VADIM DEKHTYAR

CONQUERING FEAR

THE PATH OF INNER STRENGTH

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Conquering Fear: *The Path of Inner Strength*

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Dedicated to my daughters Maria and Sofia

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Part Three. Masks of Fear

Preface

Hysteria was a very common condition in the 19th century. The 20th century was marked by an increase in depressive disorders. The main trends of the 21st century are internal restlessness, anxiety, and the expectation of a catastrophe. That is, fear.

…I close the door of the infirmary, where I serve as a military medic, not thrilled to go out into the frigid winter. A few soldiers are waiting for me. As a sergeant, I am in command of this squad. There is not much to do at this first-aid post, so I take charge of the group of soldiers and send them to patrol our section of the perimeter. We wander slowly along the edge, looking around and trekking miles from one trailer to the next. In these trailers, which, like silent sentries, are placed along our entire unhappy route, other patrolmen get warm and rest. However, the main issue is not the cold — we are used to it, but the abject desolation. It is right there — just a few steps away. On one side of the invisible border we guard is life, warmth, light, and even simple food. On the other are hastily abandoned village houses, frozen laundry on stiff ropes, belongings scattered in a rush, and deadly lifeless silence. I have never experienced such stillness, and never again will. We do our daily rounds protecting this stillness from would-be looters and other adventure seekers who may have ideas about sneaking inside the perimeter. All this reminds me of the science fiction book I read when I was a teenager. In this philosophical fictional novel Roadside Picnic (1971) by Soviet-Russian authors Arkady and Boris Strugatsky, the Earth is paid a call by extraterrestrial aliens called Visitors, who chose our planet as a place for a two-day picnic in six separate locations. They remained unnoticed by the locals and left without a trace. However, all six areas, a few square miles each, turned into so-called Zones, where bizarre and dangerous phenomena took place and strange artifacts with inexplicable properties were found. The local authorities quarantined the areas due to several fatal accidents, but the protagonist Redrick "Red"

Schuhart (later called "Stalker" in a loose screen version by Andrei Tarkovsky, 1979; the name is a proverbial "translator's false friend" and does not have any negative connotation in the story; Red was a guide, albeit an illegal one, who regularly trespassed into the Zone at night in search of the artifacts for survival; he also got hired by others, including research scientists and adventurers.

We are in a Zone, almost like in the story. I feel like I'm Stalker, and playing hide-and-seek with unknown death, which is not likely to be a demise as swift as at the site of an alien picnic. The surrealistic scenery, similar to shots from a gloomy apocalyptic blockbuster, only makes it more unpredictable and frightening. Over there, behind a hunched tree trunk, I spot a frozen ax stuck in a log. I wonder who abandoned it there, urged on by the shouts of urgent evacuation, and where he is now. In the wooden house over there, there is a cellar full of homemade pickles. Disregarding orders, a few soldiers sneak in time and again to feast on juicy rural delicacies. No one knows how this all ends. Our primitive dosimeters are not reliable in the current situation. The most active isotopes have already decayed, and the half-life of the remainder of the radiation is about 100 years. We certainly won't live that long. There are also dogs — packs of hungry, aggressive dogs gone feral. They dart between the gaping black holes which were once windows in search of food. There have been some failed attempts to shoot them, and the packs seemingly grow in numbers.

From the hilltop the countryside is wide open. Above a snowy plain looms the dark, intimidating structure of the Sarcophagus that covers the remnants of the reactor. It is far, and yet always near, in every step, in every bite of food, and every gulp of ice-cold water from a soldier's flask. Still, at this moment in December 1986 in Chernobyl I do not feel scared; not yet.

Fear will come in my later years when I learn more about the potential consequences of even a subtle symptom of radiation sickness. It will be a cruel and ruthless fear, as the radiation itself. It will dwell in my dreams, confusing real events of my past with a nightmare of things that never happened. And then I will finally understand why I have become a physician, why I still feel like Red the Stalker, and why I want to write this book.

In this book we will discuss what we know about our brain and, most importantly, how to use this knowledge to solve practical, everyday problems that we all face from time to time. I will tell you how to get rid of anxiety, fear, and phobias that plague more and more people in the modern world. I will draw on the scientific evidence I have used in teaching neuroscience for more than 15 years at a local medical college training future practitioners of Naprapathy. Most of all,

I will rely on my hands-on experience — first as a clinical psychotherapist and later as a hypnotherapist and NLP specialist.

One day, a young man (I shall call him "Max") who appeared quite extraordinary to me at the time, came in to complain about chest pain. He had undergone several medical tests that ruled out any issues with his internal organs. At first his test results reassured him somewhat, but the aches in his chest did not go away. Max became disillusioned with doctors and medicine in general; the pain was severe and help never came. Max was on the verge of despair. He was referred to me by his brother, whom I had helped quit smoking years earlier. So, now he was sitting in front of me, expressing visible outward suffering. The fact that he spoke quite emotionally about himself, I think, largely reflected the inner world of a so-called "millennial." He grew up as an athlete, he was a fit teenager, and dreamed of a sports career to eventually help others appreciate the importance of regular physical activity. Like many teenagers, he was eager to start adult life as soon as possible and take full advantage of it. He had a fairly clear image of the necessary steps in his head, such as a college education, job hunting, buying a house and a good car, and starting a family. This all seemed possible as he had a living example in his older brother, who already owned a business, a house, a car, and was married. Max's environment (school, television, and Internet) was also preparing him to fulfill his dreams.

