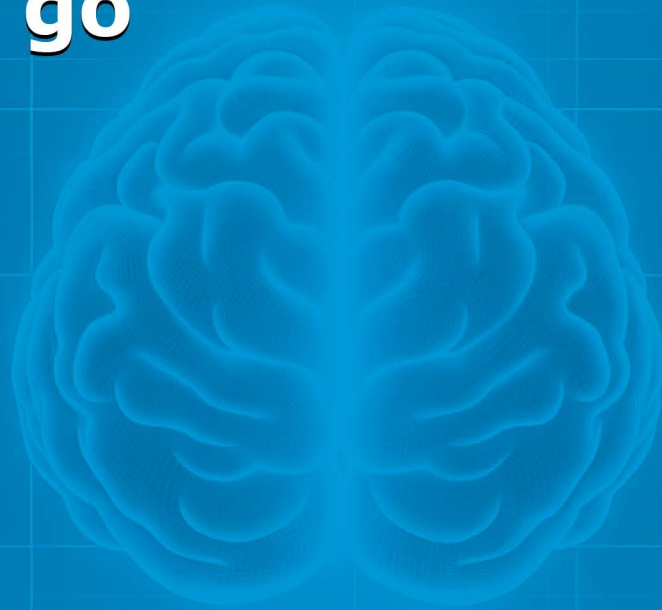


Thomas Fogh Vinter

UNDERSTAND ANXIETY

To let it go



The five main causes of anxiety
Introduction to proper anxiety management

Teaching, school and self-help book for everyone

Publisher: Generation-Anxiety.com

Thomas Fogh Vinter

UNDERSTAND ANXIETY

To let it go.

The five main causes of anxiety

Introduction to proper anxiety management

Education, school and self-help book for everyone.

Learn proper withdrawal of anxiety.

Publisher: Generation-anxiety.com

Co-Publisher: The Truth About Anxiety

Disclaimer: This book serves as a general information and educational resource about anxiety. It is not intended as a substitute for professional medical advice, diagnosis, or treatment. It is always recommended to follow your doctor's advice and seek referrals to relevant professionals, such as psychologists or psychiatrists.

Anxiety related to other somatic diseases or disorders is not covered in this book.

Copyrights @2024

All text can be freely copied by private individuals and associations without copyright other than stating me, the author, and the original title of the book as the source.

Generation-anxiety.com is a non-profit NGO that works voluntarily and free of charge to help people with anxiety globally, as we believe that all anxiety treatment should be free, as it is a societal problem that affects over 10% of the world's population plus relatives. Of course, this will require a new way of thinking about the method.

The book is free of charge for private and private associations and their members.

Schools and institutions can purchase low-cost licenses based on the number of users.

About the book.

This is a textbook about anxiety. The purpose is to get the anxiety sufferer out of the anxiety through rational thinking about the irrational anxiety.

The book will explain what irrational anxiety is, apart from illness, what it consists of, why you can experience it, why you might think you are sick when you feel it, why it is considered psychological, why it feels uncomfortable, why it leads to avoidance behavior, why it cannot be considered a disease, what body chemistry is, why there are anxiety diagnoses and much more.

The goal is to dispel the fear of irrational anxiety in society via. rational, logical and scientific knowledge. Everything anxiety, rational and irrational, has a natural and rational explanation, even if it doesn't feel that way when experienced.

The purpose of this book is not to highlight or disparage certain treatment methods?

The book is partly based on science and my own 45 years of subjective experiences with irrational anxiety.

The book does not cover known treatment such as CAT, MCT, ACT or medical treatment.

All content is developed and conceived by Generation-Anxiety.com and is unique to this book.

The texts are fact-checked against millions of articles on anxiety, ensuring accuracy and evidence. Only a few text analyses have been carried out with artificial intelligence (AI), as AI cannot yet write objectively about anxiety. And certainly not about the topics we will touch on in this book.

Note: The book focuses only on the **subsequent anxiety**, and thus not on the causes of the first anxiety experience you may see the doctor for. This book only covers the anxiety diagnoses that cause anxiety and avoidance behavior. Thus, PTSD and OCD are not included.

The book is for everyone, but especially for those who have not experienced the desired effect of the recognized treatments.

