Procedures in Family Practice

Simple Techniques to Relieve Anxiety

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Many patients can obtain rapid, short-term relief of anxiety through the use of simple, meditative techniques. Anxiety, tension, mild depressive feelings, and psychophysiologic symptoms frequently respond to such techniques. Five techniques are described, including physical self-support, attending to unpleasant feelings, listening to thoughts, listening to sounds, and paying attention to one's breathing. The techniques are easy to learn, innocuous, and well accepted by most patients. Patients who experience relief with simple psychological techniques are often more hopeful and more accessible to treatment.

The family physician spends a considerable portion of his or her time dealing with anxiety and anxiety-related disorders. Even when anxiety is not the main reason for consultation, it can be an important complication of other medical problems. Techniques to relieve anxiety quickly and safely can be of great value. Psychotropic drugs, although valuable, are clearly not always the answer. Eiland,[1] among others, has pointed out the dangers of using anti-anxiety drugs. Shepherd[2] has summarized the point of view of many psychiatrists against the too-ready use of psychotropic drugs. He cites Caine and Smail's *The Treatment of Mental Illness* to illustrate one of the most important arguments against over-use of such medications, namely that patients treated with such drugs "will learn to use them in emotional crises. . ." and thus "will come to look upon their own emotional reactions as symptoms of a physically determined illness, and will treat them accordingly."[3] Even when such drugs are clearly indicated, they may not be used to best advantage if prescribed in a setting of irrational urgency and pressure.

Fry[4] has noted that psychiatric referral is neither necessary nor desirable for many anxious patients. Such individuals may not have the introspective skills or financial resources for formal psychotherapy, and may, in fact, do better if they can simply talk to a trusted physician. Yet it may be difficult for the physician to reassure, or even to "listen" – as he is so often advised to do – while being bombarded with panicky requests for "something for my nerves." Simple psychological techniques can offer some immediate relief, instill hope, and allow the patient to communicate more comfortably. Often this slight improvement in communication will permit the identification and discussion of significant life stresses. Meaningful discussion can then be combined with effective pharmacotherapy under the most favorable conditions.

A set of five easily-learned, innocuous techniques will be presented for the immediate, short-term relief of emotional distress. They are derived from the Gestalt Therapy of Perls[5] and from Zen meditation as interpreted by Alan W. Watts,[6,7] but are completely free of cultic elements. They are essentially self-programmed by the patients and do not involve any unusual vocabulary, philosophy, or practice. I have found these techniques to be well accepted by patients of varying levels of sophistication in small, semi-rural towns in Louisiana. They do not require introspective skills and are not limited in application by the educational or cultural background of the patients. Following a detailed description of the techniques and their application, the theoretical background of this approach will be considered.

The Techniques

1. Preparatory Technique (Physical Self-Support)

Ask the patient to sit back in the chair with both feet on the ground and to relax, being fully supported both by the chair and by the floor. This in itself can sometimes be dramatically helpful for the anxious, dependent individual. Such patients are often noted to perch precariously on the edge of the seat. The decrease of anxiety resulting from proper gravitational support can be amazing. This technique is included in all those that follow.

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2. The Basic Meditative Technique (Just Paying Attention to a Feeling)

Ask the patient to sit back in the chair as above. Ask him/her to try an experiment with you which may help his/her anxious (or despondent) feelings. Help him/her localize the anxious feelings somewhere in the body. Ask the patient to attend continuously to the feeling or sensation, bringing his/her attention back to the feeling whenever it wanders. The following instructions may be used: "Do not think about the feeling in words. Do not try to make the feeling go away. Just keep paying attention. Just keep bringing your attention back to the feeling. If the feeling moves to another part of the body, just follow it. Let's do this with the eyes closed for about five minutes." Let the patient know a little before the time is up. After about five minutes, ask the patient to open his/her eyes and question him/her about the experience. In discussing the experience, you should point out that the aim of this technique is neither strenuous effort nor deliberate relaxation, just attending to the actual experience of emotional discomfort.

3. Variations

When there is no clearly definable bodily distress, or when the basic technique is ineffective, the following variations are often helpful.

A. Have the patients listen to their own thoughts without judgment or interpretation ("as though listening to the radio"). No effort to produce or control thoughts should be implied. The content of the thoughts is not important, the aim being some slight detachment from the stream of internal speech.

