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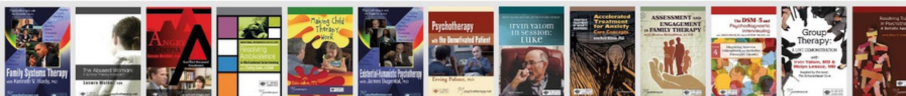

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Instructor’s Manual

for

EXPOSURE THERAPY FOR PHOBIAS

with

REID WILSON, PHD

Manual by

Ali Miller, MFT and Deborah Kory, PsyD

psychotherapy.net

The *Instructor's Manual* accompanies the DVD *Exposure Therapy for Phobias with Reid Wilson, Ph.D.* (Institutional/Instructor's Version). Video available at www.psychotherapy.net.

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Instructor’s Manual for

EXPOSURE THERAPY FOR PHOBIAS WITH REID WILSON, PH.D.

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Wilson’s Approach to Treating Anxiety Disorders*

Wilson’s “strategic cognitive therapy” draws upon cognitive behavioral therapy techniques to create a brief, aggressive, paradoxical treatment for people who suffer from anxiety disorders. He posits that the main obstacle for people suffering from anxiety disorders is their relationship to their anxiety—their resistance to discomfort and avoidance of feelings, situations and stressors that might lead them to feel anxious—and seeks, through cognitive restructuring and exposure, to help clients not only tolerate, but actively welcome their anxious feelings into their lives.

People who are prone to anxiety doubt that they have the inner resources to manage their problems, so they use worry to brace for the worst outcome in an erroneous belief that they are productively preparing for the negative event. According to Wilson, techniques that encourage clients to practice mindful acceptance of their anxious thoughts and feelings are often not strong enough to counteract their fear-based schemas. Drawing on Frankl’s paradoxical intervention, Perl’s gestalt therapy, Csikszentmihalyi’s flow and the Mental Researc Institute’s second-order change, Wilson coaches clients to approach, exaggerate, personify and even ridicule their anxieties. This aggressiv and yet playful approach helps them “fight fire with fire” and learn to override their habitual escape responses.

This anxiety game, as Wilson describes it, helps clients reframe their experience of anxiety so that it is no longer perceived as a serious threat, but rather a “mental game,” in which clients lose as long as the play by anxiety’s rules. The rules of the new therapeutic game turn the tables on the anxiety disorder:

1. Do not pay attention to the content of your worries (“the problem is my heart/ my debt/ the safety of the plane/ germs”). Engaging with content is a sure path to defeat.

2. Accept your worries unequivocally, as though they are here to stay.

3. Aggressively seek to be uncertain.
4. Aggressively seek to be anxious and stay anxious.

In this video, Wilson uses the cognitive-behavioral technique of exposure therapy to help Mary work through her phobias. With exposure therapy, the therapist identifies the cognitions, emotions and physiological sensations that accompany a fear-inducing situation, and attempts to break the client's pattern of escape (which only strengthens the fear response) through measured exposure to progressively stronger stimuli. This process, known as "habituation," brings about a significant decrease in fear, but requires three elements frequency, intensity and duration. Clients have to expose themselves to their feared situation often enough or they won't progress, but they also must elicit at least a moderate amount of distress while practicing since keeping themselves calm (through various forms of reassurance will not produce the desired effect. According to the research, practicing between 45-90 minutes at a time is ideal.

These behavioral practices are not only intended to help clients tolerat doubt and distress, but to reinforce the attitude of wanting them. The most important benefit of applying the skill of wanting is that it speeds healing by truncating the habituation process. The goal is to teach clients a simple therapeutic orientation that they can manifest in most fearful circumstances and to leave them with a sense of self-efficacy, s that they are the agents of their own change and growth.

*Adapted from
http://en.wikipedia.org/wiki/Exposure_therapy
www.anxieties.com/pdf/anxietydisordergame.pdf
Wilson, R. (2009). "The Anxiety Game: Crafting a Winning Strategy." Psychotherapy in Australia, 15(2), pp. 36-42.

Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video a most relevant to the audience.

INTRODUCTION

1. **Working with phobias:** Have you ever worked with someone with claustrophobia, another phobia, and/or panic attacks? What approach did you take to their treatment? How is your approach similar to and different from the approach Wilson describes and demonstrates?

2. **Exposure therapy:** Have you ever witnessed or participated in an exposure therapy session before watching this video? Do you agree with the premise that a person's point of view can be transformed by engaging in a certain behavior? Did it surprise you to hear that an exposure of only 30 seconds can begin to alter someone's belief system? Do you agree that a cognitive approach is not sufficient with people with phobias, and that exposing them to the thing they fear is the most effective treatment for long-term, lasting change? Why do you think this is the case?

SESSION ONE

3. **Assessment:** What do you like and dislike about the way Wilson began the session with Mary? What worked and didn't work for you about the way he conducted his assessment? How do you tend to begin sessions with new clients in general, and clients with anxiety in particular? What might you have done differently from Wilson in this early stage of treatment?

4. **Pain for gain:** What are your thoughts and feelings about the "no pain, no gain" aspect of Wilson's approach? Does the idea of "short-term pain for long-term gain" resonate with you? Do you apply this motto to your work with clients or your own personal growth work? Talk about a time in your life when you chose to experience some degree of short-term pain in service of long-term gain. What was the experience like and what was the outcome?

5. **Scale:** What do you think of the scaling technique that Wilson used

with Mary, where he asked her to rate her discomfort in different situations, both in the moment during the experiments and as she reflects on them in the past and future? Do you use this technique with your clients? If so, how is it helpful?

6. **Hypnosis:** Mary mentioned that she got hypnotized for her claustrophobia once and that it helped a lot but that it wore off after awhile. What are your thoughts and experiences with hypnosis in general and for phobias in particular? What is your understanding of how Wilson's approach differs from hypnosis for treating phobias?

7. **Malfunction:** What do you think of the way Wilson framed Mary's issue as "a kind of malfunction going on around a very basic, primitive response that everybody has" and how he told her it's very legitimate for her to have these concerns about flying? Is this the way you frame phobias? What do you think of using the term "malfunction" to a client to describe what is going on for them? Is this too pathologizing from your point of view?

8. **Go towards it:** A key principle in Wilson's approach is that you have to go towards that which you're afraid of. What do you think of this idea? How do you relate to this principle in your own life as you manage your own fears? How do you think some of your clients with anxiety and phobias would respond to this aspect of Wilson's approach if you shared it with them?

9. "I can handle this": What do you think about the premise in Wilson's approach that it's not about getting rid of the symptoms, but about relating to the symptoms in a new way, and remembering the phrase, "I can handle this"? Did it surprise you to hear him say that their job was not to remove the symptoms? Why or why not?

10. **Game face:** What reactions did you have to Wilson's instruction for Mary to "put her game face on"? What do you like and/or dislike about this encouragement to stay strong in the face of discomfort and "take the hit"? Is this aspect of his approach compassionate enough for you? Too aggressive? Do you agree that being willing to face the fear and discomfort is key to treating the

disorder?

11. **Asthma:** How did you react when Mary said—while the clip was on her nose—that she had asthma? Did this concern or alarm you at all? Do you think her fear of suffocation might be related to asthma-related trauma? If you were working with her, would you have spent more time talking about her asthma? Why do you think Wilson chose not to give this much attention?

12. **Neuroscience:** What do you think of the way Wilson explained the neuroscience of the panic response to Mary? Did his explanation of the relationship between the amygdala, the prefrontal cortex, the interpretation, and the reaction make sense to you? Do you think this was a useful way of conveying the rationale behind exposure therapy to Mary? Do you educate any of your clients in this manner? Why or why not?

13. **"I want this":** What reactions did you have when Wilson suggested that Mary take an "I want this fear" approach to treating her claustrophobia? Does it make sense to you why he wants her to actively want the fear? How would you explain this paradoxical aspect of his approach to one of your clients?

14. **Therapeutic alliance:** How would you describe the therapeutic alliance so far between Wilson and Mary? What did you observe Wilson doing or saying that contributed to or detracted from the forming of a therapeutic alliance with Mary? How does this compare with your general approach to building a therapeutic alliance with your clients?

15. **Experiments:** What reactions did you have to the different experiments Mary did in this session? Did any of them surprise you? What other experiments do you imagine would be helpful for exposing Mary to her fear of suffocation and restriction? What did you like and dislike about the way Wilson facilitated each experiment?

16. **Predictions:** At the end of session one, what are your predictions about what Mary will report in session two? What challenges do you predict might come up for her when she does the parking garage practice? Do you think her point of view has changed

enough so far for her to behave differently?

SESSION ONE DISCUSSION

17. **Accessing courage:** Wilson spoke of the central role courage plays in the work, and how a client's willingness to face their fears is key. What reactions do you have to this aspect of his approach? What did you notice Wilson do or say that helped Mary access her courage? How do you help your clients access their courage?

18. **Asking permission:** Wilson stated that he developed his collaborative, permission-seeking style by getting feedback from clients over the years. Does it make sense to you why clients would be more resistant to a more authoritarian approach? Do you agree that his style was empowering for Mary, perhaps more so than hypnosis? What do you think of his relational style? Do you tend to be more or less authoritarian than Wilson was with Mary?

19. **Homework:** Wilson's approach depends on clients doing homework in between sessions, so that they can practice what they've started in session, and Mary seemed quite compliant. How do you think his approach would work with less compliant clients? How do you handle it when clients don't do homework in between sessions? Does your approach rely on this level of compliance?

SESSION TWO

20. **Firm command:** What do you think of Wilson's encouragement to Mary that she have a very clear instruction or firm command to give herself when she is in the threatening situation? Does it make sense to you why this is so important?

21. **Fast progress:** Mary caught on quickly to the principles behind Wilson's approach, and seems to be making lots of progress very quickly. What do you make of her progress? Do you think most clients would respond this quickly? When you think of your clients with phobias, how do they compare to Mary?

22. **Pillowcases:** How did you react when Wilson asked Mary to put the pillowcases back to their original position after she moved them so she could breathe more easily? Is it clear to you why he did this? What do you like and dislike about the way he conveyed

his rationale for asking her not to use this safety behavior? At this point, what is your understanding of why Wilson wants Mary's distress levels to be high, rather than making a distressing situation as comfortable as possible with a "safety crutch"?

23. **Teasing:** On several occasions Wilson teased Mary. How did you react to this aspect of his style? Do you think this contributed to or detracted from their therapeutic alliance? Do you think it benefitted Mary? Why or why not? Do you use teasing, humor, or sarcasm with your clients? What factors do you consider when using them?

24. **The box:** How did you react to the box experiment? How do you think you would have responded if you were Mary in this session? Is this an experiment you can see yourself using with any of your clients? Why or why not?

25. **Habituation:** By the end of these two sessions, what is your understanding of the concept of habituation and how it works in exposure therapy? How much exposure do you think one needs to have before they become habituated to a new way of relating to a threatening situation? Do you think Mary was sufficiently habituated or do you think it will take a lot more practice to see lasting change? What have you consciously or unconsciously habituated to in your own life?

SESSION TWO DISCUSSION

27. **Moment-to-moment:** Wilson stated that he checked in with how Mary was doing as she did the exposure exercises primarily for assessment purposes—so that he could intervene as needed. What other benefits do you think came from asking Mary what she was thinking and how she was feeling as she practiced? When you work with clients, do you tend to check in with them about their moment-to-moment experience? If so, for what purpose(s)?

28. **Balance:** How do you feel about the balance Wilson struck between encouraging Mary to face her fears and not pressuring her to do anything she wasn't ready for? Do you think he was too pushy at any point, or do you think he was respectful of Mary's

boundaries throughout both sessions? Did you appreciate that Wilson took into account the gender difference and how that might play into Mary's sense of safety? Is this something you consider in your work? Why or why not?

29. **Pace:** What are your thoughts and feelings about the pace of these two sessions? Would you have wanted to spend more time processing Mary's experience between experiments or do you see the merit in moving pretty quickly from one exposure experiment to the next? Do you agree with Wilson that a goal is for clients to leave feeling more confident because they went a lot further in the session than they thought they'd be able to?

30. **Active:** Is Wilson's approach more active than you tend to be? How do you feel about creating and facilitating exposure experiments with your clients? How comfortable do you feel using props in your office like Wilson did in these two sessions? How do you feel about leaving your office for field exposures, such as taking a client with a fear of bridges to a bridge, as Wilson described?

31. **Predictions:** Based on these two sessions, what are your predictions for how Mary will do on her own? How successful do you think her treatment with Wilson was so far? What challenges do you anticipate her facing as she practices what Wilson suggested? If you were working with her in an ongoing way, how do you think you would approach her continued treatment?

32. **The model:** What are your overall thoughts about Wilson's approach to treating phobias? What aspects of his approach can you see yourself incorporating into your work? Are there some components of his approach that seem incompatible with how you work?

33. **Personal Reaction:** How do you think you would feel about having Wilson as your therapist? Do you think he could build a solid therapeutic alliance with you? Would he be effective with you? Why or why not?

Role-Plays

After watching the video and reviewing *Wilson's Approach to Treating Anxiety Disorders* in this manual, break participants into groups of two and have them role-play an exposure therapy session with a client who has a phobia, using Reid Wilson's approach.

One person will start out as the therapist and the other person will be the client, and then invite participants to switch roles. Clients may play themselves, or role-play Mary from the video, a client or friend of their own with a phobia, or they can completely make it up. The primary emphasis here is on giving the therapist an opportunity to practice facilitating an exposure therapy experiment and on giving the client an opportunity to see what it feels like to participate in exposure therapy.

Assessment

The therapist should begin by finding out, very specifically, what the client is afraid of. Invite the client to get very detailed and explicit about what situations trigger the fear and what reactions they have (i.e. thoughts/beliefs/interpretations, sensations, emotions). Also find out how the client has been coping with the fear so far. Through discussion with the client, the therapist should attempt to uncover the overall themes beneath the client's fear (e.g. Mary's claustrophobia was rooted in fears of suffocation and restriction).

Goal setting

Ask the client what their long-term goals are related to treating their phobia. What would they like to be able to do differently? What

want to jump off a building and kill yourself, and where 30 or 40 is the normal waking state for most people.

• Explain the concept of going toward the fear, and that the experiments are designed to provoke the symptoms, as a way to practice tolerating the distress.

• Explain that the goal is not to remove the symptoms, but to move from “I can’t handle this” to “I can handle this.”

• Clients should try to notice the urge to take an action (such as Mary wanting to take the pillowcase off her head) without reacting.

• “Failing” is not a bad thing. It gives us information.

• Remember the purpose—the goal the client is working towards.

Experiment

Be imaginative! If there are props available, use them. If not, make the most of what you’ve got. For example, clients can go under desks if they are claustrophobic, or stand on the desk if they’re afraid of heights. If they’re afraid of dogs, you can draw a picture of a dog or us a chair to represent a dog. Try to come up with experiments that will stimulate the client’s fear as closely as possible.

After reminding the client of the above points, invite the client to do the experiment. Agree on a certain amount of time that the client will be in the distressing situation. During the experiment, stay in contact with the client. Ask the client what they are thinking and feeling, physically and emotionally. Ask them frequently to rate how distressec they are on the zero to 100 scale. If at any time they want to stop, let them stop. Then debrief the experience, starting by asking them their number on the scale as soon as the experiment is over.

Assign homework

Collaboratively, come up with a homework assignment so the client can continue practicing tolerating the distress that comes when they are facing their fear.