Repetition in the book emphasizes important points, as repetition reinforces learning, especially in the area of anxiety reduction. It is important to understand the text fully on first reading. I ask for your patience with the repetitions, even though they may seem tiring.

Since I am not a professional writer, there will probably be linguistic and wording errors.

Welcome to a world of deception, avoidance, retention, discomfort and misunderstandings.

Welcome to the world of anxiety.

Author: Thomas Fogh Vinter

ISBN:

Publisher: Generation-anxiety.com

Contact: Thomas Vinter (account.dk@gmail.com)

Content

Part 1: Introduction and Basic Understanding of Rational Irrational Anxiety	1
Introduction to the book.....	1
Let's go back to the time before anxiety.....	5
Let's start at the beginning.....	8
How do you become anxiety-free?	11
Anxiety: A Simple Answer to a Complicated Problem	15
Chapter 1: Intro.....	18
Chapter 2: Understanding Irrational Anxiety.....	22
Chapter 3: Anxiety info and important knowledge about anxiety.....	33
Chapter 4: Subsequent Irrational Anxiety: The Five Causes	37
Part 2: Analysis of Treatment Methods.....	44
Chapter 5: Anxiety assessment.....	44
Chapter 6: The Beliefs of Anxiety and Fear of More Anxiety.....	45
Chapter 7: Fear of anxiety (Agoraphobia).....	48
Chapter 8: Our Thoughts and Feelings.....	50
Chapter 9: Avoidance Behavior: The Way to Prison	54
Holding on to the grip of anxiety.....	54
Chapter 10: Anxiety – the forbidden word.....	55
Chapter 11: At the Doctor's	57
Chapter 12: Medicine and Medical Treatment.....	60
Chapter 13: SSRI Medicine and Traditional Therapies.....	61
Chapter 14: Cognitive Treatments.....	65
Cognitive Behavioural Therapy (CBT).....	66
Chapter 15: Metacognitive Therapy (MCT)	67
Chapter 16: Exposure Therapy	69
Part 3: Memory and the Cycle of Anxiety	72
Chapter 17: Memory. The road to freedom.....	72
The three types of memory	74
Chapter 18: The Modern Anxiety.....	76

Chapter 19: Is Anxiety a Disease	77
20: My first anxiety attack	80
Chapter 21: Our Desire to Avoid Discomfort	82
Part 4: The Method.....	85
Chapter 22: Why was the method developed?.....	85
Chapter 23: What does research say about the Method?	88
Chapter 24: Practical Methods for Overcoming Anxiety	90
Chapter 25: What is Transformative Learning?.....	96
Chapter 26: Who is the Method for?	98
Chapter 27: How to Test the Method?.....	99
Another way to implement the method.	106
Driving anxiety.....	106
To smile	109
Final trick:	110
Should we accept the anxiety?	110
Chapter 28: Ask for help. People want to.	111
Part 5: Conclusion	112
Chapter 29: Conclusion.....	112
Diploma: I am anxiety-free.....	114
Annex.....	116
Appendix 1. On sick leave with anxiety. Why?	116
Appendix 2. The cure rates for the different anxiety treatments	119
Appendix 3. Method treatment plan	122
Appendix 4. Psychiatry: What and who is it?	124
Glossary.....	127
Clitoris:	128

Part 1: Introduction and Basic Understanding of Rational Irrational Anxiety

Introduction to the book

TRUTH: Anxiety is not dangerous – only unpleasant!

Our challenge is that we believe in the feeling of anxiety instead of the science of the feeling of anxiety. The feeling of anxiety tells us we are sick, while science tells us that we are not sick. What do you believe in?

This introduction is a brief review of what we cover in this book. Everything will be elaborated in the following chapters.

I have a lot I want to tell and share with you, so stay tuned. It is advisable to take a break once in a while, to analyze what I write and describe, as much of it will be new and challenging for you.

Everything I describe in this book is general, as there will always be nuanced differences in the experience of the irrational anxiety, as anxiety is a subjective experience for the individual.