B. Ask the patient to "just listen" (in the same non-critical non-interpretive manner as above) to environmental sounds – "as though listening to music." Again no great effort or performance is to be implied.

C. In a third variation, the patient can be asked to "just pay attention" to his/her normal breathing, bringing his/her thoughts gently back to the breathing when they wander. The patient may also be asked to count a certain number of normal respiratory cycles, starting over again if he/she loses count. All variants are done in the same manner as the basic technique, with eyes closed, and an attitude of uncritical, easy receptivity. After each technique, the experience is briefly discussed with the patient, and further direction given, if necessary.

Results

Responses to meditative techniques are highly individualized, and not all techniques work equally with all patients. In a small series of my own, 9 of 28 trials were followed by "marked" and 12 by "moderate" immediate short-term relief. In 3 cases, only "slight" relief or relaxation was reported. In 4 of the 28 trials, little or no relief occurred. Two patients felt transiently "worse" and one of these subsequently responded to progressive relaxation.[7]

Those patients who experienced relief frequently expressed delight and surprise at the ease with which their symptoms could be helped, and subsequently showed greater confidence in their overall treatment program. Some patients who had depression, which had been expressed primarily in headaches or in unresolvable, repetitious complaints, experienced a loosening of affects with the techniques so that they were able to cry and subsequently to discuss their feelings more effectively. In a few cases the relief of anxiety or psychophysiologic symptoms was quite dramatic. Following the use of the techniques, it was found that many patients were more receptive to maintaining or lowering dosage levels of anti-anxiety medication. Responsive patients appeared to be more comfortable with their neuroleptic or antidepressant drug regimens. All patients were instructed to use at home, on a regular basis, the techniques that had proved effective for them. Some of them did so, frequently adapting the technique in an idiosyncratic way. In no case was the patient harmed, or the process of treatment impaired by the use of these simple techniques.

Clinical Vignette

Four years after an attack of pericarditis a 37-year-old man continued to have episodes of severe chest pain, and hypochondriacal fears concerning his heart. Extensive diagnostic procedures, including coronary angiography, had failed to reassure him. A variety of other psychosomatic symptoms also presented. Unexplained headaches led him to a neurologist who, in turn, referred him to me. Pervasive anxiety and insomnia affected his work and marriage, and necessitated frequent visits to the Emergency Room. In his first visit to me he talked mostly about his cardiac status. During the session he noted tense feelings in his upper abdomen, accompanied by generalized anxiety. The basic meditative technique was introduced, and he reported that the tense feeling moved up into his chest and out his left arm but was otherwise unaffected. Questioning revealed some slight effort to make the discomfort go away. Another minute of "just paying attention" without such effort was followed by noticeable relaxation. At his next visit one week later he reported using the technique successfully to abort his attacks of chest pain. We then began to discuss some of the reasons for his pervasive insecurity. The patient was far from well but could now be engaged in discussion of matters other than his heart.

The present work belongs to a family of mental techniques for the enhanced voluntary regulation of subjective states. Such techniques have a long history and have recently drawn intense renewed interest. Such methodologies as Zen,[6,7] Yoga, Gestalt Therapy,[5] and Transcendental Meditation[9,10] have received popular and scientific scrutiny. Because these methodologies are imbedded in powerful value-systems of their own, it may be misleading to compare them. Yet, the commonalities in the various techniques are striking.

Benson[11] has reviewed a number of techniques – both ancient and modern – for eliciting the hypometabolic wakeful state which he calls the "Relaxation Response." He has found four elements essential for eliciting the response: a quiet environment, an object to dwell on, a passive attitude, and a comfortable posture.

Many of the methods he considered have been known for centuries as "meditation," perhaps better described as loosely but continuously attending to a chosen program. The program, ("something to dwell upon") may include sounds, thoughts, visual stimuli, fantasies, or even the absence of stimulus. Regardless of the program, the philosophic bias or the external trappings, the essential element in all these techniques appears to be the same – a subtle re-direction of the attention, which results in a shift from effortful striving to relaxed, non-critical, non-goal-directed alertness. Three systems will now be considered in more detail.

