THE COMIC WORKBOOK

Anxiety Regulation and Recovery

Version 2.0 • Lessons 1–24



Understand the response.
Choose a practical skill.
Make room for your life.

Revised lessons, readable comics, breathing and tapping guides, spacious worksheets, and optional coloring pages.

Dr. Douglas Cowan, Psy.D., LMFT

DouglasCowan.me
November 2026

Using this workbook

One manageable part at a time

This workbook combines 24 lessons, illustrated stories, practical exercises, and writing space. It is designed to support understanding and everyday choices alongside appropriate care. You may take several days for a lesson and return to a useful page.

A flexible rhythm

Read the lesson, follow the comic, then choose one practice. Use whichever worksheet questions help you; a few words are enough. The coloring page is optional. You do not need to complete every exercise or achieve calm to move forward.

Track more than a feeling

When a rating is useful, use 1–10 consistently: 1 means minimal distress and 10 means the most intense you can imagine. Compare the same concern before and after. Also notice what you could do, what support you used, and any unwanted effects. Ratings are personal observations, not diagnostic scores.

Find instructions easily

Full breathing details are in Lesson 2 and full tapping details in Lesson 3. Later lessons refer back to those pages rather than repeat the steps. The contents and PDF bookmarks take you to each lesson. Print at Actual Size / 100% to retain the intended text size.

Your choice matters

You may skip, shorten, adapt, or stop a practice. Keep your eyes open when that feels better. If an exercise increases distress or brings up unwanted memories, return to the room and seek support. You do not need to process trauma to use these pages.

Scope and support

Educational support

This workbook is educational. It is not diagnosis, psychotherapy, medical treatment, or a substitute for individualized care, and it does not create a therapist–client relationship. Follow your care team’s plan. Do not stop or change prescribed medication on your own.

When symptoms need care

Persistent or worsening anxiety, avoidance, sleep problems, or difficulty functioning deserve professional attention. New severe chest pain, marked breathing difficulty, fainting, sudden weakness, or trouble speaking should not be assumed to be anxiety. Seek urgent medical care.

If you need immediate help

In immediate danger or a life-threatening emergency in the United States, call 911. For suicidal crisis or emotional distress in the United States, call or text 988, the Suicide & Crisis Lifeline. Online support is at 988lifeline.org/chat/. Outside the United States, use local emergency and crisis services.

In a hospital or treatment program

Tell a staff member if a practice is distressing or you feel unsafe. Staff can help adapt activities to your treatment plan, health needs, available space, and unit routines. These adult lessons are not a substitute for an age-specific or individualized clinical plan.

Publication

Dr. Douglas Cowan, Psy.D., LMFT • DouglasCowan.me
Version 2.0 • November 2026
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Psalm 23 is quoted from the King James Version.

Breathing with comfort and choice

Use a breathing pattern that feels comfortable enough to support what you want to do next.

The problem

Anxiety may bring fast breathing, repeated deep breaths, held breaths, or the feeling that you cannot get a satisfying breath. Trying harder can make you more uncomfortable. Breathing practice is not a test of lung capacity or willpower.

Why it may help

Breathing and the systems that regulate arousal influence one another. A comfortable, unforced rhythm may help some people settle and redirect attention. It does not prove that a situation is safe, and it does not guarantee that anxious thoughts will disappear.

Two methods need different instructions

Dr. Cowan teaches a 4–4–6 pattern with a final four-count pause: 4–4–6–4. He also teaches a more forceful Supercharged Sigh. The next two instruction pages distinguish these methods from a gentler, no-hold adaptation. They are not interchangeable.

Keep the goal practical

Ben wants to ask a question clearly. He uses an easy, unforced breath before speaking; he does not need to complete a ritual before making a call. If attention to breathing increases distress, choose an external detail from Lesson 4 instead.

Source notes: 2, 3. See pages 207–209.

The 4–4–6–4 breathing pattern

Prepare

Find a quiet, safe-enough place and sit in a comfortable, supportive chair. Leave space between the seat edge and the backs of your knees. Rest your feet and hands comfortably. Keep your head and neck in a natural position.

The complete pattern

1. Inhale gently through your nose for a count of 4.
2. Hold comfortably for a count of 4.
3. Exhale slowly through your mouth for a count of 6.
4. Pause comfortably for a count of 4 before starting again.