Irrational anxiety is normal. Everyone experiences it. It is our reaction to the symptoms that defines whether it will be a problem in the future. Our reaction to the first irrational anxiety symptoms is determined by, among other things, our mental state at the moment the anxiety symptoms are experienced. Approximately 10% of us react irrationally to the first symptoms and therefore subsequently receive an anxiety diagnosis. Also, in the case of illness, trauma, genetics, social conditions, etc., it is our reaction to the symptoms that determines whether it will be a problem in the future. Anxiety only becomes problematic if it is misinterpreted regardless of the cause.

The first irrational anxiety is always a side effect of other challenges and therefore always has a cause, even when it feels like it occurs without warning, as with panic disorder.

Briefly about the author and the purpose of the book.

As the author of this book, I, 45 years of experience as an anxiety sufferer and expert, bring extensive knowledge in both biological, neurological, psychological and behavioral aspects of anxiety. My research has been centered on understanding and communicating the complex mechanisms behind anxiety, from brain structure and neurotransmitter systems to the behavioral patterns that perpetuate symptoms. Over the years, I have researched and tested evidence-based

treatment strategies such as cognitive behavioral therapy, exposure therapy, and relaxation techniques.

In addition to my practical experience, I have continuously kept up with the latest research in neurobiology and the treatment of anxiety to ensure that my information is always up-to-date and relevant. This book is a culmination of my many years of knowledge and experience, designed to give you a deeper understanding of anxiety and tools that will help you overcome it if you accept the help.

I experienced symptoms and anxiety attacks from 1979 to 2018. For 39 years. During this period, I was limited by agoraphobia and "constant" anxiety. Over the years, this led to the loss of many important aspects of my life as my world became smaller and more limited. This happened because I did not take active steps to deal with the anxiety myself. I left it to the health system, which didn't help me.

The treatments that are described as effective by the professionals are often perceived differently by those who suffer from anxiety when the treatments do not show an effect. Statistics show that far too many people do not experience improvement through these treatments. [See appendix.](#)

Due to the lack of effect of the treatments, I decided in 2016 to investigate why I had not become anxiety-free after 37 years, and what aspects recognized anxiety treatments might be missing. It is not about what is the right or wrong anxiety theory and treatment. We will never agree on that anyway. It's about what actually works to become anxiety-free.

Since I became anxiety-free in 2018, I have dedicated myself to assisting others who are experiencing similar challenges. I make all my help, information, knowledge and literature freely available. Personally, I have invested significant amounts in anxiety literature and treatments without an effect and only experienced financial exploitation due to my symptoms. Therefore, I do not believe that it should cost money to achieve anxiety freedom. I see it as a social problem that needs to be solved. Not profitable.

I consider it a strength that I do not have a health professional education – I am IT-trained. This has forced me to use my analytical and rational IT skills to think solution-oriented about anxiety and not just symptom-oriented.

I have researched what could have been overlooked, mis assumed, misunderstood and misinterpreted by the anxiety theory. This cannot only be attributed to our differences, which are often mentioned when a treatment does not work. There must be other factors involved.

Through my research, I got these questions answered. This book deals with, among other things, the answers found. Of course, I recognize all mental diagnoses as well as the need for more treatment options and resources.

What you are going to read about is different, in that it **does not** deal with any of the known anxiety theories, assumptions and treatments such as CAT, MCT, ACT, mindfulness or medication.

There are tens of thousands of other books, including amazon.com, that cover these topics thoroughly.

This book deals with rational thinking about irrational anxiety and the result of 8 years of research into why no anxiety treatment helps everyone. The book describes a rational solution to an irrational problem. The irrational anxiety and its natural causes.

We have a tremendously powerful brain, everything we need is already present, the problem is that we use this power to continue triggering anxiety instead of stopping it. The fact is that the brain created the anxiety via misinterpretations and can therefore also stop the anxiety again via rational reinterpretation of these misinterpretations.

There is nothing individual about anxiety and our way of reacting, as it is a human condition we can all experience and that the symptoms are the same for all people due to our similar chemistry. The discomfort of anxiety is not changed by making different diagnoses. Feelings of anxiety are a common challenge with all types of anxiety. Therefore, it is necessary to manage this emotion in order to effectively treat anxiety. The discomfort that occurs with anxiety is not related to the causes behind the anxiety but is due to an internal chemical process in the body.

