Peace from Nervous Suffering

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A SIGNET BOOK

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PUBLISHER'S NOTE
The ideas, procedures, and suggestions contained in this book are not intended as a substitute for consulting with your physician. All matters regarding your health require medical supervision.

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Sensitization: The Simple Cause of So Much Nervous Illness

If nervous suffering has led you to this book, you may have picked it up with both hope and doubt. Possibly you have tried so hard to recover in the past and have—as you think—let yourself down so often that you may hesitate to trust yourself to try again. Perhaps you have been ill so long you suspect you are beyond help. Small wonder doubt is mixed with hope. And yet, I assure you, however often you may have failed in the past, however long you may have suffered, you can recover.

Perhaps, like so many of my nervously ill patients, you have no personality defect making or keeping you ill; indeed, you may have no particular problem except finding the way to recovery. Many of my patients were happy in their home life and at work until they became ill. They then became afraid of the state they were in, *of the way they felt*—not only of what was happening at the time but also of what they feared might yet be in store. Without realizing it, their nerves had tricked them, duped them.

Tricks Your Nerves Play

Through the years I have seen every shade of every trick my patients' nerves have played upon them; I saw how easily, how unwittingly, many were led into nervous illness, and because of this I want to open your eyes to the way your nerves could now be tricking you.

We should know there are three special pitfalls that can lead to nervous illness, and above all we should know how to cope with them. The three pitfalls are *sensitization*, *bewilderment*, and *fear*. Sensitization is a state in which nerves are conditioned to react to stress in an exaggerated way; that is, they bring unusually intense feelings when under stress, and at times with alarming swiftness.

There is no mystery about sensitization. Most of us have surely felt it in a mild way when we have been working under pressure and our nerves have become alerted to respond too quickly, too acutely, to situations that would, at other times, leave us unmoved. When mildly sensitized, we may be irritated by those near us, impatient with driving home in heavy traffic or waiting for the evening bus. We continue working, driving, traveling, however, and these feelings will gradually pass.

On the other hand, severe sensitization can be upsetting indeed. Besides feeling painfully edgy and agitated, a severely sensitized person may feel his heart constantly beating quickly, “missing” beats, or thumping; he may have recurring attacks of palpitations; he may feel his stomach churn—especially on waking in the morning or after an afternoon nap. His hands may tremble and sweat. He may have difficulty expanding his chest to take in a deep breath and may—in the words of one woman—gasp and gulp for air. He may complain of a lump in his throat which seems to interfere with swallowing solid food, or he may have weak turns. He may suffer from headaches—a feeling of weight pressing on top of his head, of an “iron band” around it; giddiness; or a sensation of lurching, swaying, or of being pulled to one side while walking.

Most alarming of all, panic may come so easily and swiftly that the slightest shock may bring it: perhaps no more than the unexpected sound of a slamming door. More bewildering still, panic may come for no apparent reason. Although these are no more than the usual symptoms of stress exaggerated by sensitization, the sufferer rarely recognizes them as stress symptoms. He thinks they are unique to him, that no one could have possibly suffered this way before.

Sudden Sensitization

One need not be a special type to become sensitized. Quite severe sensitization can be suddenly and unexpectedly thrust upon any one of us at any time. It may follow the stress of a physical shock to our nerves, such as an exhausting surgical operation, a heavy hemorrhage, a difficult confinement, an accident, and so on.

For example, when severe sensitization follows a surgical operation, the simplest postoperative routine—such as a finger prick for a blood count or the dressing of a wound—can almost reduce its victim to tears. Any frustration, perhaps no more than waiting for the doctor to arrive, may bring intense agitation and make nerves feel so taut that a sudden noise jars painfully. Also, panic can follow the slightest anxious thought: *hence the necessity to understand sensitization and know how to cope with it.*

A retired nursing sister who had been in charge of a surgical ward for years said recently, “If I had known more about sensitization when I was nursing, how much more understanding I could have given my patients.” At that time she was sensitized herself.

Gradual Sensitization

Of course, severe sensitization can come about more slowly. It may gradually accompany continuous domestic stress, too strenuous dieting, a debilitating illness—anything that puts nerves under stress for a prolonged time. The stress need not necessarily be unhappy. An actor constantly alert to give his best performance may become quite sensitized, especially if he neglects sleep and food.

