

## SPECIAL ISSUE

# The House Is Crashing down on Me: Integrating Mindfulness, Breath Training, and Heart Rate Variability Biofeedback for an Anxiety Disorder in a 71-Year-Old Caregiver

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*Caregiver stress is a growing problem with an aging population, and many spouses are cast in the caregiver role for extended periods. Preexisting anxiety disorders commonly recur in the face of caregiver stress. This article narrates the case of a 71-year-old retired professional woman serving as caregiver for a husband with dementia. The stress of the caregiver role served to trigger a recurrence of a previously treated anxiety disorder. The case narrative illustrates the value of mindfulness, breath training, and heart rate variability biofeedback for the anxiety disorder, as well as an effort to instill sustainable self-regulation skills and lifestyle changes for greater resilience in this long-term situation. Some of the lifestyle-oriented interventions are summarized only briefly in this article.*

### Introduction

Anxiety is a normal dimension of human experience. Anxiety, fear, and worry are experienced by most human beings when life transitions emerge and when threatening or unmanageable situations occur. Anxiety becomes an anxiety disorder when it becomes persistent (at least 6 months in duration), significantly impairs everyday life functioning, and meets the diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V), or ICD-10 (Moss, 2016).

Once present, anxiety disorders are often chronic, with a relapsing and remitting pattern in the life cycle. A longitudinal study showed varying rates of recurrence of anxiety disorders, as high as 64% for women with panic disorder (Yonkers, Bruce, Dyck, & Keller, 2003). Dutch researchers documented that recurrence rates are higher if we look beyond the artificial confines of DSM-V diagnoses. When they limited their measurements only to the

recurrence of anxiety disorders with the same diagnosis, recurrence rates were approximately 24% overall, but when other anxiety disorders were included, the recurrence rate was approximately 55% (Scholten et al., 2016). When life stress is more severe, the symptoms of anxiety proliferate and the anxiety disorder intensifies.

### Introducing Judy

At the time Judy was referred for evaluation, she was a 71-year-old retired social worker and wife of a retired dentist with debilitating Alzheimer's disease. She was also a mother of four adult children and grandmother of six. She had experienced anxiety of varying severity intermittently throughout her adult years, commencing in college.

### History

*Initial course of illness.* Judy grew up in a professional family, with a physician mother and an attorney father. She was a gifted child academically and musically and aspired in adolescent years to a career as a concert pianist. Her father was a cellist, and he nurtured her interests in music with special summer institutes and family travel to attend major orchestral performances.

*Initial onset of anxiety disorder.* In the fall of her sophomore year, her father died suddenly of a heart attack, and Judy felt that her world was coming apart. She flew home from college for her father's funeral. When severe turbulence affected the flight, she experienced a panic attack with fears of the plane crashing. The panic persisted throughout the flight. She experienced a recurrence of the panic during the visitation and funeral. She was able to return to college, although she arranged for a cousin to drive her back to campus to avoid another flight. She experienced intermittent panic around thoughts of her

father's absence from her life, yet she completed her fall courses.

Judy returned home for Christmas vacation, when her mother requested that Judy transfer from the private college she attended to a nearby community college. The family's finances were devastated by the father's death. Judy began shaking physically during this conversation and experienced her worst panic attack yet, with rapid breathing, rapid heart rate, and a physical sense of *the house crashing down on her body*.

*Previous management of disorder.* Judy sought out counseling in the months after returning to the family home. Her initial counselor was warm and encouraging but nondirective and inexperienced with anxiety disorders. Judy's family physician intervened and arranged for her to work with a female clinical psychologist who used cognitive behavioral therapy and was able to help Judy manage the panic episodes in 3 months of psychotherapy. With the psychologist's guidance, she used self-talk and a process of systematic desensitization, facing and coping with progressively more frightening situations in her life.

Judy completed a 2-year degree at a community college and earned a bachelor's degree in music at a nearby state college. She added sociology and psychology courses to her curriculum and determined to become a social worker instead of a professional musician. Judy had been impressed with her psychologist's compassion and skill.