Unfortunately, Max's problems started right after the first two steps of this plan were complete. He graduated from college and some additional training courses and quickly found a job as a personal trainer in a popular gym franchise. The job, as it turned out, was quite hard, stressful, and low-paying, so the rest of his life plan was now, in fact, further from being realized. He had to go back to living in his parents' basement and driving an old junker he inherited from his brother. Youthful exuberance gradually gave way to confusion and dissatisfaction.

When Max came to see me, he did not fully understand how I could possibly help him with my "conversations." Moreover, "prominent specialists" had treated him for a long time without any success. However, since the discomfort in his chest, which he described just as "it hurts" while pointing to his powerful torso, had only intensified, he was "open to anything." So, I saw in front of me a strong-looking young man, fashionably dressed, handsome, athletically built, obviously attractive, but with a tired and wary look. I immediately noticed

how tense his muscles were, especially in his neck, shoulders, and especially his chest. It was obvious that the muscle tension was a reflection of his inner state but, as it turned out, only to me. The skill of introspection or self-observation was strange to Max. In other words, he paid attention only to the external manifestation of his internal state — the pain. This was the very tip of the iceberg, because the biggest part of the problem was underwater, beyond his grasp.

This example clearly shows that, unfortunately, many of us are not inclined to delve deep into our inner personal space, where our thoughts, feelings, and emotions dwell. There are many reasons for that: no time, no desire, or no skill. I agree, it's really not easy. We aren't taught this stuff in school. Why? Maybe because not everyone is allowed in.

This is exactly the place I want to invite you: to welcome you behind the curtain and answer your questions. What is our inner space filled with? What does our inner experience really consist of?

Part One
Scientific Theories

Chapter One

Brain Research: a "Black Box" or a "Radiator for the Heart"?

> After all, we are what we think. Our emotions are slaves of our thoughts, and we, in turn, are slaves of our emotions.
>
> *Elizabeth Gilbert. Eat, Pray, Love*

Let's Start with the Historical Background

Admittedly, the vast majority of knowledge about how our "onboard computer" works comes from the recent 20–30 years of medical science and exists thanks to the emergence of new methods for studying brain function. For centuries, the human brain remained *terra incognita*, a "black box" that was impossible to peek into. Moreover, scientists focused on the brain as an organ with its own functions only a few centuries ago. In ancient Egypt, for example, the brain was considered absolutely useless. When embalming the deceased pharaoh, all the internal organs were carefully preserved — it was believed he could use them in the afterlife; all, except for the brain. The brain was very carefully removed through the nose with a special spatula, so as not to damage the integrity of the head. By the way, this method of access to the brain, through the nose, developed by the ancient embalmers, is still used in surgery today. Those functions of the body, for which, as we now know, the brain is responsible, the doctors of ancient Egypt attributed mainly to the heart. The same approach has been preserved to this day in Oriental medicine. For example, in the description of organs and systems in Traditional Chinese Medicine (TCM), the brain as an organ is absent. Its functions are distributed among other systems, attributed primarily to the channel of the Heart.

What about Western science? How has the understanding of the function of the brain changed as knowledge accumulated? The Greek philosopher Aristotle believed that the main function of the brain is

to serve as a "radiator" for the heart. That literally means it serves to keep the "hot" heart from overheating. According to Aristotle, "the organ of thoughts and feelings is the heart. The brain is not responsible for any feelings."

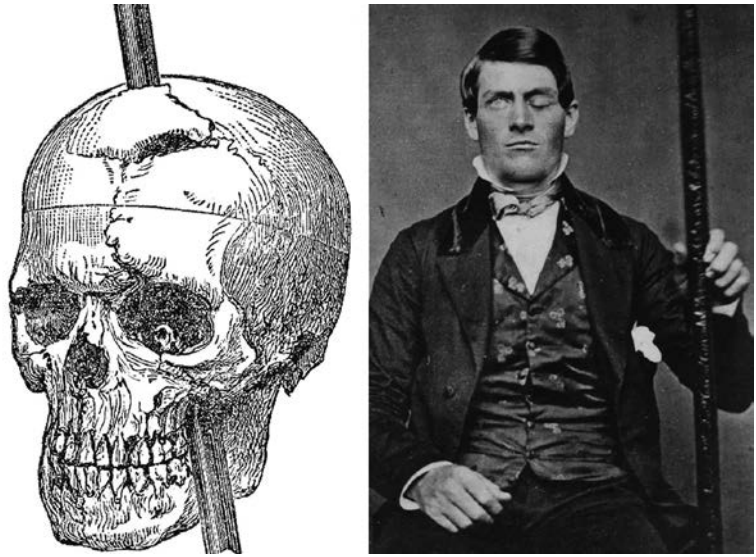
The first to suggest that the brain is responsible for memory, thoughts and emotions was Galen (129—c. 216 AD), a famous Greek physician, surgeon and philosopher. Today, his rationale for this assumption looks quite odd, but at the time it was a revolutionary conclusion. He argued that the brain is "a place where feelings are processed because it is soft in texture, and the cerebellum controls movement because it is hard as muscle." Brain functions such as memory and emotions, according to Galen, were located in the four ventricles of the brain, because they were filled with fluid.

The great Greek philosopher Aristotle believed that the main function of the brain is to serve as a "radiator" for the heart. That literally means it serves to keep the "hot" heart from overheating. According to Aristotle, "the organ of thoughts and feelings is the heart. The brain is not responsible for any feelings ".

