

Shrink Rap sample article: Avoidance and Exposure in Bucking Anxiety

There is a negative pattern of behavior which we all engage in, yet rarely name: avoidance. It is the behavioral equivalent of the simple carbohydrate - it factors into our survival, we all use it, and in moderation it is benign. But it pairs closely with anxiety in all its forms - in clinical encounters as well as our personal lives, and there is utility in understanding how.

Briefly, while we naturally avoid things that make us anxious, we also develop anxiety about the things we avoid. To overcome it, we must willingly approach the dreaded stimulus to experience *exposure*. This principle is nearly universal, and it applies in a broad variety of contexts.

Let's say I fear all horses, having once tried riding the wrong one and suffered the trauma of being bucked off. Now, when I approach even a benign old horse, I know intellectually that I should not be afraid. But my primitive brain does not know it. Responding to danger cues, I'll produce adrenaline and cortisol, fueling my fight-or-flight arousal response. All those discomforting sensations propel a simple, parallel cognitive response: *Danger!* So, although I am seeing a gentle animal, I am reading internal warnings of peril. My thinking distorts: I magnify the estimation of danger and I under-estimate my options to cope. My assessment of risk is distorted, and I interpret a threat.

Now I am compelled to move away from that horse, and I am immediately more comfortable. This alleviation rewards my retreat. But more importantly, it reinforces my distorted risk assessment. I withdrew, and my danger signals subsided. Therefore, proximity must have been perilous. Now my impression is not just visceral, but cognitive as well.

I may let some time pass, and once again I will "know" that ordinary horses are safe. But this knowledge is not wired-in to my primitive lower brain. Those signals are simpler ones. They trigger easily, they process faster, and they shriek. And when we quiet them with avoidance we confirm their veracity. It is this association, repeated, that changes a one-time rational, functional fear into a pattern of irrational, maladaptive anxiety.

Rodeo cowboys are not like me. They overcome any budding phobia of horses because they follow a sacred code: Always get back on. Fear certainly arises, but it does not escalate because the willful choice of re-engagement prevails. It is possible they risk a fear of mockery. Whereas I myself would flee from a bronco and gladly adjust to the resultant jeering, they will forgo the opportunity.

Bringing this concept to patient care, it is why many practitioners dislike prescriptions of PRN benzodiazepines in some conditions. Panic disorder seems intractable to those who suffer it, because it is so hard to willingly permit the exposure and desensitization that cognitive-behavioral therapists

will invariably recommend. The patient may be perfectly aware that their symptoms are not life-threatening, because we have explained it to them repeatedly. But logic is eclipsed by sensations jolting enough to be called an “attack”, and the urge for refuge overrides.

Alprazolam brings relief. But again, relief reinforces the interpretation of peril: “That panic was dangerous because every fiber in my body told me it was. I escaped and now I feel safe, which means that I *am* safe, and that proves the point”. Now, the alarm response is more sensitized the next time an early flutter of panic is detected. The pills seem indispensable, even without chemical tolerance.

Avoidance comes in the form of countless other behaviors, as well as some patterns of thought. It interacts with all the anxiety disorders: PTSD, OCD and GAD, in addition to somatic symptom disorder and illness anxiety disorder (formerly hypochondriasis, etc. in the DSM IV).

Let’s bring this home. You are unusual if you have never had close contact with a simple phobia or panic. But the avoidance process may be at work in less obvious instances. For example:

- Depressed? Avoid activity and direct problem-solving. Feel stable and stay depressed.
- Relationship strain? Avoid difficult conversations (or inflame them). Feel secure (or righteous), and compound the strain.
- Need to exercise? Keep to the couch, from where exertion seems all the more aversive.
- And one more which I will suggest tentatively: Overwhelmed by work? Perhaps avoid truly attentive engagement with your patient, as this may invite narrative, affect and relationship to the interaction, all of which threaten to occlude your crowded schedule, not to mention your bandwidth.

Let’s look at the positive corollary of the last item. When conditions permit authentic, connected interviewing, you may have found that the negative impacts are not as severe as feared. You might also find that new options develop to ameliorate them. And finally, the negatives that remain may be offset by the rewards of more gratifying and effective encounters.

Again, much avoidance is...well, unavoidable. Often it is adaptive. But try to be aware the risks and benefits and, if not yet willing to ride the horse, at least try not to bolt.