Judy earned an MSW in clinical social work and developed a clinical practice. She met and married her husband David at the age of 26, while he was in dental school. Together they raised three daughters and one son.

Judy experienced intermittent generalized anxiety and worry through graduate school and in young adulthood. She suffered a series of panic episodes at the time her youngest child left for college. She again worked with a psychotherapist and used cognitive strategies to manage anxiety.

In her 50s and 60s, Judy experienced intermittent manageable anxiety. Her social work career was satisfying. She maintained her passion for piano and music, with occasional solo performances at area churches. She played improvisational "bluesy-jazz" when alone, and the music freed her thoughts and settled her emotions.

Judy continued her social work practice part time until she was 68 years old. That year, David's occasional forgetfulness progressed to a frightening and more pervasive cognitive decline. A thorough neurological evaluation resulted in a diagnosis of Alzheimer's disease. Increasingly, Judy acted as a nurse and caregiver. After

David wandered around the neighborhood on two occasions, lost, confused, and crying, she stopped leaving him home alone even briefly. Her younger sister provided occasional respite.

*Recurrence of anxiety disorder.* Two weeks after Judy's 71st birthday, she noticed David staring blankly at her and realized that he did not recognize her. She experienced her heart racing and found herself overwhelmed with panic. She felt terribly alone and felt a resurgence of the experience she had at age 19, after her father's death. She felt as if *the house were crashing down on her*. Her episodes of panic increased in frequency over several months, until she realized she needed help.

The initial triggers for Judy's anxiety were episodes of David not recognizing her or the children. Increasingly, the anxiety generalized and was set off by thoughts of a future alone and apprehensions that an attack might be coming on. This anticipatory anxiety played a part in the overall escalation of anxiety. Physical sensations she associated with the panic began to serve as triggers for anxiety. Whenever she noticed her heart beating faster or her face flushing, Judy became fearful of another episode, and this increasing fear triggered the very episode she feared.

Her physician referred Judy to a team of integrative mental health professionals, who provide counseling, biofeedback, hypnosis, and other mind-body practices, integrated into a program of behavioral and lifestyle change.

## Pathways Assessment

### Diagnostic Assessment

Judy met the DSM-V diagnostic criteria for a Panic Disorder with Agoraphobia. She reported severe episodes at least twice weekly of an overwhelming experience of anxiety, with attacks persisting over 6 months, from their recurrence shortly after her 71st birthday (American Psychiatric Association, 2013). She reported racing and pounding heartbeat, rapid and shallow breathing, facial flushing, and profuse sweating. She experienced fears of her life crashing in on her, of being alone in the world, and of dying. Increasingly, she stayed home and avoided public places.

Judy completed behavior checklists and a physiological assessment. On the Beck Depression Inventory, she scored 23 (moderate depression). On the Beck Anxiety Inventory, she scored 38 (severe anxiety). A 10-minute sample of heart rate variability (HRV) data was gathered, along with a sample of respiration. Her SDNN, a statistical index of HRV, was 39, indicating compromised health and well-

being. Her baseline breathing indicated a respiration rate of 21, in the hyperventilation range, with periods of breath holding in the sample.

Judy's anxiety was disruptive of daily life functioning. Judy still provided daily care for her husband and managed their household and finances but frequently felt that her coping and functioning were slipping. She feared losing her own cognitive capacities. Her sleep was disturbed, and she found it difficult to concentrate on bookkeeping and paying her household bills.

### *Caregiver Stress*

Judy is not unique or alone in her challenges. Approximately 16.6% of adult Americans are in the caregiver role. Older caregivers tend to receive less unpaid help than younger caregivers (AARP/National Alliance for Caregiving [AARP/NAC], 2015, pp. 6–7). The longer the caregiving situation continues, the more likely the caregiver is to report deterioration in his or her own health (AARP/NAC, 2015, pp. 9–10).

### *Lifestyle Assessment*

Judy reported poor sleep, with delays in sleep onset and an anxious vigilance about her husband, with anxiety often persisting through the night. She awoke frequently in the night, apprehensive about sounds and movement in the bedroom. She associated her poor concentration with sleep deprivation; on the few nights when she slept through the night, she felt mentally sharper and more able to think and make decisions.