The Pattern Is Limited

Since the symptoms of sensitization are the symptoms of stress, they conform to the usual pattern of stress symptoms. This pattern is set, limited, because nerves under stress always release the same chemicals, which act on the same organs and always produce the same results. It comforts a sufferer to learn that the pattern of his suffering is limited and that he has probably already experienced the severest symptoms his nerves can bring. I have seen this information alone cure some people. Because their body had brought them so many surprises in the past and had, as they thought, let them down so badly, they were constantly worried about what further surprises the future might yet hold.

How Nerves Normally Function

When we say someone is suffering from nerves, we do not only mean nerves are stimulated to bring certain symptoms, but we also imply that nerves have "gone wrong" and are somehow at fault. Actually they are responding faithfully and physiologically to the messages sent to them. To be cured one should understand this, and to do so it is essential to know how nerves normally function. Although I described this in detail in my earlier book, *Hope and Help for Your Nerves*, it is necessary to repeat the description at least briefly here.

Our nervous system consists of two parts: voluntary and involuntary. By means of our voluntary nerves we move our muscles (hence our body) more or less as we wish. These nerves obey our direct command, so we call them voluntary. The involuntary nerves help our glands control the functioning of our organs—heart, lungs, bowels, and so on. Unlike the voluntary nerves, we have (with a few exceptions) no direct control over them—hence the term "involuntary."

The involuntary nerves themselves consist of two divisions, sympathetic and parasympathetic. In a peaceful body these two hold each other in check. If we are emotional, however—afraid, angry, excited, agitated—the sympathetic usually dominates the parasympathetic, and we are aware of certain organs functioning: We may feel our heart race and pound, we may breathe quickly, our hands may sweat, and so on. Sympathetic nerves produce these reactions mainly by means of a chemical called adrenaline, which is released at the nerve endings in the organs concerned.

Normally when afraid, we accept our racing heart, rapid breathing, even the spasm of fear in our "middle," because we know that when the cause of the fear goes, these reactions will also pass. Our feelings calm because we no longer think fearfully. Changing mood (attitude) is the only conscious control other than medication we have over our symptoms of stress. I emphasize this because understanding it is of paramount importance in understanding recovery from so much nervous illness.

Bewilderment and Fear

Now I come to a point I wish to highlight: *The symptoms of much nervous illness are no more than the symptoms of stress exaggerated by severe sensitization.* One might well ask, What is the difference between severe sensitization and nervous illness? When do we say someone is merely sensitized and when nervously ill? And how does he pass from sensitization to nervous illness?

We say a person is nervously ill when sensitization upsets him so much that it interferes with his way of life. Someone who has never been sensitized might well then ask, What keeps a person sensitized long enough for this to happen? And this is a good question, because it brings us face to face with those other two culprits previously mentioned, *bewilderment* and *fear*.

Bewilderment and fear keep sensitization alive. Bewilderment acts by placing a sensitized person constantly under the strain of asking himself, What is wrong with me? Why am I like this? The more he struggles to be the person he was, the more exasperation, the more tension, and consequently the more stress he adds. His failure to find a way out of this maze makes him feel incapable of coping with any future course his illness might take, and he vaguely sees himself being "taken away somewhere."

While he feels in his bewilderment that he cannot direct his thoughts and actions adequately, he stands especially vulnerable to, and defenseless before, fear, which can overwhelm him before he has time to reason with it. It is the stress of bewilderment and fear continually being added to the stress of the original sensitization that keeps this sensitization alive and keeps its symptoms so severe. The sensitized person puts himself in a cycle of fear-adrenaline-fear. In other words, his fear of the state he is in produces the adrenaline and other stress hormones, which continue to excite his nerves to produce the very symptoms he fears. The fear-adrenaline-fear cycle is also called an anxiety state.

So many of the people who have come to me for help have had no particular problem or no cause in their subconscious either creating their illnesses or keeping them ill. Their main difficulties were finding the way to recovery and trying to meet responsibilities that because of illness seemed beyond them. They had been tricked into illness by those three bogeys, sensitization, bewilderment, and fear.

