Recovery International

“Recovery International – Attaching Danger to Symptoms”

Accessibility Transcript
The following is a transcript of the audio from the Recovery International Attaching Danger to Symptoms special session. This transcript is provided to improve accessibility for visitors who are deaf, hard of hearing, or prefer reading the content.

My name is Judy Bakke and I'm a group leader and I live in San Diego, California and I've been a group leader for over 25 years. I found Recovery, actually there was a flyer in my psychiatrist’s office and that's how I found out about Recovery. When I went to my first meeting, I knew it was for me but I had no idea what people were saying during the meeting. But I could see that it was about mental health and people were describing symptoms that I could relate to and so that's what kept me coming back until I could finally catch on. Soon after - I don't know how long - I went ahead and joined the leadership team and became trained as a group leader.

So, with that said, today's topic is attaching danger to symptoms. So we all have done it. We all know what know what that means and that's what keeps us coming back to Recovery is because we attach danger to our symptoms and that can make it worse for ourselves. Attaching danger is a very key principle from *Mental Health Through Will-Training* which, of course, was written by Dr. Abraham Low. And Dr. Low was very observant of his patients, and he was noticed that the patients that he was treating were attaching danger. Attaching danger is the habit of treating discomfort as though it was actual danger. And he believed that people often suffered not only from our nervous symptoms but from the meaning that we assign to those symptoms. But with our Recovery training, we have found that discomfort, those nervous symptoms and discomfort does not equal danger.

And we're going to dive into this topic a little deeper, but I know that when I had have nervous symptoms, especially before I had Recovery training, I attached a lot of danger to them like the confusion of thought or feelings of unreality. I was sure I was going to be stuck in that state of mind and never be able to get back out of it. So, we can see that Dr. Low touched on the topic of danger quite a bit in his teaching. So according to Dr. Low the mind interprets something as a threat. And when you think of a threat as something coming at you, we have that nervous system that kind of just takes over when you feel threatened and a feeling, a thought or a bodily sensation will start to occur. So maybe going back to that prior slide, if you think somebody should be coming into the driveway and they still haven't come home, you think something dangerous happened. You're going to have a feeling of doom, or dread, or maybe

you'll get a bodily sensation like a racing heart or tenseness. So, when you think of a threat, your body responds to that with feelings, thoughts and sensations. And because of that, your body is responding, your fear starts to increase. And what happens then? The increased fear creates more symptoms. And that's the cycle. And it just keeps repeating and repeating itself. And you know, in Recovery, we call it the vicious cycle.

The danger is often in the interpretation but not the event itself. So, nothing really happened. The person didn't get a phone call that their spouse or loved one was in a car accident. You're just sitting at home waiting and all of a sudden your mind just creates this scenario and then you get into these symptoms, and then it could become a vicious cycle where you keep working yourself up. So that's what attaching danger is all about.

Physical symptoms and thoughts of danger. So, we can have both things happening inside our body. We could have physical symptoms, or we could have actual thoughts and both of these can signal to our body that there is danger. For example physical symptoms can cause thoughts of danger like if for example, you get into some anxiety situation and maybe your heart starts racing. Then a person can start thinking “I'm in serious trouble here. My heart is racing I need to go to the hospital.” Or you could even think when your body responds to your thoughts sometimes it becomes more real to you. Like I'm really feeling that something bad happened so it must be true and it just kind of keeps building on itself. Or if you get dizzy you might start to think “I'm going to collapse. This is terrible.” If you have muscle tension you can think that something is wrong with me. “Why am I feeling this way?” You know, besides the original thought of danger, you can start layering it with more thoughts of your actual physical symptoms and how that is dangerous. Or you could have a disturbing thought. Luckily Dr. Low told us that thoughts can just pop into our minds and they we didn't put them there, they just can come to us. But we can think that when you have a disturbing thought or a mean thought about maybe something in the outer environment that you're a bad person - how can I think this way? Why do I feel that way? Those are kind of things that we can get physically upset about or thoughts that we can get mentally upset about.

So, you can all see that we would get into some negative thoughts, feelings and sensations in those kinds of situations which are everyday trivialities. These are things that can happen and do happen to us in daily life. And what they can trigger is a vicious cycle. And what happens is we get the trigger and that trigger can be outer environment like those flat tires or the doctor somebody doesn't hear from. Or they could be inner environment like somebody didn't pick up the phone and we immediately start thinking some negative real negative thoughts. So then what the trigger does it can cause us discomfort and mental and physical and then we immediately attach danger to the situation both our thoughts and our feelings and sensation

and then our fear will increase then because we start to think we really start to believe this is real. And then the symptoms will increase and then there is more belief that something is wrong. So, we go on and on and on into these vicious cycles.

We are lucky to have found Dr. Low because he gives us some solid concrete tools for combating these thoughts and feelings. He tells us instead of trying to eliminate every anxious feeling, we have to work on it. We have to first recognize that we're in symptoms, right? That's our step two. We know we're in symptoms. Something happened in step one. Step two, we go, oh, wait, I'm starting to think this way. Well, maybe we haven't recognized it, but we start describing to the group our feelings and thoughts in step two. And then in step three, we realize that, hey, I'm an angry temper or fearful temper. And he tells us to avoid adding our catastrophic meaning to these thoughts and feelings and continue appropriate action despite the discomfort. So sometimes maybe that flat tire and now you're 2 hours late for work because you had to wait for the tow truck driver or whoever and they had to change your tire. And now you're kind of embarrassed to walk in the front door of work. But we have to remember that these are nervous symptoms and there's distressing but not dangerous.

