



# THE NEW CALM COURIER

The New Calm Courier is published four times a year. It is intended to inform and communicate with people who are interested in the anxiety disorders.

Subscriptions are \$10, and can be obtained from the Editor.

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The new Calm Courier is a publication of CDTA, Inc.

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## Nervous Laughter

*Lawrence M. Glanz, Ph.D.*

What's so funny about anxiety? Panic attacks, shakiness, chronic worry, personal inhibitions and fears. Not exactly something to laugh about. But they say that laughter is the best medicine, and people with anxiety problems really need to laugh. So, with the encouragement and inspiration of several patients, here are some ideas I hope will help you find a smile.

### **The Agoraphobia Special Olympics:**

Everyone needs a goal to shoot for. We have elite athletes who capture gold medals for the USA in swimming, track, hockey, etc. Agoraphobics may not compete in the Olympics, and no one ever seems to give them any gold medals. I think it is high time that agoraphobics have their own games. Therefore, as high and mighty commissioner I hereby declare the creation of the Agoraphobia Special Olympics.

The first event in the ASO will be getting everyone to the games. All athletes will be accompanied by a team consisting of a personal trainer, psychologist, and an emergency room physician. Each athlete will have his or her own personal ambulance parked no more than ten feet away from the athletic venue.

Drug policy: All contestants will be screened for drugs. Anyone using less than 20mg. of Prozac will not be permitted to complete in the games. Athletes will have to show that they can take at least one Xanax and stand on one foot with their eyes closed.

Venues: Since many contestants are too phobic to come to the games, even with the above mentioned policies, those who cannot come will be permitted to complete from their homes. For example, if an athlete is entered the event, they can do it at home and e-mail

their scores to the judges. Since agoraphobics are very honest people, the honor policy will apply.

New events: A Special Olympics calls for special events tailored to the strengths of the contestants. Therefore, the following new events will be held:

- The Phobic Leap: A gun will be sounded, and the person who jumps the soonest will win.
- The Worry Put: The person who can come up with the most things to worry about in one minute will be declared the champion.
- The Emergency Room Spirit: Each contestant must wait until they have a panic attack and then run as fast as possible to the ER. The first one to convince a doctor that they are dying is the winner.



Medals: Event winners will get gold medals, of course, but there will be other special medals awarded: The Nervous Nelly Award will go to the person who complains the loudest. The Don Knotts award will go to the person who best pretends not to be afraid. And the OCD Award will be presented to the person who can check the most things before leaving their room for their competition

I hope you will consider participating in the Agoraphobia Special Olympics. The inaugural Games will be held in Timbukta. Four years later, the next one will be held in Lower Slobovia. To enter, you must send a note from your doctor. I look forward to seeing you at the Games!

## Book Review

### Obsessive Compulsive Disorder, by Fred Penzel

*Lawrence M. Glanz, Ph.D.*

This book is subtitled: A complete guide to getting well and staying well. While it is geared to people with OCD, it will be of interest to anyone with anxiety, as well as to family and friends who want to learn and understand. It is a very comprehensive text, with clear explanations and

enough information for both the lay reader and the psychologist to learn something valuable.

The author explains that there are many ways that OCD can be expressed. In the larger picture it can be thought of as a range of disorders. People with related problems such

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as hair pulling, skin picking, nail biting, and other problems can be said to have form of OCD. He describes the many forms that obsessions can take, such as fear of contamination, religious obsessions, perfectionistic obsessions, and even superstitions or magical obsessions. All of these and more can be grouped as part of the spectrum of OCD. Related compulsions include checking, counting, touching, grooming, hoarding, and many others. It becomes apparent that OCD is a disorder that has many manifestations, often accompanies other anxiety based problems, and affects a great many people to one degree or another.

The book describes in great detail the nature of behavioral treatment, and there are specific chapters devoted to the various kinds of OCD. I found these chapters quite detailed and comprehensive. There are also the requisite chapters on medication, with clear answers to questions about the usefulness and the limitations of medi-

tions. The best chapters, however, had to do with acceptance. The author makes clear that very little can be accomplished if the patient cannot accept their problems. Acceptance does not mean that one likes having OCD, nor does it mean being resigned to one's fate. Rather, acceptance means being open to seeking the truth. The author emphasizes that people are complex and that not everything about us can be changed, like changing the parts of a broken machine. We need to learn, as the Serenity Prayer suggests, to distinguish what cannot be changed, and to come to terms with these distinctions.

There are other good things about this book, such as the checklists, websites, and reading list, but the best aspect about it is its common sense tone. OCD can at times be a difficult problem, but the author's experience and calm voice gives hope and reassurance, that there is help, and that you are not alone.

## Control Issues

Lawrence M. Glanz

One aspect of control that I find interesting as a psychologist is the way different people define control.

One of the issues underlying anxiety is the desire for control. Anxiety begins with a possible danger, and one thing that awakens such perception is concern about control. When a person suspects that they might lose control, this anticipation is often enough to evoke anxiety.

Everyone wants to feel in control. It is a basic concern. We want to know that most of life is routine and predictable, and that our bodies, our environment, and our relationships are under our control to a reasonable degree. For example, I want to have some assurance that I will keep my balance when I walk, that I will get home when I get into my car, and that I can deal with a reasonable wife when I walk in the door.

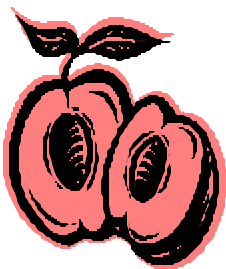
When the sense of control is in question, anxiety can emerge. Will I fall? Will I get home safely? Will my wife give me grief? When I have to entertain these questions, it requires energy that I cannot then give to something else, and it tenses me up, making me more prone to symptoms of anxiety, including panic.

Control issues are universal, and they are part of the human condition. For people with symptoms of anxiety, they often form an undercurrent of on-

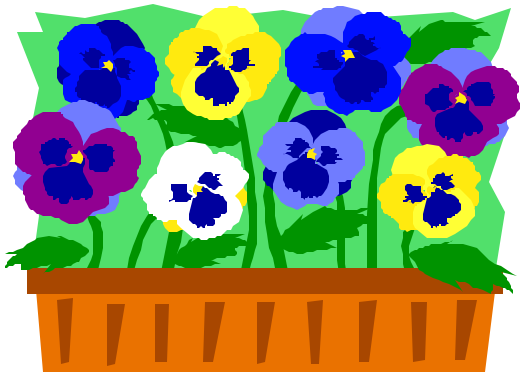
going concern. They both cause and are a consequence of anxiety, and they become a pervasive part of a person's awareness. How many times have I heard a patient tell me: "I am just so afraid that I will get into a situation in which I will lose control, and...."

One aspect of control that I find interesting as a psychologist is the way different people define control. One person may define it completely opposite of the way another person defines it. Just one small example: one person believes that the judging presence of others will induce him to become self conscious and ultimately lose control. I believe this illustrates the subjective nature of control. In addition, many people seem to see control as an all or nothing thing. Even having a little less control is the same as being totally out of control. For example, one patient would not go to the dentist for teeth cleaning, because he might not be able to excuse himself in the middle if he needed to, fearing the dentist would disapprove of him. "I feel I will be out of control," he said. He had trouble seeing that he could share the control with the dentist.

I like to work with people to help them redefine



redefine control issues in more thoughtful and reasonable ways. I believe that most people never give these issues any thought, and they never question their own beliefs. When they do take a more clear look at these things, they can get a better handle on what things are worth worrying about, and as a result they can save themselves time and effort. In addition their anxiety levels can go down significantly, and they can experience a wider range of choices.



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