Judy believed in the benefits of coping skills, relaxation skills, social supports, physical exercise, and healthy lifestyles to buffer the effects of stressful situations. Yet the caregiver role ate up so many hours in her day that her life was empty of useful health and wellness-supporting activities. She reported no physical exercise, little social contact with friends and extended family, and no use of the various coping skills she previously had taught her patients.

She also reported relying more and more on prepackaged meals with high sodium content and very few fresh vegetables or fruits. She had prided herself on the family's positive nutritional choices in past years but found herself so exhausted from caregiving that the idea of making a meal from fresh market ingredients sounded overwhelming. She rarely had an appetite and had lost 18 pounds since the diagnosis of David's dementia.

### **Pathways Intervention Plan**

Judy was enthusiastic when her therapist discussed the Pathways Model and a plan to make wellness-oriented

lifestyle changes on multiple levels. The therapist explained that during the first two phases of implementing the Pathways Model, he would act more as a health coach, not undertaking formal psychotherapy. He would help her identify options, encourage her to set her own goals, and then assist her in assessing her progress and modifying her Pathways plan as needed. Judy expressed a desire to increase her activity and resume contact with her sister and friends, but she broke down in tears at the impossibility of leaving David alone in the house or even of going into the next room to exercise or practice some form of relaxation or self-care.

Some of the Pathways lifestyle interventions will be summarized only briefly here to shorten the article. More detail will be available in a longer account in McGrady and Moss (in press).

### *Community-Based Respite Care*

Judy's therapist/coach discussed the cumulative erosion of well-being with prolonged caregiver stress. She accepted this warning, as she was already experiencing anxiety, cognitive lapses, and worries that she might have early signs of dementia. Her therapist discussed available forms of respite care for David as well as self-care skills that she might be able to practice without leaving her husband's side. A consultation with her physician about the health risks of continuing her current level of 24/7 care reduced her resistance. Judy reluctantly agreed to a trial of respite day care with a local church-affiliated program for adults with dementia. Judy elected a trial period of two afternoons of respite care weekly, with a plan to increase further if David responded positively.

### *Level 1 Plan*

In the Pathways Model, intervention begins with Level 1 activities, which consist of self-directed behavioral and lifestyle changes. With the help of her therapist, Judy chose three initial Level 1 activities.

*Level 1 activities: Mindful breathing.* Judy's therapist/coach recommended she consider breath training, emphasizing that mindful, paced diaphragmatic breathing is a useful skill in managing anxiety symptoms. The therapist also proposed that Judy practice breathing exercises while in the room with David, which might serve to calm David as well as herself.

Judy recognized that rapid and shallow breathing were a significant part of her anxiety experience and decided to select mindful breathing as her first Level 1 activity. Judy practiced the mechanics of mindful paced breathing with her therapist, monitoring her breathing with one hand on her

chest and one on her abdomen, to follow the process of her breathing. She learned to breathe in through her nostrils and out through pursed lips (making a small circle with her lips), which increased her awareness of her out-breath.

Judy's therapist emphasized a mindfulness component in her breathing practices. She learned to mindfully absorb her awareness fully into the breathing process, following the flow of air in through her nostrils, through her airways, into her lungs, and back out again through her mouth. Judy's therapist cautioned that wandering thoughts are normal and encouraged her to notice, observe, and accept distractions and wandering thoughts without any self-judgment and then to bring her attention back to her breathing.

Next, Judy and her therapist practiced breathing at a slower rate. They breathed together following a breath pacer that she downloaded to her smart phone, called Breathing Zone, which uses an expanding and shrinking lotus blossom accompanied by one of several sounds. As the lotus expanded, she filled her lungs, and as it shrank, she exhaled and emptied her lungs. She initially set the breath pacer at nine breaths per minute, which felt very slow but tolerable for her. Judy committed to practice mindful diaphragmatic breathing twice a day, for 15 minutes, and to use the same mindful breathing exercises whenever she experienced the onset of anxiety. She was also instructed to gradually lower her breathing rate until she could breathe comfortably at six breaths per minute, a relaxation-promoting breathing rate for most persons.