After the role-plays, have the groups come together to discuss their

experiences. What did participants learn about Wilson's approach to exposure therapy? Invite the clients to talk about what it was like to role-play someone with a phobia and how they felt about the experiment. How did they feel in relation to the therapist? Did they feel the therapists' support and encouragement to hang in there with the distress? Did they feel that they were in control? Talk about how they felt during each phase: assessment, goal-setting, preparation, during the experiment, after the experiment, and during the homework assignment phase. In particular, what worked and didn't work for them during the experiment? How confident are they feeling in their ability to tolerate their fear going forward? Then, invite the therapists to talk about their experiences: How did it feel to facilitate the experiment? What phases were particularly enjoyable or challenging? Was it difficult to be so active and directive? How did it feel to sit with someone in distress and not rescue them? What would they do differently if they did it again? Finally, open up a general discussion of what participants learned about treating phobias with Wilson's approach to exposure therapy.

An alternative is to do this role-play in front of the whole group with one therapist and one client; the rest of the group can observe, acting as the advising team to the therapist. At any point during the session the therapist can timeout to get feedback from the observation team, and bring it back into the session with the client. Other observers might jump in if the therapist gets stuck. Follow up with a discussion on what participants learned about using Wilson's approach to exposure therapy.

Reaction Paper for Classes and Training

Video: *Exposure Therapy for Phobias with Reid Wilson, PhD*

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.
- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

What to Write: Respond to the following questions in your reaction paper:

1. Key points: What important points did you learn about Wilson's approach to exposure therapy for phobias? What stands out to you about how Wilson works?

2. What I found most helpful: As a therapist, what was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?

3. What does not make sense: What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?

4**. How I would do it differently:** What might you do differently from Wilson when working with clients? Be specific about what different approaches, interventions and techniques you would apply.

5. Other Questions/Reactions: What questions or reactions did you have as you viewed the therapy sessions with Wilson? Other comments, thoughts or feelings?

Related Websites, Videos and Further Reading

WEB RESOURCES

Reid Wilson's Website on Anxieties

www.anxieties.com

Mental Research Institute

www.mri.org

The Association for Behavioral and Cognitive Therapies

www.abct.org

International Association for Cognitive Psychotherapy

www.the-iacp.com

National Association of Cognitive-Behavioral Therapists **www.nacbt.org**

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Cognitive Therapy for Obsessions with Reid Wilson
Aaron Beck on Cognitive Therapy with Aaron Beck
Albert Ellis on Rational Emotive Behavior Therapy with Albert Ellis
Cognitive Therapy for Weight Loss with Judith Beck
Cognitive-Behavioral Therapy with Donald Meichenbaum
Mixed Anxiety and Depression: A Cognitive-Behavioral Approach with Don- ald Meichenbaum
Depression: A Cognitive Therapy Approach with Arthur Freeman
Cognitive Therapy for Addictions with Bruce S. Liese
Rational Emotive Behavior Therapy for Addictions with Albert Ellis
Cognitive-Behavioral Child Therapy with Bruce Masek
Cognitive-Behavioral Therapy with John Krumboltz
Arnold Lazarus: Live Case Consultation
Behavioral Couples Therapy with Richard Stuart

RECOMMENDED READINGS

Barlow, D. (2002). *Anxiety and its disorders (Second Edition)*. New York: Guilford.

Beck, A. & Emery, G. (1985). *Anxiety disorders and phobias: A Cognitive perspective*. New York: Basic Books.

Eifert, G. & Forsyth, J. (2005) *Acceptance & commitment therapy for anxie disorders*. Oakland: New Harbinger.

Foa, E. & Wilson, R. (2001). *Stop obsessing!: How to overcome your obsessions and compulsions (Revised Edition)*. New York: Bantam Books.

Frankl, V. (1985). *Man's search for meaning: An Introduction to logotherap* New York: Pocket Books.

Wilson, R. (1996). *Don't panic: Taking control of anxiety attacks (Revised Edition)*. New York: HarperPerennial.

Wilson, R. (2003) *Facing panic: Self-help for people with panic attacks.* Sil Spring, MD: Anxiety Disorders Association of America.

Complete Transcript of Sessions One and Two

SESSION 1

Wilson: So, tell me what brings you here.

Mary: Well, I get panic attacks and anxiety about being…feeling trapped in small places—especially like flying, which is really inconvenient because I love to travel but I feel like it takes so much out of me just to get there because when I get on an airplane and the hatch door closes, I suddenly realize that there's no outside air source. There's no way for me to leave.

Wilson: Mm-hmm.

Mary: And my heart—

Wilson: What's that like?

Mary:—starts racing and I mean sometimes it's been so bad I felt like I was going to have a heart attack.

Wilson: Have you stuck it out through that sometimes, or have you figured out not to do that?

Mary: Well, there are certain things that I do, like I'll only take an aisle seat close to the front where I can see the door. I make sure I'm really tired when I fly, maybe a little cold so the small space doesn't bother me as much. Turn the airway on and now, at this point, I get on medication—Ativan—that I take.

Wilson: And how much do you take and when do you take it?

Mary: Well, that's always kind of tricky. Sometimes I get worried if I take it and then the flight's been delayed—because I'm afraid it will wear off before we land and—

Wilson: You don't have a second one handy?

Mary: Well, I do but then usually I want to do things when I land and I don't want to be really tired.

Wilson: Uh-huh.

Mary: So, it's just a matter of adjusting it, but—

Wilson: Yeah, yeah. Okay.

Mary: Yeah.

Wilson: So, sounds like flying—the flying issue is the biggest problem about this—

Mary: Well, the other problem that gets in the way is parking structures. With their low ceilings I feel like I'm going to be crushed in there and

especially if they're big and they're a labyrinth or if the ramps get crowded and the traffic's not moving.

Wilson: Mm-hmm.

Mary: And basically I just don't park inside parking structures anymore.

Wilson: Mm.

Mary: And that's pretty hard because I can be driving around for a long time looking for—

Wilson: Looking for—yeah.

Mary:—parking on the street.

Wilson: Okay. Any other places that you—elevators?

Mary: Well, elevators if they're slow and kind of clunky, or if too many people crowd on; but if they're really modern and go fast and there's no one else in them I'm not too bad.

Wilson: And what's this slow, clunky issue?

Mary: I think I'm afraid it's going to get stuck.

Commentary: This is how I would tend to begin a session with any anxiety patient. I'm looking for, very specifically, what they're afraid of. I'm looking for the entire context, the breadth of where they have the trouble, exactly what trouble they do have and then how they cope with it because when I ask them how they cope with it, I'm going to get a list of safety behaviors—ways I mute the symptoms, prevent them from occurring or stop them when they do. All of those things I'm going to then address prior to the end of the treatment. So, this is how assessment tends to go. It goes relatively rapidly as you'll see. And then we can get to work.

Wilson: Oh, okay. Yeah, and then what will happen?

Mary: Well, then I won't be able to breathe.

Wilson: Oh.

Mary: And I won't be able to get out.

Wilson: So, those are the two things: I'm going to be trapped—

Mary: Mm-hmm.

Wilson:—and I'm going to suffocate.

Mary: Yeah.

Wilson: Okay. Is that typically what you have—are both those themes usually present in all of these? Like in a parking structure, do you have any issue around suffocation?

Mary: Well—

Wilson: I mean you—I'm not saying you can't but—

Mary:—the concrete above me looks really heavy and I do think if it fell or—

Wilson: So, it's got the potential to—

Mary: Yeah.

Wilson: Okay.

Mary: I mean, I think the worst possible death or situation would be to be buried alive so I don't like to be—

Wilson: Okay.

Mary:—in those kinds of situations. Or, if I feel—

Wilson: I hate that, too.

Mary: I don't know—

Wilson: Which, by the way, I know what you mean. It's like—

Mary:—I don't know how to get out if I'm too far into a labyrinth and there aren't windows and I've lost track of where the exit or entrance is and—

Wilson: And what's the theme there?

Mary: I can't leave at will.

Wilson: Okay, I can't escape. "I'm restricted in my ability to escape."

Mary: Right, right. Any time I feel trapped I get really panicky.

Wilson: Okay, and how long has this been going on?

Mary: For about 10 years.

Wilson: 10 years. So, I'm going to do that math now. And how old were you when this started?

Mary: So, about 45.

Wilson: Okay. You said that quietly. I won't tell on you. 10 years. So, did something happen?

Mary: Well, I think I probably had it before but it was mild and then I was coming back from a flight from Hawaii and I was on the last seat and it was very hot and everybody got up to get their luggage and I couldn't really see and they were taking a long time. And the air was turned off and that was the first time that I experienced it and I really went into panic. And I—

Wilson: Tell me what you experienced.

Mary: Well, just the racing heart. I felt like, again, that I was going to collapse and my knees were shaking—so weak—and I thought about climbing over

the seats and I wondered if I should scream. And I just kept trying to—

Wilson: Must have been awful.

Mary:—control myself and I thought, "Well, if I push ahead of everybody, I can't really do that. They're going to think I'm rude but do they really know, like I'm in danger. I'm in danger. They have to move and let me out." And I just stuck it out but by the time I got off that airplane I just sat down and collapsed and wept and didn't know how I'd get home the next flight.

Wilson: You were in Hawaii? The plane landed in Hawaii or landed back in the States?

Mary: Actually, I think it landed in L.A. and I still had to get to San Francisco.

Wilson: Ah, okay. You were unsure how you were going to get back on the next flight.

Mary: Right.

Wilson: Do you remember whether you did or not?

Mary: I think I might have delayed that flight and gone outside for a little while. Probably had a cocktail or two and got home.

Wilson: Didn't know about Ativan back then?

Mary: No.

Wilson: And what started happening after that? How did that affect the coming months?

Mary: You know, it's kind of unclear to me. It was gradual—but every time after that I had trouble flying.

Wilson: Uh-huh, so there was one more little chink in your armor every time—less and less sense of control, less and less safe?

Mary: Right.

Wilson: Yeah, so it really became additive over time.

Mary: Mm-hmm.

Wilson: You were going to say something else about that? Did it start affect—I mean, how about with elevators? The clunky elevators and crowds and all that stuff; did that just slowly start to—you started to put these things together in your head? Look at this parking structure.

Mary: You know, I guess so. I think that I didn't really have occasion that I was going into those parking structures much and then when I started just going into San Francisco or Berkeley more often and there wasn't street parking, then I would feel it and—like the BART elevator is particularly bad and the door didn't open for a while and then that set me off.

Wilson: Didn't take much, did it?

Mary: No, no.

Wilson: You had a little hair trigger on this kind of stuff.

Mary: Yeah.

Wilson: And the same with elevators? It just kind of crept in and all of a sudden you started kind of extrapolating from this event—if this can happen here then it could happen...all of a sudden you were entertaining disasters in a few other areas.

Mary: You know, it didn't feel like a—it doesn't feel like a thinking process.

Wilson: uh-huh.

Mary: My logical mind is going, "This is silly. Why are you doing this?"

Wilson: Yeah.

Commentary: I have two separate approaches that I'm going to bring

together with my anxious clients. One is to establish what the overall themes are of their fear. So when I have someone like Mary with a sense of claustrophobia, I already know ahead of time their two main themes or maybe three themes are restriction, being out of control or suffocation. So I'm going to come back to that theme over and over again then I'm going to get very explicit about what her sensations are like and the context of when they occur and I'm going to then try to put them all in one package, which is "Times when I am afraid of suffocation or afraid of being restricted."

Then we only have one big move to make—toleration of restriction, toleration of suffocation—in this case. But there's always going to be those large themes that we want to get to. The higher level of abstraction we go, the easier our work is going to be.

Wilson: Okay.

Mary: Of course the door is going to open and people will get off the plane. And you know my mind is saying all of those things but my body is saying something else and—

Wilson: Let me tell you—

Mary:—my emotions...

Wilson: Let me tell you, Mary, that's a very common thing that I hear.

Especially with this particular problem. I don't have a lot going on up there, it's just—this is how it is.

Mary: Right.

Wilson: But you did have a trauma that started—now, did you say "I kind of had something before then"? Did you—were there any signs that you might

be vulnerable to anxiety before then? You were always happy-go-lucky in your early 30s and your 20s? No family members that have anxiety or…?

Mary: Not really. Yeah.

Wilson: So, must have been pretty surprising to you.

Mary: Right. It was.

Wilson: So besides taking the Ativan, did you find other tricks and gimmicks to kind of pull things off? The number one thing that you probably do is avoid.

Mary: Right.

Wilson:—you know, we look for safety behavior so the number one thing is—

Mary: Except I fly a lot. I fly several times a year. It's just that it feels like it really takes a lot of out of me.

Wilson: Mm-hmm.

Mary: Even with the Ativan and I'm afraid at some point that I'll stop flying—

Wilson: Yeah.

Mary:—and I don't want to. You know I love to travel, I want to—

Wilson: I understand.

Mary:—keep that option.

Wilson: Well, you know first off, let me say, I'm really sorry that this is happening to you. It's a painful thing. It's scary; I mean clearly you got traumatized by the Hawaii flight and you know bad things happen to good people and so I'm sorry that you're going through this. What have your thoughts been about coming here?

Mary: Well, I'm hopeful and a little nervous.

Wilson: Well, what are you nervous about?

Mary: Well, you know you said you have to go through the eye of the needle so of course I started thinking—

Wilson: You do.

Mary:—"Is he going to lock me up in a small place and test me?"

Wilson: There's an idea. "Lock up in small place." Okay, thank you. Other ideas for me?

Mary: That's all right.

Wilson: Okay.

Mary: Looking at the door.

Wilson: It's still open?

Mary: No, actually it's closed.

Wilson: Oh, no it's not. Okay, well I have the combination somewhere, I think. So what are your goals for this work? What do you want? Are there some immediate goals? Or some long-term—I've heard one thing, at least: "I don't want to stop traveling."

Mary: Mm-hmm.

Wilson: So the positive goes, "I want to keep traveling. I want to be able to travel more easily with less hesitation." Other things that—because it's good for you and you know if you have to go through the eye of the needle then you better have something important on the other side.

Mary: Right.

Wilson: Right? Because you're right, it's—I am going to make some suggestions that you do things that are uncomfortable here; short-term pain for long-term gain. You've heard that expression before?

Mary: Oh, yeah.

Wilson: Never thought you'd have to really play that game, did you?

Mary: Well, we've all played that. We've all gone through pain for gain.

Wilson: But it is the way, so any other short term, long-term—?

Mary: I would just like to get to the point where I might have just a mild dislike of something but that I don't go into these panic attacks.

Wilson: Yeah. Okay.

Mary: Because they're exhausting.

Wilson: Yeah, and so would it be good enough for you to say: "Well, you know, I don't really like flying but I can do it. I don't really like going to the parking garages but I can cope with it."

Mary: Yeah.

Wilson: So we call that habituation. You ever heard that term before? Habituation is a behavioral therapy term. It means you develop a habit of doing that so that you do it enough so that in the future, when you face it, your distress level doesn't go up here. It just goes to here.

Mary: Yeah.

Wilson: Today and tomorrow we might have it go up to here. Sounds exciting, doesn't it? So let's do a little scale. Zero to 100. Zero is in a

somnambulistic trance—so relaxed you're in deep sleep. It's a meditative state. 100, so panicky you want to jump off a building and kill yourself. 30 or 40 normal waking state, often, for people.

So we're going to use a scale like that to kind of get a sense of how

threatening

things are. How uncomfortable you are and so forth. So if we looked at clunky elevators and small planes and larger planes and parking garages,

let's

say, where do you think your scale would be if we think about getting parking on the third floor of a parking garage? Where would that scale from zero to 100 rise, would you say? And I know you're just making it up; it's subjective but you can look at it relative to—

Mary: So much depends on the garage itself. If it has open air around the edge perimeters; if it's more open and there are those spaces and it's not crowded, then maybe a 50.

Wilson: OK

Mary: Or even 40. But if it's crowded and it's not airy, it's closed in, it's going to be up there around 80.