In short, the book is about what is overlooked in today's anxiety treatments and our understanding of anxiety, since we, from a patient perspective, see such limited results of treatments and an ever-increasing diagnosis on a global scale.

The book is not a criticism of existing treatments. Its purpose is rather to provide a rational analysis of the state of things and to offer a new and rational and alternative perspective on anxiety than illness and suffering.

We start from illness and disorders, but in the research results that clearly show that our memory and the chemical discomfort the anxiety creates, via the symptoms, are the reasons why the anxiety is so difficult to let go, and that it continues for years, if not decades, if not properly addressed from the start.

Before we begin, I want to mention again that I myself have lived with anxiety for 45 years, so I know what it is. I've tried it all with the anxiety.

One thing I never thought about, however, was why I experienced the anxiety for the first time in 1979 and why it continued almost daily for so many years after this first experience. Everything came to revolve around avoiding more anxiety discomfort. My thoughts were always: How can I avoid more anxiety symptoms, not why I experienced them.

So, what is it about the anxiety that makes it continue once you have experienced and misinterpreted it? What is it that makes you not think about anything other than avoiding more of it. And why is it the discomfort and not the cause of the first anxiety that was tried to be solved?

Do you know?

Of course, this is because the discomfort is the problem and not the cause.

But by focusing on the discomfort, you don't solve the cause and that's why my anxiety symptoms continued for so many years.

What if the solution is as simple as removing the cause so that there is nothing to trigger the anxiety? What if the anxiety symptoms only continue because we never investigate the cause but treat the symptoms.

Causes in the above connection mean the reason the anxiety continues and not the cause of the first anxiety.

It is important to know that you are not weak just because you experience or live with anxiety, you have just fallen into the same trap as everyone else who also experiences repeated anxiety.

The trap is: Implied misinterpretation of the unpleasant anxiety symptoms.

One thing I have learned about anxiety in my many years with it is: Nothing will change if you are not willing and open to introducing the necessary changes in life that are needed to become anxiety-free.

If you do nothing actively yourself but leave it to the health service to fix your anxiety, it will have a long outlook. I and thousands of others are proof of that.

No matter how correct and evidence-based my texts are, I find that it is incredibly difficult for many people with anxiety to believe in anything other than their own perception and conviction of anxiety as a disease.

Even if I can prove that anxiety is not a mental illness or disorder, few people will believe it. So strong is our belief in anxiety as a disease that it also sets aside any other opportunities to become anxiety-free. Therefore, I would ask you to be open to what you are going to read in this book.

Since the book will fundamentally try to change the reader's perception and view of anxiety, I know that it will be difficult for some to accept, as we have heard for decades that anxiety is a mental disorder with various diagnoses that need to be treated. The content will try to change the view of anxiety from illness and disorders to have a logical and rational explanation, which some anxiety sufferers also find difficult to accept.

Therefore. Please do yourself a favor by rereading any texts that challenge you, as you are more objective when rereading challenging texts.

Always consider what you read here. Be critical. Instead of flatly rejecting what I write, try to disprove it constructively. Think with the rational glasses and not the anxiety glasses when you read. Can there be a truth in the lyrics?

Consider why the author writes what he does if you don't agree? What is the purpose of the texts if it is not to help you?

When it is said that we have or get anxiety because we are sick, genetics, trauma, life challenges, imbalance in the brain or other of the known causes, it is not entirely correct. All of these causes are the first-time trigger for anxiety. But those reasons have nothing to do with the reason you experience anxiety symptoms repeatedly after the first time. There is something completely different at stake than illness, namely memory, our unpleasant body chemistry and our encoded desire to avoid discomfort.

The fact that we get a diagnosis and go to treatment is solely due to our fear of experiencing more anxiety. Not because we are sick. Whatever other reason you can cite, it can be traced back to our desire to avoid the anxiety discomfort. Therefore, we know that in the end it is always the anxiety discomfort we are treated for, as this is what we want to avoid.

It is important that we start to address and let go of the fear of more anxiety already after the first anxiety attack(s), so that more anxiety can be avoided. Today, we are diagnosed and get treatment, which is doomed to let the anxiety continue instead of nipping it in the bud.