Start with comfort

Dr. Cowan describes about a dozen cycles in his teaching. Begin with one or a few comfortable cycles rather than treating twelve as a requirement. Use an easy counting pace. Do not take maximal breaths or hold through strain, air hunger, or an urge to breathe.

Gentle no-hold adaptation

If holds or counting feel uncomfortable, leave them out. Take an ordinary, easy breath in and let the air out gently; it may be a little longer if comfortable. Let the next breath arrive naturally. This adaptation is a separate option, not the exact 4–4–6–4 pattern.

When to stop

Stop for dizziness, tingling, breathlessness, panic, pain, or discomfort and return to ordinary breathing. Look around or use a neutral external detail if that helps. Persistent or concerning symptoms need medical attention. Ask a clinician about suitability if a health condition makes controlled breathing or breath-holding uncertain.

The Supercharged Sigh

A method for clinician-guided selection

Dr. Cowan’s Supercharged Sigh is more forceful than the gentle practice on the previous page. Review its suitability with your clinician and learn it with guidance before trying it independently. Use the gentle no-hold option if a forceful exercise or holding your breath is uncomfortable.

The original teaching sequence

1. Take short, repeated puffs of air in through the nose until the lungs feel full.
2. Hold the breath as long as is comfortable.
3. Release a powerful, quick sigh through the mouth, drawing the chest and belly inward.
4. Return to a normal recovery breath.

Keep the limit clear

The sequence above records the original method; it is not an instruction to maximize capacity, force, or holding time. Your clinician can determine whether to use it and how to modify it. Practice seated. Do not use breath-holding exercises while driving, in water, or where faintness could cause injury.

An unwanted sensation is a reason to stop

Lightheadedness and tingling are not goals or signs that the method is working. Stop, breathe normally, and tell your clinician if they occur. Do not push through or repeat rapidly to chase relief.

Different from the studied cyclic sigh

A double inhale followed by a long, slow exhale is a different method. Research on that practice does not directly establish the effectiveness or safety of the more forceful sequence described here. In this workbook, the comic demonstrates ordinary gentle breathing, not the Supercharged Sigh.

When your words tumble out

The story • Part 1



The call

“I wrote everything down.” Ben has the repair shop number and a description of the noise. He keeps rehearsing all of it in one breath.



The prediction

“If I pause, they will think I am unprepared.” When someone answers, his words rush out. He forgets the question he wanted to ask.

Pause here. What is the person noticing, predicting, or choosing?

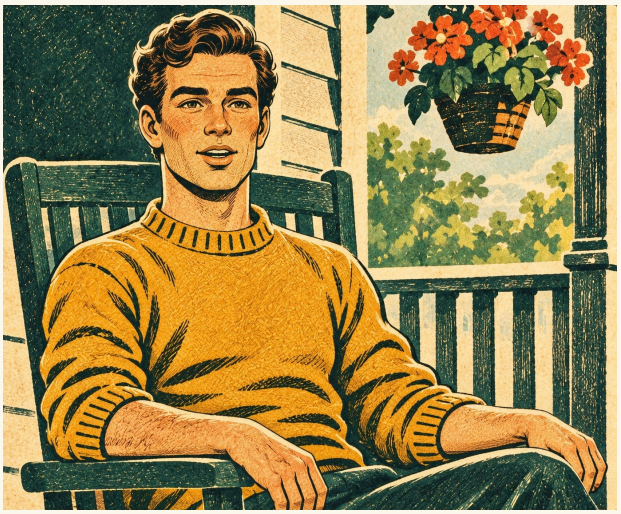
When your words tumble out

The story • Part 2



Make a little room

“I can let an ordinary breath finish.” Before calling again, Ben sits comfortably and lets the air leave without forcing it. This is the gentle no-hold option, not the Supercharged Sigh.



Rehearse one sentence

“Could you tell me what the repair would cost?” Ben says it once at a comfortable pace. His head rests in a natural position, and his shoulders do not have to rise.

Pause here. What is the person noticing, predicting, or choosing?

When your words tumble out

The story • Part 3



Let the answer come

“Could you repeat that while I write it down?” The mechanic waits. Ben still feels rushed, but he has asked his question and recorded the answer.

A pause can make room for listening. What would you like to hear or say more clearly?

Try one manageable practice

You may shorten, adapt, or skip this exercise. Choose an ordinary, manageable situation.

1. Read the instruction pages and choose one comfortable option. First practice while seated, when you are not rushed.

2. Try a short sample, then return to ordinary breathing. Notice comfort, dizziness, air hunger, or increased tension as well as any relief.

