

The Anxiety Cure

An Eight-Step Program for Getting Well

Completely Revised and Updated
Second Edition

Robert L. DuPont, M.D.
Elizabeth DuPont Spencer, M.S.W.
Caroline M. DuPont, M.D.



John Wiley & Sons, Inc.

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Also by the authors

The Anxiety Cure for Kids: A Guide for Parents

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*This book is dedicated to our spouses,
Helen, Spence, and Paul.
You are our strongest allies,
our unfailing supporters,
and our best friends.*

CONTENTS

Foreword	ix
Preface	xi
Acknowledgments	xv
Introduction	1

PART ONE: Learning about Anxiety

CHAPTER 1	
The Anxious Brain	17
CHAPTER 2	
The Vocabulary of Anxiety	31
CHAPTER 3	
The Six Anxiety Disorders	48
CHAPTER 4	
Medicines and Therapy	54

PART TWO: The Anxiety Cure: Eight Steps to Getting Well

CHAPTER 5	
Step 1: Become a Student of Your Anxiety	83
CHAPTER 6	
Step 2: Use Wizard Wisdom to Tame the Dragon	93
CHAPTER 7	
Step 3: Practice—Put Yourself in Your Discomfort Zone	103
CHAPTER 8	
Step 4: Use Support People—Relate to Others about Your Anxiety	112

CHAPTER 9	
Step 5: Evaluate Stress and Other Biological Causes of Anxiety	120
CHAPTER 10	
Step 6: Evaluate Your Need for Medicines and Therapy	133
CHAPTER 11	
Step 7: Structure Your Life without Anxiety	147
CHAPTER 12	
Step 8: Plan for Lifelong Recovery	158

PART THREE: Dimensions of Anxiety

CHAPTER 13	
Anxiety and Terrorism	175
CHAPTER 14	
Anxiety and Depression	195
CHAPTER 15	
Anxiety and Insomnia	200
CHAPTER 16	
Anxiety and Addiction	207

PART FOUR: Anxiety over the Life Span

CHAPTER 17	
Anxiety and Friends, Family, and Support People	215
CHAPTER 18	
Anxiety and Your Work Life	227
CHAPTER 19	
Anxiety and Aging	235
Glossary	243
Suggested Additional Reading	245
Resources	247
Index	249

FOREWORD

Welcome to *The Anxiety Cure*, a warm, wise, and thoroughly wonderful book for people with anxiety disorders and for everyone who cares about them. As a clinician, educator, and patient advocate, and having overcome my own debilitating height phobia, I know firsthand the importance of offering those who suffer from an anxiety disorder accurate, up-to-date, and inspirational information. This book clearly accomplishes this while also outlining roles for family members and welcoming them into the healing process, should they care to participate. Friends and family members involved with someone who is actively seeking treatment for an anxiety disorder, as well as one who is reluctant to try to get better, will find help in this book.

This is a book about which I care a great deal. Its warm tone, caring message of hope, and clear path to getting well will bring lifesaving help to individuals and families in all parts of the country. This book will help you make the best use of modern medicines and of the new nonpharmacological treatments for anxiety disorders. Using the eight steps detailed in this book, you will cover all the important paths to finding your road to recovery. Among other things, you will learn ways to cope with anxiety, evaluate your need for medication and therapy, and recruit your own support person to help you on your journey to win your own “anxiety cure.”

Let me introduce the team of authors: a father and his two daughters, each a mental health professional specializing in the treatment of anxiety disorders. Bob and Caroline are psychiatrists, and Elizabeth is a clinical social worker. This book is the culmination of a dream of sharing their family story and their new treatment techniques for anxiety. They work together in Rockville, Maryland, as researchers and treatment providers. While not listed as an author, the fourth member of this family team, Bob’s wife and Caroline and Elizabeth’s mother, Helen, is an important part of this story, too, since she runs the family and also manages their practice.

