**ACCEPTANCE OF ANXIETY:  
Life Enhancement Exercise Practice Form**

In the first column, record whether you have made a commitment to practice the Acceptance of Anxiety exercise that day and include the date. The second column asks whether you practiced, when you practiced, and how long you practiced. In the third column, note whether you used the CD audio file or not. In the fourth column, write down anything that came up during your practice.

<table>
<thead>
<tr>
<th>Commitment: yes/no Day:</th>
<th>Practiced: yes/no When practiced? A.M./P.M. How long (minutes)?</th>
<th>CD Audio: yes/no</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment: yes/no Day: Saturday Date: 8/4/2007</td>
<td>Practiced: yes/no Time: 4:30 A.M./P.M. Minutes: 20 minutes</td>
<td>yes</td>
<td>Was tough to be an observer; felt the pull of negative thoughts; physical tension; felt some scary sensations; had some space too. I’ll work at being the board next time.</td>
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<td>Commitment: yes/no Day:</td>
<td>Practiced: yes/no Time: A.M./P.M. Minutes:</td>
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<td>Practiced: yes/no Time: A.M./P.M. Minutes:</td>
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EXERCISE: BUILDING YOUR LIFE COMPASS

We've broken this exercise up into four easy steps. Referring back to your Valued Directions Worksheet will make building your Life Compass easy. The Life Compass appears at the end of the exercise.

Step 1: Focus on Life Domains You Find Important

You'll notice that there are two small, blank boxes attached to each value in the Life Compass below. These boxes are for rating each value in two different ways: how important the value is to you (“i” is for “importance”) and how often you have actually moved in that direction over the past two weeks (“a” is for “action”).

Let's start with the importance rating. Go back to the Valued Directions Worksheet and copy your importance ratings into the “i” box connected to each value.

Step 2: What Are Your Intentions?

Write a brief intention statement in those value boxes you rated as either moderately important (1) or very important (2). You can start by going to the intention statements on the Valued Directions Worksheet. We've found that these statements tend to be one or two sentences long. We suggest that you boil these down to a shorter statement that will fit into the box of the Life Compass so that you'll be able to remember the intentions more easily when you're in the grip of WAFs. Do this for all areas you rated 1 or 2. If you have three or more areas that you rated as very important (2), you might want to focus on those and write in an intention for only those areas. Remember, intentions are statements about how you would like to live your life in that area—what is most important to you. Now go ahead and write your intentions in each box.

Step 3: Are You Doing What Matters to You?

After you've finished writing down your intentions, please think about your activities in the past two weeks. Are your actions consistent with your intentions in each area? We call these activities “your feet.” So, were you doing things consistent with the intentions you just wrote down? For each intention, rate how often you've done something to move you toward your important values during the past two weeks. Use the following scale for your ratings: no action (0), one or two actions (1), three or four actions (2), and five or more actions (3). Write your ratings in the “a” (actions) box next to the “i” box that's connected to each value. We're not asking about your ideal in each area or about what others may think of you. Just rate how actively you've been living out your intentions over the past two weeks.

Now go back and look at your intentions and actions. How well do they match up for each value domain you rated as important to you? Take stock here. Look for areas where the “i” number is larger than the “a” number. This mismatch means that you're not living your life as you want to live it. For instance, if you consider family very important (say, “i” is rated a 2) and your action rating is low (“a” is rated a 0 or 1), you're living a life that is quite different from the one you want. If you’re like most people with anxiety problems, you might find discrepancies between your importance and action ratings.

Step 4: What Stands in Your Way?

Discrepancies between your intentions and actions in valued areas are often related to barriers. Barriers are anything that stands in the way of you living out your values. Go back to each value area that's important to you and examine what exactly stands in the way. Perhaps it is a fear of a panic attack or other intense feelings; thoughts about being overwhelmed, embarrassed, or exposed; intrusive unwanted thoughts that seem to show up out of thin air and invade your mind; painful images or memories; specific worries about what will happen if you move in that direction; thoughts about failure, incompetence, or inadequacy; or other worries and doubts. Whatever the barriers may be, just write them down (in a word or two) in the signs on your Life Compass. These signs are the barriers between you and your values.
EXERCISE: COSTS OF ANXIETY MANAGEMENT

1. **Interpersonal costs**

   **Summarize the effects of struggling with your WAFs on your relationships.** Have friendships changed or been lost? Have family members been alienated? Do they avoid you, or do you avoid them? Have you lost a marriage or romantic relationship due to worry, anxiety, or fear? Or have you missed out on new social bonds because of fear, dread, or an unwillingness to trust because of past trauma? Are you unable to engage your roles as a spouse, partner, or parent because of those pesky WAFs?