Scientifically, anxiety is not a natural disease. It is us humans who have made it a disease because of our reaction to the discomfort the irrational anxiety causes. In other words, our misinterpretations.

Let's go back to the time before anxiety.

No matter what anxiety (Diagnosis) or cause (Trauma, imbalance in the brain, etc.) of the anxiety, all anxiety has the same process and creates the same discomfort for everyone, because our body's chemistry is similar and therefore triggers the same anxiety chemistry for everyone.

When does irrational anxiety become a problem?

Before we experienced the first anxiety, we lived, perhaps challenged, but not with fear of experiencing the anxiety again, as we did not know the experience of the anxiety discomfort yet and therefore cannot fear the anxiety. **Anxiety is thus not a problem until we experience the discomfort.**

It is important to understand that repetitive anxiety symptoms can only occur if the first ones have been misinterpreted and therefore stored in memory.

After the first anxiety experiences, anxiety therefore becomes a thought problem, because the discomfort is remembered.

This also means that all our subsequent anxiety challenges only occur after you have experienced and misinterpreted the first anxiety experiences.

So, let's start with some facts. You are not sick just because you misinterpret the unpleasant irrational anxiety symptoms as dangerous, as they can be experienced by anyone, including a challenging life situation. At the same time, irrational anxiety is also a natural body reaction in many other situations, just as rational anxiety is. Thus, it is not an illness or suffering to experience irrational anxiety, but a reaction to, among other things, challenging life circumstances.

It is a completely normal reaction to misinterpret the anxiety due to the discomfort the symptoms create. The misinterpretation happens because we are coded to want to avoid discomfort. So, when the body feels discomfort, it will automatically try to avoid it.

It does not matter whether it is pain discomfort such as high heat or emotional discomfort such as anxiety symptoms. The body reacts the same to all types of discomfort. It will try to avoid it.

Therefore. When the body detects discomfort, our instinct responds to avoid that discomfort.

The challenge is that, on the one hand, anxiety symptoms create discomfort and on the other hand, the body will try to avoid that discomfort. So, a conflict arises between the two processes.

The body creates its own discomfort by, among other things, releasing adrenaline, norepinephrine and cortisol as part of the anxiety process, which it then tries to avoid afterwards, because it creates discomfort when it is experienced irrationally. That is, without a clear reason. The discomfort will never be felt with rational anxiety, as there is a clear cause. A danger.

But nothing can stop the adrenaline and the other substances once they are released into the body. So, our attempts to avoid the chemically created discomfort fail, and because it confuses the body that it cannot stop the discomfort, it has only one option left. To send us into a panic as it does not know how else to react. The panic is experienced while the (symptoms) of adrenaline and the other substances are active in the body.

After a few minutes, the panic subsides because the body has burned the adrenaline and everything returns to normal. Our instinct to avoid discomfort therefore also calms down. The problem now is that the anxiety, discomfort and the rest of the experience have been stored in the memory because the body thought it was in danger. Such perceived danger scenarios are saved to learn from it, as it was a negative experience for the brain.

What is misunderstood as a disease of anxiety is our irrational reaction to the discomfort. This misunderstanding is created by a lack of knowledge about our encoded reaction to discomfort.

Our reaction to the discomfort, the panic, sends alarm signals around the body about a danger that is not there, as the discomfort was just a coded reaction to the adrenaline and therefore not a real danger.

It is thus not about what symptoms you experience, but about the discomfort those symptoms create. We must therefore move away from describing and fearing symptoms of anxiety and begin to understand why they are uncomfortable, so that we do not become afraid to experience them anymore. In other words, understand the potential of our body chemistry to create anxiety discomfort.

So, what does this mean for our understanding of anxiety? That we need to get away from focusing on symptoms and start informing about the role of discomfort, as this is the reason the anxiety continues.

Therefore, we can say with certainty that the symptoms are not the problem, but the formed memory of the discomfort that the anxiety creates is.

It will always be your memory that maintains the anxiety, as it creates the thoughts that trigger the symptoms and thus the discomfort we want to avoid.

By understanding that the symptoms are just time-limited body chemistry, we can learn not to fear them so much.

