

**The Woodhaven  
'What is real & what is not?'  
Group Programme**

**A psychosis group in four sessions for an inpatient unit.**

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## **SESSION ONE- Introduction**

### **Before the group:**

Talk to each possible participant to invite them to the group, and go through the introductory flyer with them (*Introductory leaflet: Appendix 1*).

### **Introduction**

- Introduction of group members and facilitators
- Aims of group:
  - To share experiences within confidential environment - can be helpful
  - To share ways of coping with hearing voices, having experiences/ideas others don't share, or having thoughts can't get out of head and explore new techniques
  - To discuss in an open manner different ways of making sense of these experiences, with the aim of promoting ways of understanding them that make them less distressing and can help manage everyday life (and getting out of hospital).
  - Be able to be more in control of your experiences, and spot in good time if they are returning and do something about it.

### **DISCUSSION (Ground rules):**

- Confidentiality,
- Commitment - i.e. regular attendance. Encouraged to come back to the group if discharged before the end.
- Control: People to choose what they talk about - no need to disclose things you do not want to.
- Respect for each other, supportive of each other.

## **NORMALISING UNUSUAL EXPERIENCES.**

### **EXPLANATION**

#### **Romme and Escher's work with Voice Hearers**

This type of group started as a result of the work of two researchers in Holland.

Romme & Escher wanted to study voice hearing. They used a radio phone in first, and then conferences to locate people who heard voices, but were not necessarily in touch with the psychiatric services. They found that a lot more people heard voices than ever went to the doctor. A lot of people did not find their voices a problem. At their conferences, people who coped well with voices were able to give tips to those who don't.

Famous voice hearers - Joan of Arc, Ghandi etc

Romme & Escher's work led to a 'Hearing Voices Network' which runs self help groups all over the place.

#### **Extending the approach to other unusual experiences**

We use the same approach with other strange experiences or symptoms e.g.

- ♣ Having beliefs and ways of looking at things that are different from other people
- ♣ Feeling threatened by people when in fact they are not out to get you

These are also experiences that are much commoner than you would think - and there are ways of understanding and coping with them that help - hence the group.

#### **DISCUSSION-** Invitation to group to share.

- How does this fit with your experience?
- If prepared to talk about it- what sort of unusual/unshared experiences have brought you here?

\* **FLIPCHART-** Go round the group, but miss anyone unwilling to share. \*

**CONTINUUM OF OPENNESS TO UNUSUAL EXPERIENCES**  
**EXPLANATION.**

- Everyone can have these sorts of strange experiences. Some people are very open to them - and that applies to all of you;
- For other people it takes more for them to be able to access this sort of experience - or to have it just happen to them.

**DISCUSSION-** What sorts of things or circumstances will cause just anyone to be able to access strange experiences?

- Trauma
- Solitary confinement - hostage situation e.g.
- Taking drugs
- Spiritual practices
- Lack of sleep/ food etc.

**EXPLANATION-** There has been research into the spectrum of openness to these sorts of experiences.

**FLIPCHART:**

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Low schizotypy/  
Not very open to unusual  
experience

High schizotypy  
very open to unusual  
experience

**DISCUSSION**

- What sort of people would you expect to find at each end of the spectrum?
- What would the low schizotypes be like?
- What famous high schizotypes do you know?

## SCHIZOTYPE CONTINUM:

### LOW SCHIZOTYPE

Less open to shared experiences

### HIGH SCHIZOTYPE

more open to shared experiences

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Feet on the ground

Realistic

Bit boring

Sensitive

Creative, imaginative

Might have psychotic  
breakdown if stressed

Famous creative people like  
Van Gogh, Stephen Fry.

*EXAMPLE: David Bowie. Used his high schizotypy for a successful career as a musician. His half brother had schizophrenia.*

### **LEARNING POINT.**

In order to use his openness to strange experiences successfully in his career, David Bowie had to be able to operate in both shared and unshared reality. What would have happened if he had 100% believed that he was an alien from out space?

To manage a successful career, he had to have his feet on the ground as well as giving free reign to his imagination.

The theme of this group is to look at how you can have the best of both worlds - use your sensitivity to enhance life, but be able to bring yourself back into shared reality when you threaten to float off into the stratosphere.

That way life will work better for you and you are less likely to end up back in hospital.