2. **Career costs**

   **Summarize the effects of struggling with anxiety on your career.** Have you ever quit or been fired from a job because of attempts to get a handle on your anxiety and fear? This includes being late, being less productive, missing days of work, being unable to travel, avoiding tasks where WAFs might show up, skipping out on business and social interactions with colleagues and customers, or procrastination. Has a boss or have coworkers commented on your poor performance because of your anxiety management efforts? Have those efforts affected your school career (relationships with teachers, administrators)? Have they resulted in unemployment or being on disability or welfare?

3. **Health costs**

   **Describe the effects of managing your worry, anxiety, and fear on your health.** Do you tend to get sick often? Do you have difficulties falling asleep and staying asleep? Do you sometimes ruminate and stew over anxiety and worry to the point of feeling sick or keyed up? Do you avoid taking care of your health because of your WAFs (e.g., avoid going to the doctor, having tests done, visiting a dentist)? Do you avoid exercise because it might bring on your WAFs? Have you spent quite a bit of time in the doctor’s office or emergency room for your WAFs?

4. **Energy costs**

   **Outline how managing your anxiety has affected your energy.** Do those efforts sometimes exhaust you? Have you put time and energy into disappointing efforts at WAF control? Are you often engaged in mental planning and fact-finding in an effort to ward off or minimize your WAFs? Do you waste mental energy on worry, stress, fretting over distractions,
checking, and negative thinking? Have you experienced difficulties with memory or concentration? Have your attempts to manage anxiety left you feeling discouraged, fatigued, or worn out?

5. **Emotional costs**

   What have efforts to get a handle on anxiety cost you emotionally? Do you feel sad or depressed about your WAFs? Have you tended to be on edge, perhaps exploding in anger in times of stress? Do you carry regrets and guilt because of what you have done or failed to do because of your WAFs? How do regrets about your WAF episodes affect you emotionally? Do you feel depressed or hopeless when your efforts to control anxiety aren’t working? Do you feel as though life is passing you by?

6. **Financial costs**

   How much money have you spent on managing your WAFs? Consider money you’ve spent on psychotherapy for your WAFs and related difficulties (e.g., depression, anger, alcoholism). How about medications, money spent on doctor’s visits, or the costs for anxiety books, tapes, DVDs, or seminars? See if you can come up with a reasonable estimate of these monetary costs. You can include costs due to disability, lost wages, and missed work because of your WAFs too.

7. **Costs to freedom**

   How have your efforts to control WAFs limited your ability to do what you want to do? Can you drive near and far, with or without others? Can you shop, take a train or plane, or go for a walk in your neighborhood, the park, a mall, or a forest? Do the WAFs keep you from trying new foods, new activities, new forms of recreation, experiencing your dreams, and doing what you care about? Consider also whether your WAF management strategies keep you from doing what you already enjoy doing.
# FEEL* BODILY DISCOMFORT FORM

Date: ____________________________  Time: ____________________________ A.M./P.M

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## Exercise

**Sensation’s Intensity (0–10)** | **Anxiety Level (0–10)** | **Willingness to Experience (0–10)** | **Struggle with Experience (0–10)** | **Avoidance of Experience (0–10)**

- Staring at a spot
- Spinning
- Head between legs
- Shaking head
- Breath holding
- Breathing through straw
- Breathing fast/deeply
- Fast walking
- Jogging in place
- Climbing steps
- Staring at self in mirror
- Other ________

* Feeling Experience Enriches Living
# FEEL* THOUGHT AND IMAGERY FORM

**Date:** ___________________________  **Time:** ___________________________ A.M./P.M.

<table>
<thead>
<tr>
<th>Intensity (0–10)</th>
<th>Anxiety Level (0–10)</th>
<th>Willingness to Experience (0–10)</th>
<th>Struggle with Experience (0–10)</th>
<th>Avoidance of Experience (0–10)</th>
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<tbody>
<tr>
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<td>Moderate</td>
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<td>9</td>
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<td>10</td>
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</tbody>
</table>

**Exercise**

- Demoting mind play
- Bubble wand
- Kind allowing images
- Candle of forgiveness
- Leaves on stream
- Other __________
- Other __________

* Feeling Experience Enriches Living
LIVING IN FULL EXPERIENCE—THE LIFE FORM
A Life Enhancement Exercise

Date: ____________________________  Time: ____________________________  A.M./P.M.