Wilson: Okay, and a clunky elevator with seven people on it?

Mary: Mm, yeah—90.

Wilson: A small, hot plane? 13-seater?

Mary: It depends on how long the flight is.

Wilson: Okay, 30 minutes.

Mary: That's maybe going to be about a 90 also.

Wilson: So, if I said an hour and a half—

Mary:—maybe 95.

Wilson:—if I said an hour and a half it would've been 110 or something?

Mary: Maybe a more—yeah.

Wilson: Larger plane, hour and a half.

Mary: Am I sitting in the front or the back?

Wilson: Okay. Take your pick.

Mary: Okay, if I'm sitting in the front so that when it stops and we get the luggage and the air stays on, then not so bad. You know, maybe a 70.

Wilson: Okay. So let's talk about—

Mary: And this is without any medication.

Wilson: Without any medication but two cocktails and an Ativan, 30?

Mary: Well I don't mix those, but—

Wilson: Okay.

Mary: And I'm still in the front? Yeah. Then I'm fine.

Wilson: OK, Good. So how do you think you get better? What would be your theory?

Commentary: I think it's best, as we start treatment with someone, that we orient them to the sense of the problem—what it is like and a sense of how you get better. So we've begun to do that at this point and now I'm asking her what is her perception? Maybe she has some illusions of how someone gets better but let's see what she already believes about how one gets better. I'm going to latch onto the thing of "It's in my unconscious" and I'm going to come back to that several times because that's her belief. And if I can hook up our work with that belief then I'm going to make some inroads with her. So that's why I'm beginning to ask these questions at this point.

Mary: Well, I think it's in my subconscious so...

Wilson: Way back in there. How do we get to that? How do you get better when it's back in your subconscious?

Mary: Hypnosis? I don't know.

Wilson: Okay. All right. Any other ideas about how one might get better when one has a feeling of being trapped and out of control and suffocating?

Mary: Suggestion, visualization.

Wilson: Uh-huh, okay. You tried any of those things? Ever had therapy with that? Oh, you have—and it's failed?

Mary: Well, no. I actually did get hypnotized once for it and it helped a lot. It just wore off after a while.

Wilson: Any thought to go back and do it again?

Mary: Yeah. The person who helped me moved and for some reason I don't have as much faith that it would work the second time.

Wilson: Uh-huh, okay.

Mary: I'm not quite sure why but I feel that way.

Wilson: So, if it's not hypnosis and you can't reach in there in that unconscious and just manipulate it like that, do you have any other guess about how people get better in general? Can you imagine how somebody might get themselves better without even coming to a therapist?

Mary: Not really. I mean I feel like I've probably accessed all the ideas I have on it.

Wilson: Okay. Well, so let's see if we can figure out a way to get better, if that's

okay. And if it doesn't sound like a good idea and you don't trust me then you shouldn't do anything I suggest.

Mary: All right.

Wilson: Right? Because I'm here to serve you. I'm just a consultant, right? So, I am going to depend on you to help me understand things and understand what you can and cannot do. I've got to depend on you to—for us to collaborate—or nothing's going to work. And at the end of the sessions, I go home and you can just throw everything away that I've said to you. So, I'm very dependent on you and I want you to understand you're in control. I am going to be creating a protocol to help you get better but if I don't sell it to you, oh well.

Mary: Okay.

Wilson: So I'm going to spend a little time trying to figure that out. First off, I would say most of what you're experiencing is because of our biological selves. Any time your brain or your lungs or your heart is threatened, you are supposed to go into a panic. Any time you anticipate that your airways are going to be threatened, you are supposed to look for an escape.

So, you've got—if you can tolerate the term—a kind of malfunction going on around a very basic, primitive response that everybody has. All right? So it's very legitimate for you to have these concerns. I mean, you know, flying? Well, they put you in this tin box and send you 35,000 feet in the air suspended—I mean it's a crazy thing—but if you choose to travel by air then we got to figure out a way to get comfortable. Did I hear something about you got a flight coming up?

Mary: I do. Tomorrow.

Wilson: Tomorrow? At what time?

Mary: The flight leaves at 2:40.

Wilson: Okay, so do we get to talk tomorrow morning, too?

Mary: Mm-hmm.

Wilson: Okay, that's great. So we've got something to help motivate you.

Mary: Yes we do.

Wilson: Plus you have plenty of Ativan.

Mary: Ativan.

Wilson: Yeah, so in case anything I do here doesn't work.

Mary: Right.

Wilson: And do you know you can take Ativan under your tongue instead of swallowing it?

Mary: No, I didn't know.

Wilson: Then it goes into effect in about five to 10 minutes.

Mary: Oh.

Wilson: Typically it takes about 30 to 45 minutes.

Mary: Yeah.

Wilson: So, one thing—think about in the future—

Mary: Okay.

Wilson:—if you decide to practice something, you know, our practice, our treatment requires symptoms.

Mary: Mm-hmm.

Wilson: If you take too much medication it works too well and you have no symptoms and you can't practice. So sometime in the future—not saying it has to be tomorrow—but sometime in the future, if you're trying to get better at what you're doing, you can wait on taking the Ativan and if you have confidence that it kicks in in five or 10 minutes you might be able to wait—

Mary: Right.

Wilson:—and you know, if you know it's there to back you up, you can see how well other skills work, okay?

Mary: That's good to know.

Wilson: So first is it's genetic, biological, instinct... So we're actually working against something that's kind of nature so it does take a little bit—the other thing I want you to know is that we have to go toward it in order to get through it. And that's where the bad news comes, right?

Commentary: There are a few things that I'm trying to accomplish right

now. One is to normalize her problem and with almost all anxiety disorders you're able to talk about physiology in such a way that they can understand how these problems might have arisen. Second, I'm going to convey to her that she's in control and not me. That will be helpful as we do the therapy. And third, I'm now going to convey what it takes to get better. So far, a very simple protocol, which is you have to go toward that which you are afraid of.

Wilson: But you and I want to figure out is there another way to go toward it. And some of the things that you're saying is, "I can't escape and I'm going to suffocate." Now, there's an issue around "I can't escape when I'm on the plane."

Mary: Mm-hmm.

Wilson: If we remove "I'm going to suffocate" and we're left with "I can't escape" help me understand what that is like for you. Let's say you have no

trouble—they're giving you oxygen from the oxygen bag and you're breathing easily and comfortable. But you ain't getting off anytime soon because you're sitting on the tarmac and they're not going to let you off. What would still be left in terms of threat would you think? Because we've got this irrational part of "I'm going to suffocate on the plane," for instance, tomorrow. But we've got a rational part, which is "I can't get off," right?

Mary: I don't really know.

Wilson: Could you tolerate not being able to get off if you sense that you actually could breathe freely?

Mary: Not for very long.

Wilson: Not for very long. You think you'd go, like, haywire?

Mary: Yeah, like when I hear about people whose flights have landed but they can't get to terminal and they've waited for four hours on the ground. That's like a nightmare situation to me.

Wilson: Seems intolerable?

Mary: "Oh, no" they say, "They let the cocktails flow and it's like a little cocktail party on there" and it wouldn't be a cocktail party for me.

Wilson: No, no. Insufficient. Insufficient. So what do you know about relaxation stuff? Breathing skills and the ability to cool out and so forth.

Mary: Well, I've done meditation. You know, transcendental meditation—

Wilson: Oh, so T.M. and concentration meditation—

Mary:—and do some yoga.

Wilson: Uh-huh.

Mary: And you know I try all of that but once the panic starts it doesn't work.

Wilson: Okay. And so you can't calm yourself down.

Mary: Right.

Wilson: Is that right? So let's go through the symptoms that occur. "I've got a racing heart."

Mary: Mm-hmm.

Wilson: What else is going to happen that you say you can't control? "My heart's racing"—what other physical symptom?

Mary: It is a feeling that I can't breathe, even when I can.

Wilson: Okay.

Mary: And I guess I feel scared and frustrated and then I get feeling really angry and then sometimes the flight attendants, i feel like they kind of are

patronizing even though they're just trying to be kind, but—

Wilson: you become an annoyance in their eyes?

Mary: I suppose. It's just terrible to feel that they really don't get how serious this is. And I think people think, "Oh, it's just mind over matter" and maybe it is, but—

Wilson: Not your mind.

Wilson: Okay, but let's go back. My question is, what physical sensations are you having?

You said racing heart, and then you started, "I'm scared and frustrated and angry and I have a thought 'I can't breathe;'" but let's go back to the physical sensations. Do you have any other physical sensations that concern—

Mary: Sweaty palms.

Wilson: Do they concern you?

Mary: No.

Wilson: No, okay. Sweaty palms, but what else?

Mary: Well, I mean I really go weak in the knees. Like it's as if my whole body almost is just—

Wilson: Does the weak in the knees scare you?

Mary: No.

Wilson: Does the heart racing scare you?

Mary: Yeah.

Wilson: What are you worried about with the heart racing?

Mary: Well, sometimes I really feel like I'm going to have a heart attack.

Wilson: You have that checked out? You got any heart issues in your family or you—?

Mary: Well, yeah. My mother but—

Wilson: What kind of problems does she have? Congestive heart failure?

Mary: Oh, well she's got a artificial valve and my dad had a triple bypass and that kind of—but I don't think—

Wilson: Do you feel like you're vulnerable to that stuff or—

Mary: I don't think so.

Wilson: You don't think anything's wrong with your heart?

Mary: No.

Wilson: But in the moment—but right now you're saying, "I'm afraid. My heart's racing so much that I will have a heart attack."

Mary: Yeah.

Wilson: And what makes you—?

Mary: I mean, because people do have heart attacks from shock and really strong duress, right?

Wilson: Well, I'm not acknowledging that that's necessarily true.

Mary: Okay.

Wilson: If you don't have a heart—

Mary: Because if it feels like it's jumping—

Wilson:—you're not vulnerable physically—

Mary:—out of your chest and almost like going to rip out, then—

Wilson: Working pretty well, isn't it? Don't you think that's the sign of a healthy heart to me. The heart is built to—that's what a heart does in a threatening situation. This is a threatening situation to you, right?

Mary: Mm-hmm.

Wilson: It's a false threat. Is that true? False threat?

Mary: Mm-hmm.

Wilson: Because otherwise you'd say, "Why would I fly? It's crazy to fly."

Wilson: So, it's a false threat but if it was a true threat—you open this door over here and the bear that is waiting behind here came roaring through—your heart would pound out of your chest.

Mary: And your heart pounds so hard because you're supposed to be able to run or something—

Wilson: Exactly.

Mary:—but now it's pounding so hard and I'm stuck in one little place.

Wilson: I think you're making a error in logic, though, regarding "If I'm standing still and my heart is pounding, it's more dangerous to my body than if I'm running" and I think that is a leap of logic that isn't based on science.

Mary: Okay.

Wilson: Does that make sense to you?

Mary: Fair enough.

Wilson: And so if you need to check that out after we've seen each other, you should.

Mary: All right.

Wilson: No, I mean honestly. It's like—you don't need to say—I'm a pseudo-doctor, I'm not a real doctor so don't take my word for it but if you think your heart is at risk on the plane when you—it's pounding that much—you're adding another problem to a threatening situation. So, anything we can do to remove one problem—

Mary: Mm-hmm.

Wilson:—and the message you would then be able to say is "Boy, it feels as though my heart is going to burst even though I know it won't." That's as good as it gets at that point. Does that make sense to you?

Mary: Yeah, and it also makes me wonder how long it can be like that before it does some kind of damage.

Wilson: Right, and what do you think about inquiring about that, too?

Because that is a loophole that I think you should close, because—

Mary: Okay.

Wilson:—if your logic—which is wrong—is right, you wouldn't want to do these things. But if it's not correct, you want to take that off the list because you've got enough issues. You're on a plane that you can't get off of.

Mary: Mm-hmm.

Wilson: You don't want to also be going here, right?

Mary: Right.

Wilson: Does that makes sense?

Mary: Right. Yep.

Wilson: So if we were making a list for you, one thing on the list would be "Let me gather a little more information about what is dangerous to my heart." Would that be fair to say that that would be—because why compound a difficult problem with incorrect information? And if you could gather—would a physician reassure you if a physician, if you inquired or would you feel like "Oh, I'm going to—I don't care what they say to me."

Mary: Oh, no, it would reassure me.

Wilson: So we could actually take that off the list relatively easily if it's accurate that your heart can withstand that?

Mary: I guess.

Wilson: Exactly. It's accurate but you need to go find out.

Mary: Okay.

Wilson: So that's good.

Commentary: I've decided to go after her issue around "the heart is going to give me trouble if it beats too fast". I had a sense that I might be able to take that off the list and if I can do those—get rid of the illegitimate worries—then I'm going to have one less thing to deal with later on.

Wilson: I would like to focus on two things today and tomorrow. And that

is tolerating the feeling of suffocation and tolerating the feeling of being trapped. Before I do that you and I have got to get on the same page about that being of some kind of value to you. What kind of value might there be in you being able to tolerate a sense of suffocation when there's no risk of suffocation? How could that be of use to you in this particular problem?

Mary: Well, it would prevent me from panicking so much and then it would

be more comfortable to fly.

Wilson: Okay.

Mary: That, in particular. I mean I would like to be able to go into the parking structures, but it's not that big of a deal to me, the main thing is the airports.

Wilson: Right, so to get there we have to start with the feelings that come,

like "This is terrible. I can't handle this." So we want to move from "I can't handle this" to "I can handle this."

Mary: Mm-hmm.

Wilson: Our job is not to remove the symptoms. Sorry if you had some illusion that we were going to do hypnosis and remove the symptoms. It's not—I mean I'm glad to hear that that's happened and I'm—if you decide to go back there and do that again, I wholeheartedly support you exploring, because there's lots of ways to get where we're going, but our focus is not to remove the symptoms because you know you've had a trauma.

And you know you're predicting a trauma in the future, even if you're an

impeccable student of the work when you go to try it out for real you won't know how well it's going to work. That will make you scared, that will cause the symptoms.

Mary: Mm-hmm.

Wilson: So, we're going to have the symptoms—when I say "we" we're talking about you. You're going to have the symptoms. You're hands getting clammy?

Mary: What's next here?

Wilson: Yeah, when you have the symptoms—when you go up in your head and start saying, "This is intolerable," you will quadruple the symptoms. So what I want us to practice—and we're only going to do things that you think make sense to you and would be useful to you— when we practice what we

want to do is provoke symptoms and hang out. Not have any other kind of reactions, just hang out. So we would provoke them for a short period of time, briefly.

And if you decide to do this I'm going to ask you to put your game face on. You know what that means? Can you imagine what that means? That means not do a lot of facial expressions like, "Oh, I— you—do what?" Right? But go, "Okay"—be a willing partner in the collaborative effort to help you get better.

Mary: All right.

Wilson: Okay. Now, I'm about to hand you a clipboard of experiences and ways to practice. And I'm going to ask you to rate them. Low threat, risk, anxiety, medium or high. One, two, three.

Mary: Okay.

Wilson: I want you to put your game face on when you see them, too, okay? I'm going to have you do that now—

Mary: All right.

Wilson:—and just read over and if you need to—you don't have to ask me too many questions about it; you can just kind of have that feeling and I'll answer things as we go along. And I want you to know that all of those—

Mary: You want me to actually write the numbers?

Wilson: I do. I want you to take that pen and I want you—don't worry about the fact that there's two spaces there—I want you just to either put a one or a two or three next to them based on low, medium, or high threat or you suspecting it's going to cause low, medium or high anxiety relative to all the others. You can change them as you go along.

Commentary: She's working with a list of practices that she and I have the chance to do in these next two sessions. I get some very good data here, what really does she anticipate being threatening to her, when we do the practice what influence will that have about her ability to cope? And it gives us a very good sense and will teach her about her anticipatory dread and anxiety maybe not matching so much about her capacity to tolerate discomfort.