The authors came to this work through their own family’s confrontation with anxiety. Their initial recognition of the problem and their

determined efforts to find effective ways to overcome handicapping anxiety are the driving force behind *The Anxiety Cure*. The authors share their own and other anxiety sufferers' hard-won knowledge as they show you both the pains of the anxiety disorders and the joys of release. They make anxiety understandable and ultimately manageable by characterizing panic as a "dragon." They show you how the dragon gets its influence over you so that you can tame it, rather than cowering from its terrifying displays of power.

Bob and I met when we teamed up to create the Phobia Program of Washington in 1978. Over the next five years the Phobia Program grew to have active treatment centers in six East Coast cities, treating in that brief time over ten thousand patients suffering from an anxiety disorder. We also teamed up to found the Phobia Society of America (PSA) in 1980. Bob served as its first president. Later, PSA became the Anxiety Disorders Association of America (ADAA), of which I have served as president for more than a decade.

I first met Caroline and Elizabeth when they were in elementary school, and as a family friend and Bob's professional alter ego, I shared their growing up and their educations. I experienced with them Caroline's early anxiety problems and her eventual mastery of her anxiety. I came to have a special relationship with her as we traveled together speaking about anxiety disorders in children, a serious and largely untreated problem that is still underappreciated by most anxiety experts and by parents, teachers, and pediatricians. Caroline has a fabulous gift not only for telling her story but also for bringing others, including children, to an understanding of the problem of clinically significant anxiety and what to do about it, a skill that she has carried into her professional career. Elizabeth brings with her a practical, optimistic, can-do approach with an incredible amount of empathy for those suffering from anxiety disorders. These are special young women who have great gifts as therapists, teachers, and writers.

As you work toward overcoming your anxiety problem, I hope you will turn to ADAA and to other local and national organizations that are devoted to helping people with anxiety disorders. These organizations, which are listed at the end of this book, can provide you with additional information and resources, as well as helpful networking opportunities.

Get ready for an adventure with these three to guide your travels through this book. It is an unforgettable trip with a priceless reward at the end: freedom from the prison of anxiety.

—JERILYN ROSS, M.A., L.I.C.S.W.

P R E F A C E

Guide to the Anxiety Cure Program

This book is for you if you are suffering from an anxiety disorder yourself or are concerned about someone else who suffers from one of these common, painful, and sometimes crippling problems. You will read about our family struggle with anxiety, be introduced to the brain biology of anxiety, and learn about choices in medicines and therapy for treating anxiety. Our program builds on two decades of experience helping thousands of clinically anxious people, as well as their friends and families, to live full lives without being limited by anxiety. The Anxiety Cure is an active, high-impact, goal-oriented treatment program to get you on the road to recovery. This is a program that can be tailored to the needs of each anxious person. You can use this book on your own, or in conjunction with individual or group therapy or medication treatment with a doctor.

This book is different from other books about anxiety disorders in two ways. First, it is written by a family whose perspective is that friends and family members are important in stages of the recovery process. Throughout the book we have special sections for friends and family that will help the people who care about you learn how to help you deal with your anxiety. Second, we have encompassed our two professional areas of training in this book, psychiatry and social work. Psychiatry currently views anxiety as a brain disorder and stresses cognitive-behavioral therapy and medicine. Social work sees a person in an environmental context, so the anxious person's family, job, and community involvements are all useful parts of treatment. We work together in our practice, so we know that these two approaches complement each other well. We have brought this teamwork approach to the Anxiety Cure program.

If you have picked up this book because you are experiencing high levels of anxiety and have never before been in treatment, you may find Part One of this book to be too confusing for now. You may find Part Two, Steps 1 through 8, to be the most helpful parts of this book to get you started. Later you can come back to understanding the brain biology of anxiety. Now you will want to begin to get well without delay.

If you are a friend or family member of someone who suffers from anxiety, you will find help geared especially for you. People who care about a person suffering from an anxiety disorder are frequently unsure about what to do to help. They realize that what they do about the anxiety has an impact on the anxious person, but often no solution seems possible. In *The Anxiety Cure* we outline important roles for caring friends and family. You will find references to what friends and family can do throughout this book. We highly recommend that you read Part One, Chapter 1, “The Anxious Brain,” to get a clear understanding that the anxiety disorders are real, biologically based illnesses. See especially the Tips for Friends and Family highlighted at the end of each of the eight steps in Part Two, “Eight Steps to Getting Well.” In Part Four you will find Chapter 17, “Anxiety and Friends, Family, and Support People,” to be especially helpful.