### **DISCUSSION**

- Any thoughts about that?

### **LINE BETWEEN SHARED AND NON SHARED EXPERIENCE**

**Aim:** *To get good at managing the line.*

### COMPLETE GOAL SETTING VISUAL ANALOGUE FORM

- With own goal for the group
- To be rated in the last session.
- Visual/analogue (Appendix 2)

### **HOMEWORK/ MONITORING**

- To get the most out of the group, we strongly suggest that you monitor any voices/experiences/thoughts/ideas between sessions.
- You will only be able to manage the line if you learn to be aware where you are on that line - to be able to pick it up early if unshared reality or unusual experiences are creeping in.
- We have a simple chart that makes it very easy to mark when they occur throughout the week - or when they are worse/stronger/more frequent if they happen all the time.
- If you fill this out regularly, it will give you a better idea when you are most likely to get these experiences.
- This is very useful for doing something about them!
- This chart is useful even if all you do is put a tick in the boxes at times when they occur or are bad.
- There is space to add a bit more - that is even more helpful!
- So, do keep the log, and bring it with you to the next group!

*Monitoring sheet (Appendix 3)*

**\*Questions and comments\***

*Openness to Unusual Experiences Handout (Appendix 4)*

## SESSION TWO- Triggers and Coping

### Look at homework:

- When are voices/experiences/thoughts/ideas more likely to come on? Be stronger?
- What doing, who with, where are you, how are you feeling etc.
- Any patterns emerging?

### DISCUSSION

- What are the times when you notice your are more likely to get these sorts of experiences?
- What are your triggers?

**\*Draw the first diagram from the handout on the flip chart, explaining:\***

**IDEA:** State of arousal is the key!!!

- **Experiences most accessible at these times:**
  - Stressed up, high arousal,
  - Not really concentrating or trying to go to sleep - very low arousal
- **Experiences less likely to bother you.**
  - Alert
  - Concentrating on doing something
  - Interacting with other people

*What is Real Group. Session 2. Handout (Appendix 5)*

### DIFFERENT STATES OF MIND - DIFFERENT SORTS OF REALITY

People who are sensitive to such states have found that their state of arousal (i.e. stress or lack of it) is the key!

#### Vulnerable times:

- Stressed up, high arousal
- Not really concentrating or trying to go to sleep low arousal

#### When you are:

- Alert and concentrating- these experiences are less likely to bother you.

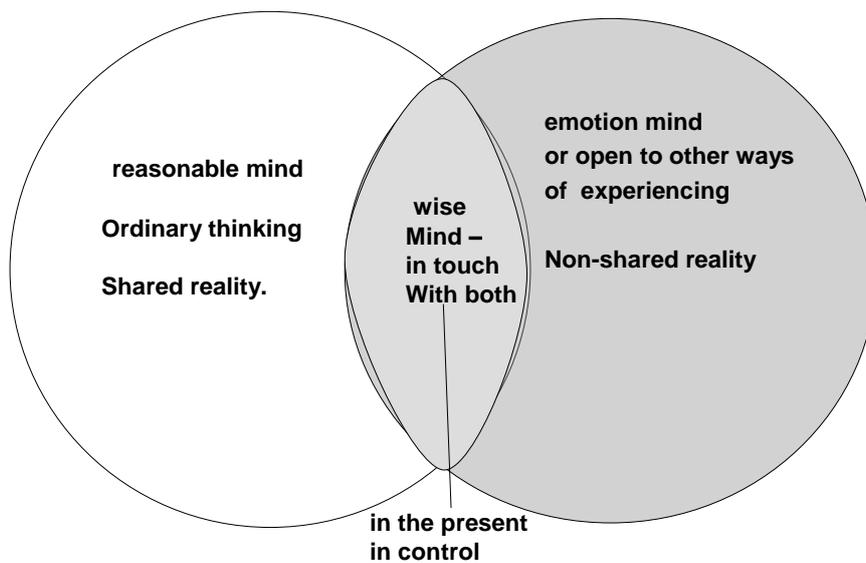
Times when you are most likely to experience voices or other experiences that others do not share.

Level of stress Alertness sleep	High stress - greater vulnerability to unshared experiences or psychotic symptoms.
↑	Ordinary, alert, concentrated, state of mind – reduced vulnerability.
↓	Low alertness; attention drifting , trying to sleep etc.