Wilson: Well, just hold onto it for a minute and tell me in general what

you noticed and what—how did things rank relative—you don't have to go through all of them but just what did you notice and how did you make this assessment?

Mary: Well, the easier it was to breathe, the lower risk that it is.

Wilson: Easier it was to breathe, okay. So that's teaching us something already. So what did you rank as easy or lower risk?

Mary: Okay, breathing through a cocktail straw.

Wilson: That's a lower risk?

Mary: Mm-hmm.

Wilson: Why? That's going to be a difficult thing to breathe; why would you say that would be—?

Mary: Oh, actually because I forgot that a cocktail straw was a little red one.

Wilson: It's actually black.

Mary: Oh, okay.

Wilson: Uh-huh. So you would change that ranking now?

Mary: Just one. I would only get one?

Wilson: You don't get the 50 that are in here. You get one.

Mary: Oh, but my nose isn't plugged so that's fine.

Wilson: Oh, but you would not breathe through your nose; you'd breathe through your mouth with these.

Mary: But I could breathe through my nose if I needed to.

Wilson: Uh-huh, unless the nose clip was on, then that would be harder.

Mary: Right. In that case, that goes up to a two.

Wilson: I see. Okay, good. And anything else that you want to—so you're going to change that now because it shouldn't be a one, right? Because it's a cocktail straw and not a regular straw.

Mary: Well, it's still a one if you don't plug my nose.

Wilson: Oh, okay. All right. Well that tells me what to do.

Mary:—and then the inside of the box with the top closed or pillowcase over my head, those are threes.

Wilson: Really? Those are threes?

Mary: Yeah.

Wilson: Okay, any other threes on there?

Mary: Sleeping bag head first.

Wilson: Uh-huh, okay. What about being bound?

Mary: Oh, and the scarf tied around my neck was a bad one, too.

Wilson: Oh, okay. And so what else is a 1?

Mary: One hand bound to the arm of a chair, hands bound to my sides, legs bound to a chair, or just wearing a nose plug.

Wilson: Okay, so most of those are about restriction.

Mary: Mm-hmm.

Wilson: Well, so that gives us some information, don't you think? So you think about being on the plane, not being able to escape. You're doing something to yourself about not being able to escape but when we really look at the list, not being able to escape or being restricted isn't really that big of a deal. It is not being able to escape and having restricted breathing would be the biggest threat. Am I saying that correctly?

Mary: Yeah. Yeah, I mean I'm trying to imagine, though, if I was—like I was picturing in here—if my arms were to a chair or something. And this feels different than an airplane.

Wilson: Well, we're not going to bind yourself to a chair in an airplane.

Mary: And I'm not thinking that you're going to do it for five, seven—I mean usually I fly flights that are six hours or—I mean I often do more, even, overseas and so—

Wilson: Okay.

Mary:—there's a time element.

Wilson: I totally get all of that. However, part of what you and I are trying to explore right now is what openings do we have here.

Mary: Okay.

Wilson: Okay, so I want to make sure I'm understanding it correctly because I'm trying to work for you.

Mary: Right.

Wilson: Right? And if everything is exactly how you think it is we're going to fail.

Mary: Okay.

Wilson: So we have to be looking at, "I think I'm perceiving things in a way that doesn't work very well for me."

Mary: Okay.

Wilson: Would that—isn't that what we're looking for?

Mary: Yes.

Wilson: So we might think that, based on simply filling this out, where we really want to work on is the threat of suffocation.

Mary: Mm-hmm.

Wilson: If we make inroads in there, that might make the feeling of being trapped on the plane more tolerable because I don't also have the suffocation thing.

Mary: True.

Wilson: Does that make sense to you?

Mary: Yes.

Wilson: Okay. Now, why would we practice that here? What would be the therapeutic logic for deciding to practice it here? Can you see if you can create one?

Mary: Well, sure. I guess every time you practice something and it gets more familiar and nothing bad happens then I guess it—

Wilson: You start habituating to it, getting used to it. Okay, good. So, you're

hanging yourself here because you've given a justification for practicing some of these things here with me. So we're going to practice in a little bit. Is that all right with you?

Mary: Mm-hmm.

Wilson: Okay, and I'm going to have to cough again, so hold on. I want to consider adding one other piece to the practice, okay? Because how it is now, is it's possible for you to start practicing this stuff and it to be the same as it is anywhere else, so we have to do something else mentally, and let's challenge your belief, which is that the crux of the matter is way back in your unconscious. You're right in some ways because it is the hind-brain that has the fear of suffocation, right? But I'm going to suggest and we're going to experiment and see that if I can come up front to my point of view and change it a little bit as I'm practicing, that that might make a difference. And so, I'm going to have you experiment in a particular way of practicing—

Mary: Okay.

Wilson:—to see if it'll make a difference. And as I said before, you know I'm just your consultant. You can throw all of this stuff out and suffer on the plane tomorrow, so—I'm teasing you about that. So I said put your game face on and the reason I'm saying put your game face on is you've got to—mixing my metaphors—step up to the plate right now. You've got to take a hit. You know what I mean when I say that? You've got to take a hit; you're going to take a hit in this room in a few minutes. Do something uncomfortable—

Mary: Just don't run me out for the season like Buster Posey.

Wilson: Just don't what?

Mary: Never mind.

Wilson: Who's Buster Posey?

Mary: The Giant that got clobbered and he's out for the season. The catcher.

Wilson: Oh, dang. Okay.

Mary: So—

Wilson: If anybody else says that to me I'll totally understand it when they say it. So you've got to take a hit for the greater good. That means you have to trust me to some degree that taking a hit is worth it. So you want to take a hit by putting your game face on, which is "I'm not going to be all squeamish if I can help it."

And the other is you've got to be willing to take a hit because to get over the fear, frequent exposure to the fear with distress on that scale of zero to a hundred we want you to be at a 50 or above. Why? Because the research says

if
you take a medication or use some other crutch and don't get up to a 50, your brain doesn't learn that it can tolerate it.

Mary: Okay.

Wilson: So we do want you get up to about a 50 and we want you to hang in there for a little bit. We're not going to have you do it very long; we'll do it just for a few minutes, but in general you want to hang in there. So what I'm asking you to change about what I think you typically do is I want you to be willing to do it instead of unwilling. Be scared is fine. Be uncomfortable is fine. It's the willingness, because it's the resistance that's going to sink you. Okay, so you're going to get on—where are you flying tomorrow?

Mary: L.A.

Wilson: Why?

Mary: Well—

Wilson: Why not drive?

Mary: It takes too long.

Wilson: What have you got in L.A. that you need?

Mary: I'm going to a youth court summit.

Wilson: Okay.

Mary: It's part of my work responsibility.

Wilson: So now we've got something that is important to you and you want to do, so you're willing to tolerate this kind of stuff and that's the other thing that we want. So I'll take that clipboard and I'm going to give you very little choice at this moment. Is that all right with you?

Mary: As long as you don't go to those threes right away.

Wilson: Okay, I'll try not to. Would you put the clip on your nose? How you doing with that?

Mary: Fine. Except I'm embarrassed.

Wilson: So how—on the zero to 100 scale, as you're breathing normally, what's the rating?

Mary: It—normal is like 30, yeah?

Wilson: Yeah, 20, 30.

Mary: 35.

Wilson: You sound kind of funny, but okay. So don't take that off. It wouldn't be a practice.

Mary: Okay.

Wilson: Is that your game face?

Mary: Yes.

Wilson: Oh, okay, because I saw you roll your eyes and so I just—so, you want to take three at a time and see how it is to breathe through three?

Mary: Okay.

Wilson: Okay, so I'll pull three out and—trying to get your last deep breath before you have to do this?

Mary: Uh-huh.

Wilson: Okay, three is actually very easy. You're going to find that you can breathe pretty easily. We're going to want you to have difficulty breathing, so we'll just decide how three is and then we'll ask you to do with two and that kind of thing. So, what I'm going to ask you to do is for—

Mary: Did I tell you I have asthma?

Wilson: Well, you're asthma's fine now because you have a clip on your nose.

Mary: Okay, all right.

Wilson: And you're still doing okay. So, we're going to do—you know, you can bail out whenever you want. You'll have failed but—well, that's fine, too. You know, if you fail something—like don't go the whole length—that just tells us what we need to practice more frequently. So failing is fine, too.

Mary: Okay.

Wilson: Failing is not a bad thing. So I'm going to give you three. What I'm going to ask you to do is just breathe through those three for about 30 seconds.

Mary: Okay.

Wilson: And I'll tell you when to stop if that's okay with you. Does that seem all right?

Mary: Yeah.

Wilson: So you can start whenever you want. 10 seconds—you got another 20. Another 10. Okay, you can stop but leave your clip in your nose. You can

take those out and just breathe normally. Tell me where your rate is right now? Wasn't that a nice breath?

Mary: No, it's fine.

Wilson: Did you get anxious at all about that? Once you started doing it did you get anxious?

Mary: Not too much.

Wilson: No. Okay, so can we take two off and have you just breathe through one?

Mary: Sure.

Wilson: Okay, so I'm going to have you do it for 10 seconds and then stop, okay?

Mary: Okay.

Wilson: So go ahead. Okay, you can stop. What's your rating right now? Zero to 100.

Mary: 50.

Wilson: 50? Describe that. What thoughts did you have? You can take your clip out while you're talking.

Mary: Can I take this off for a minute?

Wilson: Yeah, uh-huh.

Mary: Okay. I thought all of this would be fine when I took a really deep breath and then I realized—

Wilson: Ahead of time?

Mary:—no, when it was in.

Wilson: Oh, okay.

Mary: But then I realized that the exhale was going to take a long time and that it would be a long time until I could inhale.

Wilson: I'll put this right here.

Mary: Thank you.

Wilson: Okay, and then what happened to your—your stress?

Mary: And and so then my stress went way up.

Wilson: Okay let me understand what you've said. "I was having this experience, I made an interpretation about the experience and my anxiety went up." It wasn't the experience—let's just make sure I understood it. "It wasn't how I was breathing, it was what I said to myself, which is 'Oh, it's going to take a long time to exhale and that's going to take a long time

to inhale' and immediately I noticed my anxiety going up." Am I saying it correctly?

Mary: Mm-hmm.

Wilson: So does that give us any clue about where we need to focus? Do we have to focus on the behavior or do we have to focus on the interpretation of the experience?

Mary: Well, the interpretation—

Wilson: I mean, what if you were saying "This will be fine. I can do this"?

Mary: Mm-hmm, mm-hmm.

Wilson: You see how small that—you know, even if we put you in a room like this and sealed the room where no air could get in, you could live for four to seven days with the oxygen in this room. So, we know that there is an interpretation going on, on the plane, and what happens is you bite. Right? Tomorrow on the plane, to some degree you're going to think about "What if I can't get off here? I'm going to have that feeling." And what we want to consider practicing tomorrow—because tomorrow's going to be the best practice. This is nothing compared to tomorrow, right? You want to practice going, "I can handle this." Right?

"I'm going to be uncomfortable. I'm going to be scared. I'm going to have thoughts that—interpretations that say this is going to go badly and I'm going to be terribly uncomfortable and I can handle all those things."

And right now we're trying to add to that "and I can handle the sense of suffocation" by breathing through a straw that's—you see how small that is? I mean that's an incredible, small amount of air.

Commentary: So, we've begun what we call interoceptive exposure—exposure to her bodily sensations. We're going to start off relatively simple. We're going to build gradually from just ten seconds breathing through that straw up to a longer period of time, so she has a sense of control. We're going to lead with the behavioral through this exercise and then as we debrief it we'll do cognitive restructuring. So now we're looking at in this experience, her distress went up—not from the experience, but her interpretation. And now I'm inviting her to have a different interpretation, which might lower her distress level. So again as we do these behavioral practices, we'll use them to offer her a way to restructure her belief system.

Wilson: How did you rank the mask?

Mary: Just the mask? A one.

Wilson: And what about the mask with the clip?

Mary: Two.

Wilson: Should we try that a little bit? How'd this experiment go?

Mary: This is good.

Wilson: Not too bad?

Mary: Yeah.

Wilson: But we haven't done one straw for 30 seconds yet, have we?

Mary: No.

Wilson: So, should we do that first?

Mary: I got my game face.

Wilson: Okay. You want to put the nose clip on first? And I love how you take a big gasp of air in case it's the last one you get. I like that. Okay, so you start whenever you want. 30 seconds.

And all you want to do is do the behavior. If you can allow your mind to be as quiet as possible while you're doing it, because as you know you can bail out of it at any moment. Just let your mind be quiet and do the activity only.

So what happened?

Mary: I didn't feel like I was getting enough air.

Wilson: Okay, and so where's your rating ? From zero to 100.

Mary: 60.

Wilson: 60? Okay, and do you think you were getting enough air but you predicted you weren't or did you really think you weren't getting enough air?

Mary: I thought I wasn't getting enough air.

Wilson: Was it on the inhale or the exhale?

Mary: On the inhale.

Wilson: Okay. That was like eight seconds or so. Isn't that interesting that you've already done it longer than that. So let's try 10 seconds again. Would that be okay with you?

Mary: Yeah.

Wilson: Maybe something about the 30 seconds—

Mary: It scared me.

Wilson:—flipped a little switch in there.

Mary: Okay.

Wilson: Would that be okay? So let's try 10 seconds.

Mary: Okay.

Wilson: Or should we try 15? Let's see if you can get to 15.

Mary: Okay.

Wilson: Okay, is that good?

Mary: Yep.

Wilson: And if we can beyond 15 you can but I'll let you know when 15 is up and if you want to stop at that point and take it off then that's fine. But if we can go to 30—which is our goal—then let's do that.

Mary: Okay.

Wilson: Okay with you?

Mary: Okay.

Wilson: And what's your rating right now, zero to 100?

Mary: 30.

Wilson: Oh, okay.

Mary: 35.

Wilson: Are you telling me that you can undo it just like that? Because that's how it is. That's how it is with this issue of "can't get enough air." As you know, as soon as you get out of the environment you are fine. So what you were saying before, was something going on that's not really up. So we're going to try 15 and if you can make it to 30 you'll do 30. If not you'll just stop at 15. And I'll let you know. I'll do five, 10, 15, 20, 25, 30. How's that sound?

Mary: Okay.

Wilson: Okay, go when you're ready. Five. Okay. 15. 20. 25, five, four, three, two, one. You can stop. Pull it out. What's your number at now? Zero to 100.

Mary: 50.

Wilson: And how high did it get during the 30 seconds in the rating?

Mary: Well, as soon as I pulled it off it was back down to normal.

Wilson: How high did it get? How high did it get?

Mary: 50.

Wilson: It got as high as it got was 50 and right now it's like your down to 20, 30—something like that?

Mary: Mm-hmm.

Wilson: How did you do that? Something happened. The last time you did it you got to eight seconds and the next time you did it you got to 30. Let's see if we can understand. I don't know any more until you tell me, how do you think you did that? Something changed.

Mary: Yeah. I think I felt like I knew how to regulate my breathing a little better with just this amount and also I kept in mind that I could, I was in control of it.

Wilson: Oh. So here I'm in control because I can take this off and take this off.

Mary: Mm-hmm.

Wilson: And on the plane you think what?

Mary: I think something could happen with the oxygen supply.

Wilson: And then what would happen?

Mary: There wouldn't be enough.

Wilson: Okay. Yeah I've read all the stories about planes running out of oxygen while they're sitting—this is an awful, scary...you're laughing. You don't remember those stories?

Mary: No.