The Quick Alternative

For some people, reading this whole book, much less doing all the exercises we suggest, will be overwhelming. Try our shortcut if you feel you cannot manage the whole program for one reason or another.

Start the shortcut program by reading the table of contents. Mark the chapters of special interest that you want to read as time permits. Be sure to read the following chapters:

Part One

Chapter 1, The Anxious Brain

Chapter 2, The Vocabulary of Anxiety

Part Two

Chapter 6, Use Wizard Wisdom to Tame the Dragon

Chapter 7, Practice—Put Yourself in Your Discomfort Zone

The two most important lessons to take away from *The Anxiety Cure* are:

1. Change your thoughts about your anxious feelings so that you recognize the physical symptoms of anxiety as merely false alarms of danger that are being sent to your body because your brain's normal fear response is occurring at the wrong times. Remove the fear of these feelings from these triggering feelings and they subside.
2. Change your behavior of avoidance to actively seek practice opportunities to systematically disconnect the association you now have between anxious feelings and avoided situations. Make your feared experiences familiar and the fear goes away.

If you do those two things—change your thoughts and your behaviors—you will begin to get well from your anxiety problems, even if you do none of the other work suggested in this program. Additional information in this book will speed your cure and help you cope with inevitable setbacks you will encounter on your road to recovery. Even small changes in your thoughts and behaviors are the main engine of recovery from anxiety problems. There is no good reason not to do something about your anxiety problem now. You picked up this book because you are suffering. Even if our ideas sound too hard, or like things that you have tried that have not worked before, it is important to try something new to get well. Many paths can lead to a cure. You must start somewhere to find the one that will work for you. Give the short program a try. When you encounter problems, take time to read the rest of the book and do the other suggested exercises. Above all, *get started!*

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Our families have encouraged us to keep writing about the ways that we have found to overcome anxiety in our personal and professional lives. Thank you for your love and support, Helen, Bill, Paul, Spence, Robert, David, and Colleen. Thanks to Janice Carroll for the fierce dragon illustration.

We acknowledge our reliance on the pioneers who created the modern treatments for anxiety disorders. Over the past thirty years we have worked with thousands of professional colleagues, each of whom has contributed to our understanding of these cunning, baffling, and powerful diseases. While we cannot here name all of these experts upon whose strong shoulders we now stand as we look to a future when all who suffer from an anxiety disorder can learn what is wrong with them and what to do about it, we call your attention to seven early leaders who created the modern “phobia clinic,” a professional organization dedicated to helping people crippled by anxiety regain control of their lives. Manuel Zane, M.D., and Doreen Powell developed the White Plains Phobia Program while Arthur Hardy, M.D., and Nancy Flaxman built the TER-RAP program in California, which later spread thought the nation. Martin Seif, Ph.D., from the Roosevelt Hospital Phobia Program, also had an early and sustained influence on our work. R. Reid Wilson, Ph.D., was another early leader in this rapidly developing field. In the late 1970s, when new hope emerged for the successful treatment of anxiety disorders, everyone in this field gratefully acknowledged their indebtedness to Claire Weekes, D.Sc., the Australian general practitioner who gave so

much to therapists and patients alike through her brilliant, unique, and effective books.

These early leaders all focused on what is now called the cognitive-behavioral approach to the treatment of anxiety disorders. In the 1980s a whole new movement was created on the solid foundations laid in the 1960s and 1970s by Donald F. Klein, M.D., the creative psychiatrist who showed the way using medicines to block panic attacks and other anxiety symptoms. He was later joined by James C. Ballenger, M.D., Bruce Lydiard, Ph.D., M.D., Jonathan Davidson, M.D., and what ultimately became an army of physicians who brought new hope to people with anxiety disorders through medical treatments. In the early 1990s the National Institute of Mental Health (NIMH), under the wise leadership of Fredrick K. Goodwin, M.D., began to nationally disseminate new important information about treating anxiety disorders both through the cognitive-behavioral approach and through medication. We gratefully acknowledge our debts to these few named leaders and to countless other professional colleagues who have helped us to learn about anxiety disorders and to find better ways to help cure them.

