

Chapter 7

Interpersonal vicious cycles in Anxiety Disorders

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(in Rimondini M. 2011, Ed., *Communication in Cognitive-Behavioral Therapy*, 149-183,

Springer, New York)

1. Introduction

In this chapter we intend to illustrate, on the basis of the clinical work carried out at the Outpatient Clinic of Psychotherapy APC²-SPC³ in Rome, some of the most frequent interpersonal vicious cycles that occur in anxiety disorders.

Notably those communicative cycles which so often start up between a patient and a family member- and occasionally also between patient and psychotherapist- will be presented. Such interpersonal cycles largely account for the maintenance and exacerbation of the anxiety symptomatology's, just as intrapsychic vicious cycles do (Saliani et. al., 2008; Saliani et. al., 2009, Saliani & Barcaccia, 2009).

Clinical observation reveals that, when a patient, in the grip of anxiety, consults other people in search of reassurance, typical communicative cycles start up, very similar in form, content and

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effects to the internal pathogenic dialogue which anxious individuals generate within themselves in an attempt to calm down.

A clinical example will make this more explicit:

Paolo is a 39 year-old man, obsessed by the fear of having run over pedestrians with his car. When he is assailed by this doubt, he ruminates inwardly, trying to convince himself that there's nothing to worry about: after all he hasn't heard any crash, hasn't seen any pedestrians crossing the road, and couldn't find any dents on his car... After half an hour or so spent in ruminations, the doubts and anxiety have not decreased: after all, how can he be certain of not having heard any crash? And how can he be certain that there were no pedestrians, considering it was a bit misty? And who can guarantee that the bodywork is necessarily dented when you run over a pedestrian? By then he would say to himself that perhaps he should go and check personally the very spot where he fears he has run over a pedestrian. He reaches the controversial spot, and after having verified that there's no evidence of an accident, and being partially reassured, a new doubt crosses his mind: might it be that having rushed to reach the spot, and in the grip of anxiety, he has driven through a red light and thus collided with a baby buggy? So his anxiety increases, new attempts at reassuring himself and new checks follow for hours on end. At that point Paolo realizes he has wasted the whole day performing obsessive-compulsive activities, and he harshly reproaches himself, because with his behaviour he's destroying his and his relatives' lives.

Paolo has been assailed by an obsessive fear, has tried to reassure himself by inwardly ruminating on the soundness of his fear, could not dispel the doubt through reasoning and so has decided to go and check personally the place in which he fears he could have run someone over. Precisely because of his attempts at reassuring himself, new doubts have assailed him (the new doubt crosses his mind while he's going by car to check the "controversial" spot), and eventually he has reproached himself and felt guilty about his pathological behaviour.

Let's now ask ourselves what happens when Paolo, in the grip of obsessive doubt, asks his girlfriend for reassurance:

One evening Paolo comes back home tormented by the doubt of having run someone over, and in order to reassure himself asks his girlfriend if she finds this is really possible. Francesca tries her hardest to convince him that there is nothing to worry about, since if he had run someone over, he would most certainly have realized it, he would have heard a crash and the pedestrian's screams of fright and pain... But Paolo easily refutes every reassurance: he might not have heard the crash owing to the radio being at full volume, and the poor man, struck down, might not have had time to scream. Therefore Francesca suggests that the only way to put a lid on his doubts is to reach the spot and check personally. Having done that, and being partially reassured, Paolo is assailed by a new doubt: might the poor man not have been whirled away by an ambulance? Again, new doubts cross the patient's mind, and again his girlfriend tries to reassure him; eventually Francesca gives

him a thorough scolding, resulting in Paolo feeling a strong sense of guilt. Indeed, he says to himself, with his absurd worries he's ruining his and her lives, and should their relationship come to an end, he would only have himself to blame!

Thus, even when an interlocutor is involved, the pathogen cycle starts up with a fear, continues with attempts at reassuring oneself aimed at refuting the anxiety-inducing hypothesis- firstly through reasoning, then through empirical evidence (*"let's go to the spot and check!"*)- and continues due to the persistence of the anxiety-provoking doubt and the need of reassurance. Indeed, checks and attempts at reassuring oneself are not only insufficient to shake off anxiety, but also provide the starting points for new obsessive doubts. Eventually the cycle ends in a bitter reproach from the interlocutor and a strong sense of guilt experienced by the patient.

The difference lies in the fact that when a patient is by himself, he starts autonomously up an internal dialogue characterized by the contrast between the anxiety-provoking hypothesis and the attempt at reassuring himself, while when an interlocutor is involved, the very same contrast is played by two distinct actors, engaging in real debate, in which the patient advances the anxiety-provoking hypothesis and the interlocutor tries to reject it.

In this work we shall not dwell upon the intrapsychic vicious cycles in anxious patients; we will try instead to show through clinical examples and patient-therapist/relative dialogue excerpts how some interactions can specifically and pathogenically affect the structures and the processes involved in some anxiety disorders. We shall detail six typical interpersonal vicious-cycles observed in clinical practice, illustrate how they appear in different disorders, and eventually suggest some strategies and techniques aimed at detecting and defusing them.

2. The vicious cycles

Before describing the six interpersonal vicious cycles that most attract our clinical attention, we shall quote a series of dialogues which are typical of anxious patients and their relatives. We shall

analyse these dialogues in order to show the characteristic problematic exchanges shared by a variety of anxiety disorders, and we shall refer back to them in the second part of this chapter, when setting down the releasing strategies from the above mentioned vicious cycles.

Luigi

Luigi: By the way, Clara, I'm so worried about that business trip I'll have to make in a fortnight... I fear I might have a panic attack...my heart sinks just at the idea of it!

Clara: Come off it! Everything will be fine, you'll see.

Luigi: But the last time I flew I hadn't slept a wink for three days in a row. Besides throughout the flight I felt like death warmed up! I felt I was losing control and going out of my mind.

Clara: But it was a long while ago, and it's six months now since you've had the last panic attack!

Luigi: Yes, but in the last few months I haven't travelled, let alone flown!

Clara: Calm down, will you? By the way, I read in a scientific journal that if one doesn't have panic attacks for six months in a row, it means one is fully recovered and that they will never occur again.

Luigi: What nonsense! Panic attacks can occur again at any moment!

Clara: Why don't you go by train, then?

Luigi: Hmmm... I've considered it, but you know how it is, the windows are sealed, if I choked I couldn't even get a breath of fresh air.

Clara: I'll tell you what! You could tell your boss that on the days of your supposed trip to Milan, your presence in the office is essential, to work on the taxes. Maybe Filippo, your young colleague, could go in your place?

Luigi: Hmmm... I wouldn't know, I have got to think about it... or else you could come with me... I would feel much more confident.

Clara: Ok, I'll come with you, don't worry.

Luigi: Thank you my darling, I'm grateful to you, you're a wonderful wife... I don't know what I'd do without you!

Clara: That's all right... even though, honestly, I'm sick and tired of this and can't understand how you can have such irrational fears!

Federico

Federico: Mum, did you wash your hands with the disinfectant?

Mother: Come on, they're clean, don't worry.

Federico: Please, wash your hands with the disinfectant, it's very important!

Mother: It's alright, don't worry, my hands are clean. I have touched none of the "dirty things", calm down, everything will be alright

Federico: Noooo! You're lying! You bought the newspaper, so you must have touched the money ...don't you see I can't trust you?

Mother: Believe me, I've washed them well...come on, let's sit down to eat.

Federico: No, soap is ineffective, because it isn't a disinfectant, it can't eliminate germs.

Mother: Come on, that's just nuts...nobody does it.

Federico: But they should!

Mother: Be reasonable... everybody behaves this way, uses soap, and nothing happens... this proves there's no danger at all.

Federico: How do you know it for sure?

Mother: I don't, but it wouldn't be safe even if we used the disinfectant.

Federico: Hmmm... indeed, but at least one can reduce the risk by 90%, while you can't do that by using soap!

Mother: Alright, let's do it like this: from now on you will eat in your bedroom, with your own personal dishes and cutlery that nobody else will use, and which will be replaced in your own

kitchen cupboard; this way you'll be one hundred per cent certain that nobody is going to infect you with germs and whatnot, so all of us will rest easy on that score.

Federico: That's a thought!... however, since now it's lunchtime, please, disinfect your hands before putting the food on my dish.

Mother: Dear me! Enough is enough! Stop it, I can't stand this any more, you have made our lives a living hell, you'll drive us crazy with all your fixations! I'll do it if it is going to shut you up!

Marta

Marta: Darling, I can't get to sleep.

Husband: Why, dear?

Marta: I'm not sure whether I have shut off the gas or not.

Husband: Why, of course! You definitely shut it off... sleep easy!

Marta: How can I sleep easy with such a terrifying thought?! We have two children, Paolo!

Husband: Didn't you get up half an hour ago to check the gas?

Marta: Yes, to be sure...

Husband: Then, what's the problem?

Marta: The point is that I'm not sure whether I checked it properly or not.

Husband: Listen, tonight you've already checked three times...

Marta: Yes, but I'm afraid that I've checked too hastily, I must have been miles away, that's why I can't remember at all the moment in which I turned the valve!

Husband: Marta, please, let's use our brains: you checked three times, so it's highly likely that everything is ok. But even supposing that the shutoff valve had been left on by mistake... what might happen? Lots of people leave the shutoff valve on. The main thing is that the burners aren't malfunctioning and that there are no gas leaks.

Marta: Yes, but... now I come to think of it, how can I be certain that there are no gas leaks?

Husband: I'm one hundred per cent certain about it, because the gas cooker is new!

Marta: Yes, but they sometimes have manufacturing defects...

Husband: Let me think it out... tonight, before going to bed, I had a look at the gas cooker and everything was OK.

Marta: Paolo, are you sure? You would never check the gas tap... aren't you telling me this just to reassure me?

Husband: No, I mean...yes! How I wish we could have one peaceful night!

Marta: I see, you're quite right, I just can't help it.

Husband: Listen, I'll tell you what: from now on, when you check something you can mark down the result of your check on a piece of paper, which you'll always bring along with you. This way if a doubt nags you, having a look at the piece of paper will suffice to reassure you. How does the idea strike you?

Marta: Yeah, it seems a good idea. I'll try.

Husband: Ok.

Marta: Yes, but, you know, the trouble is that tonight this anxiety simply won't go away... I'll get up and check for the last time.

Husband: Listen Marta, I'll go with you and we'll check together, so that we'll dispel all doubt. But it's time to put an end to this, going to bed has become nightmarish. We can't go on like this any more! Besides I'm very worried for Marco... the other day, when we were walking to the park, he asked me continuously if I had really locked the door. Your behaviour will make him become obsessional, just as you are. God forbid! Do you realize what might happen?!