The Habit of Fear

In my opinion, too much time is spent and too much suffering is caused today by unnecessary searching for deep-seated causes of nervous illness when so often none exist. It is not enough to be told that such and such happened when one was young and that this is why one is nervous now. Whatever may have originally caused the illness—and in my experience it is by no means as often a childhood cause as is commonly believed —*present sensitization remains.* The habit of fear is the important thing now. *This must be cured.*

A woman from America wrote:

> I saw a doctor four years ago, but out of sheer frustration, I quit.

He did nothing but continually rehash the past. All I seemed to hear was that my mother left me to the maids and my father didn't love me either. I have been told over and over again that lack of love caused my acute phobias, but never how to handle the fears themselves, especially fear of leaving home alone. I have repeatedly asked for help to deal with today, with the acute and constant fears and awful physical feelings I have. It seems all I've been given to live with is "but if" and "if only."

This is not an isolated cry. It comes from many. Until the importance of straightforward sensitization is recognized as a possible cause of nervous illness, our present rate of cure will not improve as much as it otherwise would. I stress again that so much nervous illness has no deep-seated cause and is no more than severe sensitization—perhaps accidentally acquired—kept alive by bewilderment and fear.

The nervously ill person is forever questioning not only himself but also others. Too often the answers are so unsatisfactory that he loses hope of ever finding the explanation he craves, especially if he has been ill for long. Should you be suffering like this, you need a full explanation of what is happening to you. You also need a program for recovery, and that is what I offer in this book.

palpitations) or of a weak turn or of panic, manages to walk as far as the supermarket, how natural, when faced with waiting in the check-out line, for her to be suddenly smitten with the thought, “What if I had a turn now?” Fear and tension can quickly agitate a sensitized person, and the feeling of vulnerability that comes with agitation will soon convince her that her symptoms could build up into one of her spells. This results in her eventual decision to avoid the supermarket or to find someone to shop with her.

No Respecter of Sex

More women than men suffer from agoraphobia. A woman’s life at home lends itself to the development of agoraphobia. There are agoraphobic men, however, and they, as mentioned earlier, whereas accustomed to leaving the house daily, usually show their illness by refusing to leave their own town. Many a deputy chief would be chief today were he not afraid of the traveling involved in seniority. I call this the citybound-executive syndrome.

Symptoms are no respecter of sex. A nervously ill man complains of the same symptoms as a nervous woman: palpitations, weak turns, giddiness, trembling, panic. These symptoms are not as “feminine” as one has been conditioned to think. They are the symptoms of stress and therefore experienced by men and women alike.

Weak spells are just as upsetting as palpitations. If the sufferer panics while out because of having a weak spell, she may feel so exhausted that she is sure she can go no further and must return home. How quickly those weak legs move when once headed toward the house, though. If instead of returning home, she tries to fight her way forward or by grim determination she stays in the supermarket (or any other place), mounting tension may so stiffen her muscles that she may feel locked in tension and stand “paralyzed,” holding on to the nearest support, unable —so she thinks—to move. She especially dreads a big emporium, where the crowd, heat, noise, and the absence of a place to sit seem to invite that faint feeling.

The Pavement Seems to Heave

Giddiness is especially dreaded, and the sufferer is not so easily convinced that such a disturbing physical sensation can be caused by nerves. One woman said, “When I am overtired, I get giddy, and I’ve still got to convince myself the giddiness is only fatigue because when I am tired, it’s hard to convince myself of anything.” The thought of a brain tumor may haunt a woman who suffers from giddiness. Even if finally persuaded that nerves are the culprit, she finds walking down the street difficult, for the pavement seems to heave, the shops to topple. Nor is it easy to stay in the supermarket while the goods on the shelves seem to sway. In addition, tension may affect her sight, so that from time to time objects appear blurred and the distant view is covered with a shimmering haze.

Surely it is not difficult to understand how this woman, having these

experiences, gradually comes to prefer to stay at home or take someone —even a child—to shop with her. If she takes a child, it may not be long before she becomes afraid the child will notice her peculiarities and see her "like this," so she may postpone shopping until her husband can accompany her.

Exposing a Childhood Cause Is Rarely Helpful

An important part of treatment lies in showing a sensitized woman or man how to cope with the exaggerated symptoms of stress, particularly panic, so that they gradually desensitize themselves and, if agoraphobic, are no longer afraid to be alone, travel alone, be surrounded by people, or take the strain of waiting in line. As I said earlier, finding a childhood cause for present illness may be interesting, but it rarely helps cope with the present condition, especially if the sufferer has been ill a long time.