The first anatomical atlases depicting the nervous system appeared in the 16th century. However, Andreas Vesalius, Italian scientist, physician, and anatomist, often referred to as the founder of modern human anatomy, in his fundamental work *The Material of the Human Body* (*De humani corporis fabrica*, 1543) still did not attribute much importance to the brain, saying that donkeys had the same brain structures as humans, in particular the cerebral ventricles. Therefore, he surmised the brain could not be an important organ because the human brain was not unique and the difference was only in size. "Man has a brain like two donkeys," wrote Vesalius.

The discovery of electricity was a great step forward in understanding the functions of the nervous system. It was found that electrical impulses passed through nerves, and not fluids as was previously believed. This discovery was made in 1791 by an Italian scientist and physician Luigi Galvani.

But the real discoveries in the workings of the brain began at the turn of the 20th century with the advent of microscopes, as well as methods for fixing and staining tissues. In 1906, two researchers, Camillo Golgi and Santiago Ramón y Cajal, shared the Nobel Prize in Physiology or Medicine for developing the so-called neural doctrine where the functional unit of the brain was the neuron.



Phineas P. Gage, the most famous patient in neurology

The accident known as the "American Crowbar Case" that changed scientists' views on the connection between emotions and brain function occurred on September 13, 1848. During railway construction, an accident occurred in which a young but experienced demolition worker was injured. The name of this man, who would become a medical legend, was Phineas Gage. Thanks to his quick wit and natural dexterity, he mastered the complex and dangerous profession of a demolition specialist. Demolition was a necessary part of building tunnels. Phineas's friends described him as a sociable, sturdily built young man of average height, energetic, active and hardworking. On that September day, something went wrong. While ramming dynamite into the cores drilled into the rocks, Phineas was suddenly called out by one of the workers. He turned around, and a falling metal pin hit the rock. The resulting spark ignited a charge not yet covered by sand; an explosion thundered and the tamping iron 1+1⁄4 inches in diameter, three feet seven inches long, and weighing 13+1⁄4 pounds—pierced the left side of Gage's face in an upward direction, just forward of the angle of the lower jaw. Continuing upward outside the upper jaw and possibly fracturing the cheekbone, it passed behind the left eye, through the left side of the brain, and completely out the top of the skull through the frontal bone. The tamping iron landed point-first some 80 feet away, "smeared with blood and brain." When other

workers ran up to Gage, who was on the ground, they were sure that he was dead. But Gage was alive and hadn't even passed out. Moreover, he eventually fully recovered and even returned to his demolition crew. But people who knew Phineas noticed how much his behavior and emotions had changed. His mind was radically different, so much so that his friends and acquaintances said, "Gage is no longer Gage." His energy turned into impulsiveness, his wit was replaced by foul language and rudeness. Many doctors became interested in his case. Phineas attended meetings of the Boston Medical Society and was exhibited at the Barnum Museum. After his death, the pierced skull, along with the tamping iron, was placed in the Harvard Medical Museum, where they remain to this day. The metal rod destroyed a significant portion of the frontal part of Gage's brain, which led neuroscientists to the idea of a possible connection of the brain to emotions, as well as decision-making and human behavior.

In 2012, researchers ran computer simulations combining data from Gage's skull and modern brain tomography results from a man close to him in age and other personal characteristics. As a result of this experiment, scientists were able to expand their knowledge about the nature of human personality traits. In particular, it was proven that an injury to the connections between the left and right frontal lobes leads to mental and behavioral disorders — the fact that until that time was openly denied.

Our Emotions: the Names of "Dragons"

Phineas Gage's story was circulated not only in newspapers, but was also published in neurology textbooks. Researchers had no doubt that the brain was responsible for emotional stability. In 1878, a renowned French neurologist Paul Broca gave a description of the limbic system, the part of the brain often referred to as the "heart of the brain," that regulates emotions. Now that we know exactly where emotions come from, let's talk about their functions. The word "emotion" has the Latin root "emovere," which means to move, to excite. It denotes a short-term mental process that reflects evaluative reaction to what is happening, real or imagined. To make it simple, we can say that emotion is the body's way of passing on certain information to the consciousness. Each emotion is, therefore, a "message."

For example, joy reflects satisfaction of one's expectations or meeting certain criteria, while sadness speaks of loss or separation. People

in hard times are like oranges. When they are "being pressed" everything that is inside comes out. Bitterness and anger correspond to bitter juice. If there is sweetness and fun inside, the juice will be sweet and fresh.

Grief is a stronger and more active emotion. In a state of grief, opposition manifests, while sadness is more docile and hopeless. While sadness heals and rebuilds, grief exhausts. Rage is an even stronger emotion.

Fear informs us that we are not safe. At the same time, anxiety does not have a concrete source in reality. It is associated with imaginary threats. Its positive function is that it can prepare us for potential danger. Resentment indicates that the behavior of another person does not match one's expectations. Guilt shows that one's actions do not correspond to one's values and norms. A person is more concerned not with other people's reaction, but with other people's assessment of the person's actions or behavior.

Shame differs from guilt: it makes you want to hide from everyone. This emotion occurs when one's behavior does not match the perception of one's own self. Ego is perceived as flawed or inadequate. Disgust indicates avoidance of something and it used to help us avoid illness or infection. Envy speaks of the desire to possess something that another person has.

Sometimes all these emotions are compared to dragons; a dragon can get out of control and dominate the behavior of a person who loses the grip on their emotions.

In recent years, much has been said about the importance of emotional intelligence (EQ), a term coined by Daniel Goleman in his book of the same title. EQ along with IQ is considered a necessary factor not only for success in life, but also in building strong happy relationships. In short, emotional intelligence is a skill of recognizing your feelings and emotions as well as the ability to make the best use of the information received.