3. Stop if the exercise feels strained or makes symptoms worse. Do not repeat it until you get a lower number.

4. Record the method, any adaptation, and what you did next. Bring persistent difficulty with breathing practice to your clinician.

Bring it to your next conversation

“Here is what I tried. Here is what happened. This is the part I would like help with.”

If the practice increases distress, stop and choose support. A difficult result is information, not a personal failure.

Make it your own

Write a few words, draw, or discuss your answers. Choose a manageable example; no painful history is required.

Which situation makes me rush, hold, or force my breathing?

What does my mind predict if I pause during a conversation?

What sentence could I say at an ordinary speaking pace?

Notice and choose

Describe what actually happened. A practice can be useful, unhelpful, or worth adapting; each result gives you information.

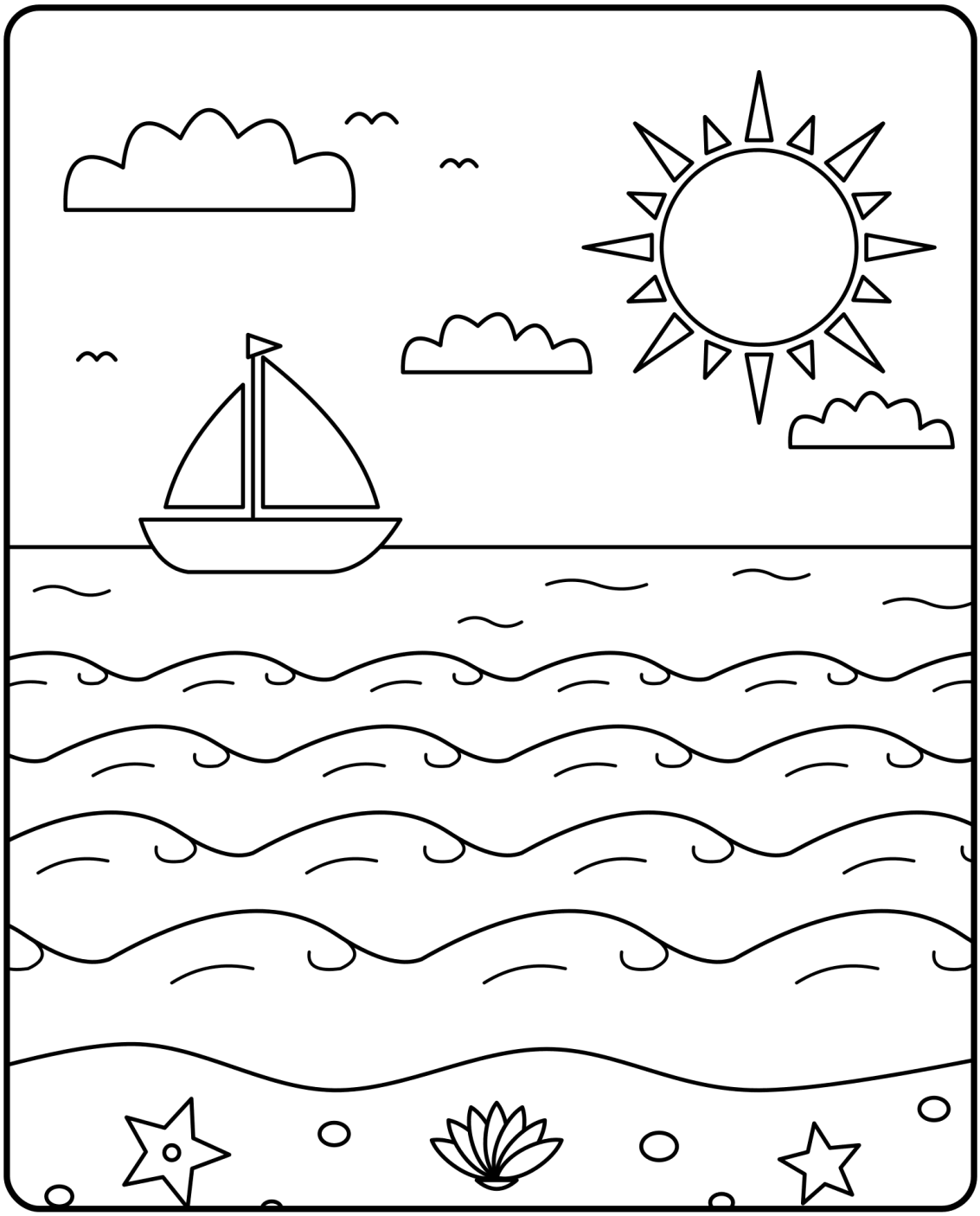
Which method did I choose, and which counts or holds did I change?