Zen Buddhist meditation (zazen) is typically without a specific program, although sounds, thoughts, or the breathing may at times be the focus of attention. Zen writings – popularized in this country by Alan W. Watts[6,7] – frequently refer to "bare attention," ie, "the mere registering of sense impressions, feelings, or mental states, without reacting to them by deed, speech, or mental comment. . . "[12] or more simply, "a quiet awareness, without comment, of whatever happens to be here and now. . . ."[7] When this "quiet awareness without comment" encompasses internal distress, such as pain or anxiety, an interesting phenomenon occurs, as discussed by Watts:[6] "Sometimes when resistance ceases, the pain simply goes away or dwindles to an easily tolerable ache. At other times it remains, but the absence of any resistance brings about a way of feeling pain so unfamiliar as to be hard to describe. The pain is no longer *problematic*. . . ."

Gestalt therapy, a recent offshoot of psychoanalysis developed by Perls[5] has become widely known in the past decade. Naranjo and Ornstein[12] have pointed out the similarity between "bare attention" and the Gestalt concept of the "awareness continuum," ie, the continuous, ongoing, moment-to-moment experience of the individual, particularly the ego-alien or disowned aspects of this experience. Patients in Gestalt therapy are encouraged to report verbally on the moment-to-moment flow of inner experience, while the therapist helps them to remain in the here-and-now and to deal with obstacles to awareness. The uncritical paying attention to symptomatic distress, especially muscular tensions or psychosomatic symptoms is an important aspect of this approach. Thus, a Gestalt therapist may say, for example, "Go along with your anxiety," or "Stay with your anxiety," followed of course by "Now what are you feeling?" and a moment later, "Now what. . .?"

Gestalt therapy is typically conducted in a workshop format, in which one individual chooses to "work" on some area of conflict in front of other patients. Powerful experiential techniques have been developed to mobilize awareness and to permit the vivid here-and-now re-living of conflicts. The theatrical flavor of these techniques and the workshop setting may obscure the underlying relationship of Gestalt therapy to meditative techniques. Zen is contemplative and silent; Gestalt is verbal and at times dramatic. Yet underlying the surface differences, both share a common attitude to experience, including the experience of suffering. Experience is to be felt in its moment-to-moment unfolding, without resistance, without preconceived labeling, and without trying to change it. When this occurs, remarkable change sometimes takes place.

With this in mind, let us briefly consider the old-new discipline of transcendental meditation. TM is an ancient method which has been "revived" and propagated by Maharishi Mahesh Yogi.[9,10] It is offered as an antidote to stress and as a technique for personal development. As a standardized, reproducible technique, it has been studied extensively. TM is not unique in its use of a "mantra" or specially chosen sound as its "something to dwell upon." Perhaps more important is the skillfully designed teaching method by which a relaxed, non-critical, non-goal-directed attitude is structured into the practice. Thoughts and experiences during meditation are not only tolerated but are considered to represent "release of stress" or evidence of successful meditation. Thus, the student is relieved of concern and allowed to flow with his moment-to-moment experience. Follow-up practice ("checking") and "advanced lectures" are skillfully designed to neutralize expectations and to strengthen the "whatever happens" attitude of the meditator. This attitude and the teaching methods which systematically develop and maintain it, appear to constitute the essential core of the method. The attitude toward experience – including painful experience – embodied in transcendental meditation practice is obviously closely akin to "bare attention" as well as to the Gestalt awareness continuum.

Benson, whose work has been mentioned above,[11] advocates a technique of his own for the elicitation of the "relaxation response." He feels that regular experience of this psychophysiologic response, by any method, may be beneficial in the treatment of stress-related disorders. The Benson technique consists of muscular relaxation in a quiet, comfortable setting, followed by several minutes of silently repeating the word "one," in time with the breathing. A passive, "let it happen" attitude is recommended. The method is free of cultic associations and is entirely self-taught from a detailed set of instructions. A critique of the Benson technique and comparison with transcendental meditation may be found in Bloomfield and Kory.[10] A possible weakness of the procedure lies in its very detailed programming of behavioral responses. Muscles are to be relaxed in sequence. Distracting thoughts are to be ignored. The mantra "one" is repetitively timed to expiration. While easy to learn, this programming would seem to interfere

with the subtle attentional shift and the non-striving, non-goal-directed state of alertness which are the core of meditative techniques. The Benson technique may in fact be closer to relaxation therapy[8,13] than to the meditative techniques from which it originated. If so, it may be expected to show many of the same drawbacks as other "relaxation" therapies. While patients treated with muscular relaxation are often delighted initially, their enthusiasm tends to be short-lived, as they begin to find the procedures boring, and the relaxation not easily transferable to real-life situations.[13]

Unlike the methodologies from which they derive, the techniques recommended here are not designed as long-term procedures for psychotherapy or self-realization. Rather, they constitute a set of tools for the rapid short-term relief of emotional distress. The purpose of the techniques is to bring about a slight alteration of the patient's relationship to his/her distress, to allow more effective intervention by the physician. As noted above, the essential element is a subtle redirection of the attention, with a change in the way experience is interpreted. Such a change will often occur spontaneously or as a result of the doctor-patient relationship, but is not usually obtainable by voluntary effort or by exhortation.