Gianni

Gianni: You know, I don't think I'll go to the prize-giving ceremony of the school basketball team.

Father: Why, Gianni? You're in the team!

Gianni: I'm overemotional... my hands would shake, and my voice would falter.

Father: Come on! Everything will be fine!

Gianni: No, it won't, I'm afraid. There will be dozens of people staring at me, they will notice I'm jittery and awkward... they will think I'm a dummy!

Father: Why on earth?

Gianni: Because when I'm in the midst of a crowd I start trembling, feel confused, can't utter a word, go as red as a beetroot, break out in a cold sweat. That's why!

Father: Listen, the whole team will be on the podium to be awarded the prize... there will be so many of you! Who do you think will notice you're nervous?

Gianni: That only makes matters worse, because my teammates will be breezy and relaxed, while I'll be hardly able to utter my name. I'll look a real jerk!

Father: Hmm...keeping your hands in your pockets to conceal the trembling, drinking a mouthful of water before speaking and learning by heart a brief speech, will do the trick!

Gianni: And what about my flushing cheeks? And what if I start stuttering?

Father: Look here, Gianni, these fears of yours are really foolish, you must overcome them! It's high time you started acting like a man!

Brando

Brando: I've been having twitches in my legs since yesterday. I'm very worried. What do you think?

Sister: I think all's well, and you shouldn't worry. It will soon pass away, believe me!

Brando: What a facile answer! Do you think it normal for the legs to shake for twenty four hours at a stretch for no apparent reason?

Sister: I can't say, maybe it's just stress.

Brando: Stress! When you're stuck for an answer you come out with stress, while it could turn out to be a serious illness...stress my ass!

Sister: Brando, be reasonable. You're young and as fit as a fiddle! You undergo medical examinations time and again, your clinical tests have always been negative, and less than a week ago your GP told you that you should stop worrying so much about your health!

Brando: Hmmm...you've got something there...but you know, the thing is: if these twitches are the symptoms of a neurological condition, the check ups I've undergone so far are pointless.... Many severe neurological conditions have an insidious onset and symptoms at the beginning are often underestimated... I should see a neurologist and undergo an electromyography!

Sister: Brando, you were examined by a doctor less than a week ago!

Brando: Yes, but the doctor in question wasn't a neurologist!

Sister: Look here, at least get two days of complete rest before seeing another doctor. If the twitches go away, it means it was just tiredness.

Brando: Twitches have appeared after the week-end: I wasn't tired!

Sister: Then why don't you have a look at that medical website... you'll find a lot of useful information and advice...

Brando: Yeah, that's an idea! I'll have a look.

– After about half an hour of surfing the net –

Sister: So, what did you find out in the medical website?

Brando: Twitches can depend on lots of different reasons, and they often can be wholly physiological.

Sister: There you are! Can't you see I was right?

Brando: But it also said that twitches are the symptoms of severe neurological conditions and that shouldn't be underestimated. The fact of the matter is that before I was doubtful about what to do, and now I'm sure I've no alternative but seeing a neurologist .

Sister: What can I say? Suit yourself! I can't reason with you: when it comes to health issues, you go bananas! You look ghastly, have grown too thin, and get little sleep since these worries started. You'll end up being really and truly ill!

Valeria

Valeria: Darling, I'm so worried!

Husband: Why?

Valeria: Because it's two in the morning and Gino hasn't come back yet.

Husband: If I remember rightly, before going out tonight, while we were at dinner, he said he would get home later than usual....

Valeria: Tonight Gino didn't eat with us! Do you take me for a fool?

Husband: Valeria, Gino is 18 years old, it's Saturday night, and he has gone out with his friends... he'll stay out till all hours, like every Saturday night.

Valeria: You see things in black and white, but I'm very worried. I even heard the ambulance siren just now... When I'm so worried there is always a reason, it's as if I can sense it!

Husband: Valeria, you're always worried! At any rate, just for once in a while, try to be reasonable: Gino has never got home before two in the morning since he was sixteen. He's responsible, has never given us problems, he is good at school, if he has drunk alcohol he doesn't drive, has never taken drugs and his friends are good kids too. Don't you think this is enough to keep calm and sleep easy?

Valeria: Yes, you're right... but, you see, neither him nor his friends do worry me. The town is full of violent people at night. I read in the newspaper that two teenagers have been beaten black and blue by two madmen simply because they dared to smile at a girl; and a young man on his scooter was run over by a hit-and-run driver... how can I sleep easy?

Husband: By trying not to think about it!

Valeria: I see, but what can I do? I just can't help it! How I wish I could keep calm, but at the same time I'd feel irresponsible in doing that... life is so full of unforeseen events, accidents of all sorts are just round the corner... if you relax even for just a second things get out of control, and at that very moment misfortune hits you!

Husband: At any rate, why don't you call him and stop pestering me?

Valeria: No, call him yourself... when I do, he complains that I am overanxious, as usual.

—after a few fruitless attempts—

Husband: I think his cellphone is off.

Valeria: Off?! See if I wasn't right? Oh my God, something serious must have happened!

Husband: Maybe the battery is dead

Valeria: And maybe he needs help and can't make a call for an ambulance...please, try to call Alessandro, his best friend...Gino was in his car... here is his number.

—after a few fruitless attempts—

Husband: Alessandro's cellphone is on, but he doesn't answer.

Valeria: Can't you see something dreadful has happened? Let's call the police, they must know if something serious has happened in town!

Husband: That's it! I've had enough! What nonsense! You've called the police and the hospitals a hundred times in the last year, thanks to your ludicrous fears! Enough is enough, I'm going to sleep on the sofa.

What do Luigi, Federico, Marta, Brando, Gianni and Valeria have in common?

Their fears are very different and are specific to distinct disorders.

Luigi suffers from Panic Disorder with Agoraphobia, Federico from Obsessive-Compulsive Disorder (with fears of contamination), Marta from Obsessive-Compulsive Disorder (with compulsive checkings), Gianni from Social Anxiety, Brando from hypochondriac fears and Valeria

from Generalized Anxiety Disorder. Nevertheless all of them suffer from an anxiety disorder⁴ and all of them ask for help and reassurance from their relatives. All the interlocutors try to reassure their beloved one suffering from anxiety: an attempt which eventually turns out to be unsuccessful, and often results in heated discussion. Why? Why, despite the patient's relatives try in every conceivable way to reassure him, do their attempts at reassuring invariably miss the mark?

Which kinds of communication exchanges take shape between a patient and his interlocutor, and what brings about their initialisation and maintenance in time?

Analyzing the above mentioned dialogues, within everyone of them six typical communication cycles can be detected. We have denominated these cycles as follows: *pat on the back*, *white lie*, *rational debating*, *solutions' prompter*, *compliant rescue* and *blame*.

We shall describe them in details in the following sections.

2.1. "Pat on the back"

Usually, when a patient gives voice to his worries, the interlocutor tends, at least in the first instance, to reassure him rapidly and superficially, without getting to the heart of the matter, and without presenting detailed evidence of why he should calm down.

The interlocutor contents himself with giving the patient what we could metaphorically name a "pat on the back". Such an attitude is revealed by verbalisms such as "*everything is going to be alright*", "*don't worry*", "*everything is ok*", "*never fear, there's nothing to worry about*", etc. An anxious individual is hardly ever reassured by statements like the above mentioned. Rather, most times answers like these leave the patient's worries untouched and reinforce his need for reassurance, as indicated in the table below, showing examples drawn from the above cited dialogues:

INSERT TABLE 7.1 HERE

⁴ Although Hypochondriasis is classified as a somatoform disorder (APA 2000), many authors within the field of CBT have conceptualized as a form of health anxiety (Salkovskis & Warwick, 1986; Salkovskis, 1996; Wells, 1997; Mancini, 1998; Salkovskis et al., 2003; Warwick, 2004; Warwick, 2007).

Table 1

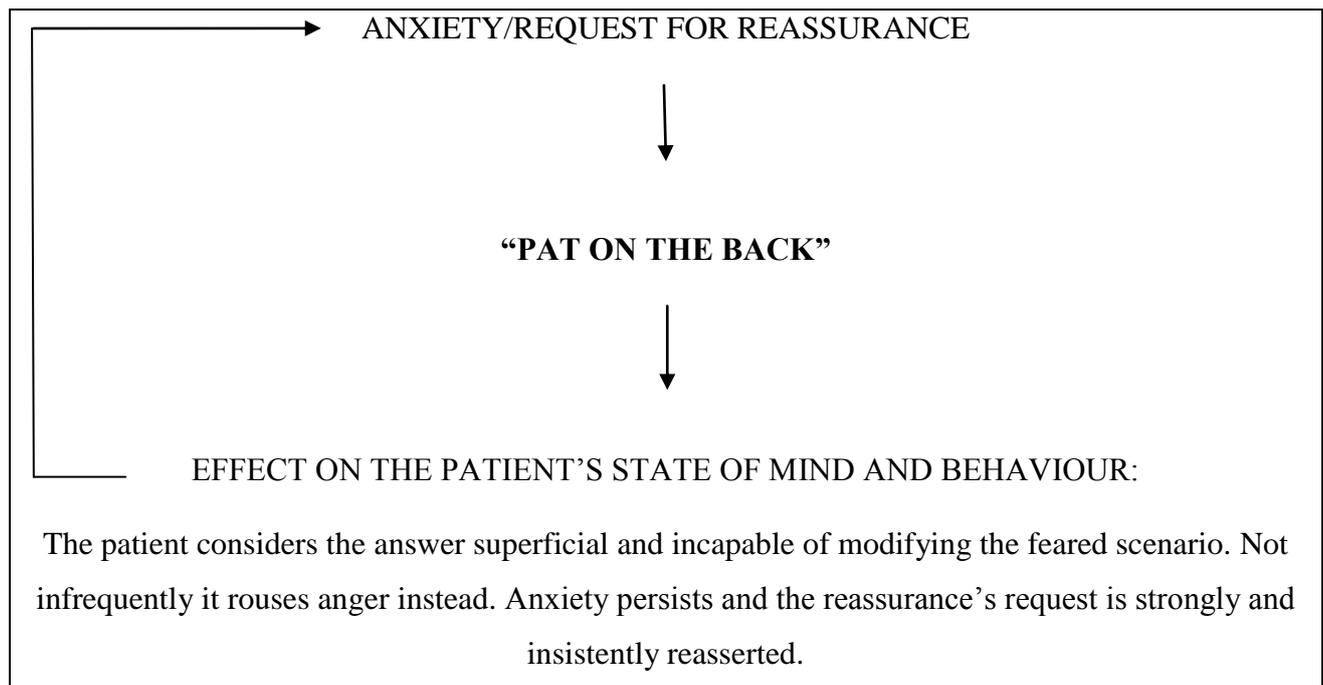
<p>Luigi and his wife</p> <p>L.: ...I fear I might have a panic attack on the plane</p> <p>W.: Everything will be fine</p> <p>L.: But throughout the flight I felt like death warmed up !</p>	<p>Federico and his mum</p> <p>F.: Mum, did you wash your hands with the disinfectant?</p> <p>M.: They're clean, don't worry!</p> <p>F.: They aren't clean enough, please, wash your hands with the disinfectant!</p>	<p>Gianni and his dad</p> <p>G.: ...during the prize-giving my hands will shake, and my voice will falter</p> <p>D.: Come on! Everything will be fine!</p> <p>G.: Not a chance! I'll look a real jerk!</p>
<p>Marta and her husband</p> <p>M.: I'm not sure whether I have shut off the gas or not. I'm afraid I haven't. I must check .</p> <p>H.: Why, of course! You definitely shut it off... sleep easy!</p> <p>Marta: how can I sleep easy with such a terrifying thought?!</p>	<p>Brando and his sister</p> <p>B.: I've been having twitches in my legs since yesterday.</p> <p>S.: They will soon pass away, believe me!</p> <p>B.: Do you think it normal for the legs to shake for twenty four hours at a stretch for no apparent reason?</p>	<p>Valeria and her husband</p> <p>V.: It's two in the morning and Gino hasn't come back yet. Something serious must have happened!</p> <p>H.: Certainly not! He'll stay out till all hours, like every Saturday night.</p> <p>V.: You see things in black and white, but I'm very worried.</p>