Emotional intelligence is a skill of recognizing your feelings and emotions as well as the ability to make the best use of the information received.

This book will deal with only a few of the intense emotions listed above. Of course, each emotion has its specific traits, but there are also universal characteristics. Therefore, the techniques and methods proposed here are applicable to recognizing and controlling all the emotional "dragons."

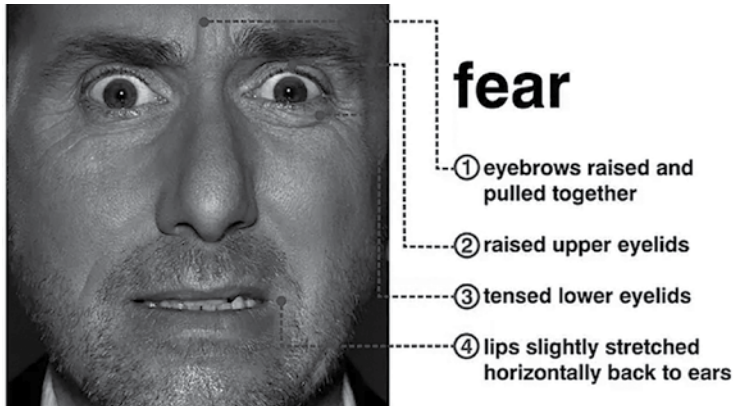
What Does Fear "Look Like"?

Many of you have probably heard of Charles Darwin's famous book *On the Origin of Species*, where he explained his theory of the evolutionary development of life on Earth through natural selection. Unfortunately, his other book, which is called *On the Expression of Emotions in Man and Animals* (1872), is much less known. This book marked the beginning of the scientific study of the world of human emotions and their external manifestations such as facial expressions and gestures. In particular, Darwin describes such universal expressions of emotion as raising the eyebrows in moments of surprise and raising the upper lip in an aggressive grin. Why do you think people make a particular "fear grimace" when they are frightened? Charles Darwin said that this is the result of instinctive muscle tension caused by a developed reaction to fear. To prove his point, he visited the reptile house at the London Zoological Gardens. Trying to remain completely calm, he stood as close as possible to the glass screen in front of the viper that rushed towards him. Every time it got very close, Darwin winced and jumped back.

Paul Ekman PhD, an outstanding American psychologist and a recognized expert in the field of the psychology of emotions and the interpretation of non-verbal behavior, wrote the preface and the afterword to the modern edition of *On the Expression of Emotions*… Dr. Ekman, a professor at the University of California at San Francisco, is a very prolific author of scientific papers devoted to the study of non-verbal behavior (facial expressions and gestures). He argues that the facial expression of basic emotions is universal. This applies not only to human beings (from the natives of Australia to the traders of Wall Street in New York), but also to all mammals in general (chimpanzees, tigers, and others). However, more important for us are humans who, for the most part, demonstrate the same emotions in relatively the same way. For example, the expression of fear on the face can be recognized by certain signs:

- raised eyebrows;
- shape of the eyebrows is straight and horizontal;
- upper eyelid is raised upward, exposing the sclera (whites of the eye);
- lips are tense and stretched.

Here are other characteristic features of a person experiencing fear.



Face of Fear

Voice Expression of Fear

When a person experiences fear, his/her voice often becomes higher in pitch and tenser and may even turn to a shout or scream.

Pose of fear

Physiologically, fear manifests itself as muscle tension. This may be an expression of the mobilization of the body to display aggression or readiness to flee. Also, in situations of acute fear, freezing can be a bodily manifestation. In situations of persisting fear, rigidity of movement to include physical and mental paralysis may occur.

Evolutionary Gift

Fear, like any other emotion, is a very useful thing. It is important to understand that a person does not have a single superfluous or unnecessary emotion. Any emotion gives information on what is happening; it is what our body tells us in response to what is happening around us. You need to understand that being absolutely fearless is *not* good and *not* useful! Just like pain, which sends information to the brain to urgently stop stressing the injured limb or organ, fear is another evolutionary gift with a similar message — to stop doing what

we are doing. However, in this case, the stakes are even higher. In the case of pain, if we fail to obey, we may lose the affected part or organ. In the event that we disregard our fear, we can lose our lives. That is why experiencing fear is a normal, healthy reaction; fear is the information that helps us survive; it helps us respond in time to a dangerous situation.

Recently, returning home after a workout, tired and pleased with myself, I stopped at a traffic light. As the green light came on, I hit the gas. What happened in the next moment could have ended or forever changed my life. A car, approaching the intersection at full speed from my left, ran a red light. I analyzed all this later, and I couldn't say with what sense I became aware of that speeding car, but I reacted appropriately, hit the brakes and miraculously prevented a collision.

For the next few minutes, I sat unable to move, while a wave of fear filled my entire body. I felt a powerful surge of adrenaline, and my pulse began pounding in my temples. It was one of those times when I couldn't but thank my fear for triggering the body's emergency response system that just saved my life.

Usually, when it comes to fear, we discuss it in its extreme manifestations. For example, a phobia is a specific fear. It can be a fear of closed spaces, spiders, public speaking, or flying. People with phobias, however, are aware of their problem and try to avoid their triggers. This may severely restrict their freedom, but at least they know what to expect. The same can be said of panic attacks. These are all examples of extreme manifestations of fear. What about everyday fears, then, that very often go unnoticed, or that we try to ignore while at work, at home, at night in bed, or when we are alone?