Wilson: No, okay. So let me just get this straight. That's another interpretation that you're making that's scaring yourself. "Oh, no. The air could run out." This is like your heart—"My belief is my heart is going to pound out of my chest and cause a heart attack if I'm standing still instead of running" and that interpretation is adding 60 percent to your stress. And here's another thing. Planes. You can lock those planes up and they're—somebody's going to open the exit door on the tarmac if the air runs out. I mean, "it's on the tarmac and air's going to run out"—it's not possible. Because you've got 20 to 150 people on there who know to tell the people in the exit row to—and you know they always have fit people sit in the exit row; that's a requirement so they can get that door open.

But here's another thing we ought to know, is that you did something within two minutes to change your experience and it wasn't making the straw larger. Let's see how this mask does. Will that be all right with you?

Mary: Yeah.

Wilson: We're going to do clip, mask. I'm going to predict the mask is nothing to you. Now you've done the straw but what do you suspect?

Mary: So the clip is on under the mask?

Wilson: Uh-huh.

Mary: But the mask covers my nose and mouth?

Wilson: Mm-hmm.

Mary: Mm.

Wilson: Goes on like this.

Mary: I don't think I'm going to like that.

Wilson: Want to try the mask by itself first?

Mary: Yeah.

Wilson: Why don't you put it on just for a few seconds and take it off again. I mean, put it on and just breathe for 10 seconds or something or five seconds or just to get a sense of what the breathing is like and then you can take it. Now before you put it on, what's your number from zero to 100 right now?

Mary: 35.

Wilson: Okay and if I said, "Put this on and keep it on for a minute no matter how you feel" you would feel what?

Mary: Mm, I'm not really sure.

Wilson: Okay, so and just doing one strap will probably be fine for you so go ahead.

Mary: So you want me to put this on?

Wilson: Yeah, go ahead and just put it on until you get a sense [of] what you're breathing is like with it on. How are you doing? You got a sense of the breathing? Enough air? Yeah? You have a prediction of what it'll be like when you put the nose clip on? Should we try?

Mary: Okay.

Wilson: Okay, you want to take that off first and then we'll do the nose clip. So what's your prediction about what it'll be like when you have a nose clip on?

Mary: I think I'm going to be uncomfortable.

Wilson: More than the straw? All right, so would it be okay to try?

Mary: Yeah.

Wilson: Would you be in control of—we'll do 15 seconds and you be in control of pulling up if you don't want to—can't stay there.

Mary: Okay.

Wilson: We'll see how that goes. Okay. And I'll count down from 15 as soon as you put it on. 15, 14—I'll start again. Ready? 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1. How'd you do?

Mary: Oh that was fine. I could breathe fine.

Wilson: Oh, okay. So we're going to get rid of this, right? Because you've already passed that one. I think next is the scarf.

Mary: Well, it depends on how tight.

Wilson: How tight are you going to put it on yourself?

Mary: Well, so I can still breathe, obviously.

Wilson: Okay. I don't think you can put it on tightly enough to keep yourself from breathing but is this going to be more about restriction or suffocation?

Mary: Maybe half-and-half.

Wilson: Okay, so would you be willing to put this around your neck and do a underhand knot and—

Mary: Tug at it?

Wilson: Where you'll be totally in control.

Mary: Okay.

Wilson: Okay, I want you to be totally in control because I'm not going to be here soon, and I want you to be getting what's going on here purposely and voluntarily.

Mary: Okay.

Wilson: We're going to find out after the fact how the flight goes but we're wanting to have some things in place for you for tomorrow afternoon. So we're doing things here—short-term pain, long-term gain—to give you a point of view to have on the plane. The main thing we want to change today and tomorrow morning is your point of view or/and your interpretation. What kind of interpretation—what are we doing about your interpretation so far, would you say? What direction do you sense that we're going in terms of modifying your—what would you say?

Mary: I think I would say it's positive.

Wilson: And can you put it in words? What would be a sentence or a message that would reflect the point of view?

Mary: Well, just that some of the fears I have are unfounded and that I can tolerate more than I thought I could.

Wilson: Excellent. If you can have that one, that's the biggest one right there.

"I can handle"—here's how in part it's going to be—"I can handle more than I think I can at this moment." So it's almost like you're going to have to have two voices inside yourself because your goal—we're not getting rid of the symptoms, we're not getting rid of being scared—we're changing the interpretation of what you're scared about. "I'm scared because I've been traumatized" and every time you envision something going wrong you get a little—another trauma again, right?

Mary: Mm-hmm.

Wilson: So that's happening and "I can handle"—in the end, by tomorrow's session, how I want you to be thinking—and you don't have to get this

today—is when you're feeling like you're suffocating or trapped, I am going to suggest that you say two things: "I want this feeling." What do you think about that one?

Mary: I was waiting for you to say "to stop."

Wilson: "I want this feeling."

Mary: Okay.

Wilson: And "I can handle this feeling." So the "I can handle it"—we're trying to undo now, to go away and then, "This isn't as bad as I think it is. There's plenty of air on this plane." Right? So "I can handle this."

The thing you don't understand yet is, "I want this experience." What are you saying now about it? "I want it to stop." Right?

Mary: Right.

Wilson: So how do you think your body reacts to the message: "This is a bad experience. I want it to stop." How does your body line up with that message? What do you think it then does to you?

Mary: Well, I think it probably heightens all the anxieties.

Wilson: Really? Well isn't that interesting. So could we extrapolate from that and say, "So if I did the opposite of that"—

Mary: Mm-hmm.

Wilson:—and said, "I want this," I wouldn't secrete so much adrenaline—

Mary: Mm-hmm.

Wilson:—because I'm going, "Wait, I'm just kidding. No, I eat this for breakfast. Give me more of this."

Mary: Mm-hmm.

Wilson: One of the things we want to think about is that little brain structure called the amygdala—you know what that is—it's the site of, really, panic. It's what protects you in a threat. And the amygdala gets messages two ways. The fast track is it picks up from your sensory experience. It goes through your thalamus and fires off. That happens even without you noticing it. So you could get claustrophobic, like you said, and so when you were saying, "It's all about way back in here," you're right in that way. So that's true.

Let's work on that spot, too, which means that the second way that the

amygdala gets its message is from what we call the prefrontal cortex. It's you talking. So even if you're on a plane and there is always plenty of air, all you have to do is say to the amygdala, "I don't think there's enough air," and in a nonthreatening environment you will feel threatened and start having all those symptoms and then it's off to the races, right? Just like people who are

afraid of turbulence. Turbulence is not a threat to a plane; they're built like battleships. They can totally take turbulence, but if the person on the plane who's afraid to fly says, "Turbulence is dangerous," the amygdala fires off.

So getting back there in that unconscious that's there for you, what we want to create is a scenario in which the amygdala learns. The only way the amygdala learns is through pure experience. So we want to put you on the plane, so to speak, quiet your frontal cortex, and the way we do that is things like, "This is okay with me. I want this." Why would you say, "I want this"? Well, I need frequency, intensity, duration to get used to this. This is a big problem for me. I want to get over it.

Mary: Right.

Wilson: I have to go through the eye of the needle to get over it. So I actually want to have a threat of suffocation—in a safe environment—and a sense of restriction in a safe environment and linger in it so the amygdala learns that "Oh, I've secreted too much adrenaline; I don't need to be so prepared."

The next time it's not so bad and the next time it's not so bad. We're doing

that here by having these little adventures where you're starting to put together something in your mind. The reason we're doing that is to try to get you prepared for tomorrow afternoon. You get on the plane and you go, "Oh, I'm feeling like I'm not getting enough air. Been there, done that. I just did these nine things with him in the last two days." See where we're going?

Mary: Yes.

Wilson: Okay.

Commentary: You'll notice that I actually do a lot of talking in between

these experiments that we're doing and that is because I'm asking them to do some very difficult things, particularly when they leave me and have to go into these threatening situations. I want to give them a motivation that will continue to have them do the most therapeutic behavior they can do, which is to quiet their thoughts, get rid of misinterpretations and go toward that that threatens them.

Wilson: Therefore, our last practice of the day is going to be this thing. What I'm going to ask you to do is wrap around your neck, tie in the front and tighten it just more than you think you can tolerate because you can always loosen it, all right?

Mary: Okay.

Wilson: And so are we—do we need the nose clip, too, or we'll do without the nose clip right now? We'll just see what this does—

Mary: Yeah.

Wilson:—like that. Okay.

Wilson: So, are we collaborating on this one? You understand where we're going and why you would put it on slightly tighter than—so that you can actually have a prediction, "I can't handle this" and let's see where it goes.

Mary: Okay.

Wilson: It may be a paper tiger. We don't know. Let's find out.

Mary: Okay.

Wilson: You look great. Truly.

Mary: See how I look when I'm blue.

Wilson: You want to get to that place where you go, "Uh-oh." Are you there yet? You're there?

Mary: Yeah.

Wilson: So where's your rating? Zero to a hundred.

Mary: 50.

Wilson: 50. Now, I'm going to ask you to put the nose clip on now, okay? And we'll do this for 30 seconds if that's okay with you. All right with you?

Mary: Yeah.

Wilson: Okay. 5. 10. Tell me what you're thinking now. Speak to me. Talk out loud.

Mary: Uh, this is fine. I feel—

Wilson: Oh, where's your number?

Mary: It's probably a 50.

Wilson: A 50. And 50 is fine? So, you're at moderate distress and it's fine. Tell me what you mean when you say it's fine.

Mary: Well, my heart is beating faster, but right now it's okay.

Wilson: How do you know?

Mary: Well, I can't look it up yet, but you told me it's okay.

Wilson: Oh, okay. All right, all right.

Mary: And it's not pounding super hard. I have my mouth open.

Wilson: Three, two, one. Okay that's 60 seconds instead of 30. You can take those off now. Okay. Warm though, isn't it?

Mary: Yeah.

Wilson: You want to take it all the way off?

Mary: Yeah.

Wilson: So, what do you want to do for homework between now and tomorrow morning when I see you next? Anything? Parking structure?

Mary: Oh like you mean do something real?

Wilson: Yeah.

Mary: Real, not just thinking—

Wilson: This has been pretty real.

Mary:—not just thinking about it. You mean to actually do more practice things.

Wilson: Yeah, but to go away from this and to go to more reality based

because we might call this interoceptive exposure or exposing you to the internal—and that only gets us so far.

Mary: Mm-hmm.

Wilson: We need to transfer it to reality because what we know from the data is that this doesn't give you as much as going out there in the parking structure and going, "This doesn't seem right to me and—but—and—but—and," hanging out and allowing yourself to be as accepting as possible of the discomfort.

Mary: Okay.

Wilson: Even if you let yourself predict you know, "Boy if this came down on me I'd really not you know, under the auspices of you know why you're doing that—

Mary: Right.

Wilson:—but just go ahead and kind of give it to yourself. Take a hit because then you're going to voluntarily choose to place yourself in a threatening situation and all of a sudden you've taken—listen to this point, though—all of a sudden you've taken an involuntary process and made it voluntary. And I want to suggest to you that that does something for you, for your psyche. It's like "Wait a minute. I'm purposely putting myself here, not because I'm crazy"—maybe a little bit—" but because I'm taking control." Remember you were saying you got angry? Well being angry is a great place to be because this treatment is aggressive, have you noticed?

Mary: Mm-hmm.

Wilson: So you want to be aggressive. So to go, "Wait a minute. I am sick of this." Not like sick like sick to my stomach—but "I'm fed up with this, so I'm going to put myself"—so, say, go do a parking structure; I think of that as a relatively easy thing to do.

Mary: Right, I think I can access that easy enough.

Wilson: Do you think that is the right practice?

Mary: Sure, I do.

Wilson: Do you have time?

Mary: Yeah.

Wilson: Can you imagine the value?

Mary: Mm-hmm.

Wilson: So no matter what happens, it'll be data for you and I. Come in tomorrow morning you could say, "Yeah, your suggestion sucked, man. That was like, awful, ridiculous" or whatever. We can just find out. So how would you like to structure that particular practice? How would you like to do it?

Mary: Well, I don't know. I'm meeting my friend and I could look around

here but there's a parking structure in Petaluma that I don't normally park in. It's not one of the worst ones, but—

Wilson: Well, it's okay. It's your first practice.

Mary:—yeah, so I can drive into that.

Wilson: Now you want your friend to be in the car with you or wait outside while you do it on your own? Which would be more threatening to you?

Mary: Well, she doesn't go up north to my town, so—she lives down here.

Wilson: Oh, you're saying later on, okay, so she's not with you at that point. You're saying when you go home.

Mary: No, she won't be with me, so I'll do it by myself.

Wilson: So, it'll be after dark? Is that okay with you? It'll be after dark when you get home or it'll still be light, 8:30?

Mary: If it stays dark late—it probably will still be light.

Wilson: Okay. Would that be okay with you to do that practice? And how long would you like to be in there as a way to get a sense of things and to practice?

Mary: I could stay in there for maybe 15 minutes, would be a good idea.

Wilson: I think that'd be plenty. And you just want to feel safe in the environment

lock your doors—

Mary: Right. I mean, usually if I have to go I go really fast straight up to the roof, but I won't go up to the roof this time. I'll stay in the middle of it.

Wilson: Okay, as a learning opportunity no matter how it goes, be

informational. If you need to, you know, take some notes so you remember.

That would be okay.

Mary: Okay.

Wilson: Okay. Anything you want to ask me today before we stop?

Mary: No.

Wilson: How are you doing? I mean, you've been very compliant but how are you doing in terms of taking some ownership in the direction that we're going?

Mary: I think this is good. I feel already that I can sense that this is going to be helpful.

Wilson: Okay, good. So that's all we're looking for is something—try a different angle, right? And we'll have some more things to do. The exciting thing is that we have a box for you, we have a sleeping bag for you—

Mary: No.

Wilson:—we have a pillowcase, we have packing tape to put on the pillowcase, tie you around your neck. We have all those things to look forward to.

Mary: You do not have packing tape.

Wilson: No, I absolutely do. Yeah, see that chair right over here? The chair that I was going to tape you down with but I realized that it's not going to be that provocative to you? There's the chair—

Mary: Okay.

Wilson:—and sitting on it, you see the packing tape?

Mary: Okay, yeah but that was for the chair. That's not really to attach the pillowcase around my head, is it?

Wilson: Yeah, yeah. Only if you choose to.

Mary: Okay.

Wilson: I'm not going to do anything—I didn't do anything you didn't choose to do today, right?

Mary: No, you didn't.

Wilson: So that tomorrow afternoon you can say, "Been there, done that. This is not that intimidating to me."

Mary: Mm-hmm.

Wilson: We're only going to do what would be helpful. We won't do anything that you don't have a sense that will be helpful to you.

Mary: Okay.

Wilson: Okay? But you're already going through the eye of the needle. What do you think about that?

Mary: Not so bad.

Wilson: And can you see how you have to go through it to get where we need to get to?

Mary: Yes.

Wilson: Okay, so I'm going to give you my cell phone number—

Mary: Okay.

Wilson:—and if you get confused tonight or feel uncomfortable or get in trouble or anything at all I want you to call me and let's talk on the phone. I'd much rather you call me tonight and let me know that you're feeling confused about something, let me clarify it on the phone with you as opposed to tomorrow coming in going, "Oh, my God." Would that be okay?

Mary: That would be fine.

Wilson: I absolutely want you to call me if you feel incapable of doing the parking lot practice—the parking garage practice.

Mary: Okay.

Wilson: So if you go, "I don't think I'm up for that," I want you to call me and let's talk. I'm not going to twist your arm about it I just want to—is that all right with you?

Mary: Yes.

Wilson: I'm on your team. I'm not going to do—you know, I'm not going to make you feel guilty or anything, I just want to—in the moment—understand what's going on with you.

Mary: Okay.