The “pat on the back”, besides being evaluated by the patient as a superficial form of help and a feeble attempt at persuasion, is thus incapable of demolishing the anxiety provoking hypothesis, and not infrequently rouses his anger. Actually the patient feels that his worries are being underestimated and that he's not being helped as he should be. In these cases the pat on the back is often followed by a strong reaction: the patient reiterates the grounds for his anxiety, the

interlocutor newly attempts to reassure him, and the patient again raises objections, thus establishing an outright vicious cycle.

A model is shown in the following diagram:

INSERT FIGURE 7.1 HERE



2.2. “White lie”

Another typical response to a pathologically anxious individual is lying- or omitting anxiety-provoking information- in order to reassure him. This strategy too, just like the pat on the back, not only is ineffective, but is also detrimental, because it brings about the reiteration of the request for reassurance and introduces embitterment into the communication.

The patient, indeed, is very often capable of seeing through the trick and therefore, besides feeling angry at the attempt at deceit, keeps his guard even further and increases his control on the

interlocutor’s behaviour. Actually, he feels that the other people underestimate his worries and believes he has to prove to them how well founded they are (table 2).

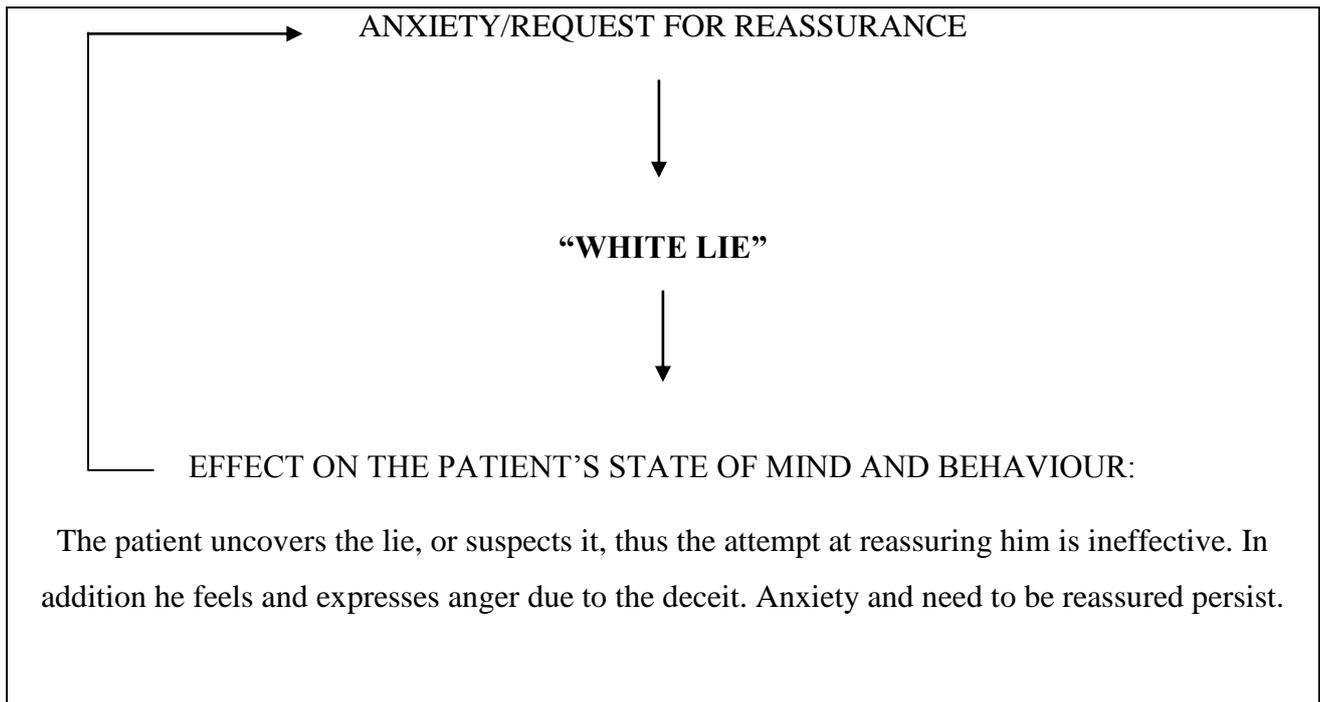
INSERT TABLE 7.2 HERE

Federico and his mum	Marta and her husband	Valeria and her husband
F.: did you wash your hands with the disinfectant?	M.: I’m not sure whether I have shut off the gas or not.	V.: ...it’s two in the morning and Gino hasn’t come back yet.
M.: It’s alright, don’t worry, I didn’t go out, I have touched none of the “dirty things”.	Shouldn’t I double-check?	I’m wrung out with worry!
F.: Noooo! You’re lying! You bought the newspaper, so you must have touched the money... don’t you see I can’t trust you?	H.: Never fear! Tonight, before going to bed, I had a look at the gas cooker and everything was ok.	H.: If I remember rightly, before going out tonight, while we were at dinner, he said he would get home later than usual....
	M.: Paolo, are you sure? You would never check the gas tap... aren’t you telling me this just to reassure me?	V.: Tonight Gino didn’t eat with us! Do you take me for a fool?

Federico and Valeria soon uncover the lie of their respective interlocutors and react bristling with indignation. Marta, instead, simply expresses a doubt, fearing her husband is lying, even though with the best intentions; unfortunately, the mere suspicion is enough to keep her fears alive.

In conclusion, even a lie told with the best of intentions (a sort of “pious fraud”), can contribute to keep the patient’s fears and requests for reassurance alive, perpetuating fruitless and pathogenic communication cycles (see figure 2).

INSERT FIGURE 7.2 HERE



2.3. Rational debating

The interlocutors of anxious individuals do not content themselves with superficially reassuring or lying; instead they often pull out all the stops to find consistent, logical and rational arguments, capable of demolishing the belief of danger held by the patients.

The start of a rational debating cycle is very often revealed by verbalisms such as: *“ok, let’s try to reason”*, *“let’s use our brains”*, *“listen, let’s assume, for the sake of argument, that…… don’t you think …?”*. Unfortunately, hardly ever do the ensuing rational arguments, brought up that way, prove themselves to be effective, even though they might be reasonable and convincing in principle. Hence, long and exhausting discussions follow, which not only leave the patient’s fears utterly unaltered, but end up by embittering and keeping them alive.

These outcomes are explained, at least to some extent, by the fact that patients not only possess logical ability every bit as good as “normal” individuals, but very often demonstrate, within

their own critical domains, strategies of reasoning that are more accurate and thorough when compared to “normals” (Mancini et al., 2006).

The difficulties in being reassured wouldn't seem to depend on a fault in the faculty of reason, but on a strict and hyper-prudential reasoning strategy, executed in order to comply with one's own safety goals. To put it differently, anxious patients, more than holding absurd and irrational beliefs, hyper-invest in the goal of preventing a perceived catastrophic and unacceptable event—either external or internal— (e.g. cutting a poor figure, losing self control, being guilty, etc.) and adopt very rigid and strict criteria, thus extremely difficult to meet, to rationally evaluate the soundness of the safety hypothesis.

Therefore the attempts at reassurance, even the most sophisticated, come into collision with such criteria, and for that reason either fail, achieve poor results or are of short duration.

Unfortunately, a large number of vicious cycles also intervene to complicate and maintain matters. Such vicious cycles are precisely determined by the unexpected effects of the attempts at solution, although both the patient and his interlocutor are completely unaware of it.

Indeed, as it has been shown in the “pat on the back” and “white lie” cases, not only are these strategies incapable of demolishing the threatening hypothesis, but they also contribute to further embitter the patient-interlocutor dialogue and to reinforce the need of new and more effective reassurances.

Even when the interlocutor drops such, so to speak “superficial” strategies, and goes into rational, thorough and in-depth criticism of the patient's fears, similar effects are achieved. In such cases the dialogue will soon resolve itself into a thorough dialectic debate, which will very likely not end in the removal of the patient's worries; he, on the contrary, endeavouring to scrupulously evaluate and rebut the safety hypotheses advanced by the interlocutor, will look out for new anxiety-provoking details and will come to new logical conclusions capable of

reinforcing his perception of threat and his will to protect himself by avoidances and safety-seeking behaviours.