Distress before and after (1–10); comfort and any unwanted sensations:

What useful action followed, and what will I keep or change next time?

An optional coloring pause

Color for as long as it feels useful, or skip this page. There is no right way to finish.



EFT tapping with honest words

Gentle tapping is an optional way to work with a manageable feeling while staying connected to the present.

The problem

Watching for every sign of anxiety can absorb the attention you need for a conversation. Leah watches her hands instead of listening for the interview. Tapping offers a structured activity paired with words that name the concern.

What EFT means

Emotional Freedom Techniques, often called EFT or tapping, combine light fingertip tapping with attention to a concern and a statement of acceptance. Some studies suggest anxiety benefits. More rigorous comparisons with established treatments are needed; benefit is not guaranteed.

Separate explanation from evidence

Traditional EFT describes the locations as meridian or acupressure points. That explanation is not proof that tapping sends a specific “safe” signal to the brain. Touch, attention, expectation, and the way a concern is approached may contribute; their separate roles remain uncertain.

Your choices matter

Use a current, manageable concern rather than a traumatic memory. You may change words that feel untrue, skip a tender or uncomfortable location, or choose another skill. You do not need to declare that you are safe when you are not. The next pages give Dr. Cowan’s complete sequence and distinguish the setup from the reminder phrase.

Source notes: 4. See pages 207–209.

Tapping setup and re-rating

Choose and rate one concern

Pick a manageable current concern, such as “waiting for this call.” Rate that same concern from 1 to 10: 1 means minimal distress and 10 means the most intense distress you can imagine. Do not search for a traumatic memory.

The setup statement

Lightly tap the fleshy outer edge of one hand on the little-finger side, between the base of the little finger and the wrist. This is often called the “karate chop” point. Use the fingertips of the other hand.

Repeat the whole statement three times

Keep tapping continuously while you say the entire statement three times: “Even though I am feeling [name the stress, anxiety, or problem], I can love and accept myself.” Three times means three complete statements, not three individual taps.

Use words you can say honestly

If the original statement feels too difficult, a gentler adaptation is: “Even though I feel anxious about this call, I am willing to treat myself with kindness.” This is an optional wording change. During the sequence, use a short reminder such as “this worry about the call.”

After the sequence

Re-rate the same concern. Notice comfort and what you can do next. If you wish and it feels manageable, repeat with a more specific phrase or a realistic desired outcome. Stop if distress grows, painful memories arise, or you feel disconnected; orient to the room and ask for support.

The complete tapping sequence

Light taps and a short reminder

After the setup, use a light touch and tap 5–10 times at each location below while naming the concern with a brief phrase. Eyebrow, side of eye, and under eye are three separate points. Tap the surrounding bony areas gently, never the eyeball.

Face and upper body

1. Eyebrow — near its inner end.
2. Side of eye — the bony area outside the eye.
3. Under eye — the bony area below the eye.
4. Under nose — between nose and upper lip.
5. Below mouth — between lower lip and chin.
6. Upper chest / collarbone area — use gentle contact.
7. Under the armpit — the side of the upper rib cage.

Hand and wrist

8. Thumb.
9. Index finger.
10. Middle finger.
11. Little finger / pinky. Skip the ring finger.
12. Wrist.

Locations and comfort

For the fingers and wrist, use gentle contact at the locations demonstrated by your clinician; ask for a demonstration if unsure. Avoid injured, tender, or uncomfortable areas. You may skip a point or use another skill.

Finish with a choice

This version does not add a top-of-head point. Re-rate the original concern, then decide whether to repeat, refine, stop, or seek support. A lower number is not required before returning to an ordinary safe activity.

When your hands give you away

The story • Part 1



In the waiting room

“That is the third time I have checked my résumé.” Leah knows the dates. Reading them again gives her something to do while she waits.



The quick conclusion

“They will see my hands shake and think I cannot do the job.” Her thumb trembles. What the interviewer will conclude is still a prediction.

Pause here. What is the person noticing, predicting, or choosing?