Wilson: Okay? All right, so I will see you tomorrow.

Mary: Very good.

Wilson: Thanks.

Mary: Thank you.

SESSION 2

Wilson: Well, good morning.

Mary: Good morning.

Wilson: How's the packing?

Mary: I'm all ready to go.

Wilson: Are you?

Wilson: Okay. So you staying more than one night?

Mary: Two nights.

Wilson: Two nights, okay.

Wilson: You looking forward to it?

Mary: Yeah.

Wilson: Yeah, okay. Did you get a chance to practice the parking garage?

Mary: I did. I went to a parking garage in Petaluma—it's three stories and maybe unfortunately for the test it was sunset and there was a fair amount of light coming through—

Wilson: Mm-hmm.

Mary: —but still the ceiling was quite low and it's one that—it's not the worst one but it's still one that I avoid normally. So, I went in there and I really didn't feel quite as panicky as I usually do—

Wilson: [Drat].

Mary: —as I went in. And so, I went into the middle—

Wilson: Well, let's back up. Why do you think you didn't feel as panicky? Because of the light or do you think it was something else?

Mary: No, I think that really, it already did help being in this session yesterday.

Wilson: But—

Mary: I think—

Wilson: —is there a way to be specific about what—in what way it helped at that moment and did it help anticipating it as you were driving there? Can you help frame it up a little bit for us?

Mary: Well, I guess I had already thought about it quite a bit before I went there—that I'm going to go and I'm going to do this and I just kept running the logic through my mind, like—

Wilson: So tell me what the logic was.

Mary: —it's not going to collapse, there's plenty of air—

Wilson: Uh-huh.

Mary: —and, yes, the ceiling's low and you're not going to like it, but it's going to be fine and—

Wilson: That's great!

Mary: —so what if you have to wait, even if it's crowded, because it was such a nice summer night I thought maybe the garage would be full with people wanting to be in town and...

Wilson: So you're saying the waiting is an issue as well?

Mary: Well, the waiting is if you're on the ramp and you're waiting to get out and you're just sort of stuck there as people are—

Wilson: Oh, okay.

Mary: —trying to exit the garage.

Wilson: So you said, "So what if you wait"?

Mary: Right, right. It'll be fine.

Wilson: Meaning, "Yeah, I can handle this."

Mary: Right.

Wilson: Okay.

Mary: It's not going to be pleasant but there is enough air and I'm not going to suffocate and so I just...

Wilson: Isn't that great?

Mary: Telling myself those things? Yeah, yeah it was.

Wilson: But this is so important to have a believable side of you that's kind of executive—

Mary: Mm-hmm.

Wilson: —over—because there is another voice.

Mary: Right.

Wilson: We don't have to kill off that voice, we just have to put it in perspective. Right? "There's a kind of a younger part of me; there's a traumatized part of me; there's a threatened part of me that's been injured and worries about that, and I can take care of her. I don't have to get rid of her. I can take her with me." It's like the parent saying to the child, "You know you can stand behind my skirt and I'll..." Really. I mean something like that metaphorically.

Mary: Right.

Wilson: Okay, and so once you were there, tell me—you went to the second floor? Where did you go?

Mary: Well I got a little confused so I actually went all the way up to the roof for a minute and then I went back down to the next floor—the third floor—and then I went to the darkest place that I could find in there and I just—

Wilson: And why did you pick the darkest place?

Mary: Well, because I was trying to get that panicky part going so that I could—

Wilson: Excellent.

Mary: —just stay with it for a few minutes.

Wilson: Because when you left yesterday, I was feeling like I didn't orient you enough to that kind of thing. [I thought], "Oh, she's going to go and she's going to play music and she's going to distract herself and..."

Mary: No, actually I turned the radio off and I left the windows up, which I never do.

Wilson: Wow. You're such a good student of the work. That's great.

Mary: Well I'm a teacher so I guess, you know, I want to do what the teacher says.

Wilson: Okay.

Mary: So—and then there was still quite a bit of light coming through so I sort of went like this and just concentrated on that really low, concrete ceiling and—

Wilson: And what were you noticing? What about your numbers? How were they fluctuating?

Mary: Well, the heart was—

Wilson: Were you anticipating it and...?

Mary: —the heart was starting to go faster and I—

Wilson: On a scale of zero to 100 where do you think you ranged?

Mary: It was not really high. It was probably 50.

Wilson: Uh-huh, okay.

Mary: And it wasn't very crowded in there like I said, and it was the light, so, you know, I just tried to make it as unpleasant as I could to let that—sit with that for a little bit. And I waited...

Wilson: Let me just say if I had all my clients talk like you're talking in

session two my work would be so much easier. I mean, I'm fine doing hard work but you really took to what I said and then went up another step and that's great news for you.

Mary: Yeah, yeah.

Wilson: The worst moment? Was it all pretty even or was there a moment?

Mary: It was hardest when I blocked off the light with my hands and looked at the concrete. That was quite low and heavy and—

Wilson: And how did you manage that period of time?

Mary: —I just kept saying, "But it's not going to collapse. It is right there and it's low but I'm a few minutes from the entrance and there's plenty of air in here and it's not going to run out. Even if the cars were all exiting, it still wouldn't run out of air. There's enough permeability to the building," and so forth.

Commentary: As you can see, she really caught on to the principles from that first session. And I want to support her comprehension and her application of the principles. She's offering an excellent example of what we want to occur. She starts off by saying, "Unfortunately, there was a lot of light." That's perfect. She's a good student of the work, knowing that she needs to go toward distress and uncertainty. What did she say to herself? "You won't like it, but you can handle it." I shook her hand because I want to reinforce all that she has done. She went to the darkest place she could find in order to get her panicky part going. Turned off the radio. She left the windows rolled up so she would feel stuffy. She put her hands up as blinders so that it would seem even darker than it was. She said, "I tried to make it as unpleasant as I could." Now that's exactly the position I want people to have.

Wilson: And if we were to kind of listen in for an instruction you might've given yourself at that moment—

Mary: Mm-hmm.

Wilson: —as though you were saying what to yourself? To do what at that moment when it got tough? Like, "Get out of here" or "Roll a window down" or "Stick it out" or—what did you…?

Mary: It was more like "Stick it out; this is fine."

Wilson: Okay.

Mary: "There's enough air in here and any moment that you want to, you can roll the window down and you can walk out of here but you don't need to."

Wilson: "But don't pay attention to that," right?

Mary: Right.

Wilson: So one of the things we want to make sure we add before we're done is you have the reassuring comments, which are great—

Mary: Mm-hmm.

Wilson: —and then we want to add one more piece, which is making sure you're clear about the instruction to yourself.

Mary: Okay.

Wilson: "Don't leave. Stay here the whole time" or something like that. Not go anywhere, because in threatening situations we have to operate through commands. If you were a surgeon in the operating room you would be giving commands to everyone about what to do at any particular moment. If you were a firefighter putting out a fire in a house or a building all those commands—

Mary: Okay.

Wilson: —people are trained—if you were in the cockpit of this plane this afternoon, you could actually stick your head in there and talk to them. You could ask permission to do that, by the way, but if you were in there as they're preparing, they go through a checklist. They speak out loud—

Mary: Mm-hmm.

Wilson: —the copilot says something, the pilot must respond with a very specific response before they can go on because in threatening situations you want to have it automatic. In a threatening situation you don't want to start analyzing, "What do I need to do next?" You want to be on automatic pilot, right?

Mary: Yeah.

Wilson: And I think that won't be hard for you but just want to add that little piece around—because reassurance, sometimes, doesn't control the part of you that's going "I got to get out of here." So, we want to—

Mary: Okay.

Wilson: —have available an instruction that says, "Don't go anywhere. Just stay." Okay?

Mary: Mm-hmm.

Commentary: I've now been reinforcing that we want her to begin to develop very clear instructions to herself during the threat. Because, by default,
her worried, fearful side will have an automatic message at those moments that will sound something like: "You can't handle this," "get out of here" or "these feelings are intolerable, get away from the feelings that you're having right now." The more threatened she feels, the more she needs to have available well-rehearsed instructions—commands if needed—that can

override the instruction to run.

Wilson: Anything else about how that—how'd you feel after it was—how long did you stay?

Mary: I stayed for 15 minutes.

Wilson: Okay. And how'd you feel when you drove out? I can imagine part of it but how were you feeling about the practice?

Mary: Well, I felt more empowered. I felt really happy about that and then I started—when I told my son when I got home, he said, "Yeah, but mom there's way too much light in that garage. You need to go to a different garage."

Wilson: And you said?

Mary: And I said, "Well, that's next."

Wilson: Yeah, "I will."

Mary: Right.

Wilson: So, what do you think would happen if you didn't do another garage for three months?

Mary: I might have to do it sooner than later.

Wilson: Right, because what's going to happen if you don't do it for three months?

Mary: I'm not habituated.

Wilson: Right, you're just not going to—you're not going to remember—

Mary: Right.

Wilson: —you're going to go, "Oh, that was fluke." That's what's going to happen next—"Oh, that was just a fluke."

Mary: Right.

Wilson: But fortunately, today you're flying and so you've got some motivation, and then you're going to get another practice now and then two days from now you're going to fly again so the flying piece is very important, that you're doing two practices within three days. That'll be great for you and you want all that to handle you know to be useful.

Mary: And even on the way here I was thinking of other situations that were really, really scary to me that I think I even just was blocking out when you asked me.

Wilson: Oh, tell me.

Mary: Like I kind of let those in. Well, when I revisited Chicago—I hadn't

been there in years—and my son had the map and was navigating and all the streets are now underground and it was really, really bad for me. And, I'm ashamed to say, I was sort of screaming at him to find the street that gets us out of here and he was only like 12 at the time and he was trying to read the map and he kept telling me the wrong way to go and I was yelling at him and he—we finally got out and he started crying. He said, "I didn't know you were so mean." And it was just really bad. It felt like such an underground city that I would never be able to get out of and in my mind I said, "Well, I'm never, ever driving in Chicago again," you know, and so now I started thinking—could I ever do that?

And I started putting myself, in my mind, in that situation and what I would say. And I just sort of said, "Well, I guess it would be just like the parking garage." I would have to say that, you know, "You're going to get out of here. It's not going to collapse. There is enough air and even if you take a wrong turn, you'll eventually take a right turn and you'll get out."

Commentary: Listen to how quickly she is learning. She tells us this terribly traumatic story of panicking while driving with her son in Chicago years ago, and she declared after that, "I am never going to drive in Chicago again." But now, after one single session, and one single practice not even 24 hours ago, she is already entertaining the idea of driving in Chicago. Even though she has a flight coming up this afternoon that is a really difficult and threatening event, she is still able to access this memory and begin to work on it. And what does she say? Essentially: "I could go back to Chicago and use the exact same principles I used yesterday." Wonderful. This is what we would call generative change: not only is she figuring out how to manage this specific threat within parking structures, but she's already extrapolating from that to overcome other obstacles down the road, so to speak. She is feeling quite empowered at this moment.

Wilson: That's exactly what you want to be saying. Exactly that. But particularly, "There's enough air."

Mary: Mm-hmm.

Wilson: and "you'll eventually get out." And the only other piece is: "and you can handle it until then." Because on the plane this afternoon you're going to be uncomfortable and the message is, "and I can handle this." You and I are not working so that you have no symptoms this afternoon. If you magically have no symptoms on the plane, that's not useful because there's no guarantee they won't come back again, then you'll be blackmailed by "Oh, will the symptoms come?" So we want to go ahead and take the hit—I say "we," you know I'm meaning you—but you want to go ahead and take—you don't want to have a beautiful flight where you're totally comfortable because then you don't have confidence that you can manage it. So this whole idea of "Okay, and then until then I can handle it"—

Mary: I can handle it.

Wilson: —is another piece that we—

Mary: Okay.

Wilson: —is that?

Mary: Yes.

Wilson: I mean, find a reasonable facsimile of that, or however you want to say it would be fine.

Mary: Okay.

Commentary: As I said in the beginning, since we are working on claustrophobia, she must manage at least two threatening themes: suffocation and the sense of being trapped or out of control. That's what she's addressing with her self-talk: "there's enough air for me here, and I'll be out of this soon." Now you've just heard me add that third piece again, which is: "I can handle this." Because there are going to be circumstances where it's just bad form to keep reminding ourselves that we're eventually going to get out. These kinds of messages become what we call safety behaviors: "I can get out of here soon, I can take a Xanax and feel better soon, I can roll down the window and get some air." All of these make sense to say, but they interfere with the process of habituation. They continue to remind the person of the possibility of danger if they don't have this escape route. When they're doing an exposure practice it's much better to focus on—and believe—the message of, "I don't need to escape; this is hard, but I can take the hit."

Wilson: Was there another memory that floated up?

Mary: Yeah. Tunnels. A really long tunnel from Yosemite to get to the Mammoth—a ski resort and it goes on for miles. It's very dark; you can't see the light at the end of it at all and...

Wilson: Well, there's not being able to see the light at the end of the tunnel as that proverbial—

Mary: Right, right.

Wilson: —fear. Okay. And so was there another one that came up? Another memory?

Mary: No, those two.

Wilson: Uh-huh, and so what was it like to have those again? To remember those?

Mary: It was—the memory was—memories are painful.

Wilson: Yeah.

Mary: You know, I—

Wilson: I bet.

Mary: —felt—I really just fell apart and—at the time and—I felt I wasn't nice to the people around me and then I've avoided situations like that; I've avoided even thinking about them.

Wilson: I'm going to ask you a graduate question so—

Mary: Mm-hmm.

Wilson: —why do you think you're unconscious allowed you to remember those in the last 12 hours? Why do you think it allowed you to recall those traumatic events?

Mary: Because I could handle them now. They were allowed out of the box inside.

Wilson: Okay.

Mary: I think there's probably defensive mechanisms that when things happen that are really painful you just sort of put them in a box—

Wilson: Right.

Mary: —for self-preservation and now they're allowed to sort of come out again and it doesn't mean I'm going to go there tomorrow but...

Wilson: No, but you are doing so well by doing what you're doing and being

able to put that together and so let's remember back at the beginning of the conversation yesterday when you said, "I think I have to go back here and do something here," and notice what has actually happened, is that you're doing that. There is an integration taking place with your conscious intention and your effort and your unconscious mind which—your unconscious wants to work toward your betterment just like everybody's does. You give it a chance and it will. So it has also been trying to protect you but it has been operating impeccably to a false message. I don't want to put this on your unconscious like it was bad or wrong. It was going, "Oh, threat? We're here to help you." Right?

Mary: Yeah.

Wilson: So we really are changing a conscious perspective to allow the amygdala to learn how much—notice already what changed from the parking garage, where the amygdala said, "Well, I don't think I need to juice her up so much," for whatever reason. So—but that is a learning—that's an unconscious learning. I assume you were relatively surprised how low the distress remained when you were doing the parking garage.

Mary: Yeah, I was. I was.

Wilson: Right? But there that is. There's that learning already taking place. I'm going to give you back the clipboard and ask you to go through the ranking again and re-rank everything.

Mary: Okay.

Wilson: Based on whatever, just—but how you're feeling right now and see—they may be exactly the same or may be stronger or lower, but it's okay to just take a minute and do that?

Mary: Okay. Mm-hmm.

Wilson: I see you smiling.

Mary: Mm-hmm.

Wilson: Okay, great. So, I want to look at this the same but let me ask you another question.

Commentary: I want to empower clients with a generic model of intervention that can be applied across the territory. Anxiety disorders run the lifecycle. Mary may do great here and be free of most of her avoidances. But there is a likelihood that she'll have another brush with anxiety again in her life. I want her to have a memory of basic principles that she can use again when any new, yet similar, problem shows up. The higher the level of abstraction that we can operate from, the more profound the change. So here, only in session 2, I am now going to ask her to generate her own list of principles based on our conversation in session 1, plus on her experience of her exposure practice yesterday.