Our misinterpretations happen solely because we want to avoid the anxiety discomfort that has arisen, not because of illness, diagnoses, imbalance in the brain, trauma, etc.

It's not as complicated as many people make it out to be. If the discomfort created by the symptoms is removed or accepted, new symptoms will decrease and disappear over a short period of time, as much less thought will be given to the anxiety if it is not experienced as a threat or dangerous anymore.

All anxiety discomfort is chemically created and not disease created. Once you understand that, the anxiety becomes much easier to live with.

What we fear is just our own body's chemistry because we don't react to what we're coded for.

If you know, even the slightest anxiety symptom reacted physically, you will not experience the discomfort as a problem, just as we do not with rational anxiety, because we act physically with fight or flight that we are coded for.

When it comes to anxiety symptoms, we need to distinguish between the real anxiety symptoms caused by e.g., adrenaline and norepinephrine that lead to an anxiety attack and all the other everyday symptoms that are created by cortisol, among other things. It is important not to confuse anxiety that leads to seizures with the other everyday symptoms. Everyday symptoms are the symptoms you experience between real anxiety attacks, where you say, for example, *I have anxiety, my anxiety or I am anxious*. But it's not really anxiety, as the adrenaline is missing. It is just thought symptoms created by the fear of more discomfort.

If you are in doubt about this claim, you can try saying *I have anxiety or posting, I have anxiety right now, online*, the next time you experience a real anxiety attack with all the right symptoms such as palpitations, hyperventilation, choking sensations, dizziness, tingling in the body, tightness in the chest and the feeling of unreality. If you try, I'm sure you'll learn something new about anxiety. Can you guess what?

You cannot be rational once the adrenaline has been released in the body.

Throughout the book, I will describe and prove all of the above.

Let's start at the beginning.

As far back as ancient times, it has been known that there are two types of anxiety. Probably even before. From that time, we have the two Latin words *Cura* and *Angustiae*.

Cura can be translated as worry or care anxiety. Thought Anxiety. You think about the anxiety.

Angustiae can be translated as shortness of breath, narrowing, difficulty, congestion, anxiety. Physical anxiety. You feel the anxiety.

Modern neurological research has given us the two words we use today. Irrational anxiety and Rational anxiety. When we talk about anxiety in this book, it is always Irrational anxiety that is meant, even if it only says anxiety.

Humans have probably always sought help for anxiety because of their discomfort. Of course, there was not much you could do in ancient times, as you did not understand the mechanisms behind them at that time. So, all sorts of theories probably emerged.

Today we know that rational and irrational anxiety are created by the same root process. When chemicals are released in the body. Among other things, adrenaline, norepinephrine and cortisol, which is what creates all the symptoms and thus the overall anxiety experience. Thus, anxiety is not a disease but a chemical process.

Throughout history, it has been natural for us humans to seek medical help when we feel uncomfortable. Normally, it would be for physical discomfort such as pain. But since irrational anxiety symptoms always challenge the person mentally - we also seek a doctor for that. Where else should you go with your symptoms? However, there is no physical pain, as all anxiety symptoms are created by our body's chemistry.

It is thus the chemical feeling of being sick that you seek medical help for, as those feelings (symptoms) feel uncomfortable, and we therefore confuse them with real signs of illness.
--

So, because we have sought medical help over time, it has had the consequence that irrational anxiety, over time, has been classified as a mental disorder, without it, here in modern times but

our technological knowledge, being investigated whether there could be another explanation than illness and suffering.

When doctors could not find **physical** signs of irrational anxiety, some doctors began to develop their own **mental** illness theories based on their own assumptions about the anxiety and what patients described about the symptoms.

In this way, completely normal chemical, but irrational and unpleasant, symptoms were pathologized.

But the truth is that we don't go to the doctor because we feel sick, but because we want to avoid more anxiety and discomfort in the future. I will elaborate on this process later.

Since we today understand the process and causes of life situation, it should be easy to implement correct information about the irrational anxiety in the health care system, instead of starting with diagnoses and treatment that simply lead to years of symptom treatment.

It is crucial to inform patients that what they feel as anxiety is chemistry created and not signs of illness.