I like how he says the goal is not to feel perfect, right? The goal is to stop treating discomfort as proof of danger. So, we do the things we fear and hate to do. It's not how we're feeling, but how we're functioning. We don't need to get rid of every anxious feeling or sensation. One of Dr. Low's most enduring principles is that feelings are not facts. Right? They can lie and deceive us and tell us there's danger when there is none. And we know that feelings can be intense. They can be uncomfortable. The feelings are real. We're feeling it. It's a real experience for us. But those feelings do not automatically describe what's happening in reality.

Somebody could be standing right next to us, and they could be experiencing a totally different response to the same situation. So, a fearful feeling does not necessarily mean a dangerous situation. We know that feelings are not facts. What else does Dr. Low say? How about our will versus our feelings? He tells us to exercise our will to choose a calmer, more objective response, even if the anxious feeling remains. So, you're trying to get a hold of somebody and they didn't pick up. Instead of thinking the worst. Well, maybe they're busy right now. Their phone could be in a different room or they forgot their phone. There's so many other interpretations of that event, right? So, we need to make sure we make a spot diagnosis when our symptoms first arise and recognize them as a harmless nervous disturbance rather than evidence of a catastrophe. And doing this early helps prevent that vicious cycle we talked about in which fear amplifies symptoms and symptoms amplify fear. So, the sooner that we realize we're in symptoms, the sooner we can start using our tools and reduce those symptoms.

We know we use our will against our feelings. But I think when we grow up, we really trust in our feelings. And our feelings are validated a lot by different people. Oh, I'm you know, I'm sorry you feel that way. But the feelings a lot of times, I'm not saying all feelings should be disregarded, but as nervous patients, we know we can get ourselves into different states of feeling danger or feeling discomfort when there really isn't any.

But really, we need to know if the danger is real. We we're not trying to suggest in Recovery that all danger should be spotted away. All thoughts or feelings of danger. So, if you are feeling some physical symptoms quite often like a racing heart rate or difficulty breathing. You notice I'm walking upstairs and I'm losing my breath sooner than I used to. Or I'm just standing here at the kitchen cooking dinner, and my heart starts beating fast. What's going on here? **You know, there are times you really need to reach out and see your physician.**

And if what if your physician has cleared you of any physical cause for those kind of symptoms, the doctor will indicate that maybe he thinks that it's likely due to anxiety or a sense of danger. Then you know that feelings of danger may bring discomfort but do not actually represent actual physical danger. I know in reading *Mental Health Through Will-Training* sometimes symptoms would come on to people right out of the clear blue. I'm walking down the street, and my heart starts having palpitations. Well, I'm sure Dr. Low examined his patients for any physical cause of those kind of symptoms, but then he would realize that they were a nervous patient and start helping them through his Recovery training.

And then there's also these situations that you might have a sense of danger and there may actually be danger. Not everything is our imagination on fire. We know that sometimes there really is something we should be worried about. If we're walking alone at night and all of a sudden we feel a sense of danger, we can use our spots and calm ourselves, but we also need to be taking steps to ensure our own physical safety. So maybe if you get that sensation, you might want to call a friend and help and ask them to talk with you while you're walking because we know objectivity helps terminate those panicky feelings. Or maybe you would like to call an Uber to get a ride home, or go to a safer public space where we feel safer or a lighted area, or call 911. We don't always have to think this is my imagination. I got to push through this. Sometimes, you know, you can listen to yourself. I think that once you start realizing you're a nervous person, it sometimes gets more clear when it's a real dangerous situation or when we're using our imagination and working it up. So again, Recovery doesn't say ignore all feelings or sensations of danger, but go ahead and spot them and get to the source. You know, that's what the spot is, putting a spotlight on that thought or feeling and really looking at it and seeing what it's all about.

And then we also know there's inner environment and outer environment. So, Dr. Low talked about attaching danger to symptoms. When he said that he was talking about our inner environment. He was not talking about ignoring actual physical danger in the outer environment. So, in those situations maybe it's a little darker than you thought it was going to be and you're walking home in a strange area, you want to take precaution. Maybe call someone on your cell phone, tell them where you are or call for a ride share. So really Recovery is about safety also, but we know that it's important to differentiate the two.

Our will can be trained. We can we can control our will because remember the will has the ability to choose what to believe and what not to believe. So, you can control what you can control which is our inner environment which is our thoughts and our impulses. And we can also drop judgment and excuse and not accuse things. And all of this can help us build our awareness and reinforce healthy responses. Endorse for our efforts and not just the outcomes. And we're all apprentices.

Sometimes in Recovery when we're applying our tools and our will towards something, we can sometimes come up against some symptoms that want to keep coming back. So, that's not a time that you need to get discouraged, but we just need more practice, right? We just need to continue to use our tools, move our muscles, help change our thoughts, do things we fear and hate to do. So our will can be trained, but there's that word trained. Athletes train, people go to school to get trained. So, we're also training ourselves to help manage our nervous thoughts and sensations.

In Recovery international, we're still apprentices. Dr. Low said he was even an apprentice. Well, he started saying that he has got most of his nervous symptoms under control. And if you ever read his biography, he talks about how he was a nervous teenager. He bit his nails. He said he was nervous in certain social situations. So, he really knows what it means to apply your will and change that.

Accessibility Note

This transcript accompanies the video. When exported from Microsoft Word, save it as a tagged PDF to preserve headings, reading order, and accessibility features.