In table 3 some examples of this kind of problematic interaction are provided:

INSERT TABLE 7.3 HERE

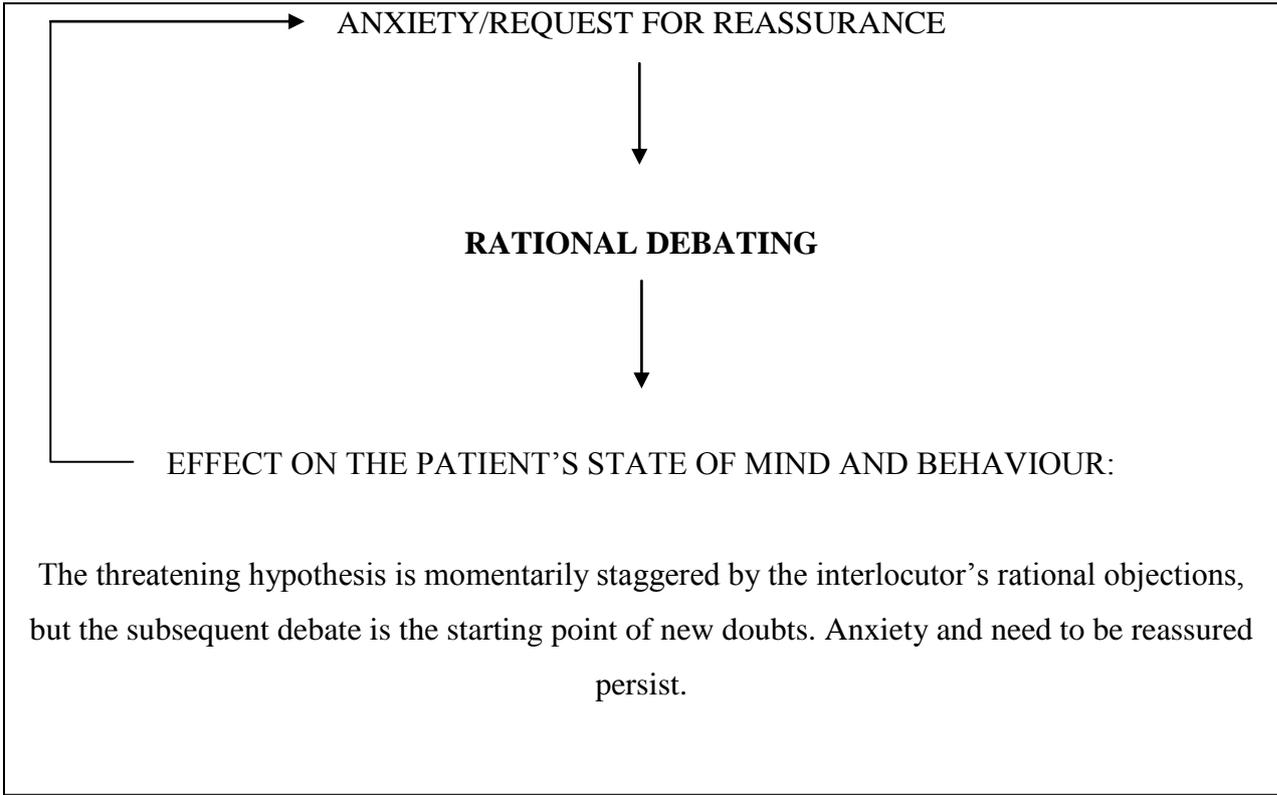
<p>Marta and her husband</p> <p>M.: I'm not sure whether I have shut off the gas or not.</p> <p>H.: Marta, please, let's use our brains: you checked three times, so it's highly likely that everything is ok. But even supposing that the shutoff valve had been left on by mistake... what might happen? Lots of people leave the shutoff valve on. The main thing is that the burners aren't malfunctioning and that there no gas leaks.</p> <p>M.: Yes, but... now I come to think of it, how can I be certain that there are no gas leaks?</p> <p>H.: I'm one hundred per cent certain about it, because the gas cooker is new!</p> <p>M.: Yes, but they sometimes have manufacturing defects...</p>	<p>Brando and his sister</p> <p>B.: I've been having twitches in my legs since yesterday... maybe I should see a doctor.</p> <p>S.: Brando, be reasonable. You're young and as fit as a fiddle! You undergo medical examinations time and again, your clinical tests have always been negative, and less than a week ago your GP told you should stop worrying so much about your health!</p> <p>B.: Hmm... you've got something there...but you know, the thing is: if these twitches are the symptoms of a neurological condition, the check ups I've undergone so far are pointless.... Many severe neurological conditions have an insidious onset ... I should see a neurologist and undergo an electromyography!</p>	<p>Valeria and her husband</p> <p>V.: ...it's two in the morning and Gino hasn't come back yet. I'm wrung out with worry!</p> <p>H.: Valeria, you're always worried! At any rate, just for once in a while, try to be reasonable: Gino has never got home before two in the morning since he was sixteen. He's responsible, has never given us problems, he is good at school, if he has drunk alcohol he doesn't drive, has never taken drugs and his friends are good kids too. Don't you think this is enough to keep calm and sleep easy?</p> <p>V.: Yes, you're right... but, you see, neither him nor his friends do worry me. The town is full of violent people at night! How can I sleep easy?</p>
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In the clinical vignettes shown in table 3, the attempt to rationally persuade the patient, although undermining the threatening hypothesis, has not proven effective once and for all in any of the provided examples; on the contrary, the rational debate afforded the patient the opportunity to

sharpen still further his threatening hypothesis: Marta, who was previously worried only of not having shut off the gas valve, during the discussion starts fearing that the burners might have manufacturing defects; Brando, after an initial general form of worry about his health, realizes, while debating with his sister, that he might be affected by a neurological condition; Valeria, reacting to her husband's attempts at reassuring her, realizes that the danger regarding her son Gino might arise not only from his own behaviour, but also, and most of all, from other people's behaviour.

In conclusion we can maintain that the use of logical reasoning too, when performed with a view to eliminating the threatening hypothesis, can easily contribute to starting a vicious cycle (see figure 3).

INSERT FIGURE 7.3 HERE



2.4. Solution prompter

In the difficult task of helping the patients to calm themselves down, their interlocutors not only try to reassure them by “pats on the back”, long rational debates and even by some white lies, untruth sometimes told with the best intentions, but they often inspire practical solutions, calculated to modify or eliminate the conditions which are frightening and even alarming for the patients.

As a matter of fact the patients, as in the case of the rational debate, appear to listen carefully to practical advice and, after having analysed and judged it proper and fit, they try to put it into practice. Sometimes, when they do, both the patient and his relative initially imagine they have solved the problem, or, at any rate, that they have found a good remedy; thus a momentary reduction of anxiety and an intermission of the problematic interaction can really follow.

However in quite a number of cases the prompted solutions, even though apparently new and more effective, do not actually differ in quality from those previously and autonomously enacted by the patient: the “new solutions” end up by being added to his ample store of avoidances and safety-seeking behaviours which, as it is generally known, are among the most powerful maintenance’s factors of anxiety disorders.

To be more specific, when a father suggests his social phobic son (scared to death at the thought of making a fool of himself by looking overemotional) should keep his hands in his pockets in order to conceal the sweat and the trembling due to anxiety, since the boy is extremely ashamed of them, all this will inevitably backfire: actually the father is not only implicitly confirming that showing others signs of anxiety is unacceptable, but is also preventing his son from experiencing that, if he gave up the safety-seeking behaviours, he would presumably find out that the feared scenario, however disagreeable it may be, is surmountable and not catastrophic.

In other words when a patient’s interlocutor prompts this kind of advice, much as he’s doing it for the best, he’ll end up by unintentionally contributing to maintaining the patient’s anxiety disorder.

In table 4 some examples of the solution prompter cycle are provided:

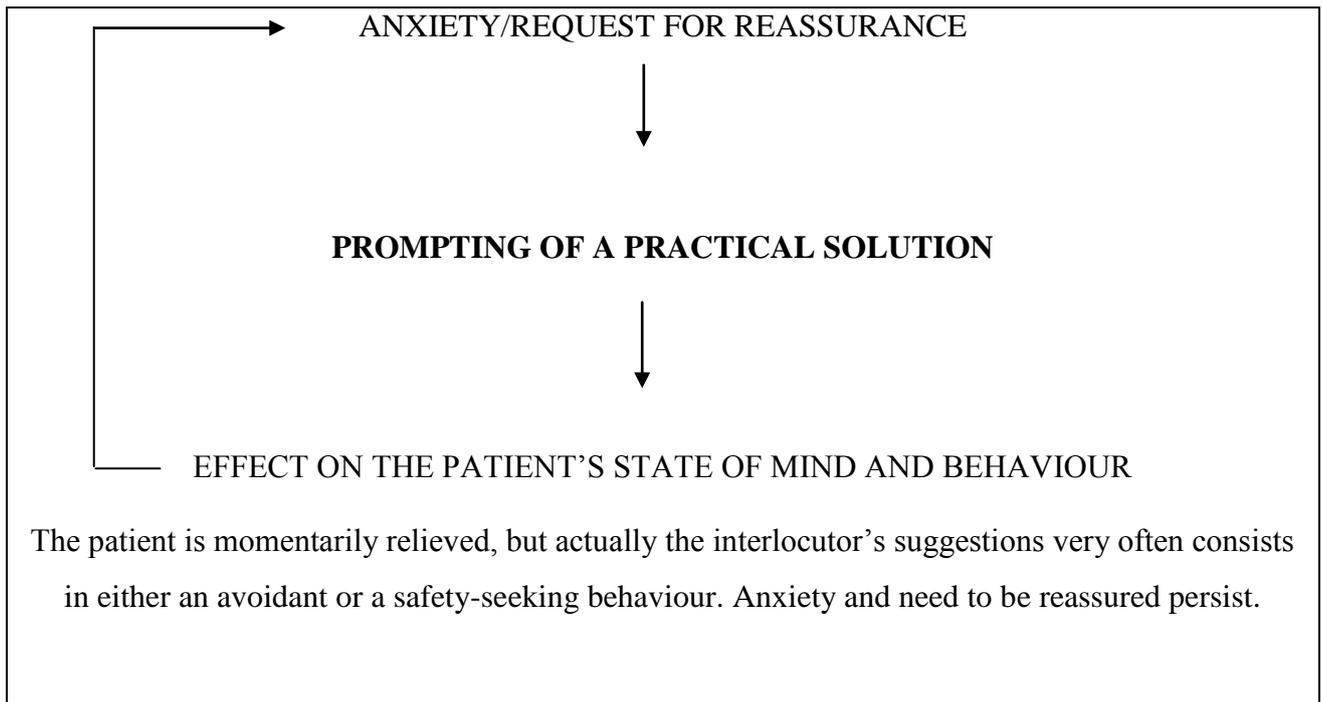
INSERT TABLE 7.4 HERE

<p>Luigi and his wife</p> <p>L.: ...I'm so worried about that business trip I'll have to make in a fortnight... I fear I might have a panic attack...my heart sinks just at the idea of it!</p> <p>W.: I'll tell you what! You could tell your boss that on the days of your supposed trip to Milan, your presence in the office is essential, to work on the taxes. Maybe Filippo, your young colleague, could go in your place?</p> <p>L.: Hmm... I wouldn't know. I have got to think about it...</p>	<p>Federico and his mum</p> <p>F.: Mum, I fear that if I sit down to table I could contaminate myself.</p> <p>M.: Listen, from now on will eat in your bedroom, with your own personal dishes and cutlery that nobody else will use, and which will be replaced in your own kitchen cupboard; this way you'll be one hundred per cent certain that nobody is going to infect you with germs and whatnot, so all of us will rest easy on that score. What do you say?</p> <p>F.: That's a thought!... however, since now it's lunchtime, please, disinfect your hands before putting the food on my dish.</p>
<p>Marta and her husband</p> <p>M.: You know, I'm not sure whether I have shut off the gas or not, even though I've already checked three times.</p> <p>H.: Listen, I'll tell you what: from now on, when you check something you can mark down the result of your check on a piece of paper, which you'll always bring along with you. This way if a doubt nags you, having a look at the piece of paper will suffice to reassure you. How does the idea strike you?</p> <p>M.: Yeah, it seems a good idea. I'll try.</p>	<p>Brando and his sister</p> <p>B.: Twitches have appeared after the week-end: I wasn't tired!</p> <p>S.: Then why don't you have a look at that medical website... you'll find a lot of useful information and advice...? Maybe it will help to calm you down...!</p> <p>B.: Yeah, that's an idea! I'll have a look.</p>