This is exactly the feeling that makes us lose control of ourselves or of the situation. We are afraid that we might lose control at work: every email reveals a new task that causes internal paralysis, and as a result it takes time to bolster our courage just to open and read it. It is the same at home in relationships with loved ones: you experience constant fear of saying something wrong, expressing yourself incorrectly, or being misunderstood. The same happens when you are overtaken by the fear of the past, or constant fear of the future—say, of financial uncertainty.

How do you deal with all these fears? How can you free yourself from them? In order to do this, you need to understand what fear is made of.

First of all, fear, like any other emotion, is a message about how your body is reacting in a given situation—in this case, a dangerous

situation. This is very important information that should not be ignored — despite the fact that fear often restricts our freedom, including freedom of action and freedom of expression, and even though fear may seem to put us in a position where we have no choice — because it can save your life.

In order to escape from this captivity, you need to stop disregarding your fear, running from it, and ignoring it, and instead start *following* the fear and *acknowledging* it. *Get to know* your fear. Remember that fear is, first of all, *information*. If you do not read letters and do not respond to them in a timely manner, the mailman will begin to show up more often and knock louder.

Inner Restlessness and Anxiety are the Main Problems of the 21st Century

In 1949, the Nobel Prize in Medicine was awarded to the Portuguese psychiatrist and neurosurgeon António Egas Moniz for his development of the prefrontal lobotomy technique, which was then believed to permanently solve the problem of restlessness and anxiety. He began to remove the part of the frontal lobe which was thought to be useless and not affecting any real function. Therefore, its removal, according to the experts, should have led to disappearance of signs of increased excitability and anxiety. Indeed, almost immediately after the operation, many patients became calm and passive. The effect of lobotomy on violent patients was especially impressive. They turned into silent and submissive subjects. However, it soon became clear that damage to the prefrontal zone leads to inability to think critically and imagine the future. The people who underwent this operation were simply unable to make plans. As we now know, it is this part of the brain that is responsible for what distinguishes us as homo sapiens from the animal world: it gives us the ability to dream, fantasize, imagine the future, and make predictions, which no animal can do. This is the property of the "new brain" (neocortex), which only humans have. Unfortunately, we have to pay for this unique gift with inner unrest.

There are many words which describe this condition: internal restlessness, anxiety, disquiet, tension, uneasiness, worry, nervousness, agitation, you name it. I shall use the term "anxiety."

Anxiety is an emotional discomfort that is associated with expecting and anticipating unpleasant experiences or danger. Even if every-

thing is fine and safe at the moment, this person can't shake a background feeling of impending doom.

I have a theory that each era or century has its own emotional disorders. Hysteria was a very common condition in the 19th century, especially in excitable persons. Psychoanalysis, which originated in the late 19th century, paid a lot of attention to hysteria. The 20th century was marked by an increase in depressive disorders, and depression came out on top. The result was the emergence of antidepressants. The main trend of the 21st century seems to be an increase in anxiety and worry and the expectation of a future catastrophe.

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The above story of Max is a typical example of manifestation of internal tension.

Our brain is a facility for processing the information that is channeled through our senses. We all know them: eyes for visual information; ears for auditory input; different receptors for feeling pain; tactile information; proprioception that provides the feeling of our body parts in space; nose for smelling and tongue for gustation. There are no other sources of information. However, there may be some that are not yet discovered, or rather, not confirmed by the means of modern science. Therefore, it is safe to say that our inner space is filled with images, sounds, sensations, smells, and tastes. Each person has their own preferences as far as these sources of information — but more on that later.

In other words, we all create pictures, play movies of real or supposed events in our heads, comment on this with our inner voice, sometimes objecting to ourselves, immerse ourselves in some sensations and experiences based on these images or, using the catch word, narrative.

Let's go back to my conversation with Max. Max spent much time in internal dialogue, critically evaluating everything that happened in his life. He found a lot of flaws in the people he trained, in other trainers in the fitness center, and the managers who told him what to do and how to do it. Mostly, however, he criticized himself, comparing his achievements with those of the people with whom he had interacted. And he always lost: it looked like everyone else had done better.

I shall devote a separate chapter to internal dialogue and its impact, but for now I just want to say that this is a very typical behavior in people with increased anxiety. Often it is our critical voice, which we are not consciously aware of, that initiates and maintains the state of anxiety. Max not only failed to recognize the presence of an internal dialogue, but never noticed how much time he spent criticizing himself, on the one hand, and finding excuses for everything that has gone wrong in his life, on the other. It was as if an old record was spinning in his head, listening to which led to tension and anxiety.

We started by having Max learn to pay attention to the level of muscle tension in his body. To do this, I suggested that he close his eyes, relax and, as it were, go on a tour of his body, paying attention to the places he felt increased muscle tension in, in order to make a "map" of the foci of the tension in his body. There lay the first surprise for him: he opened his eyes and said, after a moment of hesitation, that he had found a lot of tension in his body—mostly in the neck, shoulders, and chest, which felt "like a heavy stone."