**IDEA:**

- There are 2 ways of experiencing: SHARED REALITY AND UNSHARED REALITY
- These overlap with REASONABLE MIND AND EMOTION MIND (which you might have met if you go to the ECS group/have attended a DBT programme).

**Shared and Non-shared Reality**



- People vary in how open they are to unshared reality.
- Being open to this way of experiencing makes you more vulnerable to psychosis
- It is also associated with high creativity, spirituality etc.
- If you can learn to cope with non shared reality, and find 'wise mind' - you can have the best of both worlds!

**DISCUSSION:**

- What are the characteristics of emotion mind/non shared reality?
- Important to be able to spot the difference between shared and non shared reality in order to be able to manage it.
- COURAGE is sometimes needed
- To accept that your reality is not shared!

**\*FLIPCHART\***

<b>SHARED REALITY</b>	<b>UNSHARED REALITY</b>
Rational	Lots of connections
More moderate - easier to hear both sides	Strong conviction
Things feel ordinary	Things are super-important - supernatural
Less meaningful	Lots of things appear very meaningful
Realistic about the self	Confusion about the self - can lead to a sense of importance.
Boring	Buzzy. Exciting

## DISCUSSION- PROS and CONS

- What is the upside of non-shared reality
- What is the downside

### **\*FLIPCHART BRAINSTORM\***

- COPING: Now that you are in hospital, coping is the first priority (BRAINSTORM FOR COPING STRATEGIES)

- The states of arousal diagram gives clues about how to make yourself less vulnerable to unshared reality.
- If stress brings it on - ways of reducing stress (breathing, relaxation etc.) will help you cope.
- If not enough concentration brings it on - concentrating on something and staying alert will help you cope.
- Medication should help you cope.

*\*What do you find most helpful?\**

### Stressful situations- High arousal

- ♣ Crowds
- ♣ Shopping
- ♣ Relatives

### Low arousal

- ♣ E.g. In bed
- ♣ Drifting/unoccupied
- ♣ Staring at TV

## COPING TECHNIQUES

\*Brainstorm techniques currently used to cope with experiences.\*

### DISCUSSION: The role of alcohol and illicit drugs

- How effective/adaptive are these?
- What problems do they bring?
- Cost-benefit analysis
- Recognize that alcohol and cannabis can be used as ways to access unshared reality when the person misses it because shared reality is boring or has little to offer them personally.

## OTHER COPING TECHNIQUES

- ♣ Distraction - reading, music, talking, TV, elastic band around wrist, hot bath
- ♣ Activity Scheduling
- ♣ Relaxation - Exercises: breathing techniques, progressive muscle relaxation
- ♣ Anxiety management
- ♣ Exercise, healthy lifestyle,
- ♣ Time for self, time management,
- ♣ Talking,
- ♣ Social support,
- ♣ Education (understand voices and what might mean, others experiences etc)

## Homework

Continue to monitor voices/experiences/thoughts/ideas, when, where, etc and include techniques employed to cope and rate how successful on scale 1-10.

**\*Questions and Comments\***

## SESSION THREE- Cognitive Coping Strategies

### Look at homework:

- Were they able to use coping strategies?
- Successful?
- Any others discovered?

**Cognitive Coping Strategies**- Focusing on the experience or Mindfulness of it (Already begun to do this with the homework).

### Focusing is:

- Noticing the experience
- Not trying to push it away
- Not getting drawn into it
- Note what it is like, less interested in content (e.g. with voices - note the tone of the voice, identity, gender etc of speaker but pay less attention to what it is saying).
- Let go of the experience and go on to become absorbed in shared reality activity

### **FOCUSING V. DISTRACTION RESEARCH**

Evidence suggests focusing can be effective coping strategy and improve self-esteem - give the example of Gill Haddock's research.

- ▲ This study compared people taught to use distraction for voices and those taught focusing.
- ▲ What do you think the result would be?
- ▲ Answer: the same, but those who used focusing came out better on a measure of self esteem.

### **DISCUSSION:**

- Why?
- Opposite of avoidance and the person is more in control.
- Takes courage to focus on something that is frightening - but can help to overcome it!