In the dialogues excerpts cited in table 4 one can see that the provided suggestions seem to be initially welcomed by the patient. But what will be the subsequent effects of these tips on the patient's state of mind and on the interaction with his interlocutor? After a momentary relief, Luigi won't accept his wife's proposal (sending his colleague to Milan in his place), but even if he complied with it, the result would be an avoidant behaviour, similar to the ones he already brings about, and his fears of having panic attacks when away from home would remain unaltered. In other words, the patient would be under the impression of having dodged danger, but his fear of catching a flight would endure. Federico will take his mother's advice, but this will turn out in a series of avoidant behaviours even more exaggerated than the current ones, leaving unchanged his basic fear of contamination. Marta too will follow her husband's advice and will mark down the results of her checks on a piece of paper, but the chosen solution will turn out in a form of "checking of checks": so new rituals will come on top of the old ones, leaving unaltered her obsessive fears. Brando will accept his sister's advice and will check on the internet: after an initial relief, and precisely because of the information gathered while surfing the Net, his fear of being affected by a neurological illness will be reinforced, as will his need of asking family members and doctors for reassurance.

In summary, even when the requests for reassurance are answered by prompting solutions in the above-mentioned ways, one most likely runs the risk of starting up a vicious cycle which will negatively affect the patient's state of mind and the quality of the ongoing interaction (see figure 4).

INSERT FIGURE 7.4 HERE



2.5. Compliant rescue

Relatives and, in general, people surrounding an anxious patient, not infrequently, in the mistaken belief of helping him, comply with his requests without argument. Indeed the patient, too, is persuaded that this is the only way to be helped, and spare no pains to persuade the interlocutor to indulge his requests

It's very common for agoraphobics who beg to be accompanied in all their comings and goings to attain their goal, as it is for obsessive patients with fear of contamination and who ask not to be touched, or to touch, in their place, items perceived as dirty (handles, banknotes, etc.) to be indulged, just as it is for obsessive patients with checking rituals who ask to be helped in their checks (Van Noppen & Steketee, 2008; Merlo et al., 2009). Relatives of individuals suffering from generalized anxiety likewise comply with the patient's requests to be constantly reachable by

telephone, so that the patient can check at any time that they are well and nothing serious has happened.

Actually, quite a number of the patient's requests consist of manoeuvres aimed at avoiding the exposure to the anxiety-provoking situation or at allowing him to confront it in a protected way.

Thus, the seemingly helping behaviour ends up by being a circling manoeuvre, which leaves unaltered the patient's underlying fears and his need to ask for new reassurance in the future.

That's why behaving in a way that is exceedingly indulging, or even anticipating the patient's requests, turns out to be a strong mechanism in the maintenance of the disorder (see table 5).

INSERT TABLE 7.5 HERE

Luigi and his wife	Marta and her husband	Valeria and her husband
L.: I'm still very worried about that business trip I'll have to make in a fortnight...if you came with me, I'd feel much more confident.	M.: ...yes, but, you know, the trouble is that tonight this anxiety simply won't go away... I'll get up and check for the last time.	V.: Please, call Gino, he hasn't come back yet and I'm very worried ... won't you call him yourself? When I do, he complains that I am overanxious, as usual.
W.: Ok, I'll come with you, don't worry.	H.: Listen Marta, I'll go with you and we'll check together, so that we'll dispel all doubt.	H: Alright, I'll call him.
L.: Thank you my darling, I'm grateful to you, you're a wonderful wife... I don't know what I'd do without you!	M.: Thank you my dear, I really appreciate your help.	<i>—after a few fruitless attempts—</i> H: I think his cellphone is off. V.: Off?! See if I wasn't right? Oh my God, something serious must have happened!

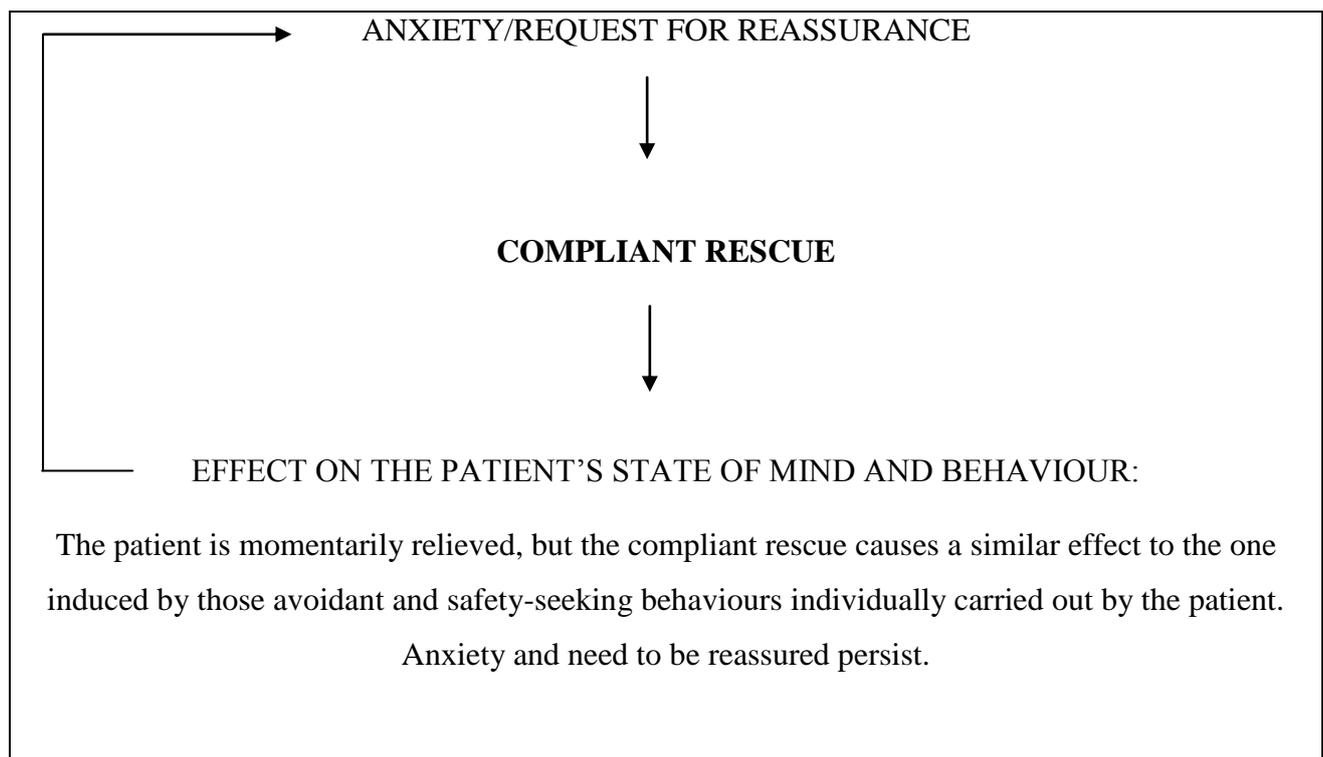
Luigi's wife complies with her husband's request of being accompanied on his business trip; Marta's husband doesn't even wait for his wife to ask him and offers himself as an aid for the obsessive checks. Valeria's husband calls Gino in the dead of night, since she fears something serious might have happened to him. The effect on the patients' state of mind and on the quality of

the patient-relative interaction will unfortunately be by no means positive and the taken precautions will eventually backfire.

Luigi and Marta indeed, after a momentary relief, can't be reassured once and for all about their fundamental fears: Luigi will go on fearing leaving home on his own, and Marta will go on fearing not being scrupulous enough in her checks. Valeria won't even experience a single moment of relief, on the contrary her husband's compliant rescue will be the starting point of her worry's exacerbation.

In conclusion in all three of them the anxiety disorder is maintained by the rescue attempts carried out by their relatives and the patients will soon feel the urge to ask them for reassurance (figure 5).

INSERT FIGURE 7.5 HERE



2.6. Blame

Sooner or later, in the interactions between anxious patients and their usual interlocutors, expressions of blame make their appearance. In this chapter we shall dwell upon the criticism that the relative, exasperated by the patient's symptoms and requests, levels against him; still it is worthwhile noting that not infrequently the patient as well reproaches his relative, for not being attentive enough to his needs, for not understanding his misery, or even for being the very source of it.

The negative effect of the patient's reproaches on the general relational atmosphere and on the interactions implied in the disorder is by no means marginal. Actually the interlocutor, perceiving one moment the rebuke as fair, the next one as unfair, will swing between feelings of guilt and anger, which will drive him to responses ending up by being fatally pathogenic for the patient.

The relative's feeling of guilt will increase the number of compliant rescue behaviours and solutions promptings, which, as illustrated in the previous sections, represent a severe maintenance factor of the disorder. Differently, anger will lead to reproachful and aggressive responses, which will further embitter the relation between the patient and his relative and sometimes (as will be shown below), will act as a specific pathogenic factor.

Reproaching, obviously, isn't brought about only by verbal expressions; there are actually many different ways of expressing criticism, disapproval, disappointment, condemnation, contempt, etc., but not infrequently the interactions between a patient and his relative are characterized by explicit and outspoken assertions and exclamations, such as: *"enough of this nonsense! I cannot put up with you any longer!"*, *"when will you bring yourself round to behaving in a mature way?"*, *"stop pestering me! I'll do it if it is going to shut you up!"*, *"do you realize you've made our lives a misery?"* (see table 6).