A happily married woman who had suffered for years from agoraphobia was told by an analyst that her reluctance to go out alone was based on a subconscious fear of becoming a prostitute: however, this woman had begun to have faint spells while driving a munitions wagon during World War II and naturally lost confidence in driving alone. The cause of her spells was probably fatigue. She had certainly not had enough rest or food. It was obvious from her history that the attacks she had later, during the years that followed, were induced by memory and fear of having a turn where she could not get help or where one would be humiliating or dangerous—in a crowd, driving a car, and so on. The orbit within which she could move gradually became so restricted that she could finally drive only a few miles from home, could not enter a big store alone, and could go on holiday only if accompanied there and back by a doctor. Naturally, she and the family took few holidays. She was finally taught by an explanation and encouragement how to cope with her fears. Part of her story, written by her, is in Journal 8.

So Confident on Monday, So Defeated on Tuesday

So much depends on a doctor's ability to explain why, when the patient is feeling better, a setback can come for no special reason—at least none that the patient can see—and be so immediately devastating, as if no progress had been made; why symptoms thought forgotten can return so acutely after months of absence; why all the symptoms can appear, one after the other; why panic can come "out of the blue"; why such demoralizing exhaustion can so rapidly follow stress; why, despite the right attitude, sensitization may linger on for such an unexpectedly long time; why, when the patient returns home after being especially successful, it may seem as if no success had been achieved and why going out the next day can be as difficult as ever. The "whys" seem countless. Unless a doctor has the necessary understanding, his advice may only induce pessimism. An agoraphobic woman wrote about herself and her fellow sufferers, "If unmarried, we may be patted on the back and told we will be better when married; if married, that having a child will fix us; if middle-aged, that it's 'the change'!"

To Be Afraid Is So Human

During interviews on radio and television I have been surprised at the intensity with which some of my colleagues have defended their belief that the anxiety state, including agoraphobia, is due either to some deep-seated cause, often thought to be subconscious, or to some character inadequacy, and that the illness can be cured only if these causes are found and treated. Severe sensitization, however, as already pointed out, can come to any one of us, at any time. To be bewildered by, and afraid of, its acute and baffling symptoms is so human, so natural, that it is difficult to understand why the many people who respond this way should be thought inadequate and different or why finding some deep-seated cause should be thought essential. Sudden severe sensitization can be so shocking that confidence can be quickly shattered, and one does not have to be a dependent type—as I have sometimes heard these sufferers described—to be so affected. If some nervously ill doctors can, with their medical training, fail to understand sensitization or know how to cope with its effects on themselves (and I have seen this), why should a layman be expected *as a matter of course* to be wise enough to do so and to be philosophical about it in the bargain?

Fear is one of the strongest, most disagreeable emotions we know; is it so inconceivable one could be afraid of it for its own sake? Must there always be a cause for fear other than fear of fear? Why cannot fear of fear, when it flashes almost electrically—as it does in a sensitized person—be a cause in itself? It is, you know.

Far from being dependent types, many nervously ill people, although unable to understand what is happening, show great courage with independence fighting their fears, often with little help or sympathy from their family. One woman telephoned recently and said, “Could I possibly have a copy of the journals by the weekend? My husband has said at last that he will read them!” Another woman said, “My husband is much kinder now he knows men suffer this way as well as women!”

A teacher, an intelligent woman, would not remain in a shop unless she clasped in her hand a toy car to remind her of her own car parked nearby, should she feel forced to leave in a hurry. When I mention this woman, listeners are often amused. It is because of such anticipated ridicule that sufferers from agoraphobia are frequently reluctant to confess it, even to their family and friends. Also, whereas a husband may begin by sympathizing with his wife, he may eventually become irritated, critical, and finally desperate at the inconveniences the illness brings. And yet the wife will struggle on heroically, understanding these difficulties only too well and feeling desperately guilty because of them.