*Level 1 activities: Nutrition.* Judy set a goal of preparing two to four healthy dinners each week using fresh fruit, vegetables, and poultry. At her therapist's suggestion, she also decided to try the senior lunch meals 3 days a week when David was home.

*Level 1 activities: Sleep hygiene.* Sleep hygiene includes attention to optimizing the sleep environment and examining personal habits that might disrupt sleep readiness. Judy's anxiety and vigilance about the husband's occasional nocturnal wandering was a major factor disrupting her sleep. She purchased a motion sensor alarm for the hallway outside the bedroom to alert her if he wandered beyond the master suite. She also committed to use mindful breathing exercises at bedtime to reduce physiological arousal and prepare herself neurophysiologically for sleep.

### **Level 1 Progress**

After 10 weeks, Judy met with her therapist and reviewed her progress in each of the Level 1 activities:

*Progress: Mindful breathing.* Judy experienced a calming and inward absorption as she practiced the breathing

exercises. By the 3-week point, she was breathing at six breaths per minute for at least 20 to 30 minutes a day. She found that she could pace her breathing at about six breaths per minute quite well without the pacer.

Judy felt that when she paced her breathing, the world slowed down around her. When upsetting things happened, she felt she was watching them in slower motion. By Week 6, she reported using the paced mindful breathing several times a week in moments of increasing anxiety, noticing that in many cases, the physical symptoms of anxiety moderated from severe to mild within 10 minutes of mindful breathing.

She also began to sit with David when she practiced her breathing. He couldn't seem to comprehend the breath pacer or her instructions, but she sat close and breathed audibly, sometimes stroking up his arm as she inhaled and down his arm as she exhaled. His breathing was not even, but slowed, resembling hers, and the process seemed to calm him. She began to use her breathing practices whenever he was agitated, simply holding him and breathing and saying aloud, "Peace, David, peace."

Judy committed to continuing her breathing practices indefinitely and placed yellow dots and sticky notes on the bathroom mirror, on the refrigerator, and on her dashboard, to remind herself to slow her breathing and to wrap her awareness around the breathing, whenever she felt anxious, whenever she feared an attack, and whenever she had a few moments free.

*Progress: Nutrition.* The senior meals program ensured regular lunches, delivered to their door and ready to serve. She soon set up a 6-day meal schedule and supplemented the delivered meals with salads and fruit. She began to spend time online reviewing recipes, exploring new uses for foods from the farmer's market. She began to buy grains that she had never used before (quinoa, bulgar wheat, and wheat berries) and added these to her menu. She regained 8 pounds in the 10 weeks she spent on Level 1.

*Progress: Sleep hygiene.* The use of the motion sensor reduced Judy's nighttime vigilance and frequent awakening. Her use of mindful breathing also helped in sleep onset, with greatly reduced sleep latency. When she occasionally awakened in the night and could not sleep, she began to play her keyboard with a headset and found she could usually get back to sleep within 20 to 30 minutes.

### **Level 1 Summary**

Judy experienced the largest benefit from the use of respite care. She embraced mindful breathing as her best tool in reducing physiological tension and coping with anxiety and

determined not to let go of her regular practice. She also embraced continuation of the two components in her nutrition goals. Her sleep continued to be challenged, but she felt enough benefit in improved cognitive function that she expressed determination to further improve her sleep.

### Level 2 Plan

In the Pathways Model, Level 2 involves the individual using educational materials and community resources to acquire additional self-care and self-regulation skills. Patients use self-help workbooks, educational CDs and DVDs, or classes and training programs in their community. Judy deliberated thoughtfully about her options in Level 2, just as she had in Level 1.

