

**Workshop on Anxiety – Settling the Unsettled: Integrating
Therapeutic Approaches to Depression and Anxiety Disorders**

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- I. Defining Anxiety—impending doom; loss of control; unresolved arousal; anticipatory tension, including fear of not being good enough/failure.
- II. Dr. Z, “Help me!” McDonalds. Ericksonian Assumptions: Resource elicitation. Orienting toward. Not based on “psychoeducation.”; “Knowing” and “Realizing.”; Staying Structural; Being Experiential
- III. The panoply of anxiety disorders: Adjustment reaction; Simple phobia; Agoraphobia; GAD; PTSD; Panic Disorder; OCD. The problem of co-morbidity.
- IV. Mr. Fear says: “There is threat: React!” Mr. Anxiety says: “There is perceived threat: Prepare!” Mr. Depression says: “There is perceived threat and nothing I can do will help: Ignore! Collapse!” Mr. Panic says, “I am afraid of dying or losing control!” Mr. Stress says: There is pressure: React. Mr. Burnout says: “There is no way to achieve my essential goals. I have had it.” Ayala Pines’ work.
- V. Use the elements of communication to determine the phenomenology of anxiety; Mapping the structure of the problem and solution vs. mapping the developmental history. Promoting systemic change.
- VI. Hypnosis as an example of a phenomenological perspective.
- VII. How does the person “DO” anxiety. Anxiety-ing.
- VIII. Three “Diamonds”: Hypnosis/Phenomenology/Meta-Model.
- IX. Major Categories for Maps: Phenomenology; Systemic Aspects (internal and social); Process; History; Psychodynamics
- X. Anais Nin: "Anxiety is love's greatest killer. It makes others feel as you might when a drowning man holds on to you. You want to save him, but you know he will strangle you with his panic."
- XI. Exercise in groups of six: Therapist, Patient and four Observers numbered 1-4:
The Four “P’s”
 1. Phenomenology (internal)
 2. Physiology (Somatic signs) (internal)
 3. Pattern of interaction (social)
 4. Process or sequence. (internal and social)The Four “S’s”
 1. State -- Phenomenology (internal)
 2. Somatic signs (internal)
 3. Social Pattern (interaction)
 4. Sequence—Temporal Process (internal and social)

All observers should list five items (or steps for Process/sequence). Patient speaks in sub-vocal speech or the language of “Bah.” Therapist should keep the patient speaking by asking general questions. The therapist should ask what the anxiety is like and what the “trigger” experience is. Also ask what happens before and after the trigger. The therapist should give advice, “Why don’t you _____?”

After the exercise, share perspectives; tell the patient your “map,” and get feedback from the patient. Therapist can coordinate and summarize the feedback.

- XII. The Phenomenology of Anxiety (primarily intrapsychic)
- a) Project into the future;
 - b) Suffer anticipatory shame
 - c) Suffer anticipatory anxiety: fear of symptom or trigger, and oversensitive to each\
 - d) Fear possible loss of control
 - e) Summate “reach back” and “after burn.”
 - f) “What if.”
 - g) “I can’t stand it!” “Get away!” “I can’t” “it will never end!”
 - h) “I am not adequate enough”
 - i) Agitate
 - j) “Looping” (Preoccupation)\
 - k) Worry
 - l) Religionize doubt
 - m) Sensitive—internally
 - n) Irritability
 - o) Hyper-vigilant externally
 - p) See threat—failure of denial
 - q) Magnify threat
 - o) Magnify uncertainty
 - p) Magnify sensations
 - q) Magnify deficits
 - r) Imagine the negative
 - s) Generalize negatives
 - t) Negative judgment
 - u) Self-attack
 - v) Minimize positive
 - w) Suppress feelings
 - x) Feel trapped
 - y) Constrict/restrict behavior
 - z) Move fast
 - aa) Risky Behavior
 - bb) Gesture inwardly
 - cc) Compulsivity including sexual compulsivity, gambling, etc.
 - dd) Behaving intuitively (Doing a neutralizing activity)
 - ee) Trying to hard to succeed to succeed
 - ff) Perfectionism—especially with panic
 - gg) Procrastination
 - hh) Over function
 - ii) Over control
 - jj) Dissociate
 - kk) Possibility into probability
 - ll) Focus on things that cannot be changed
 - mm) Overwhelm (with responsibilities for example)
 - nn) Memory of previous anxiety (flashbacks)
 - oo) Magical thinking (Cognitive distortions)
 - pp) Belief systems (the world is a scary place)
 - qq) “Seefeeldo” [see diagram]