Plans Are Made, Broken, Remade, Rebroken

Contemplating taking an agoraphobic wife on vacation is especially frustrating and exhausting. One minute she says she will go, the next that she cannot make it; so plans are made, broken, remade, rebroken. Reservations are made and canceled several times, with many a deposit forfeited in the meantime. No small part of a husband’s frustration lies in

his swinging from optimism at some apparent improvement in his wife's condition to disappointment when she slips into a setback, usually for no reason that makes sense to him.

Inability to Feel Love

The wife also has her share of frustration, especially if, because of weariness or lack of interest, her husband fails to give the cooperation she craves. She feels this acutely because frustration, like so many of here motions, is exaggerated by sensitization. She may think he is wittingly uncooperative, and in a moment of despair, thinks she hates him. Indeed, she is sometimes bewildered by the depth of her antipathy and resentment. Although she knows the old love must be there, she cannot *feel* it. She thinks in confusion, "What is reality, my present dislike or my old love?" She is especially frightened because she feels the dislike so convincingly. One wife wrote, "It is as if I am just about to see through a mist of unreality but never quite make it. I don't know if I really love my husband, because I see him now as another person, not the man I married."

Another woman said, "D., who used to be such a marvelous help, has reached the stage of 'do it yourself,' and I don't get much help from him now. If I have a spell during the night, his pat solution to the whole thing is, 'Roll over and go to sleep!' Doesn't he know by now that if I could roll over and sleep, I would?"

Here again, understanding that inability to feel love is a usual but temporary result of emotional exhaustion helps cheer the sufferer and ease bewilderment and guilt. One should not sigh too deeply for a family's understanding nor pity oneself and think, "If only they knew!" Very few families "know," and most sufferers follow the same lonely road hedged by misunderstanding. Waste no strength on self-pity. It is an expensive emotion; it robs you of the will to go forward and never cured anyone.

Also, do not be too upset if you are told you could recover if you really want to. Be consoled. I have rarely met the nervously ill man or woman who had no wish to recover. He or she may have failed so often in their attempt that their spirit seems dead. It usually smolders on, however, ready to rise again for another valiant, if misdirected, effort. Let there be no misunderstanding about this: The vast majority of my nervously ill patients (and I do not use the word "vast" lightly) yearn to recover. Of course, there is the occasional work-dodger who prefers to retreat into illness rather than face the responsibilities of ordinary living, but in my practice these have been rare.

"Am I Trying to Escape from Something, Doctor?"

Some people ask anxiously, "Am I really trying to escape from something. Doctor? My last doctor said so; but what am I trying to escape from?" This inquiry often comes from women who want desperately to be shown how to recover. If the husband believes his wife is trying to escape into illness to gain his attention, her desperation is

pitiable. Any sensible person would want to escape from, not into, an anxiety state—especially agoraphobia—and the majority of my nervously ill patients have been sensible. They have proved this by the lives they have led after recovery.

During the last two years I have written a quarterly journal for 1,300 sufferers from an anxiety state in many different countries. Most of them had agoraphobia as part of their illness. Had I not been convinced that these people wanted to and could be cured, even by the remote control of journals alone (for I have not seen these people), I would not have spent so much time writing and distributing the journals.

how much support and encouragement the sufferer rightly feels he or she needs while carrying out this apparently simple task.

AT THE MERCY OF SOME "THING"

One of the keys to understanding sensitization lies in realizing that for a sensitized person simply thinking of panic may bring it, or that panic may seem to come unbidden. This is why the sufferer often feels caught in a trap. He will say, "The panic comes so quickly I can't do anything about it." This is why he watches constantly—to leave a way open for quick retreat—and why eventually going out alone or leaving the hometown, with the threat of panic "around the corner," may become too frightening to be contemplated.

It helps in understanding such fear if I compare our automatic nerves with the trigger of a gun. A rusty trigger is stiff to pull; when well oiled, well used, it responds more readily to the touch. The "nerve trigger" of the woman wearing dark glasses and valiantly pushing a perambulator before her is so well used that it fires off (and "fire" is a good word) at even the mere sight of a neighbor to whom she may have to stop and speak. This is especially upsetting because *she used not to feel this way*. Of course not; when she was not sensitized, an inquisitive neighbor's approach meant at most only annoyance, never this flashing fear.