Patients must be informed about why irrational anxiety is experienced, how it is created, why it feels uncomfortable, why we can misinterpret it, why everything becomes normal again, why we think about it afterwards, why we are afraid to experience it again and especially why it is not a disease.

Unfortunately, most people think they are sick when they experience the unpleasant anxiety chemistry.

What we are not told is that irrational anxiety is a normal transient event experienced by all people one or more times during their lives. Most people do not register it as an anxiety attack, but simply as an unpleasant experience and live on safely.

Only those people who misinterpret the first anxiety symptoms will experience more anxiety because the misinterpretation continues without the correct information.

The misinterpretations are what create the thoughts that remind us of the anxiety, which is a very unfortunate reaction caused by the discomfort of anxiety and our encoded desire to avoid this discomfort.

All anxiety symptoms are chemically created. **Without the release of chemistry in the body, there are no symptoms.** Thus, anxiety symptoms cannot be experienced without a chemistry release first. And with this known and accepted knowledge, we are still medicated as if the anxiety discomfort is created by disease, genetics, trauma or serotonin imbalance in the brain.

When we experience anxiety symptoms for the first time and they are misinterpreted as illness, the experience is stored as a negative memory that contains, not only the physical sensations, but also the negative thoughts and feelings that were present during the original anxiety experience.

The first time the anxiety has now created the anxiety memory, which creates all the **subsequent anxiety**.

The two types of anxiety, first and subsequent anxiety, have two quite different causes and should therefore be divided into two types of anxiety to understand why you experience subsequent anxiety. This will be elaborated on later.

The accepted anxiety theory assumes that the anxiety triggers are always the same. That all anxiety is due to the same challenges or triggers. However, as described above, there are two triggers. First and subsequent anxiety triggers.

We know this because **the first fear** always surprises us. We do not see it coming at all.

Whereas we expect **the subsequent anxiety** because we now have a memory of the first anxiety.

It is completely overlooked that the first-time anxiety and the subsequent anxiety have two quite different causes. One leads to another. Without first-time anxiety, there would be no subsequent anxiety. Without subsequent anxiety, you have not misinterpreted the first-time anxiety.

Why you experienced the first anxiety is irrelevant, as afterwards it is always the fear of more anxiety that is the cause of new symptoms.

Anxiety is not a mental condition. Anxiety is chemical emotions. **It is our thoughts about the anxiety discomfort afterwards that can become so.**

The truth is that anxiety is the most negative experience you can have when it's experienced irrationally. Therefore, it is a problem for us afterwards. Unfortunately, it seems to be easier to pathologize the anxiety than to start explaining the entire anxiety process in order to calm the patient.

It is important to note that although genetics, trauma, imbalance in the brain and life circumstances can play a role in the **first** anxiety experience, it is primarily the negative beliefs about having anxiety that perpetuate all the **subsequent** anxiety and create all the symptoms ranging from the mild everyday symptoms to the biggest anxiety attack symptoms.

Everything about the subsequent anxiety is about memory associations. Without these associations, there is no anxiety. Without these associations, you can't remember having anxiety.

Thoughts, memory and discomfort. This is the interplay of anxiety.

You have **anxious thoughts** because you have **a memory** of the anxiety discomfort. We know this because you didn't have these anxiety thoughts before you experienced the first anxiety. **Anxious**

thoughts cannot arise without memory of the anxiety discomfort of the past. Just as you don't have thoughts about other things you haven't experienced either. Some of our thoughts are created from what we have experienced. It is the experience that makes us think about the experience. Especially if the experience is negative, such as anxiety.

With anxiety, you go from a challenging life, which probably triggered the first anxiety, to an even more challenging life due to the challenges of anxiety afterwards. **Anxiety significantly worsens our life situation.**

The anxiety challenge will never be solved as long as we think of it as illness.

How do you become anxiety-free?

It does not help to tell patients that they are now sick because they have experienced the anxiety. They are not reassured by this. But it helps to tell them why it was uncomfortable, so they understand that it was body chemistry they misinterpreted.