We, like everyone who is concerned about anxiety disorders, are indebted to Jerilyn Ross. Jerilyn and Robert DuPont cofounded the ADAA. Jerilyn is not only a brilliant therapist but is also the one person in the world who has been most responsible for the dramatic improvement in the lives of anxious people through her two decades of leadership of the ADAA.

Most of all, we want to thank our patients. You are our teachers and our inspiration as we watch with respect the hard work you do every day to live your lives fully, without restrictions from your anxiety. It is a privilege to be your therapists.

INTRODUCTION

A Family of Mental Health Professionals Deals with an Anxiety Problem

We come to the field of anxiety disorders with strong personal feelings about how much pain anxiety causes its sufferers and their families. While we have pursued our professional lives with excitement as we participate in the research and learning that has improved the help that is available, our personal encounter with anxiety is the driving force behind our focus on this field. To understand our motivation, it is important to understand our family's story. We are a father and two daughters. When Elizabeth was about five years old and Caroline about three, they were briefly locked in a closet together during a game of hide-and-seek. Elizabeth showed no ill effects from the experience, but Caroline developed a disabling claustrophobia. Starting in first grade, she was terrified of having the classroom door closed, and of being in an elevator. This was not only profoundly distressing to Caroline, but it was disruptive for the entire family. Travel was difficult, as elevators would be unexpectedly part of our hotel stay or museum trip, and almost any event could end in tears if Caroline had to go to the bathroom in a place where there was a toilet stall without a space under the door. Our family was, in a sense, trapped with Caroline. We did not have any idea of how to help her with this debilitating fear.

We learned how to treat anxiety with exposure and response prevention as part of the contextual therapy pioneered at the White Plains Phobia Society. This learning took place when Caroline was nine. After several long years of watching her torment and having no idea what to do, we had an understanding and a plan of action. Caroline was suffering

because she avoided the places she was frightened of. Because of her avoidance, she could not learn that those places weren't really frightening. We had enabled this fear to continue by mistakenly giving her the idea that those places really were scary every time we let her not go into them. We now understood that her fears were understandable and painful but that she could get over them with practice. That meant she needed to spend a lot of time with us riding in elevators.

Although this family encounter with anxiety happened long ago, the impact on all of us has been profound and lasting. We start our book with our own family story, told in turn by each of the three authors. There is no way to explain the story with the emotional depth that it requires without letting each of us describe the feelings that we endured. While most of this book takes a respectful look at the feelings anxiety causes, and explains how the feelings are misplaced, in this section you can see that we do not come to our recommendation from want of understanding how powerful the emotions themselves are for everyone in the family.

Dr. Robert DuPont's Story: Valuable Lessons

The first time I learned about what I now know to be anxiety disorders was when I was about ten. A favorite aunt was afraid of snakes. At the time, I was fascinated by snakes, so this fear of what fascinated me was incomprehensible. Once when my aunt visited, I caught a snake—something I often did for fun. I brought the snake back and, as my aunt was leaning down, I whipped the snake out from behind my back to show her my treasure. She screamed so loudly that she scared me and I dropped it. My aunt ran away horrified. I was shocked and mystified.

Later, my grandfather developed claustrophobia after he had a retinal detachment and lost some of his peripheral vision. He could no longer sit in the backseat of a two-door car, and he often had to drive with the window open when he sat on the passenger side of the front seat.

I noticed even later that my mother was frightened when one of her children got near an edge that she took to be dangerous. She later admitted to a height phobia. She surely never got on a ladder.

When I was a resident in psychiatry at Harvard Medical School in the early 1960s I treated a female graduate student with a fear of bridges. She was admitted to our psychiatric hospital. All my teachers were psychoanalysts, and I was taught that fears were repressed sexual impulses.

I asked this patient about her sexual thoughts about bridges and crossing them. She checked out of the hospital figuring that the doctors there were even crazier than the patients.