*Level 2 activities: Mindfulness training and mindful meditation.* Judy loved the sensation of her life slowing down around her as she performed her mindful breathing. She especially liked the process of mindfully accepting distractions. She had previously engaged in a lot of self-criticism and perfectionism, and she enjoyed the idea of accepting without judgment whatever happened during her breathing practices. She asked for more mindfulness at Level 2. Initially, Judy read Jon Kabat-Zinn's *Full Catastrophe Living* (1990). Then she began listening three times a week to two of Jon Kabat-Zin's audio CD programs (Kabat-Zinn, 2005, 2006). The CD programs provided instructions on how to pay attention to life in a particular way, attending to whatever unfolds in this moment, with acceptance and heightened awareness and without judgment or self-critical commentary. Her therapist sought out a mindfulness class for her as well, but none was available in that time period.

*Level 2 activities: Emotional journaling.* Judy kept a journal in college years, especially after her father's death, and found the process of journaling soothing at that time. Her therapist introduced James Pennebaker's research on journaling (Klapow et al., 2001; Pennebaker, 1997). Judy used Pennebaker's most recent workbook, *Expressive Writing, Words That Heal*, designed to guide individuals through the journaling process (Pennebaker & Evans, 2014). Her therapist instructed Judy as follows:

- Dedicate a relatively short time period (15 to 20 minutes) each day to writing.
- Use that time to write about your deepest and most intense emotions, especially emotions about painful and traumatic times in your life.
- Allow yourself to express yourself freely, without concern about handwriting, grammar, or literary concerns.

- Remind yourself that this writing is for you—you alone. No one else will ever read it unless you decide to share it.
- Once you have reached the 15- or 20-minute point, close the journal, place it in a drawer, and go on about your day.

Her therapist also repeated Pennebaker and Evans' (2014) guidance from the workbook: openly acknowledge emotion, work to construct a story about the event, switch perspectives within your journal entry, and find your own voice (pp. 17-18).

*Level 2 activities: Pastoral care.* After the first week of respite care for David, Judy began to feel extreme guilt at sending him away from the home. She considered canceling the respite care and dropping out of her treatment program. Judy's parents were devout Lutherans, and she had remained active in a Lutheran church throughout her adult life. She found herself thinking that God must be judging her for not living up to her marriage vows.

Judy decided that one of her Level 2 activities should be weekly pastoral sessions with her senior pastor, who seemed to convey acceptance.

### Level 2 Progress

*Progress: Mindfulness training and mindful meditation.* Judy was enthusiastic over her mindfulness experiences. She had enjoyed the mindful acceptance of stray thoughts during her Level 1 mindful breathing. Now, the readings and exercises in mindfulness enabled her to more fully embrace a mindful awareness toward her life and her anxieties. Judy began to set goals for herself each morning, about certain times of day and certain situations that she wished to enter and experience mindfully. She also began to meditate for the first time in her life, on days when her spouse was in respite care. She practiced quiet sitting, with paced breathing, and a deliberate mindful attention to each sensation, thought, and urge entering her awareness. The combination of meditating several days a week and practicing mindful acceptance of events and thoughts through the day increased her sense of calm in daily life, even when her husband had a disturbing day.

*Progress: Emotional journaling.* Judy began journaling the day of her initial evaluation. The journaling gripped her strongly, and she found herself making time to write almost every day of the week. Her journaling led her to experience the similarities in her circumstances around the father's death and around David's decline. The sense of her life-as-it-had-been being shattered and the tangible physical experience of the *house crashing down on her* were like the same experience all over again.

By the fourth week, Judy was able to write about her experiences without tears and began describing in her journal joyful memories of past travel with David and also with her father. Judy remembered a phrase she frequently used in her years as a therapist and found herself repeating this phrase to herself as she journaled: “I have this one, I have it.” This conveyed a sense that she felt a confidence to handle a problem or a situation.

*Level 2 Progress: Pastoral care.* Judy’s participation in pastoral care sessions was as emotional and intense initially as her first weeks of journaling. Initially, she cried about David’s diagnosis, his wandering in the neighborhood, his blank stares. Then she shifted to expressing her sense of burden and duty to be a good caregiver. She had a sense of owing him so much for their years together and felt intense guilt for placing him in respite. The pastoral sessions helped her to reach acceptance for her decision.

