support person read the section "Guidelines for the Support Person" before she or he accompanies you on your practice sessions.
9. If you've utilized everything in this book up to and including this chapter, and you're still having a difficult time getting started with exposure, consult with your doctor about the possibility of using medication to help you move forward.

Resources

Audio tapes by the author are available to help you prepare for real-life desensitization. Each tape contains two guided visualizations: one for imagery desensitization and the other to help build confidence and optimism about overcoming a particular phobia. These tapes can assist you in mastering the following eight phobias:

- Shopping in a Supermarket
- Driving Further From Home
- Driving Freeways
- Flying
- Heights
- Giving a Talk
- Speaking Up in Public
- Fear of Illness

For further information on these tapes, see the notice at the end of this book.

Further Reading

Barlow, David. *Anxiety and Its Disorders*. New York: Guilford Press, 1988. (For professional readers.)

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