When I started my own private practice, a patient who was an elementary school teacher came to see me because of her inability to drive to and from work. I figured her problem was regression and that she was inappropriately dependent on her husband to drive her back and forth to work because her needs as a child had not been met. We talked about these ideas twice a week for three years. She got less dependent and did well in many ways, but she still did not drive.

One day she brought in an article from *Glamour* magazine about a new treatment for a disorder called “agoraphobia.” I read the article and set it aside, returning to my previous approach to helping her, which I was sure was just what she needed. She was not satisfied with this approach, and after a few weeks of encouraging me to take the article seriously, she told me she had found the telephone number of the psychiatrist who was quoted in the article as an expert in this new form of treatment. She gave me his name and phone number. It took me a while to overcome my unreasonable confidence in my own unsuccessful approach, but finally I called Manuel Zane, M.D., at the White Plains Phobia Clinic outside New York City. He took my call and patiently explained to me that this new approach involved going with the patient into the situation that produced the phobic fear and helping the patient manage the overwhelming and terrifying feelings that arose in that situation. Never in all of my training as a psychiatrist had I been advised to go anywhere with patients, most surely not to go driving with them.

I discussed this conversation with my patient, who told me the school year was ending and she had relatives in White Plains. She proposed that we both go to the White Plains Phobia Clinic and see what they had to offer us. After I talked with her husband about this idea and with Dr. Zane, with whom I had developed a relationship by phone, they booked a flight to New York. My patient stayed with her family while I took a hotel room near the hospital. I practically moved in with Dr. Zane and his wife as I worked with him and the wonderful program he founded. I learned about Claire Weekes, M.D., the Australian general practitioner who had written about phobias and anxiety.

In learning about anxiety and its treatment, I felt like a blind person who discovered sight as an adult. My new colleagues and the programs they had founded were my teachers and my role models.

My agoraphobic patient stayed in New York for the summer of 1977 while I returned home. Dr. Zane began to refer patients to me, since he had no one else to send patients to in the Washington metropolitan area for this new way to treat agoraphobia and other anxiety disorders. I felt inadequate to the task as I tried to interest some of the largest clinics and hospitals in the Washington, D.C., area in this new form of treatment. To my surprise, no one was interested. They had not been to the White Plains Phobia Clinic, and they had no idea how inadequate current treatment was and how much better it could be. When I tried to explain it to them, they acted as if I had fallen under the spell of a cult. In desperation I started to put together groups of phobic people much like the groups that Dr. Zane and Dr. Hardy, a psychiatrist from Menlo Park, California, were running. Since Dr. Zane ran groups at his home, I did the same at my home.

Then a young woman named Jerilyn Ross called, saying she had been a high school teacher in New York. Her friends at the Roosevelt Hospital Phobia Clinic told her that I was starting a similar program in Washington, where she had decided to move. She had worked hard to overcome her own phobia and understood the new techniques, based on her work dealing with her own anxiety disorder. She also proved to be the most gifted anxiety disorders therapist with whom I ever worked.

This group of pioneers was a team. I had never had so much fun as a doctor. My family's home in suburban Maryland was bursting at the seams with phobia groups night and day, six days a week. Our neighbors never complained as the patients' cars filled the streets, but normal life at home became so difficult that in 1979 my wife, Helen, helped me to find an office in Bethesda, Maryland. We moved the Phobia Program of Washington out of our basement.

Later Jerilyn and I traveled to the annual White Plains Phobia Program meeting. I proposed that we create an organization to advocate for the needs of patients and therapists as well as to educate them and the public about the new forms of treatment for anxiety disorders. Manuel Zane, M.D., Arthur Hardy, M.D., Martin Seif, Ph.D., Doreen Powell, and Nancy Flaxman, along with Jerilyn Ross and me, founded the Phobia Society of America (PSA). I was the organization's president. We focused on the word *phobia* rather than on the word *anxiety*, since we were providing treatment that helped people overcome their fears of particular activities, such as the agoraphobic's fear of driving, which had gotten me into this new world in the first place. Later the group

extended to an interest in using medications to help anxious people. A wider group of leaders was recruited, including the academic leaders, most of whom were committed to using medications to help anxious patients. Reflecting this new, broader focus, the organization was renamed the Anxiety Disorders Association of America (ADAA), and Jerilyn took over as president.