When your hands give you away

The story • Part 2



Choose a manageable concern

“I am worried about this interview.” Leah puts the paper down and rates that worry. She can try gentle touch or simply rest her hands.



Try the setup

Leah lightly taps the pinky-side edge of one hand. While continuing to tap, she repeats the whole setup statement three times. She uses only this brief hand practice here; the complete sequence appears in the instructions.

Pause here. What is the person noticing, predicting, or choosing?

When your hands give you away

The story • Part 3



Listen for the question

“You asked about my last job. Let me give you an example.” Leah stops tapping when her name is called. Her hands still tremble, and she is able to listen and answer.

What would you like to give your attention to, even if some nervousness remains?

Try one manageable practice

You may shorten, adapt, or skip this exercise. Choose an ordinary, manageable situation.

1. Choose one specific concern, such as waiting for a call. Optional preparation may include noticing something you appreciate or comfortable movement. Breathing details remain in Lesson 2.

2. Record the concern and its intensity from 1 to 10. Follow the setup and sequence on the instruction pages, using light taps.

3. Re-rate the same concern. You may repeat with a more precise phrase if comfortable, or stop. An unchanged score is useful information.

4. Choose a next action, such as listening, asking a question, or contacting support. A full round is optional; the brief hand-only story practice is not the complete EFT sequence.

Bring it to your next conversation

“Here is what I tried. Here is what happened. This is the part I would like help with.”

If the practice increases distress, stop and choose support. A difficult result is information, not a personal failure.

Make it your own

Write a few words, draw, or discuss your answers. Choose a manageable example; no painful history is required.

What specific current concern am I choosing, and how intense is it (1–10)?

My setup statement, to repeat in full three times while tapping continuously:

My short reminder phrase for the sequence:

Notice and choose

Describe what actually happened. A practice can be useful, unhelpful, or worth adapting; each result gives you information.

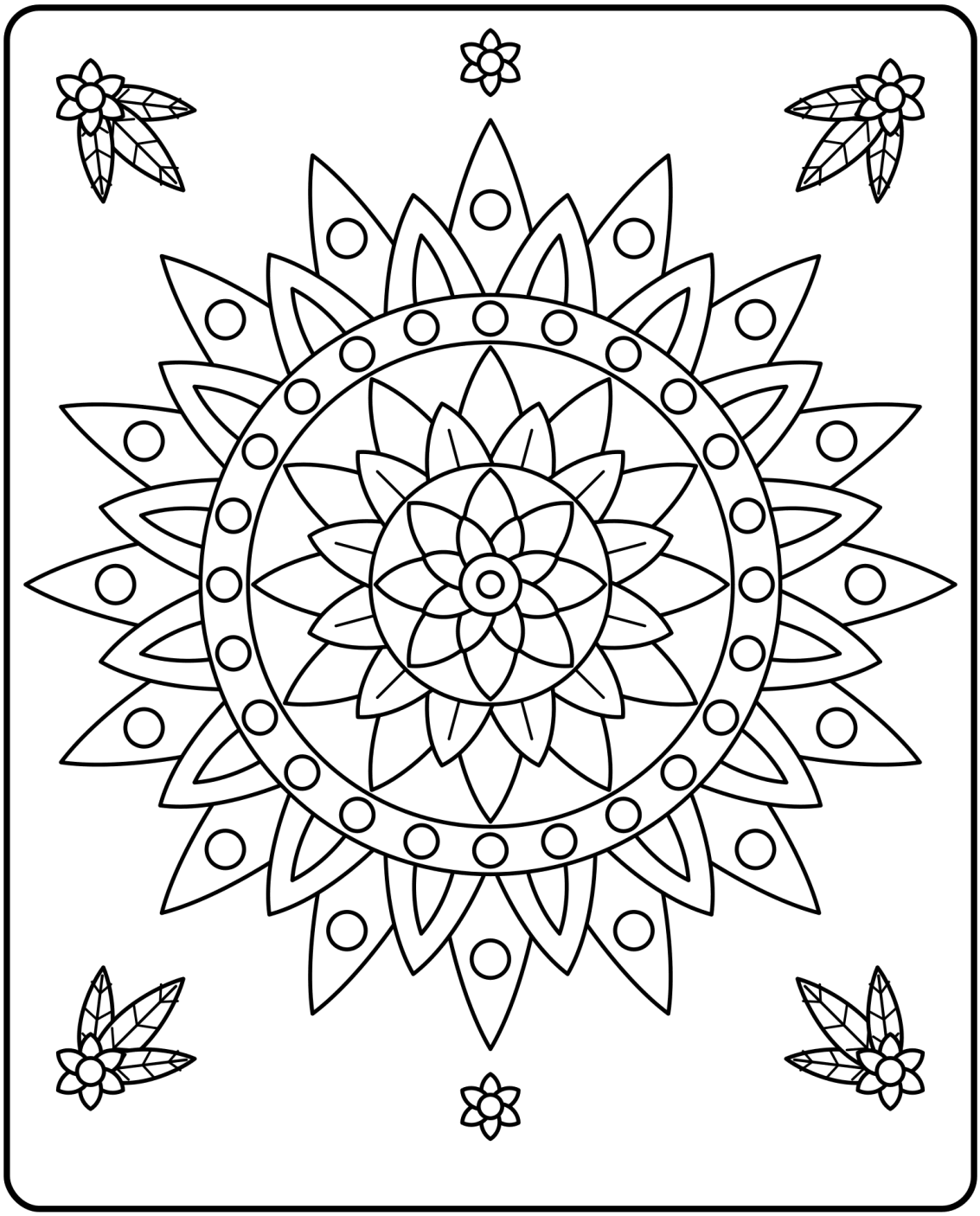
Which points did I use or skip, and was the touch comfortable?