INSERT TABLE 7.6 HERE

<p>Luigi and his wife</p> <p>L.: You could come with me... I would feel much more confident.</p> <p>C.: Ok, I'll come with you, don't worry.</p> <p>L.: Thank you my darling, I'm grateful to you.</p> <p>C: That's all right... even though, honestly, I'm sick and tired of this and can't understand how you can have such irrational fears!</p>	<p>Federico and his mum</p> <p>F.: Please, disinfect your hands before putting the food on my dish.</p> <p>M: Dear me! Enough is enough! Stop it, I can't stand this any more, you have made our lives a living hell, you'll drive us crazy with all your fixations! I'll do it if it is going to shut you up!</p>
<p>Marta and her husband</p> <p>M.: ... you know, the trouble is that tonight this anxiety simply won't go away... I'll get up and check for the last time.</p> <p>H.: Listen Marta, it's time to put an end to this, going to bed has become nightmarish. We can't go on like this any more! Besides I'm very worried for Marco... Your behaviours will make him become obsessional, just as you are. God forbid! Do you realize what might happen?!</p>	<p>Gianni and his dad</p> <p>G.: I don't think I'll go to the prize-giving ceremony of the school basketball team... I'd start trembling and sweating ... I'd look a real jerk!</p> <p>D.: Gianni, can't you see these fears of yours are really foolish and childish? It's high time you started acting like a man!</p>

The dialogues involving Luigi, Federico, Marta and Gianni all end in a harsh judgment expressed by their respective relatives, which will assume different meanings according to the type of interaction, and, above all, according to the patient's state of mind.

In the course of psychotherapy the clinician may learn that the criticisms levelled at the patient by others are not infrequently similar in content to their self-reproaches: when a patient reflects upon his being affected by a psychological problem, he would call himself, e.g., "a hopeless case", "a

weakling”, “irrational”, “whimsical”, “guilty”. Therefore, patients do often develop depressive states, consequent on their anxiety disorder.

However, criticism and self-reproaches can, actually, play even a more specific role in the disorder’s maintenance, when they activate personal themes directly involved in the development of anxiety’s symptomatology.

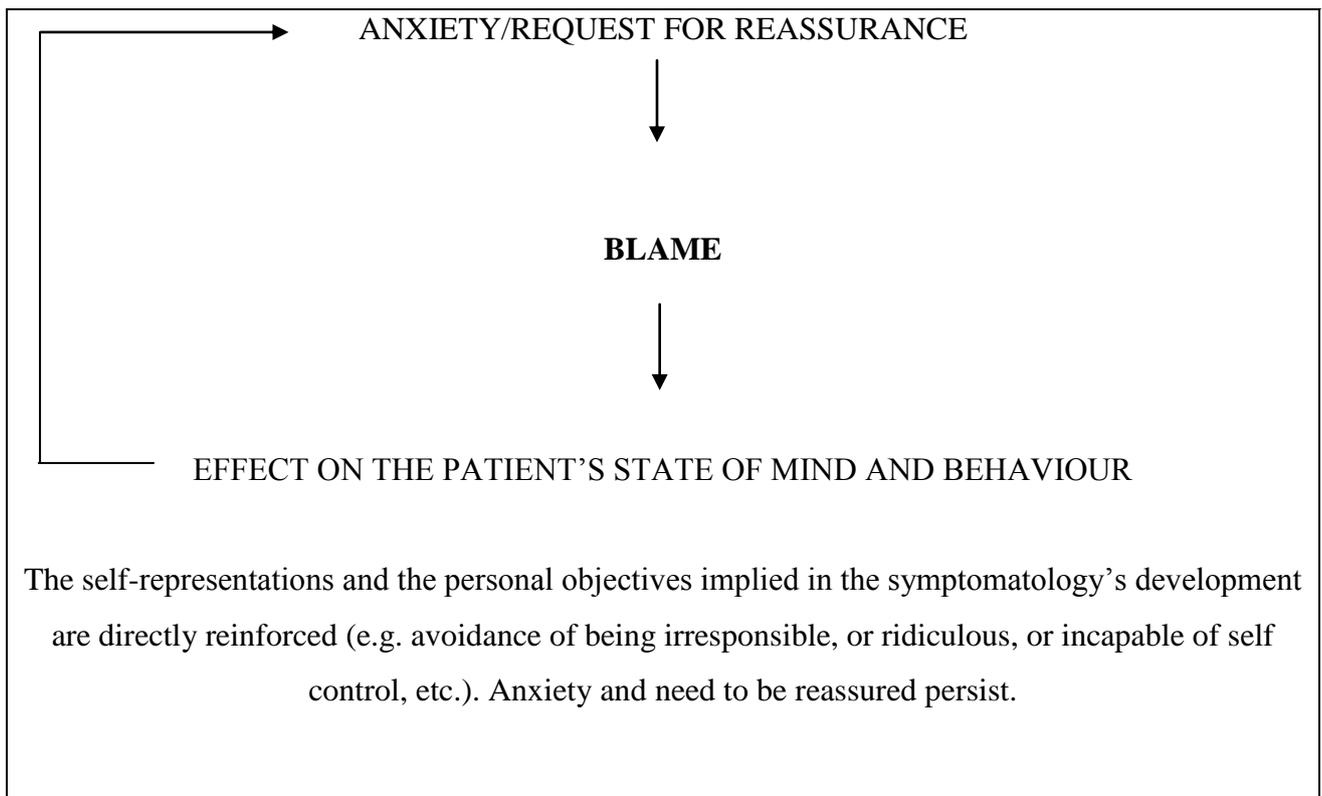
Research in the field of experimental psychopathology in recent years has shown that, for example, obsessive-compulsive symptoms are probably due to a hypertrophic sense of responsibility (inflated responsibility) (Ladouceur et al., 1997; Salkovskis et al., 1999; Arntz et al., 2007; Lopatka & Rachman, 1995; Mancini et al., 2004; Mancini & Gangemi, 2004) and that, both checking and washing rituals are aimed at preventing feelings of guilt and interpersonal expressions of anger and moral judgment (Mancini, 2001; Mancini, 2005; Zhong & Liljenquist, 2006; Gangemi et al., 2007).

Now, in the light of the aforementioned, if we consider the effect of the reproaches suffered by Federico and Marta, it can be hypothesized they will specifically reinforce exactly their deepest fear, the one which is closely related to the obsessive symptoms, that is being irresponsible and morally deplorable.

Similarly, even though concerning different contents, it’s easy to imagine that the accusation of irrationality levelled at Luigi will reinforce his fear of losing control, typical of individuals with Panic Disorder; and the harsh admonishment suffered by Gianni, whose father urges him to overcome his “foolish” fears and to “act like a man”, will inevitably confirm his idea of being socially inadequate and a laughing stock.

In summary the cycle of blame, often started after long, repeated and fruitless debates aimed at reassuring the patient, can directly and specifically impact on his self-representation, which is involved in the symptomatology’s development: this process will lead the patient to apply himself even more to prevent the feared scenarios (moral unworthiness in Marta, loss of self control in Luigi, social humiliation in Gianni, etc.) (see figure 6).

INSERT FIGURE 7.6 HERE



3. Acknowledgement of the vicious cycles

The first stepping stone to get out from the vicious cycles is helping the patient to detect the typical responses of his relatives to his requests for reassurance; straight afterwards he can be helped to acknowledge the consequences of these reactions on both his behaviours and state of mind.

In order to achieve this, it is useful to show him in session the typical reactions between him and his family members. In addition, the therapist will ask the patient to fill in some forms (see table 7) between sessions, as homework assignments.

Sometimes, when family members are heavily embroiled in the maintenance of the disorder, seeing the patient individually could be insufficient; in such cases a number of sessions involving the relatives' participation, along with the patient, can be specifically designed, and family members

will be asked to fill in between sessions the forms regarding the interpersonal cycles, in a similar manner to the patient's forms (table 8).

Patients and relatives, once trained to acknowledge the vicious cycles with the help of the psychotherapist, will try to break them and arrange new strategies of coping with the problematic situations.

INSERT TABLE 7.7 HERE

ANXIETY-INDUCING SITUATION Describe an event that has caused you anxiety	PATIENT'S STATE OF MIND (BEFORE ASKING FOR REASSURANCE) Write how you were feeling right then	PATIENT'S REQUEST TO HIS RELATIVE Write what you asked your relative	RELATIVE'S RESPONSE Write what your relative said/did after your request for reassurance	PATIENT'S STATE OF MIND (AFTER HAVING ASKED FOR REASSURANCE) Write what you thought of your relative's response and how you felt.	PATIENT'S REACTION Write what you did/said after your relative's response

INSERT TABLE 7.8 HERE

ANXIETY-INDUCING SITUATION Describe a situation in which the patient asked you for reassurance	PATIENT'S REQUEST Write what the patient's request was and how he justified it	RELATIVE'S STATE OF MIND Write what you thought and how you felt when the patient made the request for reassurance	RELATIVE'S RESPONSE Write what you did/said after the patient's request	PATIENT'S REACTION Write what the patient did/said after your response

In evaluating the effects of the family member's response to the patient's state of mind and behaviour (see table 7.7: patient's state of mind after having asked for reassurance and patient's reaction) it is important to take into account their duration: often, indeed, either verbal reassurance or practical suggestions provided by the interlocutor can initially relieve anxiety, but in the medium and long term they become ineffective, and even worse, harmful.

4. The problem of reassurance and the importance of acceptance

Vicious cycles, once started, are by definition hard to break. Usually people swing from one vicious cycle to another in a toilsome attempt to stem the patient's need for reassurance.

In actual fact, both the anxious individual and his interlocutor often and instinctively believe that the problem will be solved when evidence is found that the perceived threat is either exaggerated, flimsy, or absent. The final objective of the reassurance manoeuvres, both dialogical and practical, is the finding of such evidence.

Thus, since the irrefutable evidence of threat's absence is impossible to find, there is nothing left to do but fall back on manoeuvres aimed at either shifting away from the threat or at least curbing it. More specifically avoidances and safety-seeking behaviours will be carried out, such as keeping indoors, or going out only if accompanied by a family member, not touching money, or touching it only after having put on one's gloves, etc. That is tantamount to saying that patients curb the symptoms by executing other symptoms (sic).

The stepping stone to breaking the vicious cycle is acknowledging that satisfying the anxious patient's need for reassurance once and for all is herculean and counterproductive. Actually: 1) the criteria applied by patients to assess the effectiveness of the reassurance's manoeuvre are far stricter and more rigorous than the ones followed by ordinary people; 2) generally the patient doesn't strive for partial, but for conclusive reassurance: he would like to achieve the absolute certainty that the feared event will not occur; 3) the attempts at finding the mathematical certainty bring about maintenance of the fears and even embitterment: the solution becomes the problem (vicious circles). Therefore, an effective intervention should be aimed not so much at eliminating conclusively the feared threat, as to accepting the possibility that the feared event could occur (Barcaccia, 2007; Barcaccia, 2008; Bach & Moran, 2008, Mancini & Gragnani, 2005). Once again, to explain ourselves further, we shall resort to some clinical examples, trying to imagine how the dialogues involving Federico, Luigi and Gianni would have gone, had their relatives strayed from the winding route of reassurance:

Federico

Federico: Mum, did you wash your hands with the disinfectant?