Over the years I have lost track of the patient with whom I traveled to White Plains in 1977. But that trip changed my life at least as much as it changed hers. After a decade of immersion in the problems of addiction to alcohol and other drugs, I began a new life in the world of anxiety disorders.

In 1983 I met Dr. Claire Weekes at a meeting of the Phobia Society of America. I spent most of two days with her. At one point when I was talking alone to Dr. Weekes, I asked her if she'd ever had a panic disorder. She said, "Yes, I have had what you call panic attacks. In fact, I still have them. Sometimes they wake me at night." I told her I was sorry to hear that. She looked at me with shock: "Save your sympathy for someone else. I don't need it or want it. What you call a panic attack is merely a few normal chemicals that are temporarily out of place in my brain. It is of no significance whatsoever to me!"

I was amazed by that response. This remarkable eighty-year-old pioneer was showing me the ultimate in the cognitive restructuring of panic attacks. Dr. Weekes, using the techniques she teaches others through her inspired books, had taken the menacing meaning entirely away from the panic attack. She gave those attacks no power whatsoever, simply letting them pass and getting on with her life. Few sufferers from terribly painful panic attacks ever reach the heights of cognitive restructuring reached by Dr. Weekes, but her message was clear, and it was accessible to all people who would make the effort to learn it: *the bonus people receive for recovering control of their lives from an anxiety disorder is that the techniques learned to overcome panic disorder have a broad application in all of life's other difficult problems.*

These professional developments, however, do not explain my deep and personal interest in this field from the start. Why was I so fascinated by the patient's driving phobia, and why was I so excited by the new treatment I discovered in White Plains? To understand that you have to know that my two daughters, my coauthors on this book, were stuck in a closet for about fifteen minutes when they were small. While Elizabeth showed no ill effects from the experience, Caroline developed a claustrophobia over

the following few years. When she started school at age six, she had a terrible time with separation. She would cry and cling when her mother or I took her to school. Helen handled the problem by firmly telling Caroline that everyone in the family had a job and that her job was to go to school. Helen explained that she would be back to pick up Caroline at the end of the school day and that in the meantime her teacher would take good care of her. Then Helen turned Caroline over to her teacher and walked out, despite Caroline's sad tears of entreaty to stay with her.

My approach was different. I sat down and talked with Caroline about her fears. But as we talked, it became clear that Caroline had no idea what she was afraid of and that the longer we talked, the more scared she became.

Once in school, Caroline had another anxiety problem. She was terrified of having a door closed, such as the door to her classroom or the door to a toilet stall. In preschool, her teachers accepted this and left the classroom door ajar, which felt safe to Caroline. At this time, I was not involved in the treatment of anxiety disorders, so I did not label her problem clearly as a psychiatric disorder. What I did see was Caroline's claustrophobia in elevators. When it came time to get into an elevator, she cried and pleaded with us to take the stairs instead, no matter how high we had to go in the building. I tried demanding that she go in the elevator, and she sometimes would, but her distress was so real and so obviously severe that it was a terrible experience for both of us.

When Caroline was nine, I went to White Plains to learn a new way to understand anxiety and its treatment. I had a new way to think about Caroline's problem with elevators and closed doors and a new way to help her: I told Caroline that her fears were understandable and painful but that she could get over them with practice, just as she was then practicing her strokes as a member of the neighborhood swim team. That meant she and I needed to spend time together riding in elevators and closing doors in a gradual way while she was in full control of the exposure.