### How to do focusing:

1. First use breathing to reduce the arousal if the reaction to the experience is fear.
2. Then note the content of the thought, or the characteristics of the voice

### MINDFULNESS

Lead into mindfulness. (Mindfulness is a therapy technique that has been introduced since the focusing research study was done. There is research evidence to show that mindfulness is helpful for dealing with voices etc.)

- ♣ Mindfulness helps to face things that are difficult
  - ♣ Mindfulness helps you to be in control while doing this
  - ♣ Mindfulness helps you to let them go.
- \*Lead a brief grounding and mindfulness exercise\*

*Mindfulness Handout (Appendix 6).*

### DISCUSSION

- Pros and cons of attending to the experience in a mindful way.
- What can get in the way of really noticing the experiences; attending to the voices?
- These experiences can be frightening/disturbing/wish it wasn't happening. Natural to want to block out or push away if it is like that.
- Who finds their thoughts, voices etc. distressing so tries to block them, or otherwise not think about them? - normalise that reaction.
- Did anyone not do the homework because they thought it might make things worse?

**IDEA: DIFFERENT REASONS WHY ATTENDING TO THE EXPERIENCES MINDFULLY IS DIFFICULT OR AVOIDED.**

**1. FEAR**

- ⇒ Fear of voices/thoughts/ideas is natural.
- ⇒ It leads people to try and avoid them/block them out.
- ⇒ This means they are never faced/dealt with.
- ⇒ Focusing on them and facing them means that you are in control.
- ⇒ You can then let them go.

**2. MEANS FACING THAT THEY ARE UNREAL**

- ⇒ Other people do not want to look at them mindfully because it might mean facing that they are not real;
- ⇒ Admitting that they have been wrong and others are right is very difficult for all human beings - but the first step to getting back to normal life/getting out of hospital etc.

**3. UNSHARED REALITY IS NICER**

- ⇒ Other people have nice experiences/ways of understanding things
- ⇒ They might prefer this to reality
- ⇒ Mindfulness means facing reality (but can make it possible to be in touch with both places safely, if you can manage the line between).

***\*Perfectly possible for someone to have all 3 reasons for finding this difficult!\****

***Mindfulness handout (Appendix 6)***

***Breathing handouts (Appendix 7)***

**Homework**

Continue monitoring; try focusing or mindfulness and note how that goes. Note any resistance or difficulty you have with it.

**\*Questions and Comments\***

## SESSION FOUR: Reality Testing

### **Look at homework:**

- Have people made use of focusing/ mindfulness or distraction strategies.
- Get examples (might not be formal practice - might simply be that they are getting better at noticing what state they are in).

### **IDEA:**

If you get into the habit of bringing yourself mindfully into the present, this can enable you to test out 'what is real and what is not'.

**Reality Testing:** Focusing and mindfulness give you the chance to consider what is real and what is not, and this can be the key to you having more control.

- You can be in the driving seat - not your experiences or symptoms.
- Mindfulness helps to see a thought as just a thought - not something you can be blamed for having; not something you have to follow;
- Similarly, a voice is just a voice. You do not have to obey it, or believe it.
- A feeling is just a feeling. You can choose whether it is useful or not.

### **DISCUSSION**

- Can people see it like that?
- Anything that gets in the way?
- It can be hard to admit that the others are right - especially when the person has held those beliefs for a long time.
- It takes a lot of courage.
- What the majority think can be a useful way of checking whether to take a thought or voice seriously - check out what others think, or check it out in your head. Would other people see it the way I do? Experience the same?

### WARNING:

As with most things, checking out can be taken too far. Important to build your own confidence about what is real. Better to self reassure than repeatedly seek reassurance from others.

- Any other ways of finding out what is real and what is not?

### BEHAVIOURAL EXPERIMENT.

If you think everyone is looking at you in the shop, deliberately look up and note what they are really looking at. What do you think it will be?

### DISCUSSION

- Examples of possible behavioural experiments if relevant?

### HOW PEOPLE MAKE SENSE OF THEIR EXPERIENCES?

### DISCUSSION

- Go round the group and ask the individuals for their thoughts on what is going on when they experience symptoms or unshared reality.
- Introduce the idea from Romme and Escher that people have lots of different explanations for voices - same for other strange experiences.
- Advantages and disadvantages of different explanations
- E.g. Medical v. nonmedical

### PERSONAL MEANINGS

Introduce the idea that it is possible to get clues about what is going on by thinking about what was happening in your life when the thoughts or voices started.