The procedures used here are not "relaxation"[8] techniques. They differ fundamentally from relaxation therapy in that the patient's bodily responses are not directed by the therapist. Except for the slight initial redirection of attention, the therapist allows the patient to experience his/her own spontaneous responses. Perhaps for this reason, patients seem to find the techniques pleasurably relaxing but not enervating, and they do not complain of a subsequent rebound of anxiety.

Although derived from Gestalt therapy[5] these procedures do not require self-exposure or dramatization. In my own experience working in a small-town community mental health center, I have found that many patients are too reserved or self-conscious for Gestalt techniques such as the "empty chair" and may have difficulty with the workshop format. Asking patients to attend to their feelings uncritically sometimes leads to another type of difficulty. When patients are asked to "go along with your anxiety," for example, they may interpret this as a request to ruminate about their anxiety, which is, of course, valueless. For others it seems to mean "Let your anxiety take over," or "Go to pieces!" which is too threatening to attempt.

Often the same patients are quite receptive to procedures which allow them to enter the awareness continuum in a quiet, safe, and private manner. Patients have also seemed to respond better as the instructions were simplified, as jargon was eliminated, and as the techniques were increasingly self-programmed. What results then is a simplified, easily acceptable form of Gestalt therapy – a tool for modifying consciousness in a limited way for a specific purpose.

Applications

Since the meditative techniques are easy to use, innocuous, and require only a few minutes, they can be attempted without fear of doing harm. If one technique is ineffective, another can be tried. Because the shift of attention is subtle, at least in the beginning, it is helpful to question the patients about their experiences. Some individuals find it difficult to do anything without effort, concentration, and "will power." If this type of experience is reported, then further instructions can be given to redirect the attention in the desired manner. Results can be evaluated immediately, without the loss of valuable time that may occur, for example, with therapeutic trials of medication. Complaints of anxiety, "nervousness," tension headache, tightness in the chest, and "knots in my stomach" frequently show a gratifying response. What is probably more important is that the patient feels that something is being done and that some immediate symptomatic relief is at least possible. By learning that painful feelings can be mastered by a trivial procedure, many patients can achieve increased hope and self-confidence. The availability of simple and easily-learned techniques of this type may serve another purpose – freeing the physician from the sometimes irrational pressure to prescribe psychopharmaceuticals.

References

1. Eiland DC: The chronically anxious patient. Am Fam Physician 9(2):156-164, 1974
2. Shepherd M: The uses and abuses of drugs in psychiatry. Lancet 1:3, 1970
3. Caine TM, Smail DJ: The Treatment of Mental Illness. New York, International Universities Press, 1969
4. Fry J: On the natural history of some common diseases. J Fam Pract 2:327-331, 1975
5. Perls FS, Hefferline RF, Goodman P: Gestalt Therapy: Excitement and Growth in the Human Personality. New York, Dell, 1951
6. Watts AW: The Wisdom of Insecurity. New York, Vintage Books, 1951
7. Watts AW: The Way of Zen. New York, Vintage Books, 1957
8. Wolpe J, Lazarus AA: Behavior Therapy Techniques. Oxford, Pergamon Press, 1966
9. Bloomfield HH, Cain MP, Jaffe DT, et al: TM* Discovering Inner Energy and Overcoming Stress. New York, Delacorte Press, 1975
10. Bloomfield HH, Kory RB: Happiness. The TM Program, Psychiatry and Enlightenment. New York, Dawn Press/Simon and Schuster, 1976
11. Benson H: The Relaxation Response. New York, Avon Books, 1975
12. Naranjo C, Ornstein RE: On the Psychology of Meditation. New York, Viking Press, 1971
13. Raskin M, Johnson G, Rondestvedt JW: Chronic anxiety treated by feedback-induced muscle relaxation. Arch Gen Psychiatry 28:263-267, 1973