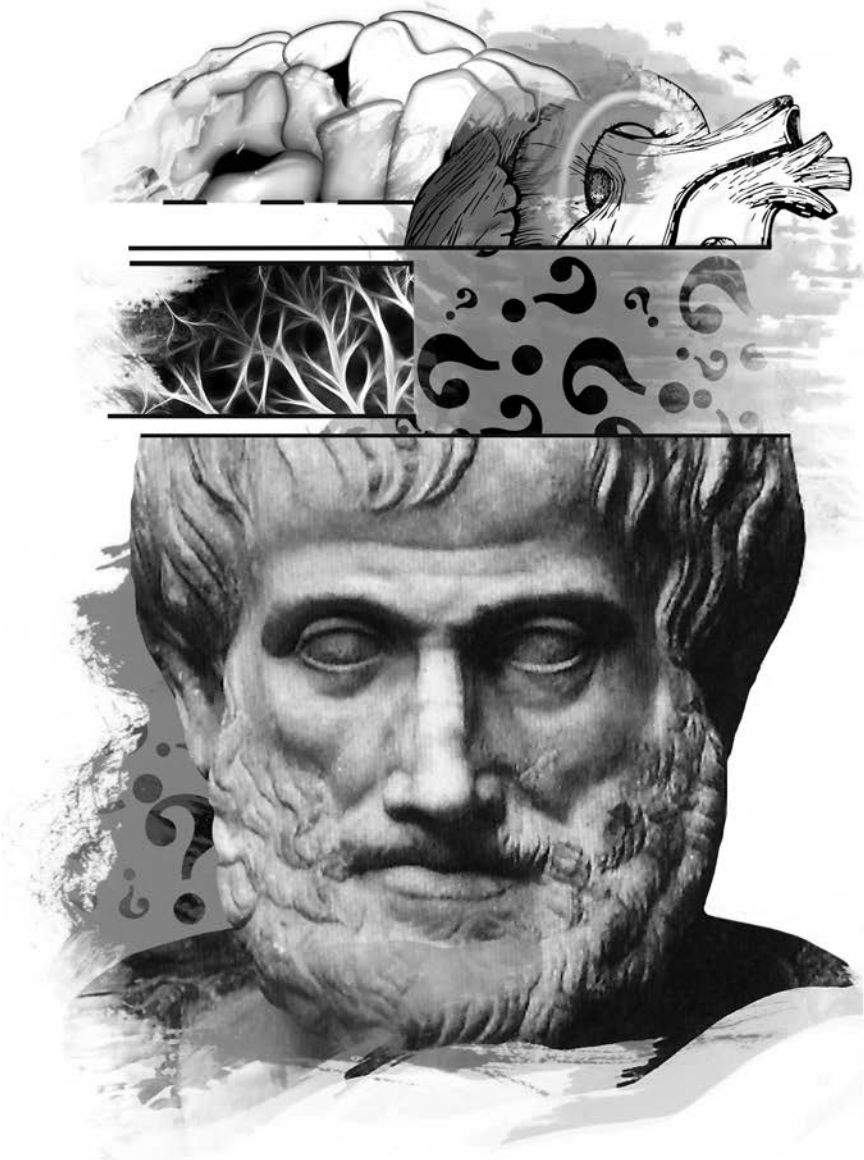
Then I taught him some simple relaxation and breathing exercises to relieve tension. After that, I suggested that he become aware of his internal dialogue. That's where another, even bigger, surprise awaited him. He stated that he had an internal accusing voice that disapproved of everything, and an apologetic voice that tried to defend him; but that latter voice wasn't very convincing. Moreover, the first voice was loud and assertive, and the second quiet and soft. I gave Max homework: to do relaxation exercises and pay attention to and write down the internal debates.

When Max returned, I did not immediately recognize him. In front of me stood a calm, relaxed, self-confident young man. He had taken his homework very seriously, "as a set of exercises that you need to do every day"; and it quickly started to pay off. As soon as he noticed that tension was accumulating in his body, he immediately did the relaxation exercise that I taught him. He learned that the sooner he caught the onset of anxiety, the easier it was to restore a calm state with the help of relaxation. He achieved even greater results in taming his critical voice through recording the content of his internal dialogue in writing. "I started writing down my thoughts and reasoning and really noticed that the texts were very caustic, critical and nearly always the same. As I began to write things down, I began to let go." I asked Max what this meant, in his opinion. He replied: "I became calmer and began to take things sort of easier. I am not annoyed by every little thing anymore. And I have more energy."

Of course, it is not always possible to cope with a state of anxiety so quickly. For example, in the case of another patient of mine, who suffered from anxiety attacks, the inner voice had to be silenced in a somewhat unusual way.

Recently I had a very pleasant elderly client with an odd problem: he could not drive his car faster than 25 mph. He had been driving the same car for the past 20 years without any issues. The car, of course, was now old and often broke down. For his recent birthday, his family decided to give him a wonderful gift: a brand new car of the same make and model. It would seem to anyone like a perfect gift. But human nature (or the human brain) is an unpredictable thing. He warily walked around the new acquisition. He sat in the driver's seat, felt the new knobs, the steering wheel, and touched the pedals with his feet. The pedals seemed too tight to him and he thought: "What if I underestimate how hard I press the gas and make the car leap and hit something, or, far worse, someone?" I don't know what other factors contributed at that moment, but this thought had been deeply embedded in his mind since. Each time he got close to the car, he experienced powerful tension and growing anxiety—to the point that he would come up with various excuses to avoid driving his new car. He did not dare tell the truth, so as not to offend his wife and children, who, for obvious reasons, believed that they had given him a great gift. When, finally, everything came out, it was too late to change anything as his old car had been disposed of. He promised that he would try to get used to the new car by forcing himself to drive it, but he still could not overcome the barrier of 25 mph, despite the impatient honking of vehicles behind him. "Something must be done about that!", his wife insisted, and she brought him to see me.