The pastor confronted Judy’s image of a judging God sitting in a sky-high tribunal watching her moments of self-pity and punishing her with additional suffering. He suggested that by asking for spiritual grace, she might find moments of strength, new purpose, and peace, within this “season of suffering” in her life.

### **Setback**

In the sixth week of Judy’s Level 2 activities, David fell in the bathtub at home while she was helping him bathe. He fractured his proximal right femur. The hospital team performed a surgical fixation of the femur and then treated him for infection and loss of blood flow in the hip joint. The team recommended an extended rehabilitation placement with occupational therapy.

Judy accepted the accident and felt relief at not having to manage David in his further diminished state. She continued her mindfulness exercises and journaling and continued her mindful paced breathing to manage her resurgent anxiety. She also kept appointments with her Pathways therapist and her pastor every 3 weeks, with the hopes of resuming her own full Pathways program soon.

After 8 weeks, David’s rehabilitation team recommended placement in an Alzheimer’s unit adjacent to the rehabilitation unit, with plans for intermittent physical therapy and long-term custodial care. Judy reported increased sadness and anxiety as David deteriorated. Yet she could see his decline objectively and agreed to the placement.

### **Level 2 Progress and Decisions**

After David’s move to the Alzheimer’s unit, Judy resumed more frequent Pathways appointments and resumed all Level 1 and 2 activities. She felt again that she “had this,”

that is, that she was able to face and manage her transitions. She asked to begin her Level 3 professional services and expressed that some professional counseling might assist her to make life decisions.

### **Level 3 Plan**

In the Pathways Model, Level 3 consists of professional services and treatment interventions, ranging from biofeedback to psychotherapy to acupuncture. Judy asked for more help with anxiety and more mindfulness.

*Level 3 intervention: HRV biofeedback.* Judy agreed to begin her Level 3 interventions with HRV training because it has been shown to benefit patients with anxiety (Moss, 2016) and is understood to improve autonomic nervous system regulation (Moss & Shaffer, 2016). The HRV training was also a natural extension of Judy’s extensive use of paced diaphragmatic breathing. Initially, she spent one session watching the biofeedback display—a multiple linegraph showing her breathing and the fluctuations in her heart rate. Next, she learned to further smooth the process of her breathing and watched the corresponding smoothing of the heart rate linegraph on the screen. Judy’s therapist asked her to call to mind disturbing events of the past 6 months, and she saw the smooth hills and valleys of breathing and heart rate deteriorate into jagged and more irregular activity. She also practiced breathing with the pacer on the screen, which duplicated her practice at home with the Breathing Zone pacer.

Next, the therapist guided Judy through breathing at various breath rates, between 7.5 and 5 breaths per minute. Through this process, the therapist identified her resonance frequency as 7.0 breaths per minute. This is the breathing rate that produced the best phase synchrony between breathing and heart rate. At seven breaths per minute, her highest heart rate came just as she shifted from inhale to exhale, and the lowest heart rate came almost exactly where she shifted from exhale to inhale. This was also the breathing rate producing the largest oscillations in heart rate and the highest SDNN (a statistical index for the variability of the time in milliseconds between heart beats).

*Level 3 intervention: Acceptance and commitment therapy.* Judy specifically wanted counseling as one of her Level 3 activities. She asked for a kind of counseling that would parallel her self-guided mindfulness practices. Acceptance and commitment therapy (ACT) is a form of psychotherapy developed by Stephen Hayes (Hayes, Strosahl, & Wilson, 2005), which integrates the approach of mindful acceptance of all events, including negative emotions. Through ACT, patients learn to “just notice,” accept, and even embrace

their moment-to-moment experiences, especially those they have previously avoided.

Judy was excited at this emphasis on acceptance and found herself increasingly integrating her pastor's idea of discovering strength and purpose within her season of suffering.

*Level 2: Meditation (continued).* Judy continued her meditation practice during David's treatment, rehabilitation, and long-term placement. She experienced a recurrent image of a circle: first an image of a geometric circle and then an image of a circular path. That image took on meaning for her, and she explained that her father's death had taken her away from her original dream of a music career, and now David's decline was calling her back around the circle to music. She declared that the mental health and mind-body aspects of her Pathways treatment were sufficient and chose musical instruction as her final Level 3 intervention.