Get examples. (permission not to share if you don't choose to).

- ♣ Look for: stressful times.
- ♣ Life transitions
- ♣ Losses etc.

### **Effect of stress etc on putting someone into Emotion Mind.**

- ♣ Ideas and things that happen when we are under threat/stress can get stuck in Emotion Mind.
  - ♣ Whenever Emotion Mind takes over (at times of stress), it keeps replaying them;
    - As thoughts,
    - As voices
  - ♣ Or as ideas that people get very attached to.
  - ♣ People are more likely to make connections that other people don't agree with at such times - another good reason for checking out what others think.
- 
- Introduce the idea that mindfulness is designed to get you back into the whole of yourself
  - Wise Mind is where you are able to observe both Emotion Mind/Unshared reality and Reasonable Mind/Shared reality
  - Able to access everybody else's (probably more comfortable) reality.

### **OTHER WAYS OF MAKING SENSE**

#### **IDEA: Sensitivity.**

- Some people more sensitive than others, so more likely to have these experiences.
- Need to recognize this sensitivity and manage life accordingly.

### **DISCUSSION**

- What might you need to do in order to manage your sensitivity
  - coping strategies
  - Medication
  - Careful with drugs and alcohol

**Idea of Problem Solving (refer to Mike Jackson).**

- When life has come to a full stop, the other way of experiencing might offer a way through. This can lead to creative solutions to the problem. The danger is of becoming stuck in that way of experiencing, and so not being able to use this positively.
- There is a positive side to this message -
- The breakdown can help you find a creative solution to that stuck place
- A new direction

\*The danger is in getting stuck in Unshared Reality and thinking it is everything\*

**DISCUSSION**

➤ Any examples of this from the group?

- **Brief Mindfulness Exercise**

- **Feedback on the group.**

- What did people find helpful; what less helpful?

**GOALS VISUAL ANALOGUE**

Present this again for people to mark how far they have got with their own goals for the group.

**\*Questions and Comments\***

## References

- Claridge, G.A. (1997) *Schizotypy: Implications for Illness and Health*, Oxford: Oxford University Press.
- Haddock, G., Slade, P.D., Bentall, R.P., Reid, D. & Faragher, E.B. A Comparison of the long-term effectiveness of distraction and focusing in the treatment of auditory hallucinations. *British Journal of Medical Psychology* (1998) 71, 339 - 349.
- Romme, M. & Escher, S. (1989). *Accepting Voices*. London: Mind Publications.
- Clarke, I. (2001) *Psychosis and Spirituality: exploring the new frontier*. Chichester: Wiley

## **What is Real & What is not?**

We are planning to run a group for people who are currently inpatients at Woodhaven and are experiencing, or have experienced in the past, voices, experiences/ideas others do not share or thoughts they cannot get out of their head. The group hopes to give people a chance to think about such experiences in a different way, and to discuss them with others in a similar position.

### **The idea is that**

- It can be helpful to learn that other people have similar experiences.
- Techniques for coping with voices, unique experiences, persistent thoughts and other symptoms will be discussed, introduced and tried out.
- Ways of understanding such experiences which many people find makes them less distressing or unpleasant will be discussed.

### **Format**

- The group has 4 sessions over 3 weeks
- People will be invited to join the group, and will meet with one of the facilitators before the group to discuss this.
- People will be asked to make a commitment to attend all sessions of the group if possible. It will be a closed group, which means that more people will not join once the group has started. If discharge occurs before all 4 sessions have been attended, patients will be invited back to finish the course if they would like to.
- Things discussed in the group will remain confidential within the group.
- People choose what they talk about in the group – no-one will be pressured to talk about anything they do not feel comfortable sharing.
- Number of members will be between about 5 and 8.

**Times and venues:** Either in one of the rooms upstairs or on Winsor.

Wednesday 22nd July 3.00 p.m.

Wednesday 29th July 3.00 p.m.

Monday 3<sup>rd</sup> August. 3.00 p.m.

Wednesday 5<sup>th</sup> August 2.30 p.m.