- XIII. Social/Interactional aspects
1. **Relinquish control (relational)**
 2. **Disconnect/distance (relational)**
 3. **Doubt—failure of reassurance (relational)**
 4. **Defensiveness (relational)**
 5. **Helpless (relational)**
 6. **Social aggression (relational)**
 7. **Social suspicion (relational)**
 8. **Grasping/Clinging (relational)**

9. **Mind-reading (relational)**
10. **“Hot potato” (relational)**
11. **“Overadapt” (relational)**
12. **Jealousy (relational)**
13. **Family feeling (relational habit)**
14. **Controlling (relational)**
15. **Acting Out (relational)**
16. **Reveal too much. T.M.I. (relational)**
17. **Playing “Chicken Little” (relational) (“The sky is falling down!”)**
18. **Finding Nervous people to be with (relational)**
19. _____

XIV. Physiology (Somatic Sensations)

1. Rapid heartbeat
2. Sweating
3. Clenching
4. Breathing shallow and rapid
5. Dry mouth
6. Stomach tightness/aches
7. Light-headed/ Dizzy
8. Restlessness
9. Hot
10. Cold
11. Restless
12. Visual disturbances
13. Crying
14. Insomnia
15. Parathesias (tingly and numbness)
16. Choking
17. Lump in throat
18. Difficulty swallowing
19. Nausea
20. Muscle spasms
21. Depersonalization
22. Agitation
23. Breathlessness
24. Shallow breathing
25. Flushing
26. Blinking
27. Increased blood pressure
28. Somatization
29. Gasping
30. _____

XV. Process/Sequence Process A. (General example)

1. “What if _____?”
2. Tension (trigger sensation)
3. Exaggeration of tension
4. “Oh no! It is happening again!”
5. Symptom generalization
6. Panic
7. Social withdrawal
8. “Why didn’t you _____”
9. Shame

Process B. Summate “Reach back” and “After burn.”

XVI. Issues in assessment

1. Process- “anxiety-ing
2. Determine the sequence (pattern disruption)
3. Phenomenology
4. Systemic aspects

5. How does this person do anxiety
 6. Strategic minimal steps for solution
 7. Physiology
 8. Contextual aspects
 9. Assessment is a treatment plan
 10. Assessment is intervention
 11. DAM VTR
 12. Reframe/redefine during assessment
 13. Analogy
 14. Process
 15. Linguistic Style
 16. Drama Roles
 17. Values and Postures
 18. Establish the phenomenology of the solution
 19. Establish a well-formed outcome
 20. As part of the assessment: Externalize
 21. As part of the assessment: Exceptions
 22. _____
- XIV Multiple Lenses
1. Traditional
 2. Freudian
 3. Elements of Communication
 4. Phenomenology
 5. Physiology
 6. Process
 7. Interpersonal--Bowen
 8. Existential
 9. Existential death anxiety
 10. Sexuality—Masters; social role
 11. Frankl—hyper-intention—hyper-reflection; provoked anticipatory anxiety /evokes Sx
 12. Gottman (flooding)
- XV Redefine
1. Interest on a debt you do not owe/Interest on borrowed trouble
 2. False energy
 3. Excess energy
 4. Breathing problem
 5. Arousal
 6. Any amount of worry is too much
 7. Possibility into a probability
 8. Failure of Reassurance/
 9. Symptom as a signal/gift
 10. Jokes?
- XVI Heuristics
- XVII Treatments
- a) Desensitize
 - b) Symptom Prescription
 - c) Anticipatory anxiety—Paradoxical Intention
 - d) Introceptive desensitization
 - d) Response prevention
 - e) Minimal change in pattern
 - f) Violate the phobia
 - g) Cognitive restructuring
 - h) Experiential methods
 - i) “As if.”
 - j) Exceptions
 - k) Externalize
 - l) Stress inoculation
 - m) Critical observer to aware observer

XVIII. Interventions

1. Metaphor
2. Exaggerate
3. Prescribe the symptom or symptom component
4. Externalize
5. Symbolize
6. Gestalt
7. Redefine
8. Psychoaerobic methods
9. Pattern disruption
10. Sculpt (Projective identification)
11. Violate
12. Thought blocking; thought modification
13. Contaminate

XIX. Cases

1. MHE phobia and Timeline
2. MHE iron bars
3. JKZ Sumo
4. Driving out of town
5. Getting lost
6. Gertie
7. Kathy

XX. Advantages of Anxiety (garlic vs. onion)

Self-Help Books (Suggested Reading)

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