*Level 3 intervention: Master class in piano.* Judy announced that she was taking 2 weeks away for a piano master class in Germany. She asked her oldest daughter to stay at Judy's home and visit David several times a week while Judy got away and immersed herself in music. She explained that she did not imagine a concert career at her age but wanted to allow music to reclaim her, regardless of what form that might take.

### *Level 3 Progress*

Judy continued in her HRV biofeedback for eight sessions and continued in the ACT psychotherapy for 12 sessions.

*HRV biofeedback: Progress.* Judy was able to produce smooth, synchronized oscillations of heart rate and respiration quite consistently after five sessions of HRV training. She continued to practice her breath exercises at home, with the pacer now set at her resonance frequency of seven breaths per minute. During the week of her sixth HRV session, her husband had another fall at his Alzheimer's unit. She experienced increased sadness and anxiety, but within a week she was again producing high-level HRV with more than 90% of her HRV in the target range during most of her session.

Subjectively, Judy experienced the primary effect of her HRV training as one of strengthening her management of anxiety and negative emotional states. She reminded her therapist of the "I have this" experience that came during journaling. She explained that she had gone from "I have this" to "bring it on." She expressed that the HRV practice was making her into the "Dirty Harry of anxiety," who

would take on any adversary and keep her body calm and self-regulated.

*Acceptance and commitment therapy: Progress.* Judy reported that acceptance of events and acceptance of her thoughts was producing a kind of ability to experience her life in slow motion. She embraced the ACT model as more suited to herself than her past efforts to dispute or restructure her anxious thoughts. She decided to seek out a future training for either ACT or a mindfulness-based therapy as part of her ongoing social work continuing education activity.

*Master class: Progress.* Judy waited until her HRV and ACT treatments were complete and left for a 2-week piano class. She sent postcards to the Pathways treatment team and proclaimed a sense of ecstasy at spending 12 hours each day in studying, playing, and listening to music. She enrolled in classical and improvisational piano and stayed on 3 extra days to participate in a special improvisational music festival.

### *Posttreatment Assessment*

By the time she returned from her piano class, Judy felt no need for further treatment. She assessed herself as having achieved a sustainable program for managing the stress of her life. She reported that joy and enthusiasm now outweighed any negative emotion most days. She committed to maintain her seven breaths a minute resonance frequency exercises, along with her regular meditation practices. She continued to journal. She felt a breakthrough in using mindful acceptance for anything new emerging in her life.

Judy agreed to participate in a formal assessment session and completed the Beck Depression and Anxiety Inventories again, as well as a final psychophysiological recording. She subjectively described herself as only occasionally anxious or depressed in response to setbacks in her husband's condition. She scored a 14 on the Beck Depression Inventory, indicating only mild depression. On the Beck Anxiety Inventory, she scored a 9, indicating minimal, normal-range anxiety. Her psychophysiological sample showed an SDNN of 88, indicating that she was closer to the "good health" range, and her breath rate while sitting and reading a magazine was 12 breaths per minute, with no evidence of breath holding.

Judy announced several life decisions at her assessment session. She decided to sell the large family home and purchase a condominium near several girlfriends. She said that she would enjoy walking away from the house that she felt was "crashing down on her." She asked her children to

help with disposing of decades of belongings. She also persuaded the rehabilitation system housing her spouse to hire her 15 hours a week, as a medical social worker/music therapist. She blended breath training, meditation, and piano in group sessions and in patient rooms for those who were bed bound. She purchased a cart on wheels for her keyboard and was excited at the image of becoming an itinerant performer around the rehabilitation system.

Anxiety disorders are chronic remitting and relapsing conditions (Scholten et al., 2016), recurring under stress, during life transitions, sometimes without apparent provocation. Judy was assured by her treatment team that it would be normal for anxiety to recur in some future time of loss, stress, or ill health, but she was also assured that the self-care skills she was currently using would serve her well in managing any recurrence. She was also assured that she would be welcome to return for Pathways refresher sessions as needed in the future.

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