‘WHAT IS REAL AND WHAT IS NOT GROUP’

MEASURING WHAT YOU WOULD LIKE TO GET OUT OF THE GROUP

Now you know what is going to be covered in the group, and how this might apply to you.

Think what you would like to be different by the end of the group, - something that the group could affect.

Write that down in the first space (C) – describe how it could be.

Then fill in the other lines, comparing this with how it is now, and thinking about how you would know that some change had taken place in the right direction.

Name:

.....

C. What you would like to see different by the end of the group

.....  
.....

A. Where are you with this now?.....

.....

B. What would the half way position be.....

.....

N.B. (A), (B) & (C) Need to be easily identifiable things you do (or don=t do).

THIS BIT IS TO BE FILLED IN AT THE LAST MEETING OF THE GROUP

Date.....

Name.....

Make a mark on this line to represent how you have managed this week in relation to your goal.

(A mark to the left of A. would represent things getting worse).

	A.	B.	C.
—	+	+	+
—			

## OPENNESS TO UNUSUAL EXPERIENCES

### WHAT DO WE MEAN BY UNUSUAL EXPERIENCES?

- ♣ Hearing or seeing things that other people don't (e.g. voices)
- ♣ Having beliefs and ways of looking at things that are different from other people
- ♣ Feeling threatened by people when in fact they are not out to get you

Everyone can have these sorts of strange experiences.

Some people will only get these sorts of experiences if, for instance:

- ♣ They are deprived of sleep or food (or choose to go without sleep or food)
- ♣ They are under extreme stress, or very bad things happen to them (e.g. hostages)
- ♣ They take street drugs

Other people are very open to this way of experiencing – they are the sensitive people  
Whether you are more open or more closed depends on physical differences in the brain

It is also something very important about who you are as a person.

There is a lot of research into the spread or 'continuum' of openness to unusual experience.

Technically, this is called "Schizotypy". (not to be confused with Schizophrenia which is the name for an illness – everybody is somewhere on the Schizotypy continuum).

- ♣ **High Schizotypes** are more open to unusual experiences
- ♣ They are more vulnerable to psychosis
- ♣ Research shows that they can also be high in creativity, lateral thinking and spirituality
- ♣ **Low Schizotypes** are less likely to have unusual experiences
- ♣ They are less likely to suffer a psychotic breakdown.
- ♣ They will also have a tendency to be more conventional thinkers.

If you are a high Schizotype (and people who have been chosen to attend this group probably are) you can make the most of the gifts that often go with that by:

- ♣ Learning to manage your openness and vulnerability to unusual experiences
- ♣ So that this does not get in the way of you getting on with your life
- ♣ Does not land you up in hospital

How to do this is what the group is about.

In order to be able to manage your experiences, you need to be clear about whether you are experiencing/seeing things the same way as everyone else (shared reality) or in an unusual way (unshared reality). For some people it is hard to face that they are in "unshared reality".

Noticing the sorts of unusual experiences that you have and noting them down is the way to start being aware of this.

What is Real and What is Not Group Handout

DIFFERENT STATES OF MIND – DIFFERENT SORTS OF REALITY.

People who are sensitive to such states have found that their state of arousal (i.e. stress or lack of it) is the key!

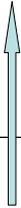
Vulnerable times:

- Stressed up, high arousal
- Not really concentrating or trying to go to sleep low arousal

When you are:

- Alert and Concentrating – these experiences are less likely to bother you.

Times when you are most likely to experience voices or other experiences that others do not share.

Level of stress Alertness sleep	High stress - greater vulnerability to unshared experiences or psychotic symptoms.
	Ordinary, alert, concentrated, state of mind – reduced vulnerability.
	Low alertness; attention drifting , trying to sleep etc.

