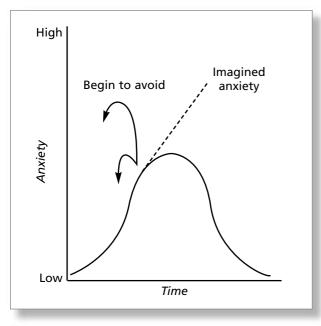
'Present fears are less than horrible imaginings'

- Shakespeare -

Avoidance is an important concept to help us understand why our anxiety is maintained and increases. Take the situation of somebody with agoraphobic tendencies who rushes home after feeling panicky in a supermarket. A number of things happen. First of all their immediate anxiety goes down. Second, the unconscious message stamped in is, 'The only way I can cope with these situations is to avoid them'. Finally, when faced with the same situation – the supermarket – in the future, anxiety will rise quickly and severely.

Anxiety curve and avoidance



This applies to the agoraphobic with a panic attack, but also applies to the obsessive checker, who avoids anxiety by giving in to the compulsion to check the door locks.

Each time we avoid the situation and our anxiety successfully, we make it more likely that the next time the feared situation crops up, we will avoid it again.

What would happen if you remained in the situation you fear? Would your anxiety increase,

stay the same, or decrease? Most people reply when asked this question 'increase' or 'stay the same'. They generally fear that if their anxiety goes on increasing, something terrible will happen – they will pass out, be sick, collapse, have a heart attack, or go mad. On the graph they imagine the line going up and up and off the page. But this belief is not correct. We know from experience and experiments on anxiety that after a certain time it begins to decrease of its own accord. *If you leave the situation quickly, you will never find this out.*

Avoiding a situation when our anxiety is rising will produce short-term gains – a reduction in anxiety – but long-term pain – our general level of anxiety will increase. Once we start to avoid, the process of 'generalisation' takes place and we begin to avoid more and more situations. It is a slippery slope. The world closes in and we find that our mobility is restricted.

Usually people avoid situations where there is an element of entrapment – or where it is difficult to escape to a place of safety quickly.

Avoidance can often take the subtle form of 'safety behaviours', or habits we get into to make us feel safe. For example, carrying a tranquillizer, 'just in case', carrying a plastic bag, in case we are sick, holding on to something in case we faint, or sitting close to the door. All these behaviours have the effect of depriving us of the knowledge that there is no real danger – we would have coped. For example you might think, 'that was close, if I hadn't had the trolley to hang on to I might have collapsed'. You never learn that you wouldn't collapse if you hang on to the trolley.

The goals of treatment are to equip the anxious person with strategies for controlling anxiety and to encourage them to progressively confront, rather than avoid, situations. In this way you learn, 'I can cope'.

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