Check off any sensations you experienced just now:

☐ Dizziness  ☐ Breathlessness  ☐ Fast heartbeat  ☐ Blurred vision
☐ Tingling/numbness  ☐ Unreality  ☐ Sweating  ☐ Hot/cold flashes
☐ Chest tightness/pain  ☐ Trembling/shaking  ☐ Feeling of choking  ☐ Nausea
☐ Neck/muscle tension  ☐ Detached from self

Check what emotion best describes your experience of these sensations (pick one):

☐ Fear  ☐ Anxiety  ☐ Depression  ☐ Other: ____________________________

Now rate how strongly you felt this emotion/feeling (circle number):

0 ------ 1 ------ 2 ------ 3 ------ 4 ------ 5 ------ 6 ------ 7 ------ 8
Mild/Weak       Moderate       Extremely Intense

Now rate how willing you were to have these sensations/feelings without acting on them (e.g., to manage them, get rid of them, suppress them, run from them):

0 ------ 1 ------ 2 ------ 3 ------ 4 ------ 5 ------ 6 ------ 7 ------ 8
Extremely Willing       Moderate       Completely Unwilling

Describe where you were when these sensations occurred: ____________________________

Describe what you were doing when these sensations occurred: ____________________________

Describe what your mind was telling you about the sensations/feelings: ____________________________

Describe what you did (if anything) about the thoughts/sensations/feelings: ____________________________

If you did anything about the thoughts/sensations or feelings, did it get in the way of anything you really value or care about? If so, describe what that was here: ____________________________
EXERCISE: MY VALUED LIFE EPISTAPH

Imagine that you could live your life free of any worry, anxiety, or fear. Wouldn’t that be something? As you connect with this, imagine that one day the headstone in the drawing below will be the headstone on your grave. Notice that the headstone is blank. Your epitaph (words describing your life) hasn’t been written. What inscription would you like to see on your headstone?

Think of a phrase or series of brief statements that would capture the essence of the life you want to lead. What is it you want to be remembered for? If you could somehow live your life without WAFs looming over your head, then what would you be doing with your time and energy?

Give yourself some time to think about these really important questions. If you find an answer—or more than one—just write them down on the lines on “your” headstone. Think big. There are no limits to what you can be remembered for.

This isn’t a hypothetical exercise. What you’ll be remembered for, what defines your life, is up to you. It depends on what you do now. It depends on the actions you take. This is how you determine the wording of your epitaph.

Now, we make no promises that people will build a Lincoln-type memorial for you at the end of your life. Yet if you persistently move in your valued directions, chances are that people will write things on your tombstone other than “Here lies Tom: he managed his anxiety better than his life” or “Here lies Mary: she spent most of her life struggling with panic.”
EXERCISE: SHORT- AND LONG-TERM COSTS AND BENEFITS OF ANXIETY MANAGEMENT

This brief exercise will help you connect with some of the short- and long-term benefits and costs of your WAF management efforts. To do this exercise, go back to the previous one and list each of your coping strategies. Note that some of them might also include less obvious ones, like therapy, use of alcohol, self-help, and anything you might think of that seems to be focused on avoiding, reducing, or getting away from your WAFs. Take your time with this.

As you do the exercise, watch for strategies that don’t work long term and that tend to get in the way of you doing what matters to you in the short term. Don’t be concerned about strategies that seem to work or that don’t interfere with your life. Be mindful of this too: making the distinction between what works and what doesn’t work can be difficult to do. Here’s why: your mind may tell you the strategy works and doesn’t interfere with your life. Yet, after thanking your mind for that thought, you ought to follow it with this question: What would I be doing with my mental and physical energy if I weren’t spending it on coping with my WAFs? If you answer this question openly and honestly, then you’ll likely come up with other activities that are new or potentially more important and interesting to you than successful WAF management.