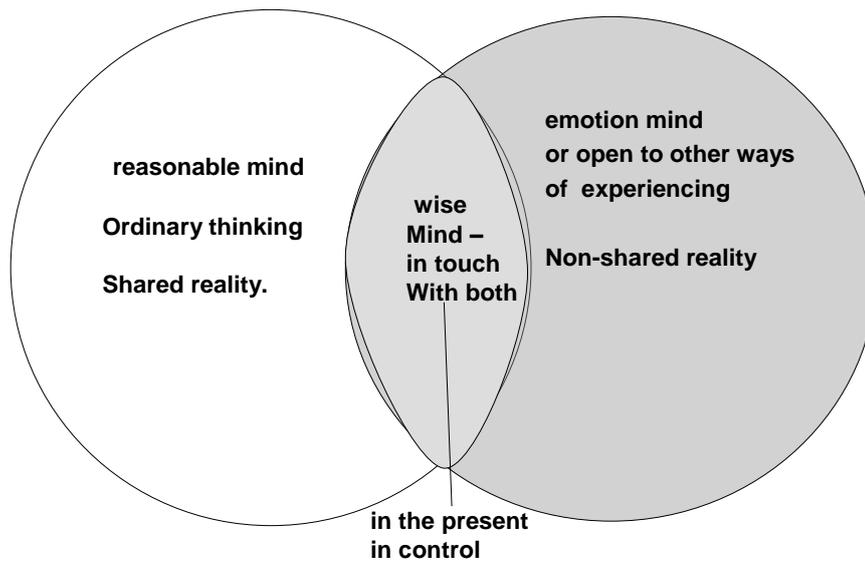
IDEA

There are 2 ways of experiencing

These overlap with REASONABLE MIND AND EMOTION MIND

(Which you might have met if you go to the ECS group).

## Shared and Non-shared Reality



People vary in how open they are to Non-shared reality.  
Being open to this way of experiencing makes you more vulnerable to psychosis  
It is also associated with high creativity, spirituality etc.

If you can learn to cope with non shared reality, and find ‘wise mind’ – you can have the best of both worlds!

### COPING

Now that you are in hospital, coping is the first priority.

If stress brings it on – ways of reducing stress (breathing, relaxation etc.) will help you cope.

If not enough concentration brings it on – concentrating on something and staying alert will help you cope.

Medication should help you cope.

What do you find most helpful?

Isabel Clarke.

## **BASIC GROUNDING MINDFULNESS**

**Aim:** To bring yourself 100% into the present, where you are in control.

**Exercise:** Take your attention away from your thoughts, away from your head and into your body.

### **Awareness of body**

- Notice what it feels like to be a body sitting in a chair
- Notice your weight on the chair
- Notice how your back feels against the chair
- Notice all the things you can feel
- Things that normally our mind does not notice because they are not 'interesting'

### **Awareness of breath**

- Notice your breathing
- Going in and out – keeping you alive
- Connecting you with the world

### **Awareness of sounds**

- Notice what your senses tell you about the world around you
- Notice what you can hear
- Note any judgements – the mind automatically judges
- Just note them and let them go
- Come back to just hearing

### **Awareness of sights**

- Notice what you can see
- Again note and let go of judgements
- Can you see anything in here that you never noticed before?

### **Awareness of thoughts and letting these go**

- If we are quiet for a minute, you will notice thoughts coming into your head
- Perhaps taking you away – into the past or the future
- Away from the present. That is what thoughts do
- Note them and let them go
- Come back to the breath and to the present moment.

### **Awareness of emotions**

- Notice any emotions
- Note where you feel them in the body
- Note that they are just an event in the body
- No need to follow them.

## RELAXATION BREATHING HANDOUT

Using breathing to reduce stress, panic and anger.

High stress means that your body is getting ready for action.  
When stressed, you breath in more than you breath out.

This gives you a simple way to calm down:

Breath            IN -     1  
                      OUT -     1 and 2

### Breath out more than you breath in!

And - you do not need to breath in straight after you have breathed out -  
you can have a little rest:

Breath            IN -     1  
                      OUT -     1 and 2  
                      AND       R-E-S-T

A bonus is that, as you breathe in you naturally tense your chest muscles,  
so you naturally relax them on the out-breath  
So - it is very easy to

Relax your muscles on the out-breath!

Breath            IN -  
                      AND R---E---L---A---X

Keep practicing this so that it is easy to do when under stress.

**BREATHING WILL BRING DOWN ANXIETY IF YOU CATCH IT EARLY -  
NOTICE WHAT YOUR BODY IS TELLING YOU - PICK UP YOUR FIRST  
SIGNS OF ANXIETY, AND LENGTHEN YOUR BREATHING THEN**

**THIS BREATHING SHOULD HELP YOU TO THINK MORE CLEARLY.**