Wilson: Just where we're sitting right now, since you are a teacher, with

what's

happened so far—in the last 12 hours and what we've talked about so far—if you had to put together a little set of guidelines or principles for ten people who are coming in tomorrow facing these kinds of things, let's see if we can come up with what you would say as the most concise instructions about how to begin to recover or begin to take control. What would you say and I'll write them down?

Mary: I would say face your fears in small ways that you have control over.

Wilson: Mm-hmm.

Mary: And talk to yourself through it in a really strong, commanding voice. And gradually do these things longer and then do the harder things and talk to your primitive brain. Let it overreact and then say, "I like your expression but you don't have to juice me up so much next time. I'm fine and save that for real situations."

Wilson: Okay. Yeah, great. How's that sound? You follow those? Do you have a sense how you'll do?

Mary: Mm-hmm.

Wilson: Yeah, okay. So what'd you notice when you went through this again?

Mary: It's a lot better, isn't it?

Wilson: Well, I'm looking for the first time, so you still got that sleeping bag head first.

Mary: Mm-hmm, yeah.

Wilson: And why did that stay at a three?

Mary: Because it's a longer way in and it's kind of thick, usually, sleeping bags. And I guess I could just feel my face being hot and...

Wilson: Uh-huh, okay. So, because it's a three, I'm going to take it off our list today and give it to you to do on your own at some point, if you feel like you want to do a practice like that. And if you feel like you don't need to do it then we'll just not. You just don't do it. But I'm going to give that to you, because...

Mary: Fair enough.

Wilson: Is that all right?

Mary: Yes, that's good.

Wilson: The other three is "wearing a pillowcase over my head taped closed around the neck." Tell me what your thoughts are about that one? What do you think that would be like?

Mary: Well, it's very creepy sounding. It sounds really criminal to me. It sounds like a scary movie.

Wilson: Uh-huh.

Mary: And also, I think that it takes longer to get the tape off and I might not know how to get the tape off myself.

Wilson: And so tell me what that means to you.

Mary: That means I have to trust you a lot.

Wilson: Oh, okay.

Mary: And I don't know you that well. And you know...

Wilson: So, can we make an analogy between that and the plane? You're going to be on the plane, you're wanting to watch that door close, the door closes and then for a length of time you are incapable of opening that door again and removing it, no matter how much you want to. And you don't know that pilot, never even met her. Are those different in some way or similar in some way? We talked about this as being criminal and so that...

Mary: So, that's not there but everything else, yes. It is similar.

Wilson: Okay, and so we'll also take that off the list if you would like us to. The only thing I want to share with you is—the comparison we just made having a pillow over your head with tape around it that might take a little bit to get off is a reasonable facsimile of "I'm having this urge to get out and I can't."

Mary: Yeah.

Wilson: So, there are—although I don't want to do anything that creeps you out. I don't.

Mary: Yeah.

Wilson: I mean, if that angle to it overrides the other things, but you know the next half hour let's just think about the possibility whether or not you want to do that and that'll—all of this is up to you anyway.

Mary: Okay.

Wilson: So how did these change like this? What has happened?

Mary: I guess I've learned. I guess you're a good teacher.

Wilson: Well, but what happened, specifically, to make "breathing through a cocktail straw while wearing a nose plug" go from a two to a one?

Mary: Well, I did those things and they weren't that bad.

Wilson: —and "tight scarf"—

Mary: They were okay.

Wilson: —"around my neck" went from a three to a one.

Mary: Again, there was the creepy element to it for me with that. With the stranglers and you know women are so often victims and everything but I think it was because I tied it myself.

Wilson: Uh-huh, okay.

Mary: I think it would've been a lot worse if you had tied it.

Wilson: Uh-huh, okay. I had that thought, but I didn't do it.

Commentary: As you hear, she came up with exactly the types of

principles
we are looking for. She even had a principal down for working with the amygdala: "Let it overreact." Let it overreact! That is a sophisticated concept to absorb, and she did, then she says "suggest that it doesn't have to juice me up so much next time. Save that for real situations." So she's actively learning the principles. At the same time, interestingly, her fear levels have moved dramatically lower—again in less than 24 hours.
It's important to point out that she's now less afraid of these events not because she's habituated by practicing repeatedly—which is typically the mechanism that the field tends to promote as the way to generate change.

She has lowered her fear levels based on insight out of several single practices in the last 18 hours.

Wilson: Okay. So shall we do a couple—three practices? And that's all we have left to do.

Mary: Yeah.

Wilson: You know we could go, "Okay, well this is fine. See you later. Good luck," and so forth, but if we could just go ahead and cross the threshold and to some degree do things more than you feel like you even need to.

Mary: Yeah, I think that's good.

Wilson: You know, the other phrase I gave you yesterday was, "Been there, done that," and it's part of what's going on. What is a legitimate concern for you is your ability to fly in a plane relatively comfortable so that you don't have a lot of preoccupation about it. So I'm working towards that. I'm not here to be sadistic, although some of this stuff sounds sadistic—

Mary: Yeah.

Wilson: —right? But I don't have that intention so I think I would do the—I'm only going to do two things with you. One is the pillowcase. Did I say "pillowcase"? I meant to say "pillowcases," and then I happen to have a box that we get to play with.

Mary: I suspected you would.

Wilson: Yeah. Which one do you want to start with? Let's do the pillowcase. Pillowcase. How's that sound? Is it all right with you?

Mary: Okay. Yeah.

Wilson: And so let's get a baseline. What's your number right now thinking about the possibility of putting a pillowcase over your own head?

Mary: 70.

Wilson: 70. So tell me what goes along with 70. What are the thoughts that you're having?

Mary: Hmm...I just don't like it. I don't know what more to say about that.

Wilson: Okay, but let's see if we can listen in. You went immediately to a 70—

Mary: Mm-hmm.

Wilson: —which isn't because it's over your head; it's the anticipation of it. Do you think there's a comment that you're making about it? It could be as simple as "I just go immediately to a 70 in anticipation" but is there a "I'm not going to be able to escape?"

Mary: Maybe that was too high.

Wilson: Okay, so what would you say?

Mary: Maybe more just like a 50.

Wilson: And does it...?

Mary: Because now I am again—that was like—you said "pillowcases" and then—it started heightening a little bit...

Wilson: You see the other pillowcase?

Mary: No.

Wilson: On the floor?

Mary: Oh, yeah.

Wilson: So I do—

Mary: It matches the carpeting.

Wilson: —mean "pillowcases."

Mary: Okay and so that just made me a little nervous right there...

Wilson: Oh, okay.

Mary: And then...

Wilson: Restriction or suffocation?

Mary: Suffocation.

Wilson: Okay.

Mary: Yeah.

Wilson: All right, it's the tape that would then bring in the restriction.

Mary: And then the first one I'm going to put on but I'm not going to be seen so I'm not going to be the one putting on that second one, am I?

Wilson: Sure. Sure. We can take the first one off, put them together—

Mary: Oh, I see.

Wilson: —and then you can put them both on, okay? I'm going to stay over here.

Mary: Okay.

Wilson: Does that seem okay?

Mary: Yeah.

Wilson: And if you'll just say whatever's going on for you, what's happening with your anxiety, if your numbers are going up.

Mary: It's not a king size. Okay.

Wilson: It's pretty darn big. But so, before you put that on, tell me what's going on at this moment? How are you feeling? What are you thinking?

Mary: Okay, this actually isn't feeling too bad now that I've got it in my hands and everything.

Wilson: What changed once you had it in your hands?

Mary: I don't know. It's just a little cotton pillowcase. It's the threat and the sound of it was worse than when now it's in my hands and I know I'm going to slip this over my head, I'm going to pull it off.

Wilson: Uh-huh. Okay. So, let's do two.

Mary: Okay.

Wilson: How are you doing? Talk about your—what are thinking? What are you feeling? Where is your number?

Mary: I would still say it's just like at a 55, 60.

Wilson: Okay and I'm going to suggest that you keep it on for three full minutes without taking it off despite however you feel. How's that sound for you?

Mary: Like a 70.

Wilson: Okay.

Commentary: Note that as she held the pillowcase in her hands, her numbers started to go down, and she sensed that she could manage this exposure pretty well. Since I wanted her to feel challenged, I upped the exposure immediately by adding the second pillowcase. I want to target her belief system. If she believes that she can manage this, I want to shift to an exposure in which she is thinking, "I'm not sure if I can manage this." Even with two pillows, her distress level didn't rise. So I immediately told her that I wanted her to keep the pillowcases on for 3 minutes, no matter how she felt. That got a rise out of her, so now we can proceed.

Wilson: Alright. So, you ready?

Mary: Yeah.

Wilson: Okay, go ahead. I love that you take that last gasp of air before you do the practices. That's good. That's good. Okay, talk to me. Let me know what you're noticing. Where is your number right now—zero to 100?

Mary: It's not horrible in here. I guess it's about a 55.

Wilson: Uh-huh, okay. And just whatever comes up in your mind, will you let me know what that is and what changes about your numbers as they go up or down. You're 30 seconds into three minutes.

Mary: Well my heart's started beating a little faster and it's getting a little bit

hotter.

Wilson: Now, if it's okay with you I'd like you not to mess with the pillow.

Mary: Oh, okay.

Wilson: Can you put the pillow back where it was? Okay, thank you. What were you doing with those gestures just then?

Mary: I was trying to circulate the air a little more and get a little more space between my nose and this cloth.

Wilson: Why?

Mary: So that I could get fresher air.

Wilson: Uh-huh. What's the intention of the practice?

Mary: To say, "I can handle this."

Wilson: Okay, and we want the practice to be as difficult as you can manage, right?

Mary: Right.

Wilson: And so we just want to register that one of the first things you do—completely understandable, absolutely normal—is to reach up and start allowing yourself to have a little more fresh air. However, what's the problem with that?

Mary: I guess I'm not training my—what is it? Amygdala.

Wilson: Uh-huh. Not training it to...?

Mary: Stop overreacting.

Wilson: Right, so this safety behavior of pulling it back is a manifestation of a belief that "I can't manage it otherwise." And so one thing you want to train yourself to do—and you tell me if this makes sense—one thing you want to train yourself to do is notice the urge to take an action like that and see if you can withhold the action.

Mary: Mm-hmmm.

Wilson: Right? Notice your urge to want to drive out of the parking deck and withhold the action. Notice your urge to run off the plane and just say, "I can handle it."

Commentary: As soon as she brought her hand up and pulled the pillowcases away from her face—giving her more space inside the pillowcases—I asked her to put the pillowcases back to their original position. She was engaging in a safety behavior, a safety crutch—in essence saying to herself, "If I can get a little more room inside here, I'll be okay." There's that belief system again, and we need to challenge it.

Wilson: How much time do you think has gone by?

Mary: Two and a half minutes.

Wilson: That's close. It's almost two minutes. Not quite yet. Tell me where your numbers are this moment?

Mary: Well, I guess about a 60—

Wilson: Uh-huh.

Mary: —because I'm almost done with this and it doesn't feel good but I can still breathe. The air is not as fresh but it's good enough.

Wilson: Okay. So I'm going to ask you to do one last thing while you're in there. Is that all right with you?

Mary: Mm-hmm.

Wilson: I can ask, at least. I want you to take seven deep breaths and exhale quickly. Okay, now just hang out. Just experience what you're noticing. Give me a number between one and 100 of how you're feeling.

Mary: It's probably about the same.

Wilson: Okay and you can take that off, now. How'd you do?

Mary: It's nice out here. Pretty good. I mean considering that was a three.

Commentary: She was adjusting pretty well to the experience of 2 pillowcases over her head. Her numbers went down, and she felt she could easily tolerate what was happening. Therefore, at that point I asked her to take seven deep breaths and exhale quickly, generating the possibility of at least a little struggle and at most some sensations of hyperventilation. This is interoceptive exposure that I talked about in the first session—brief little exercises like spinning in a chair or breathing through a cocktail straw, or, in this case, hyperventilating—that might produce the feared sensations. I added interoceptive exposure to the practice as a provocative move to again increase her discomfort.

Mary: You're not really going to do that.

Wilson: I'm only going to do what you—

Mary: Okay.

Wilson: —decide that you want to practice. You want to do this or you want to do the box? So, what we're going to do is one pillowcase, not two. We'll never put a second pillowcase on with only one practice. One pillowcase versus two and we won't do the tape like the scarf; we'll just have it so you can't slip it over your head and you can't just jerk it off your head and take it off. That'll restrict you—

Mary: Okay.

Wilson: —in order to practice restriction. You won't have a practice of suffocation with one pillowcase, as you know, because you could breathe freely. You will practice restriction.

Mary: Okay. Let's do it.

Wilson: Okay. I'm going to put it on—

Mary: And—but you're going to—take it off when I tell you obviously?

Wilson: I am and I'll negotiate that with you. I want you to allow yourself to feel the urge to have it come off—

Mary: Okay.

Wilson: —and when you have that urge what do you want to say to yourself?

Mary: "I can handle this. Just hang with this for a while."

Wilson: Okay, so I can handle this and then some kind of instruction about what to do. So, I'm going to put this around your neck and it'll be somewhat tight so you can't get it off—

Mary: Okay.

Wilson: —but it's not going to be tight like the scarf was yesterday.

Mary: Okay.

Wilson: Okay with you?

Mary: Yeah.

Wilson: So, holding on to this without putting it on, what's your number at this moment?

Mary: Oh, 55.

Wilson: Oh, okay. What would you have to do to make it higher?

Mary: Well, maybe it will be higher when it's on.

Wilson: All right, all right. Well, let's get on with it, then. Taking that last, big breath are you?

Mary: Yeah, I am.

Wilson: What's going on with you right now?

Mary: I'm getting closer so you can hurry up.

Wilson: Uh-huh.

Mary: Okay.

Wilson: So, you're in a rush are you? Tell me what your number is right now?

Mary: 60.

Wilson: Mm-hmm.

Mary: 70. 75.

Wilson: Mm-hmm.

Mary: 85.

Wilson: Okay, there it is. On. Now, just hang out. You want to sit up or sit back?

Mary: I want to sit up.

Wilson: Okay and what's sitting up doing for you?

Mary: I'm in action mode.

Wilson: So I'm going to invite you to sit back, please. Just tell me what's happening with your numbers? Where are you now?

Mary: 80.

Wilson: Okay, can you describe what it is you're experiencing that brings you to an 80?

Mary: It's going really high.

Wilson: Okay.

Mary: Can you take it off?

Wilson: I can.

Wilson: Can you breathe?

Mary: Ooh, yeah.

Wilson: Okay, so tell me what happened?

Mary: Ooh. It was really restrictive in there and I didn't know where the end of the tape was and I mean—but I just kept saying "It's okay" but then...

Wilson: Tell me what your number is right now.

Mary: 50.

Wilson: Well, what do you make of that that it goes down that rapidly? It's back in there, isn't it?

Mary: Right, right.

Wilson: It's your body's instinctual response to the sense that you're trapped and it needs—it's anticipating you not being able to escape or you're having trouble escaping and it's working impeccably for you. So, what just happened is completely normal, right?

Mary: Right.

Wilson: We're going to do it again if it's okay with you.

Mary: Okay.

Wilson: And is there something you need from me before we do it again? Did it come off quickly enough for you? Did you handle the delay?

Mary: I don't think you took it off as quickly as you could have.

Wilson: I couldn't find the end. I wasn't stalling on purpose.

Mary: What if you can't find the end again?

Wilson: Did you notice what we did? We just lifted it up.

Mary: Okay.

Wilson: Just so your mouth and nose got air. We can get it up.

Mary: I know.