REDUCING PANIC TO NORMAL INTENSITY

Cure lies in developing such insulation to panic that it comes neither so readily nor so acutely. In other words, cure lies in reducing panic to normal frequency and intensity. To do this the nervous person must understand that when he panics, he feels not one fear, as he supposes, but *two separate fears*. In my earlier book I called these the *first* and *second* fears.

The importance of recognizing these two separate fears cannot be overestimated, so I will incorporate here part of the explanation given in that earlier book. I pointed out that although the sensitized person may have no control over the *first* fear, with understanding and practice he can learn how to control the *second* fear. It is this *second* fear that is keeping the *first* alive, keeping him sensitized and nervously ill.

FIRST FEAR

Each of us experiences *first* fear from time to time. It is the fear that comes almost reflexly in response to danger. It is normal in intensity; we understand it and accept it because we know that when the danger passes, the fear will also pass. The flash of *first* fear that comes to a sensitized person in response to danger can be so electric in its swiftness, so out of proportion to the danger causing it, that he cannot readily dismiss it. Indeed, he usually recoils from it, *and as he recoils he adds a second flash of fear. He adds fear to the first fear.* Indeed, he may be much more concerned with the physical feeling of panic than with the original danger. And because that old bogey sensitization prolongs the first flash, the second flash may seem to join it. *This is why the two fears feel as one.*

A flash of *first* fear can come in response to a thought only vaguely understood or to some mildly unpleasant memory, or, as mentioned earlier, it may seem to come unbidden. Can you see how easily victimized a sensitized person can be by *first* fear? All the symptoms of stress—the pounding heart, churning stomach, trembling body, and so on—can be called *first* fear because they too seem to come unbidden, like the flash of panic that comes in response to danger; and to these symptoms the nervously ill person certainly adds much *second* fear.

SECOND FEAR

Pages could be filled with examples of *second* fear, and I doubt if there would be one that some of you have not known at some time. Recognizing *second* fear is easier when we realize it can be prefixed by "Oh, my goodness!" and "What if . . . ?" "Oh, my goodness, it took three capsules to get me to sleep last night! What if three don't work tonight?" "What if I get worse, not better?" So many "oh, my goodnesses," so many "what ifs," make up *second* fear. You probably know them all.

The nervously ill person, hemmed in at the school meeting, at church, at the movies, in a restaurant, has but to feel trapped to flash *first* fear, to which he immediately adds *second* fear, as he thinks, "Oh, my goodness, here it is again! I can't stand it! I'll make a fool of myself in front of all these people! Let me out of here! Quickly! Quickly! Quickly!" With each "quickly" he becomes more and more tense, and as the tension mounts, naturally the panic mounts, until he wonders how much longer he can hold on without "cracking." So he takes an even tighter grip on himself and builds up even more tension as the moments pass.

Mounting tension is alarming and exhausting. It is difficult to hold tensely on to oneself for a few minutes, and yet at the school meeting, in church, nervously ill people try to hold tensely on to themselves for an hour or more. Small wonder the panic grows until they are terrified of what crisis it may bring. They are sure there must be a crisis in which "something terrible" will happen, and they vaguely see themselves "collapsing." They are never sure what this "something terrible" might be but feel it hovering menacingly in the background. They can be assured. There is a limit to the intensity of a spasm of panic even a sensitized body can produce, and they have probably experienced it already. They do not realize this, however, because their imaginations are working overtime.

Their Minds Go Numb

Their fear is so acute and their imaginations so active that at the peak of panic they feel that their minds go numb, that they can neither think nor act clearly. This is why keeping a way open for quick retreat—sitting near the exit—seems so imperative. Nervously ill people do not understand that it is the fears they add themselves, the succession of *second* fears, that may finally drive them to find refuge outside the building.

And when outside, they will probably feel relieved, breathe freely for a while; but as soon as they face the fact that they failed once more, they

despair because they think they will never, never be able to sit through another such function. They gave themselves an impossible task; they went through every moment heroically, *but they did it the wrong way.*

If you sometimes seek refuge outside, ask yourself why you can gradually relax when outside yet cannot do so while inside. You will say, "As soon as I am outside, I feel different." The truth is that as soon as you are outside, you think differently, so of course you feel better.

He Always Manages to Say, "Excuse Me, Please!"