Mother: I won't wash my hands with the disinfectant, Federico.

Federico: Please, wash your hands with the disinfectant, it's very important... it is crucial to have one's hands perfectly clean when sitting down to eat.

Mother: I don't know what you mean by "perfectly clean", but I agree with you on washing hands before sitting down to eat... that's why I washed them using soft soap.

Federico: But soft soap is ineffective, because it can't eliminate either germs nor the risk of contagion!

Mother: Probably not, I grant you that, but I believe it can reduce the risk significantly... anyway, I prefer running this small risk than washing my hands with the disinfectant.

Federico: But if you won't use the disinfectant I'll be gripped by panic and won't be able to eat.

Mother: I can understand that, Federico, and I am aware that you feel anxious when I won't do what you ask me. I'm truly sorry, and I'll try to help you, but I don't think that the solution is avoiding anxiety at any cost through repeated washings or other safety-seeking behaviours.

Luigi

Luigi: You know, Clara, I'm so worried about that business trip I'll have to make in a fortnight.

Wife: And what are you frightened of?

Luigi: I fear I might have a panic attack and lose control... my heart sinks just at the idea of it!

Wife: Hmmm... I see.

Luigi: You know, I was thinking that you could come with me... I would feel much more confident.

Wife: I know that only too well, Luigi, but I don't think I'll go with you

Luigi: Why, are you already otherwise engaged?

Wife: I'm not, but I don't believe that the solution is sparing you the anxiety deriving from the idea of travelling by yourself.

Luigi: And what, may I ask, is the solution to my problem?

Wife: Unfortunately I don't know, maybe an experienced psychotherapist could help you to find it. At any rate, I'm certain that the solution doesn't imply either avoidances or reassurances.

Gianni

Gianni: You know, I don't think I'll go to the prize-giving ceremony of the school's basketball team... I'm afraid I'll get into a state and will look a real jerk.

Father: You care about that ceremony, don't you?

Gianni: Yeah, I've been waiting for it for a year ... But I'm afraid I'd break out in a cold sweat, my hands would shake, and my voice would falter; people will notice I'm jittery and awkward... they will think I'm a dummy!

Father: Hmm...it's likely you could get stage fright and you know, if you're nervous you can start trembling and sweating, which is disagreeable, no doubt. But after all, I believe there's no harm in getting nervous.

Gianni: And what if I get flustered and tongue-tied?

Father: You're right, this might happen too. Even though it must be said that when we're frightened we tend to overestimate risks. Maybe this is what it's happening to you right now. Anyway, I'm aware it might happen, and that it would be disagreeable, but I think it's a risk worth taking. What do you say?

In the above mentioned dialogues the interlocutors of Federico, Luigi and Gianni haven't drawn on pats on the back, white lies or long rational debates in order to prove to their dear one that there is no danger, neither did they comply with his request, nor did they suggest solutions involving avoidance of anxiety, let alone blame him. They contented themselves with listening and contemplating, without dramatizing, the possibility that the feared scenarios might come true.

Such an attitude naturally will not suffice to cure the anxiety disorders; on the contrary, the patient at the beginning will doggedly persist in demanding reassurances. But by adopting this attitude steadily in the long run, many interpersonal vicious cycles responsible for maintenance of the disorder will die away.

It is important to make it clear that the interpersonal attitude intended to help patients accepting the possibility of the feared event's occurrence, doesn't coincide with resignation or with pessimism.

In addition, once the acceptance of the threat is achieved, and the reassurance attempt at any cost given up, it will be easier to bring into use programs of Exposure with Response Prevention, which remains to this day the elective treatment for anxiety disorders.

To give further details, the strategy of acceptance (Hayes et al., 2006) will imply two different levels: one of the "external" events and one of the "internal" states. This strategy will facilitate the process of giving up the avoidant and safety-seeking behaviours. For instance, when Gianni's father tells him that getting nervous isn't wrong, he is legitimating his son's feared internal events: anxiety and embarrassment; and when he says that making a fool of oneself "*it's just one of those things*", he is defining as acceptable and surmountable another feared event, this time external and overt: not uttering a single word in front of an audience.

Similarly, when Federico's mother replies she prefers running the risk of contaminating oneself and won't wash her hands with the disinfectant, she is defining as tolerable an external event; and when she states that eliminating anxiety at any cost isn't the solution to her son's problems, she is

implicitly evaluating as surmountable and acceptable an internal event, that is the disagreeable sensations due to anxiety.

The interlocutor can motivate the patient to replace the search for absolute certainty (pursued through avoidant behaviours, reassurance requests and other safety seeking behaviours) with an acceptant attitude, by using four different arguments (Mancini & Barcaccia, 2004):

:

1. The **ineffectiveness** of avoidant and other safety seeking behaviours and of reassurance requests
2. The **disadvantages** due to those behaviours.
3. The **legitimacy** of lowering one's guard, thus giving up those behaviours.

Any interlocutor, whether a family member and a psychotherapist, can help the patient to consider the above mentioned ingredients, whose discussion will be further illustrated in the following paragraphs.

4.1. Drawing out the ineffectiveness of the reassurance attempts

In order for the patient to give up the reassurance attempts and the other safety-seeking behaviours, he should consider how ineffective they are. While he goes on believing that the only effective way to stem anxiety is either avoiding the feared situations or confronting them only after having taken precautions in every conceivable way, he will inevitably perpetuate those intrapsychic and interpersonal vicious cycles which maintain his disorder. That's what happens when he avoids going out or when he goes out only if accompanied by someone whom he can trust.

In the following dialogue a possible way of conducting this intervention will be illustrated. The chosen communication mode is a typical one in cognitive-behavioural therapy: guided discovery, a strategy whereby the psychotherapist uses questions, instead of statements, in order to draw out the

ineffectiveness of reassurance attempts. The patient won't feel that the therapist wins his point, but will have the chance of autonomously finding out the effects both of his own actions and of the interlocutor's responses.

Therapist: So, when you're very worried of not having properly checked the gas or the front door you usually express your doubts to your husband, don't you?

Marta: Yes, I do.

Therapist: And may I ask you why do you talk about it with your husband?

Marta: Because he reassures me.

Therapist: Well, will you help me to get this right, how does your husband reassure you?

Marta: He tells me that it's the same old story, and that the front door is definitely closed.

Therapist: Hmm...so, all in all your husband tells you that you may rest easy on that score, and that there's nothing to worry about, doesn't he?

Marta: Just so.

Therapist: Well, and is that enough to reassure you?

Marta: Hardly ever... to tell the truth it's an answer which tends to annoy me, because it seems as if he was making light of my worry.

Therapist: I see... so a hasty reassurance can't calm you down, but it can annoy you, in fact.

Marta: Precisely so. Sometimes I have a sneaking suspicion he tells me lies to calm me down. And naturally this attitude too... I mean... I know he does it for me, but it irritates me.

Therapist: What kind of lies?

Marta: Well, he will sometimes state he remembers having watched me closing the front door, while he had already got into the car, thus he couldn't have seen me.

Therapist: Hmm...I see...and does he do something else to reassure you?

Marta: Yeah, he's very helpful...sometimes he will talk my worries over with me, he'll try to make me reason, he'll show me some details which I had neglected, and I often settle down.

Therapist: Hmm...so when he gives his all, so to speak, and tries to show you by logical reasoning that everything is ok, he can reassure you, can't he? .

Marta: Well, yes.

Therapist: You know, I was wondering whether this is a truly effective reassurance.

Marta: What do you mean by that?

Therapist: I mean, does your worry disappear and so you've done with it?

Marta: Sometimes it does, but other times it won't suffice, and I'll ask him for reassurance once again.

Therapist: Ok. So, in about half of the cases reassurance doesn't seem to work right away. I mean, your anxiety doesn't ease off, and you go on discussing it, don't you?

Marta: Just so.

Therapist: Well, and when it seems to work instead, do anxiety and your doubts disappear once and for all?

Marta: They do sometimes. I mean, if I discuss it with my husband I become convinced in the end I actually closed the front door, then I have done with it.

Therapist: So sometimes a single worry is eased off by reasoning and dialogue. But I wonder whether afterwards new doubts or worries cross your mind.

Marta: Well, to be quite honest my mind is always restless... I may set my mind at rest about the door, and after a few minutes I'm assailed by the doubt of not having closed the gas valve... I can't help it.

Therapist: So what you're essentially saying is that even when reassurance seems to have worked, your basic anxiety persists, in fact, and you soon feel the urge to ask for new reassurance?

—a few seconds' pause—

Marta: I think so, unfortunately.

Therapist: I see. And is there anything else your husband does at that point to reassure you?

Marta: Yes, there is.

Therapist: Such as?

Marta: Well, I ask him to help me in my checks, so he performs them with me. You know, two heads work better than one...so I feel safer. Or sometimes he would check in my place. In a nutshell, he accommodates my needs.

Therapist: That is to say he accepts doing the things you ask him to do.

Marta: Precisely so.

Therapist: Hmm... and what happens afterwards?

—a few seconds' pause—

Marta: You know, it happens what I was telling you: I settle down, it seems I've set my mind at rest. However, at that point, I'm assailed by new worries, actually.

Therapist: And your husband, at that point...

Marta: You see, he would think up a dodge...

Therapist: Such as?

Marta: Oh, well, a few months ago he advised me to mark down the result of my checks on a piece of paper, which I should always bring along with me. This way any time a doubt nags me, having a look at the piece of paper will suffice to be reassured. A stroke of genius, in a sense, don't you agree?

Therapist: Well, in a way... but did it work?

Marta: At first yes, really, I thought that I had made it, that I had cracked the checks' problem.

Therapist: And why do you say "at first"?

Marta: Because the first times it worked exceedingly well, but then I started hoarding hundreds of paper' slips, and I was often assailed by the doubt of having checked the wrong piece of paper... so

I decided to mark down also the date, the correct time, and then the type of check: front door, gas tap, air conditioning, car door, medicine cabinet, and so forth... an endless list! Believe me, it was sheer madness... and was so time-consuming! It had become a sort of job. I was so scrupulous in marking down my checks that I ended by forgetting the “real” check, then I was assailed by the doubt of having performed it badly, and at that point my notes were pointless: I had to check another time, or ask my husband for reassurance, and then write again the result of my check. I felt I was going mental. It was a maze with no way out. Don’t you think so?