The same concern afterward (1–10); what changed or stayed the same:

My next action, and what I would ask my clinician before practicing again:

An optional coloring pause

Color for as long as it feels useful, or skip this page. There is no right way to finish.



Sources and further reading

Selected background sources • Reviewed November 2026

1. Anxiety and treatment

NIH, Anxiety Disorders

Background for Lessons 1, 7, 10, 15, 20, and 23. Covers symptoms, assessment, psychotherapy, medication, and everyday supports.

2. Comfortable breathing

NHS, Breathing exercises for stress

Lesson 2. Supports unforced, comfortable breathing; it does not validate the exact Supercharged Sigh or the full 4–4–6–4 protocol.

3. A different sigh protocol

Balban et al., Brief structured respiration practices enhance mood and reduce physiological arousal, Cell Reports Medicine, 2023

Lesson 2. The studied cyclic sighing practice emphasizes a prolonged exhale. Do not transfer its findings to a forceful quick-exhale method.

4. EFT and complementary care

NCCIH, Anxiety and Complementary Health Approaches

Lesson 3. Reports possible anxiety benefit from EFT and the need for stronger comparisons. It does not establish meridian signaling as the mechanism.

Sources and further reading

Selected background sources • Reviewed November 2026

5. Relaxation and individual responses

NCCIH, Relaxation Techniques

Lessons 5 and 13. Reviews possible benefits and unwanted responses. General relaxation evidence is not proof of a specific vagus nerve effect.

6. CES evidence limits

VA Evidence-based Synthesis Program, The Effectiveness and Risks of Cranial Electrical Stimulation, 2018

Lesson 9. A historical evidence review, not verification of current labeling or the performance of a particular CalmBox model.

7. Mindfulness and choice

NCCIH, Meditation and Mindfulness: Effectiveness and Safety

Lesson 12. Reviews mixed and sometimes preliminary findings and the possibility of unwanted experiences.

8. Persistent insomnia

NHLBI, Insomnia Treatment

Lesson 14. Supports discussing CBT-I and individualized treatment rather than relying on sleep habits or supplements alone.

Sources and further reading

Selected background sources • Reviewed November 2026

9. Early adversity and protective factors

CDC, Risk and Protective Factors for Adverse Childhood Experiences

Lesson 17. Provides population context and protective factors. Individual history and needs require individual assessment.

10. Dampness and respiratory health

CDC, Mold

Lesson 21. Supports fixing moisture problems and recognizing possible respiratory effects; a leak does not establish the cause of anxiety.

11. Why neurofeedback claims must be specific

Schönenberg et al., Neurofeedback, sham neurofeedback, and cognitive-behavioural group therapy in adults with ADHD, 2017

Lesson 22. This randomized trial found no specific neurofeedback effect for adult ADHD. It is a condition-specific example, not an anxiety trial or a test of every direct neurofeedback system.

12. Grounding

NHS inform, Grounding exercises

Lessons 4 and 17. Present-focused sensory exercises; this does not establish sour candy as a treatment for panic.