We quickly identified the source of his trouble: that same inner voice that warned of the possible consequences of losing control of the new vehicle and kept saying something like: "Zap, and you're done!" His anxiety would increase, and he would need to stop the car urgently. If this happened on smaller roads where he actually could stop, take a breather, and continue driving, how much more difficult would it be on highways. I tried to help modify his disturbing inner voice, or at least make it quieter. It worked for a while, but then it all came back. At this point I suggested that he turn music on in the car and start singing along. He looked at me with some doubt: "Singing?" I confirmed and asked him to demonstrate his singing abilities. He hesitated for a moment, and then broke into song! He had a rather pleasant baritone voice.



At the next visit, he enthusiastically told me that he had found a whole CD of songs from his childhood that he had not sung for a really long time. He tested it by driving around the town he lived in and confirmed that it worked almost immediately. On the second or third song, he found that he was easily driving at a speed of 40 mph! The next step was driving on freeways. But even there he learned to adapt quickly enough.

Returning once again to the case of Max, I can say that everything worked so quickly for him because all three necessary components were present to ensure the success of the changes.

Here are these important components:

1. Be ready to change.

There is such a concept as procrastination (from the Latin "*procrastinatio*"—"postponing", "delay"). In psychology it is defined as a tendency to constantly postpone important and/or urgent matters which leads to everyday life complications and painful psychological effects.

Procrastination has many different forms, but in the context of this conversation, I will give a simple example. Let's say a person suffers from obesity, low mood, and chronic fatigue syndrome all at the same time. Quite a common situation nowadays, right? In order to stop that suffering she turns to a professional. The professional recommends beginning with a few simple steps, such as going to bed early, eliminating some foods from the diet, and working out. All these recommendations sound reasonable, so she agrees to try. She is tired of feeling unwell, so she decides to start right away—that coming Monday. However, Sunday night, and especially on the dull Monday morning, she finds that parting with old habits, harmful but tasty foods and late night parties, and performing awkward movements with her arms and legs sounds even more of a torment than her familiar suffering. Still, she still wants to change. She promises both to the doctor and to herself that she will definitely start on the following Monday. What happens when Monday rolls around? You already guessed. That is why you really have to want to change: immediately, without any excuses or delays, self-justification or any other tricks of procrastination by self-sabotage. The key sign of procrastination is substitution of decisive motivating verbiage like "I want, I will do, I will become, I will achieve!" for amorphous "I would like to do, it would be nice to become, I could achieve…" and the like. Such will only lead to postponement of the "next Monday" forever. Always choose only decisive phrases; otherwise, the viscous force of your habitual behavior (even if it torments you), coupled with self-pity, will

be stronger than your often immature and unstable desire to achieve change for the better.

2. Know what you need to do.

This is a very important step that can save you a lot of effort, time and often money. In my practice, I have heard countless stories of people eagerly setting about to change themselves and what disasters it led to.

3. Do it!

This, of course, is the most important step, but it is absolutely impossible without the first two.

How It All Began. Physician or Stalker the Guide?

I have to say, I came to the very idea of becoming a medical doctor quite early, immediately after experiencing the usual childhood desires to be an astronaut, a firefighter, or a policeman. In Kaunas, Lithuania, where we lived at the time, there was a medical school; I applied after graduating from high school and began to study a profession in which every mistake can lead to the most fatal consequences for those who entrust their lives to you — a profession similar to the path of Stalker striding between life and death. The responsibility is even greater in medicine, because it isn't about you but desperate people who come to you for help.

I had never thought it possible to find such pleasure in studying. Secondary school was easy for me, so I gave it exactly as much attention as was necessary to get good grades, and sometimes less. The volume of material that had to be learned in the first year of medical school was stunning: anatomy, physiology, chemistry, and biology. Nevertheless, I took great joy in acquiring knowledge about the human body that had been accumulating for centuries. In my first year, I was impressed by the chemistry professor who spoke about entropy — the most powerful force in the universe, the force that promotes decay and return of all complex structures to their basic elemental parts. Much later, from my first professor in psychotherapy, Dr. Alekseychik, I would hear a quote of Erwin Schrödinger that I would never forget: "Life is the only force in the Universe that opposes entropy."

In my second year, I was drafted into the army. In the Soviet Union it was mandatory to all men who reached 18 years of age to serve, with the exception of medical students. But that year the government decided that the country needed more "brave soldiers." The War in Af-

ghanistan was raging, and the exemption was revoked. I was immediately sent to train as a military medic. I was still in boot camp when in April 1986 there was a disaster at the Chernobyl nuclear power plant. I could not even imagine that this would somehow affect me personally. Later in December, an order came, and I was assigned as a medic to a unit guarding the nuclear station—or rather, what was left of it. My battalion was sent to set a 30 km diameter blockade around the area of the highest contamination.

My company was part of the battalion that ensured the isolation of a 30-kilometer zone on the Belarus side. Not everyone knows that Belarus was even more contaminated than Ukraine. I was a sergeant and was part of the command staff that knew the real contamination areas. On the Ukrainian side, Pripyat and Chernobyl were separated from the nearest large cities and the capital city of Kyiv by a woodland area, which absorbed most of the radiation. On the Belarus side, there were no geographical barriers to the radiation cloud, so a very significant territory was exposed to high levels of radioactive contamination. When it became clear that there was no way to hide what had happened, the leadership of the USSR, trying to downplay the real consequences, kept quiet about the contamination of Belarus for ideological reasons. Chernobyl was in Ukraine—so it was Ukraine that took the hit, period.