Therapist: Precisely so. Sometimes your husband will answer hastily to your requests, or he will tell white lies to calm you down, but other times he will debate with you for long, trying to prove you that your fears are ungrounded. And in other circumstances he will accept to help you in your checks or he will give you advice on how to dispel your doubt. At least initially some of these manoeuvres seem to work, but sooner or later anxiety and need for reassurance will appear again. Isn’t that so?

Marta: I’m afraid so.

Therapist: And what does this suggest you?

—a few seconds’ pause—

Marta: I wouldn’t know, my head’s a bit fuzzy. But now I’m inclined to believe that I took the wrong way. Actually, I’m in a catch 22. Yeah, maybe I need to do something different if I want to get rid of my obsessive problems.

4.2. Drawing out the disadvantages of the reassurance attempts

The second ingredient to take into account in order for the patient to give up the reassurance attempts and the other safety-seeking behaviours, is the inconvenience of such behaviours. The

patient should not only consider how ineffective, but also how disadvantageous they are due to the costs he has to pay.

For exposition we shall illustrate the continuation of the therapist-patient dialogue set up in the previous paragraph but it must be said that the adopted communicative style and its objectives can be transposed and applied to the majority of anxiety disorders.

Therapist: It seems, actually, that searching for reassurance at any cost hasn't proven effective.

Marta: Hmmm... no.

Therapist: Well, I wonder whether besides being ineffective, your requests for reassurance have also led to other consequences.

Marta: What do you mean by that?

Therapist: You know, I was thinking to what you said before: "a maze with no way out"...

Marta: Yes, exactly, but I don't quite follow.

Therapist: Ok, I'll try to retrace the sequence of what happens to you when you're anxious, tell me if it makes sense to you.

Marta: Ok.

Therapist: Everything starts off with a state of anxiety, a worry, for instance the doubt of not having shut off the gas.

Marta: Yes.

Therapist: And by that point you try to reassure yourself alone or with the help of your husband and those attempts don't work at all, or only temporarily.

Marta: I'm afraid so.

Therapist: So anxiety won't completely vanish and sooner or later the need for reassurance will forcefully come back.

Marta: Right!

Therapist: But that's nowhere near enough, because the more you exert yourselves to solve the problem, the more the plot thickens, as in the case of the tip your husband gave you to mark down the result of your check on a piece of paper. Well, it's as if you and he had been caught in a snare, in a maze with no way out, and the more you try to escape, the more you get stuck... Is that so?

Marta: Just so!

Therapist: Well, and what does this suggest to you?

—a few seconds' pause—

Marta: That sometimes I shoot myself in the foot... that in the long run asking for reassurance isn't only ineffective, but is nothing short of harmful...

Therapist: That is the case.

Marta: Yeah...

Therapist: Do you think there are other negative effects of the requests for reassurance?

Marta: Well, actually we sometimes end up by fighting, because he loses his temper... I can understand him: he's not a saint. When he gets angry he tells me I'll pass my anxieties to our children... You know, I think my ongoing requests for reassurance are wearing our marriage out, and could damage my children. I'm paying a very high price for my obsessions.

Therapist: I see... and how do you feel when your husband reproaches you?

Marta: Terribly guilty. I believe he's right.

Therapist: And how does this affect your urge to check?

Marta: It wouldn't decrease... far from it! Even though I try my hardest to restrain myself.

Therapist: I see.

Marta: And on top of it all, the arguments, the checks are dreadfully tiring and time-consuming... some days I'm exhausted and I realize I've wasted hour after hour of my husband's and my time.

Therapist: Yeah, it actually seems that the requests for reassurance are not only ineffective, but even come at a very high price.

Marta: Yes, horrific.

Therapist: To such a degree that you want to try to give them up?

Marta: I don't know, but I'd like to have a try, even though I'm afraid to fail. Can you help me with this?

Therapist: Yes, if you like, I'll help you to find other solutions.

4.3. Legitimizing the relinquishment of the reassurance attempts

Most patients believe that giving up their attempts at reassurance isn't only dangerous, but also illegitimate. In other words they think they are not entitled to lower their guard and accept the consequences which might stem from a less "safe" behaviour.

Marta, for instance, could regard it as her duty to reiterate the requests for reassurance, even after having realized and seen for herself how ineffective they are.

Gianni could think himself not entitled to get stage fright, and for this reason reiterate avoidant behaviours and requests for advice on how to conceal his anxiety, even after having realized that those behaviours are worsening his disorder.

Valeria could believe that if she stopped worrying continuously about her son, this would mean failing in her duty as a mother, even after having realized that her worries and requests can't really safeguard him against risks, and on top of that they imply a great many disadvantages.

To sum up, many patients don't only value the practical effects of their safety-seeking behaviours, but also attach much importance to the moral principle which, to their mind, prescribes these behaviours.

That's why it is important not to content oneself with drawing out the practical ineffectiveness and the disadvantages of the requests for reassurance, but to carefully explore to what extent patients consider morally legitimate giving them up.

The task of making their sense of responsibility more flexible will be particularly hard, especially with individuals who are particularly scrupulous, as patients affected by OCD, Hypochondriasis and GAD, as any experienced psychotherapist knows only too well.

Nevertheless it is possible to foster the relinquishment of the requests for reassurance by taking at least two paths: the first one consists in drawing out, without blaming the patient, that rigidly sticking to a principle can make it impossible for him to follow other equally important principles, such as protecting one's marriage or the emotional wellbeing of one's children; the second one consists in helping the patient to realize that making one's safety's criteria more flexible doesn't mean becoming a "base person", but simply accepting the risk of being somehow responsible for a negative event, like everybody else (Freeston et al., 1996; van Oppen & Arntz, 1994; Mancini & Barcaccia, 2004).

Marta: You know, I've figured out at last that continuously asking for reassurance has proven to be fruitless and even self-defeating, but I just can't help it.

Therapist: Can you tell me what you mean by that?

Marta: On those occasions I feel I really have to behave like that, I feel bound to...

Therapist: Bound?

Marta: Yes, if I didn't do everything in my power to make sure there are no risks, I'd feel irresponsible.

Therapist: Even though this attitude proves itself to be ineffective and detrimental?

Marta: Just so. I have to do my duty, and check. Should anything serious happen despite my checks, it would be bad, but at least I wouldn't reproach myself for not having given a hang about it.

Therapist: It seems that the object of the requests for reassurance and of the other safety seeking behaviours isn't just preventing harm, but doing the done thing, regardless of its usefulness... a matter of principle, isn't that so?

Marta: I should think so... a matter of principle.

Therapist: And how would you feel if you failed in this principle?

Marta: Hmmm... irresponsible. A very bad mother.

Therapist: I see.

Marta: Yeah, a very bad person indeed.

Therapist: Marta, we were reflecting before, upon the disadvantages arising from giving in to the need of reassurance, don't you remember?

Marta: Yes, I do.

Therapist: Is there any of them which pains more than the others?

Marta: Yes... ruining my children's lives because of my obsessions.

—a few seconds' pause—

Marta: I have it! Now I know what you're trying to tell me.

Therapist: What do you think I'm trying to tell you?

Marta: That when I give in to the need for reassurance, I do already act as a bad person... Now I realize it. Do you think I'm a bad mother?

Therapist: To be honest Marta, I don't think in the least that you're a bad mother. I do believe the reverse is true, you're a very scrupulous mother and you find yourself right in the middle of a paradox. The trouble is that adhering all-out to your sense of responsibility, you inevitably end up by unwittingly producing some harmful consequences for you and your dear ones.

–a few seconds' pause–

Marta: I should be a little less rigid... not look for certainty at any cost of having done things perfectly... but how do you do it? You see, I never know how it “should” be, when is it good enough, when checking is normal and when it’s pathological. It’s as if I can’t discriminate normal behaviours from obsessive ones. It’s as if I mistrusted my own perceptions and judgment. I sometimes fear I might be suffering from a neurological condition which prevents me from discriminating.

Therapist: Marta, do you think you can discriminate a person behaving responsibly from an irresponsible one?

Marta: Hmmm... yeah, I guess so.

Therapist: Can you think of anyone whom you believe a responsible person?

Marta: Yes, Giulia, a colleague of mine.

Therapist: Well, being Giulia a responsible person, I suppose she too checks, sometimes.

Marta: Yes, of course.

Therapist: And Marta, can you tell me if Giulia’s checks are either useful and necessary, or obsessive?

Marta: Hmmm... let me think it out... I believe she’s very reliable and responsible, but I wouldn’t say she’s obsessive. No, I don’t think she checks in an obsessive way.

Therapist: Responsible, but not obsessive... an interesting discrimination. Doesn’t this ring a bell?

Marta: Well, maybe I don’t lack judgment... at least regarding other people... why on earth when it comes to me do I always feel uncertain?

Therapist: Well, do you remember when you had your last obsessive doubt?

Marta: A doubt crossed my mind while I was coming here, that I hadn’t set the burglar alarm in my house, so I called my husband to ask for reassurance.

Therapist: Could you then tell if it was a necessary request or an obsessive one?

Marta: I wondered, but I couldn't tell, I remained in doubt, and being torn by it, I chose to call my husband.

Therapist: And how did you feel at that moment?

Marta: Anxious!

Therapist: And what did you exactly worry about at that moment?

Marta: Of having left my house exposed to burglars!

Therapist: And what if the burglar alarm had really been switched off, and the burglars had got in?

Marta: It would have been an unforgivable carelessness... I would have never have forgiven myself!

Therapist: And what if this had happened to Giulia, what if Giulia had forgotten to set the burglar alarm? Would have you forgiven her? Would have you considered her mistake an unforgivable one?

Marta: Are you asking me if I would have considered it equally serious?

Therapist: Precisely so. Would have you considered it equally serious?

Marta: No, I'd say no.

Therapist: And what does this suggest to you?

Marta: Maybe I come down more heavily on me... that's why I never know how many times I should check, when it's good enough.

Therapist: Yeah.

Marta: Maybe I have the right to stop checking even if I'm not one hundred per cent certain about it...

Conclusions

To sum up, in this chapter we have presented some of the most frequent interpersonal vicious cycles that occur in anxiety disorders, and which largely account for the anxiety symptomatology's maintenance and exacerbation.

It is of common knowledge among psychotherapists that when a patient is in the grip of anxiety he tends to consult other people in search of reassurance. Thus some typical communicative cycles start up, very similar in form, content and effects to the internal pathogenic dialogue which anxious individuals generate within themselves in an attempt to calm down. All this will result in more symptoms and more misery, both for the patient and his interlocutor.

This is the reason why it is very important, in order to treat any anxiety disorder, to detect these typical vicious cycles and figure out strategies to defuse them. And from our perspective the acceptance of the possibility that the feared event might unfortunately occur, despite all one's efforts, is the winning frame of reference in any form of psychotherapy.

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