Here’s how Alice, a twenty-four-year-old college student, completed some of her cost-benefit analysis. We include her responses below as an example for you when doing the remaining parts.

<table>
<thead>
<tr>
<th>WAF Coping Strategy</th>
<th>Costs</th>
<th>Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Short-Term</td>
<td>Long-Term</td>
</tr>
<tr>
<td>Avoiding crowds</td>
<td>Can't go clothes shopping at the mall; feel bad about that</td>
<td>Keeps me out of many fun activities, like music, social events, movies; feel like a loser</td>
</tr>
<tr>
<td>Distraction</td>
<td>Can’t focus on much else; tend to miss important details</td>
<td>Becoming more forgetful; others describe me as distant, like I’m in another world</td>
</tr>
</tbody>
</table>
EXERCISE: THE VALUED DIRECTIONS WORKSHEET

Step 1: Make Your Importance Ratings

Start by rating the importance of each area by circling a number on the Importance Scale (0, 1, or 2). It’s okay if you don’t value all areas, or you don’t rate them as being equally important. Simply rate each area according to your own personal sense of its importance. It’s also fine if you end up rating only one or two areas as very important or if you rate most areas as important to you. What matters here is that you look inside yourself and make an honest rating of what’s important to you personally.

If you rated an area as unimportant (0), then move on and rate the next area. Continue until you’ve rated the importance of all value domains.

Step 2: Rate Your Satisfaction

Go back and focus on areas that you rated as moderately (1) or very important (2). Pause and reflect on those areas. Then, using the Satisfaction Scale, rate how satisfied you are (0, 1, or 2) with the quality and depth of your life in each important area.

Step 3: Write Your Intentions

After completing your ratings, go back to each value you rated as either moderately important (1) or very important (2) and write down your intentions. An intention is a statement that reflects the direction you want to move in for the foreseeable future. It’s simply a statement of how you’d like to live your life. It should capture what’s most important to you in that area. These statements should be real in the sense that they genuinely reflect your wishes. So listen to and follow your heart. Really make an effort to come up with statements rooted in your experience. This will give your values greater pull over your actions when your WAFs are in danger of pulling you away from where you want to go.

Value intentions are not goals. They have no end point at which you can say, “Now I’ve accomplished that.” You shouldn’t be able to tick them off a list. Instead, they should speak to how you want to live every day of your life. If you’re having difficulty coming up with an intention statement because you’re unsure what a particular domain is about, ask yourself the questions we list in each area.

Now go ahead and write your value intentions directly on the lines provided. Do this for all areas you rated 1 or 2 in terms of importance:

The Valued Directions Worksheet

I. Work/career

Importance: 0 = not at all important 1 = moderately important 2 = very important
Satisfaction: 0 = not at all satisfied 1 = moderately satisfied 2 = very satisfied

Intention: What do I want my work or career to be about or stand for? What is important to me about my work (for example, financial security, intellectual challenge, independence, prestige, interacting with or helping people, and so on)?
2. Intimate relationships (e.g., marriage, couples)

Importance: 0 = not at all important  1 = moderately important  2 = very important
Satisfaction: 0 = not at all satisfied  1 = moderately satisfied  2 = very satisfied

Intention: What kind of partner would I most like to be within an intimate relationship? What type of marital or couple relationship would I like to have? How do I want to treat my partner?

3. Parenting

Importance: 0 = not at all important  1 = moderately important  2 = very important
Satisfaction: 0 = not at all satisfied  1 = moderately satisfied  2 = very satisfied

Intention: What type of parent do I want to be? How do I want to interact with my children?

4. Education/learning (personal growth)

Importance: 0 = not at all important  1 = moderately important  2 = very important
Satisfaction: 0 = not at all satisfied  1 = moderately satisfied  2 = very satisfied

Intention: Why is learning important to me? What skills, training, or areas of competence would I like to acquire? What would I really like to learn more about?
5. Friends/social life

Importance: 0 = not at all important  1 = moderately important  2 = very important
Satisfaction: 0 = not at all satisfied  1 = moderately satisfied  2 = very satisfied

Intention: What kind of friend do I want to be? What does it mean to be a good friend? How do I behave toward my best friend? Why is friendship important to me?