Wilson: I just couldn't—I didn't want to jerk it off your head and so—

Mary: Okay.

Wilson: —so this time I'll turn the piece under and I'll also get my scissors so that they'll be right here for me. Will that be all right with you?

Mary: Yeah, that's better.

Wilson: Is there anything that you think you can do when you're starting to go up to an 80 or an 85 in order to manage that?

Mary: Well, if I had my hand on the end of the tape but that's probably not going to help. I mean that would make my anxiety lower but that wouldn't really...

Wilson: It doesn't even help to know that you can instantly get it off by asking me. That doesn't help, either, right? Because you're getting to say, "I can get out quickly" so we're not replicating the plane. So, when you got up to an 80 or I don't know if you got to an 85 or not—what is it that you think was going to happen next? What happens after you get to an 80 or an 85? What's your fear?

Mary: I don't know. That's when my emotions and everything become harder—become stronger than my voice.

Wilson: Right, but let's think—right now—we're trying to strategize—

Mary: Right.

Wilson: —because—

Mary: So, what could I do this time?

Wilson: No. What I'm asking so far is what is it that you believe is going to happen after you get to an 80 or an 85 because of restriction? What is it that

causes you to go “I must stop now”? What are you predicting?

Mary: I did feel like I was going to suffocate.

Wilson: So it wasn’t restriction at that point; it flipped over into suffocation.

Mary: Yeah.

Wilson: And how was the availability of air through a single pillowcase? Did you think there was less air, somehow, from...?

Mary: It felt very different than when it was a single pillowcase without the tape.

Wilson: It did—do you think it was? Or do you think your perception changed when you had...

Mary: Well, this space was quite a lot smaller.

Wilson: And? So, I’m going to ask you to do this. I’m going to ask you to press this up against your mouth—

Mary: Okay.

Wilson: —and breathe through it just like this. And find out if it were completely pressed against your mouth what you would experience. Is that okay with you?

Mary: Yeah.

Wilson: Okay. Don’t put it over your head; just—all you do is cover your mouth tightly. No go up higher; you’re at the double. There’s a single...

Mary: Oh.

Wilson: Yeah. There you want to go. Okay. And then breathe through that and then let us know what you noticed. How restrictive is the air? How’s your ability to get air?

Mary: Oh, I guess I can get air.

Wilson: Oh, really? Oh, isn’t’ that interesting. Huh. So, is there something you can tell yourself when we do this again, if you choose to do it again.

Mary: Yeah.

Wilson: What would you say?

Mary: There’s enough air. This is fine. Be quiet.

Wilson: Okay, so this is a perfect example of what’s going to happen when you start escalating in any of these situations, wherever it may be. That you’re—that more primitive part of you is going to go, “Oh, my God. I can’t handle this.” Right? And we’re wanting—calling it a command—because at those moments you need to go, “Stay. Don’t run.” or whatever it might be.

Mary: Right, okay.

Wilson: It needs to be stronger: "You can do this; You're okay. Stay." Something almost gruff if you need to or—you'll have to work that out a little bit for yourself. I don't mean to—

Mary: Right.

Wilson: —give you the exact words.

Mary: No, I'm not really the type of personality that responds really well to strong commands. I think...

Wilson: Okay, well how would you—is there a way to modify what I'm saying that might be more helpful to you in those moments?

Mary: Just, "You're stronger than that." You know, "You're stronger than that. Just stay." Like it's a different tone of voice, I guess.

Wilson: Okay. So if you had one of your kids in high school in the pool—

Mary: Mm-hmm.

Wilson: —and all of a sudden in the relatively shallow water they start flailing and they feel like they're going under and you're going to reach out—

Mary: Mm-hmm.

Wilson: —and ask them to grab your hand, but they're flailing. What would you yell to them at that moment when they're like—your hand is within reach but they're failing to grab it. What would you say to them and how would you say it?

Mary: I would say, "Stop. Here it is." Right? "Here's my hand. Calm down."

Wilson: Okay. "Reach out. Find my hand." Right? So that's what we're talking about.

Mary: Okay.

Wilson: Doesn't have to be angry. Just needs to be firm. So, is firm something you can—

Mary: Okay, firm is better.

Wilson: —okay, firm.

Mary: Yeah.

Wilson: You know, "Do I go here or do we go there?"—"Here."

Mary: Right. Okay.

Wilson: You know—you're coming to a split where you're going to go left or right on the highway and you go "Right! Go right!" So, like that; that's what we're looking for.

Mary: Okay.

Wilson: How would you like me to do this differently? Clearly I messed up last time.

Mary: Just be sure you know where the end of that tape is.

Wilson: Because what might happen if I don't?

Mary: Well, I guess it doesn't matter that much.

Commentary: As we debriefed the practice that she did with the tape around her neck, she said her numbers went through the roof when her emotions grew louder than her voice. That gave me a chance to revisit the importance of a firm command. When she suggested how she might talk to herself in threatening moments, I didn't perceive that kind of self-talk to be effective enough. So we reviewed what a firm voice would be like and gave her an example that she could relate to—helping a kid in the pool. I am working a delicate balance here. I did reassure her that she could breathe through the pillowcase. I did reassure her that I would remove the pillowcase when she asked. She needed that information—those are, in my eyes, legitimate concerns. But then I had to balance that by giving her back and expectation of uncertainty. So when she said, "just be sure you know where the end of the tape is," I responded with, "because what will happen if I don't?" And what did she say? "Well, I guess it doesn't matter that much."

Wilson: So, would it be okay to not know whether I really got a clear sense of where the end of it is and if you happen to say, "Please take that off now" that it might take 30 seconds of bumbling before I do it—would that be okay with you? If you don't know how long it will take for it to come off after you tell me to take it off?

Mary: That would be okay.

Wilson: Okay. Why would that be okay? Are you trying to work for something bigger?

Mary: Right. Yeah.

Wilson: Oh, okay. All right well you start when you want.

Mary: Okay.

Wilson: What's your number?

Mary: It doesn't really go up until it's on.

Wilson: Okay.

Mary: You know...

Wilson: Okay, well I'm just trying to learn. So, right now it's fine? And then it goes on and—

Mary: Right. Right now it's 40 or so.

Wilson: —tell me what happens when it goes on.

Mary: You know, it like went up really fast for some reason.

Wilson: Okay. Uh-huh. Up to what?

Mary: Give me a minute here.

Wilson: Yeah.

Mary: I guess this is moving so fast and...

Wilson: What's your number?

Mary: It's like a 70 but like, I...

Wilson: So take your pillowcase off. Go ahead and take it off and cool yourself out for a little bit and then you put it back on when you're ready. Don't rush it. There's no rush here.

Mary: Okay.

Wilson: You don't have to have things go really fast. You can just pace yourself. Talk to me. Where's your number?

Mary: I'm really having to tell myself that I can do this right now.

Wilson: Okay, and what's your number?

Mary: It's 65.

Wilson: Okay, and you're in control now, so you let me know when you—if you want me to do the next step and when.

Mary: Yeah, do the next step.

Wilson: You want me to do that now?

Mary: Yes.

Wilson: Okay, what's your number at this moment?

Mary: It's 65.

Wilson: Okay. I know exactly where that is and I folded it back so I'll be able to grab it whenever you require it and I'll be able to pull it off competently and quickly. And you sat back. What caused you to sit back?

Mary: Well, I want to get better so I'm trying to...

Wilson: Okay. So just manage the situation. What are you noticing?

Mary: Well, it's funny because I started thinking about being on the seat of an airplane and I did start to think about—that this feeling is very much the way I feel when I'm on the airplane and the door is closing.

Wilson: Uh-huh.

Mary: And yeah, I can breathe and I can switch that little air on if I need to, and—

Wilson: Uh-huh, unless you want to practice.

Mary: —and…

Wilson: So you're saying maybe you need to bring this pillow and some tape on the plane today in order to keep your number in control?

Mary: Eh, no. I don't think I'll go there.

Wilson: Oh, oh. Just checking. Tell me where your numbers are right now?

Mary: I'm managing to keep it at about a 60, 65 here.

Wilson: By doing what?

Mary: By breathing and by telling myself I can breathe.

Wilson: Uh-huh. Okay, good.

Mary: "I can breathe." It's not something I like but I can breathe and I had my eyes closed before because I didn't want to see how close the sheet was but now they're open.

Wilson: Did that do something to the numbers?

Mary: Yeah, it actually did. It made it probably go up five or seven notches.

Wilson: Okay. So, while you're…

Mary: It's kind of going up again because it feels like a long time now.

Wilson: Right. So while you're there we're about to end this in 15 seconds—

Mary: Okay.

Wilson: —and as soon as we end this and we take that off, we're going to go to the box and the box will be the last thing that we practice. So I'm coming to take that off of you now, unless you'd rather stay in it while we go in the box. Oh, look at the competence around taking that off. And you can remove the pillowcase when you want.

Mary: Wow. I never thought I'd get that far today.

Wilson: So you see the box?

Mary: Yeah.

Wilson: Last thing we're doing and then we're going to be done, is the box.

Mary: Okay.

Wilson: What are your thoughts and your feelings as we…?

Mary: The box didn't scare me as much as this and I still feel a little bit shaky from this.

Wilson: Okay, so let's get going with the box.

Mary: Okay.

Wilson: Okay with you?

Mary: Yeah.

Wilson: I'll take this.

Wilson: Okay—how are you doing? What's your number?

Mary: 60.

Wilson: 60…she says quietly. So, take a look, just see what you think.

Mary: Oh, it looks bigger on the outside.

Wilson: Mm-hmm. So if you step in I'll leave the door wide open. Not going to move the door, nothing's going to change. Just face me, orient there and tell me what you're noticing and where your number is. Talk to me.

Mary: I'm feeling like I want to back out.

Wilson: Mm-hmm, you can. We don't have to do this.

Mary: It's like a 75.

Wilson: Okay and tell me what it is that you're paying attention to that brings you to a 75.

Mary: You know, I don't know. It's just creepy being in a box.

Wilson: Mm-hmm.

Mary: And like it was creepy being in a pillowcase, though, and I got through that. And even [though] it was taped around my neck and I got through that.

Wilson: Is there a purpose to do something creepy with this box? Is there a…

Mary: Yes.

Wilson: What would the benefit be?

Mary: Okay, I want to get stronger and I want to get better and I want to realize that I can get through uncomfortable situations.

Wilson: Okay, and if we close this box and seal it will there be enough air for you? When I say "seal it" I don't mean—

Mary: Well, see I can't really—I like—I suppose there is.

Wilson: You suppose. Well, let's get clear about the facts: That there'll be enough air in there for you. There is. It's going to seep out here and come in up here and there's big cracks here—

Mary: Okay.

Wilson: —but we're going to close it—

Mary: Okay.

Wilson: —with a seal so that you cannot easily escape. You will not push the door open. It will be locked, so to speak. You can't—you can't go "I want out" and then you're going to push. I'm right here, it's—you see it's Velcro so I'll be right here.

Mary: Okay.

Wilson: How are you doing?

Mary: I'm nervous.

Wilson: Okay, what's your number?

Mary: It's a 65.

Wilson: Okay, you are going to put your game face on, so to speak.

Mary: Yep.

Wilson: I don't mean you have to change anything necessarily but just—remember, you're trying to—this is your work. So, I'm going to close it but not seal it. Just bring it over to here and then we'll see how you're doing, okay?

Mary: Okay.

Wilson: You're not going to see me anymore.

Mary: Okay.

Wilson: I mean, eventually you'll see me again.

Mary: Okay.

Wilson: Unless you suffocate, and then I'll...

Mary: Bye.

Wilson: So you notice the crack at the bottom? You got space and how are you doing at this moment?

Mary: This is okay.

Wilson: Yeah. Huh. Where's your numbers?

Mary: It's probably down to a 65.

Wilson: Okay, so understand what I'm going to do next is I'm going to seal it and we're looking for you to have the urge to want to have it open and tolerate the urge without demanding that I open it.

Mary: Okay.

Wilson: And if you say, "Open it," I'm going to instantly open it. I'm not

going to delay anything at all, so on your command I will instantly open it.

Mary: Okay.

Wilson: So, you are in control of this, all right?

Mary: Okay.

Wilson: You ready?

Mary: I'm ready.

Wilson: Okay. What I'd like you to do is push on it a little bit and see what happens when you push on the door. See, now you can't get out by your own volition at this moment so—talk to me. What's it like?

Mary: It's uncomfortable. It's really close.

Wilson: Define "uncomfortable."

Mary: It's probably still hovering around 70.

Wilson: Mm-hmm.

Mary: But...

Wilson: What would you have to say to yourself to make it go up to an 85?

Mary: I guess I would have to say, "He might not let me out."

Wilson: Uh-huh. Okay, you want to go ahead and say that inside your mind? Just to see if you can give yourself a little zing? What are you noticing?

Mary: It went up somewhat.

Wilson: Mm-hmm, okay. Tell me what you're noticing now? What are you thinking?

What are you feeling? Where's your number?

Mary: It's right up there around 75.

Wilson: What are you doing to manage a 75?

Mary: My muscles are really tense so I'm just flexing them and telling myself to relax.

Wilson: Okay and when you tell yourself to relax don't forget to respond to

the request. Let your body respond to the request of relaxing.

Mary: Okay.

Wilson: Now, I'm going to do something that you're not going to expect, okay?

Mary: Okay.

Wilson: I'm going to let you out now. Come on out.

Mary: When you said, "I'm going to do something you don't expect" I thought it was going to be worse so my heart started beating hard but my muscles stayed light and...

Wilson: So take a little break here and go sit down. Anything you would take from that experience in the box that was different or reinforced anything? How can you take advantage of what you just did?

Mary: Well, I think I can think about that on the plane; that was a much smaller space and that I can handle the experience.

Wilson: "Been there, done that," right? So the plane may feel really unique. That's what's going to happen. Your mind's going to go, "This is unique. I've not been in this situation before. This is dangerous." I want you to know that's how it will get you.

Mary: Right.

Wilson: And so you'll have little setbacks every once in a while—and they're just setbacks and then you got to go, "Oh, yeah. There it is."

Mary: Right.

Wilson: Is there anything you want to ask me or say before we close up this session and let you go get ready for your flight?

Mary: Well, thank you because I think we already made some progress and I'll let you know how the flight goes.

Wilson: Okay.

Mary: I don't really have any questions.

Wilson: Okay. So, I'm going to give a couple things. I'll give you my business card and I'm going to ask you to make contact with me in about 30 days.

Mary: Okay.

Wilson: And we'll set up a telephone to talk about how things have been going and how to do practices after whatever you've done in 30 days. So between now and 30 days from now I want you to go charge ahead.

Mary: Okay.

Wilson: This is the time to hit the pavement and get this stuff done.

Mary: Right.

Wilson: I'm going to give you my cell phone number and I want you to call me when you land in L.A. and leave me a message about how you're doing, or I'll talk to you on the phone if I answer. Is that okay with you?

Mary: Yeah.

Wilson: And one last thing—I want you to call me in two days when you land

in San Francisco. Okay with you to do that?

Mary: Yes.

Wilson: And if I don't pick up just leave me a message.

Mary: Well, if we don't have our telephone conversation in 30 days I will have taken a long, non-stop flight to Michigan and back just before then, too.

Wilson: Okay. And I'll be fine to move our contact up to before that. There's nothing holy and sacred—

Mary: Okay, okay.

Wilson: —in 30 days so if you want to talk to me before that flight instead, it'll be fine.

Mary: All right, thanks.

Wilson: So congratulations.

Mary: Thank you.

Wilson: So good luck with your practice.

Mary: Thanks. I appreciate it.

***

Video Credits

Special thanks to Reid Wilson for sharing his expertise, and to Mary for bravely appearing on camera.

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