In the spring of 1978, when Caroline was ten, she proudly announced at my birthday party that she had a special gift for me: she would go with me to a tall building and take the elevator alone to the top and back down again while I waited for her on the ground floor. I could not wait but went that day to the tallest building I could find (which in Washington was about ten stories), and I stood outside that elevator as Caroline pushed the "up" button with a big smile on her face. She had to wait a while to get in an empty elevator, since going on an elevator alone was harder for her than going with other people. Finally a door opened, and

there was an empty elevator. Caroline got on, waved good-bye, and disappeared behind the closing doors. It was a long time as I watched the indicator over the elevator record her progress to the top and then back down. At long last the door opened, and my proud and happy ten-year-old daughter leapt into my arms. That was the best birthday present I ever received.

Over the next few years, as I treated more than seven thousand clinically anxious people, many of our family conversations dealt with anxiety in its many disguises. As a family we often went to the local county fair in August. In 1979 I noticed something new: I had a smoldering nameless terror when we got on the Ferris wheel and it stopped at the top of its cycle with our little carriage seemingly swinging wildly in the wind as I looked out over the fair below. I told my daughters that I seemed to have developed a height phobia late in my life or, if I had had it before, I had not noticed it. Starting that year and extending to the present, the girls took turns helping me with my phobia practice as they took me up on the Ferris wheel over and over. I still have twinges when I do it, but I never fail to get on that Ferris wheel each year.

Facing your fears, with the help of those who love you, has become a family coping strategy that goes far beyond just dealing with anxiety. Rather than hide our fears or weaknesses, we have found that talking about them and, even more important, practicing them, is a source of both pride and pleasure for us all. We have learned to turn our problems in life into opportunities and our setbacks into springboards. We learned this valuable lesson from our exposures to Caroline's anxiety. For that gift we are all grateful.

As great a gift as that lesson has been, however, it was not the most recent gift from that dragon. Not only did anxiety give my career a new life and direction, but now, with the writing of this book, I have fulfilled my dream of working with my now-grown daughters on a project we all care about with deep passion. This book, and the loving work we are putting into it together, is another gift from the anxiety that for so many years terrorized our family.

Caroline's Story: Anxiety Is My Companion

Anxiety is my companion. In some ways, I might even say it is my friend. It was not always that way. In fact, for many years we were mortal enemies set on destroying each other. I don't remember when my relationship with anxiety began, but the family story is that when I was about

three, I was locked in a dark closet with my older sister, Elizabeth, while playing hide-and-seek. We were not locked in for long, and my sister suffered no ill effects. However, in me it apparently was the trigger for the development of claustrophobia, which is an overwhelming fear of being trapped in a closed space.

By the time I started first grade, I was terrified of being in a room with the door closed. My teacher was a wonderful woman with traditional ways. She believed that the classroom door should be closed when class was in session; she would not change her ways for me, a phobic child. I was terrified. It was the terror that comes from a life-threatening situation, not from a closed classroom door.

One morning my teacher outlined The Plan. Those two words—The Plan—will always be capitalized in my mind. In her no-nonsense way, she explained that the day in her classroom was always the same. She would close the door at the beginning of each class day and open it at the end. I never had to worry that she would close it one day and not open it again. This directly addressed my fears and gave me a way to reassure myself when anxiety hit. From then on, I could cope better with school, and I made it through first grade with few difficulties. The words *The Plan* became a mantra in our home. “Caroline, today this is The Plan,” my mother would say as she outlined my activities for the day. The Plan was comforting and reassuring. As long as I understood The Plan, I could cope. The Plan allowed me to know ahead of time what was going to happen on a given day and took away the constant anticipatory anxiety that I would unexpectedly be forced into a fearful situation.

Identifying the problem was only the beginning of my long road to peace and acceptance. For six long years I suffered. My friends and family suffered along with me.

Although I was a happy and outgoing child with family and friends, I was shy at school. I had low self-esteem. I could not spend the night at my best friend’s house because she might sleep with her door closed. I could not go places without my mother because I might be trapped by my fear. I was not trapped physically, but I was unable to go where my friends went, so I was trapped by my own fear and I was left behind. I also worried about my family. Every time we were separated, I would think about all of the horrible things that might happen to them. My fears were hard on my family, and I often felt ashamed of the scenes that I caused and the things we all had to miss because of my anxiety and avoidance.