6. Health/physical self-care

Importance: 0 = not at all important  1 = moderately important  2 = very important
Satisfaction: 0 = not at all satisfied  1 = moderately satisfied  2 = very satisfied

Intention: How and why do I take care of myself? Why do I want to take care of my body and my health through what I eat, by exercising, or by being physically fit?

7. Family of origin (family relationships other than marriage or parenting)

Importance: 0 = not at all important  1 = moderately important  2 = very important
Satisfaction: 0 = not at all satisfied  1 = moderately satisfied  2 = very satisfied

Intention: How do I want to interact with my family members? What type of sister or brother do I want to be? What type of son or daughter do I want to be?
8. Spirituality

Importance: 0 = not at all important 1 = moderately important 2 = very important
Satisfaction: 0 = not at all satisfied 1 = moderately satisfied 2 = very satisfied

Intention: What are the mysteries of life before which I stand in awe? What are the things larger than my own life that inspire me? In what (if anything) do I have faith?

9. Community life/environment/nature

Importance: 0 = not at all important 1 = moderately important 2 = very important
Satisfaction: 0 = not at all satisfied 1 = moderately satisfied 2 = very satisfied

Intention: What can I do to make the world a better place? Why are community activities (such as volunteering, voting, recycling) important to me? What do I care about in the environment or nature (e.g., being outdoors, gardening, hiking, camping, communing with nature)?

10. Recreation/leisure

Importance: 0 = not at all important 1 = moderately important 2 = very important
Satisfaction: 0 = not at all satisfied 1 = moderately satisfied 2 = very satisfied

Intention: How do I feed myself through hobbies, sports, or play? Why do I enjoy these things?
EXERCISE: USING YOUR WISE MIND TO UNHOOK FROM PARTS OF YOUR EXPERIENCE

Observing Self
(Wise Mind)

Thoughts

Actions

Feelings

# VALUE AND GOALS WORKSHEET

<table>
<thead>
<tr>
<th>Steps toward achieving my goal</th>
<th>Barriers</th>
<th>Strategies</th>
<th>Date(s) achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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My Value: ________________________________________________

Goal I want to achieve: ____________________________________
**EXERCISE: WHAT HAVE I GIVEN UP FOR ANXIETY IN THE LAST MONTH?**

The purpose of completing this anxiety management exercise is to let you examine how costly managing your anxiety is for you. Think about your life—all the things (big and small) you care about and want to do.

As you go through this exercise, ask yourself what you have given up in order to manage, reduce, and avoid your WAFs in the past month. What opportunities to do things that you like or that matter to you have you traded in to control and manage anxiety? Over the past month, what have you missed out on in the service of WAF management and control?

In the first column, record each situation or event that triggered your anxiety, panic, concerns, or worries. In the second column, write down your anxiety, bodily sensations, thoughts, concerns, or worries. In the third, record what you did to manage your anxiety—your coping or management strategy. In the fourth column, record what effect your efforts to control or reduce your anxiety had on you. For instance, how did you feel afterward? In the fifth and final column, write down the consequences and costs associated with your efforts to manage your anxiety. What did you give up or miss out on?

<table>
<thead>
<tr>
<th>Situation/Event</th>
<th>Anxiety/Concern</th>
<th>Anxiety Coping Behavior</th>
<th>Effect on You</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: was invited to</td>
<td>Example: was afraid of having a panic</td>
<td>Example: stayed at home and</td>
<td>Example: felt safer for a bit, but then lonely,</td>
<td>Example: lost out on good time with my</td>
</tr>
<tr>
<td>go out with some friends</td>
<td>attack</td>
<td>watched TV</td>
<td>sad, and angry with myself for being so weak</td>
<td>friends; missed an opportunity to deepen</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>friendships</td>
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EXERCISE: WRITE YOUR ANXIETY MANAGEMENT EPITAPH

Your task in this exercise is to write your epitaph (the inscription on your gravestone) as it would be written if you were to die today. What would it say if it was about what you’ve been doing with your anxiety management? What have you become by living in the service of your WAFs? Bring to mind all of your WAF coping-and-management strategies and be mindful of how they’ve gotten in the way of what you want to do. Think of everything you say aloud, think to yourself, or do with your hands or feet before, during, or after the WAFs show up to keep them at bay. List them all.