We provided surveillance and management of a 30-kilometer perimeter, but were housed even closer, just 20 kilometers from the power station, in an abandoned school building. There were only two medics in the battalion, one of them yours truly. We dealt with all the medical issues at that restricted site. To tell the truth, I don't remember any dramatic accidents. The soldiers' complaints were mostly common colds, minor injuries, and frostbite. There were not enough command staff, so on occasion I was appointed team leader and sent to patrol the perimeter. Along the perimeter, trailers equipped with potbelly stoves were evenly spaced so the on-duty units could rest and grab a meal. The task was to patrol the assigned area, not letting anyone—and, first of all, potential looters of the abandoned property—cross into the affected territory. It was mostly small villages that fell into the contamination zone, and their inhabitants had been evacuated overnight. They had not been allowed to gather their belongings and had to leave everything behind. I can still see in my mind's eye those apocalyptic images of settlements where, suddenly, the entire population disappeared. The Strugatsky brothers seem to have been prophetic in describing the Zones.

We were stationed there for three months from December of 1986 to February 1987, as this was the maximum period one could spend in the area before the radiation damage began to manifest. At least, since by the time of our arrival the rapidly decaying isotopes that led to the development of acute radiation sickness had already weakened significantly, we only got bombarded with radioactive elements with a half-life of tens and possibly hundreds of years…

…In my final years of college, I had to decide on a specialty. By then I fully understood that I would be treating not a patient as whole, but a specific part of their body. To be honest, this approach looked very strange to me. When my future wife, also a medical student, chose ophthalmology as her specialty, I was genuinely perplexed. How could one study so hard for six years only to be stuck doing something so limited? At first, I picked internal diseases—I decided to become an internist. But even after submitting the application something kept bothering me. I knew that I wanted to help my patients directly. I was not at all happy with the fact that a general practitioner (internist) was some kind of an appendage to pharmaceutical companies, and my part would be to have the patient leave their allotted seven minute appointment with only the coveted prescription. I still doubted my choice. Surprisingly, that year, a new residency was introduced at the medical school—rehabilitation. It was a cutting-edge field, not fully understood at the time, and it really attracted me. My mind was made up. I changed my application from internal medicine to rehabilitation medicine literally ten minutes before the application deadline. I have never regretted it. At the time, this specialty gave me a certain freedom to act, which I needed badly.

The turbulent 1990s arrived. The stagnant "Union of free republics" had not yet officially collapsed, but the winds of change were already blowing everywhere. The rehabilitation residency program was being created and modified in "real time," and at first it wasn't quite clear what exactly we, the guinea pigs, were going to be taught. This chaos, however, allowed me to find an acupuncture course in the beautiful city of Lvov, Ukraine. I paid the tuition myself and successfully completed the course. I was very grateful to the leadership of the residency for allowing me to do this. In general, although there were rules and limits and we were drilled hard in the program, there was also quite a lot of freedom. For example, one of my classmates and I were allowed to go to Moscow for a week to visit the Valentin Dikul Rehabilitation Center to get acquainted with a method of helping patients with spinal injuries.

Valentin Dikul

Valentin Dikul, a famous strongman and circus performer, started as an air gymnast. During one of his performances, a steel support beam broke suddenly; Valentin fell 13 meters and due to his spinal injuries (compression fracture of the lumbar spine) was immediately paralyzed and remained bedridden; many experts believed he would never recover. Dikul himself, however, strongly disagreed with that prognosis. Despite the fact that modern medicine had completely written him off, he chose to fight. Having developed his own regiment of recovery, overcoming pain and not losing faith, he day by day rehabilitated himself from what seemed to be an incurable ailment. When he got back to his feet and began to walk independently, every Soviet newspaper wrote about the miracle of a man who had done the impossible. Valentin did not stop there, however. Not only did he recover from his injuries—he returned to the arena and won the title of the Strongest Man on the Planet. Some of you may have seen the picture of him lifting a heavy platform with a car mounted on it. After he retired from his circus career, Dikul opened his own rehabilitation center in order to help people with spinal injuries.

In addition to scientific developments and methods I expected to learn during the visit to Moscow, I was very interested in the personality of this legendary person. And of course, I was a little nervous. Will he even agree to talk? It turned out to be very easy to find a common language. I was amazed by this big, strong, mobile man's ability to communicate with so many different people. He spoke in some detail about his center, showed us around, and introduced us to the staff. I really liked the way communication went within his team. Dikul himself took part in the discussion of the case of each new patient admitted. The only one on his team without a medical degree, he listened very carefully to

> Dikul completely transformed when he communicated with the patients. He became a gentle, loving Papa to them, and sincere warmth and care was in his voice.

every opinion, asked very professional questions and summed up the treatment plan for each patient. After all that, it was clear to everyone what had to be done in a particular case. At the same time, Dikul completely transformed when he communicated with the patients. He became a gentle, loving Papa to them, and sincere warmth and care was in his voice. I happened to see another facet of Valentin when he called someone on the phone to solve a bureaucratic problem with one of his patients. It was then that I realized that sometimes you really need to be the strongest person in the world to be able to break through the walls of human misunderstanding and indifference.

After taking several courses in acupuncture, I received an official license to practice this ancient method of treatment. Still, I continued seeking my own path in medicine. Eventually, I found my way to psychological rehabilitation.

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In this new book by Vadim Dekhtyar, a well-known hypnotherapist and NLP specialist in the USA with extensive experience in Lithuania and America, you will find a great deal of useful information about all types of fears and apprehensions (as well as their causes), and also clear and detailed recommendations on how to overcome them and live fully and joyfully.

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