Any closed-in space was a problem for me, but elevators were the worst. I felt that elevators were almost evil. The doors would stay open

too long or close too quickly. The elevator would make strange sounds, or the elevator would be stopped too long before the doors slowly opened. In my imagination, any deviation from the expected was the sign that this elevator on *this* ride was going to malfunction.

How could I explain that the fear really did not go beyond the terrible feeling of being trapped? I really did not worry about anything beyond that. Nothing, in my mind, could be worse than that. How could I explain that I never felt trapped in a car when the door was closed? It took longer to get out of a car than to get out of an elevator on the next floor. One scared me, the other never did. I learned that panic is not rational. That just makes it more disturbing and far harder to explain to yourself or to anyone else.

Systematic Desensitization

At about the age of ten, the disparity between my usual happy, outgoing self and the shy, frightened inner self became more obvious to me and to my family. But what could we do? Over the years, my father had become involved in treating several patients with phobias. He learned of a new technique called systematic desensitization. In this process, the phobic person is gradually exposed to the fearful activity until the fear and the activity are no longer matched together. For me, the process involved gradually working up the courage to ride on an elevator alone.

Dad and I started the process of systematic desensitization by sitting at home and talking about elevators. For people who do not have anxiety, it can be difficult to understand that simply talking about the anxious situation can cause terrible feelings of panic. After I became comfortable discussing elevators, we moved up to driving to a building that had an elevator in it and sitting in the parking lot. We sat in the car and talked about the elevator and my fears. During these early stages we also researched the history of elevators and learned how they worked. Eventually, we started going into the building and watching the elevators, then getting in but not letting the door close, then going one floor and walking back down in a stairwell. The big hurdle, which seemed impossible until the very end, was riding in the elevator without my father. Together we came to talk of my fears as a dragon that descended on me. My phobic dragon used fear to cage me. I learned that I had to face and to accept that dragon to regain control of my life.

There was a fairly long gap between the time I was able to ride in an elevator with my father or another trusted adult and the time that I rode

in one alone. My hesitation to try this last hurdle must have frustrated and disappointed my father. Finally, I made my decision and did it.

So I rode the elevator by myself and was cured forever, right? Wrong. But the tables had turned on that dragon. I had found the key to conquer my fears. It was many years before I rode in elevators without a second thought, but I never avoided an elevator again. I entered high school with confidence. I began to realize that the lessons I learned were useful and valuable to other people. I began working with my father and his colleague Jerilyn Ross to help other children with anxiety. I spoke on several television programs about my phobia and how I had overcome my fear. The confidence I gained more than made up for the confidence I had lost in the early years.

The lesson I learned not only cured my claustrophobia, it also taught me about life. Many problems in life appear terrifying and unmanageable, but they can be solved by following the same principles that got me on that elevator. Identify the problem, break it down into little steps, take one step at a time, be proud of your successes (even little ones), keep your eye on the goal, and keep moving toward that goal.

Some people ask me if I am still afraid of elevators. I can say with all honesty I am not. The moment I knew that for sure came when I was a resident in psychiatry at Johns Hopkins Hospital. I had been riding elevators without thinking about it for years, but nothing had ever tested my fear of really being trapped. One night I was the doctor on call for the entire psychiatric hospital. *On call* means that besides my normal daily responsibilities, it was my turn to stay the night and take care of any psychiatric patients who required admission or had other problems during the night. I stepped onto the elevator at about 4 A.M. to go down to the emergency room to treat a new patient. I was very tired, and it was clear that I would get no sleep that night. The doors closed, and the elevator began to move. Then it stopped. At first I was calm and pushed the “door open” button. Then I pushed other buttons. Absolutely nothing happened. I began to get scared, my heart pounded, and I felt dizzy. I was trapped! Then it dawned on me: if I was trapped, I could not see the patient in the ER. It was comforting to think that there were other doctors to care for him, so it was not necessary for me to reach the ER right away.

If I was trapped in the elevator at 4 A.M., then nobody would blame me if I lay down on the floor of the elevator and slept a little! Just then, the elevator began to move again, and soon I was busily working in the ER. The significance of finally being trapped in an elevator—my very worst childhood fear—did not strike me until several nights later. I was