When you are sensitized, feeling follows thought so swiftly and intensely that you may be afraid to think while sitting at the school function for fear of what you might think and for fear of what you will then feel. But you do think, don't you? A very vivid imagination is well at work, and sometimes you can almost see yourself becoming hysterical and being led outside. Yet I have never seen or heard of a nervously ill person becoming hysterical at a function. When he, or she, decides he cannot stand another minute and leaves the hall, he always manages to say, "Excuse me, please!" to the person beside him.

Exactly what does happen outside the building that makes outside so much more bearable than inside? If you are the person in this situation, you probably think, "Thank goodness, nothing can happen now!" and you release that tense hold on yourself. First you let it go in thought, and this eases the tense physical hold. If you could do the same inside the building, your problem would be solved. It would, you know. It may seem more complicated than this to you, but it isn't. And yet what is so simple to say is not so simple to do.

First Fear Must Always Die Down

How are you to cope with that feeling of panic, those frightening thoughts, that agitation, when you are inside the school hall? You cope by practicing seeing panic through, even seeing agitation through, with as much acceptance as you can muster. It is all those "oh, my goodness," all those "what ifs," that build up into what you call a spell, a crisis. Try to understand that your body is not a machine, that it has a limited capacity to produce adrenaline, that therefore *first* fear can come only in a wave and must always die down *if you but wait* and do not fall into the trap of stoking your fires with more and more *second* fear and so more and more adrenaline. If you remain seated and relax to the best of your ability—even allow your body to slump in the chair—and are prepared to let the panic flash, let it do its very worst without withdrawing tensely from it, *there will be no mounting panic.* Your sensitized body may continue to flash fear from time to time, *but the panic will not mount*, and at least you will be able to see the function through.

Must you let these physical feelings hold such terror? Must you let them, horrible though they may be, spoil your life when the way to calm them is within your own power? Think about this, and understand that *you are bluffed by physical feelings* of no great medical significance. This realization alone has cured some people. If you are prepared to

practice seeing panic through, this acceptance, shaky as it may be at first, will bring some peace—enough to lessen the flow of adrenaline and so begin desensitization. It is bombardment by *second* fear, day after day, month after month, for one reason or another, that keeps nerves alerted, always triggered to fire that *first* fear so intensely.

A Small Voice Says, "Go On!"

Your willingness to try to see panic through means that at least some part of you is going forward. A small voice says, "Go on!" despite a stronger, more persistent voice saying, "No, I can't." You build on that little voice. However faint it may be, it is the seed of acceptance, the beginning of cure.

Even when you succeed in coping with *second* fear, desensitization takes time. With utter acceptance, a sensitized body may still flash *first* fear for some time to come. Some patients have complained that although they no longer panic, they have an inner feeling of apprehension, almost of vibration, as if panic were on the verge of coming. This can be compared to the vibrations of a large bell after it has been struck and as the sound dies away.

Although it is disturbing, one can learn to function with this feeling of inner vibration, near-panic. It gradually passes. A woman wrote, "I soon learned to disregard the trembling feeling that came after the panic ceased. It did not last long." Sensitized nerves heal as naturally as a broken leg, but it takes time. To face and accept one's nervous symptoms without adding *second* fear—how important this is. It works miracles if one is prepared to do just this.

It is not easy to face, accept, and let time pass. It is especially difficult to let time pass because so much time has already been spent in suffering and despair that asking for more time to pass may seem an impossible demand. It is difficult but necessary. Also, don't think I underestimate the severity of your panic. I understand how severe it can be. I also know that even with the help of daily sedation and the best of intentions, you may feel the determination to accept but think yourself too exhausted to do so. It is as if your mind is willing to accept, but your body is too tired to take its orders.

You may, while recovering, have the strange experience of feeling panic and other nervous symptoms and yet at the same time knowing *they no longer matter*. One sufferer wrote, "I still suffered from agoraphobia, but I was not afraid of that anymore. It was just a nuisance." In other words, the feelings lingered because of memory and some remaining sensitization, but she knew how to deal with them.

However long you have been ill, if you make up your mind not to add *second* fear, complete recovery is inevitable. How important it is to unmask panic and see those two separate fears, how important to learn how to recognize *second* fear and send it packing. Recognizing *second* fear and coping with it is the way to desensitization, the way to recovery. I assure you of this.

"Putting Up With"