Our research over 8 years clearly shows that it is not the anxiety thoughts that need to be treated and processed cognitively or medically, but the creation of the anxiety thoughts that must be stopped to avoid more anxiety. Imagine that this thought creation process could be stopped, so that you did not experience more anxious thoughts. It was only when I developed a method to stop this thought creation process that I finally became anxiety-free after the many years of anxiety. If only I had developed that method in 1980.

Please note that mental illness is characterized by a lack of self-awareness of mental illness, whereas anxiety is characterized by a major illness belief, which conflicts with mentally defined illness.

This should probably be seen in the light of the fact that anxiety, as the only diagnosis, is about discomfort and mental illness is about a changed perception of reality.

Anxiety is the only "disorder" that is unpleasant to experience. That is why it is a problem. It is only our reaction and behavior to the discomfort afterwards that makes it a disorder. Not the anxiety itself. It is therefore very unfortunate to categorize anxiety as a mental disorder, when in reality it is a chemically created fear that we react irrationally to. It is thus a fear of anxiety or discomfort we have, not an illness.

So, if you are going to talk about mental illness at all in connection with anxiety, it can only be at the first anxiety experience. Never know the subsequent anxiety, as it is created by the fear of more anxiety.

Regardless of the reasons given for the anxiety, it still needs to be misinterpreted the first few times in order to settle in the memory and become a future problem. This also applies to genetic predispositions and environmental factors, etc. If the anxiety is not misinterpreted, it does not become a problem. Not even if you are genetically predisposed to it.

You cannot develop fear of anxiety or repetitive anxiety without first having formed a memory of the fear of the past. This is universal and applies to all people.

Therefore, there is no such thing as *what works for one person may not work for another*. The anxiety process is the same for everyone and therefore the anxiety-free process is also the same for everyone. No diagnosis, doctor, medicine or psychiatrist can change that. At the same time, it is easy to prove this claim.

This book is based on a simple assumption: You don't need scientific studies or complex theories to understand and manage anxiety. Instead, we can use something we already have – our ability to think rationally and ask questions.

Many modern therapies, such as medicine and therapy, have helped millions, but they don't work for everyone. [See Appendix 2](#). This book, therefore, takes a different approach. It is about understanding anxiety as a natural, but repetitive temporary state that occurs over and over again because of our memory memories, which create the thoughts that then create the symptoms.

Consider and start by seeing if you can answer this: *If anxiety was a real threat, why didn't I fear it before my first anxiety attack? Where does this fear originate? Why does anxiety scare me now just because I've experienced it?*

The method we'll get into later isn't a substitute for medication or therapy for those who need it. Nor is it "scientific" in the traditional sense. It's a practical, rational, and logical approach that has helped me and many others overcome anxiety completely.

Instead of just relying on data and evidence, you can test this method yourself using your own rational thinking.

Effectiveness is not always about scientific evidence. Sometimes it's just about what works.

There are probably several methods to overcome anxiety. This book presents a method that is effective for the vast majority of individuals because it is based on our common traits and not differences. Generation-anxiety.com's purpose is to develop solutions that are affordable, effective, and widely available to everyone.

We work on the assumption that anxiety experiences are stored in the memory and activate new symptoms through thought patterns created by these unpleasant memory memories. We focus on five reasons why anxiety is repetitive and how these causes can be eliminated so that more anxiety can be avoided.

Irrational anxiety often leads to a belief in illness as a result of the disease-like symptoms created by adrenaline and cortisol, among other things. However, these symptoms are just bodily sensations and not signs of real illness. Still, we react strongly to these sensations because the brain perceives the many simultaneous changes in the body as potential danger signals.

When the brain cannot identify a clear cause for the symptoms, it interprets the situation as a possible danger, causing the thoughts to escalate in an attempt to find a solution that can stop the discomfort the symptoms create. When that doesn't work, it typically results in thoughts like, "Oh no, I'm having a heart attack now!" These thoughts trigger a panic reaction due to the fact that the Scots are not aware of the situation. The discomfort experienced as an anxiety attack – in reality, it is just a physiological chemical body reaction, created by adrenaline and other chemical substances.

Without active anxiety memory, anxious thoughts would not arise, and we would return to a time without anxiety. It is therefore necessary to "overwrite" this memory.

Our method differs from medicine and cognitive therapies in that it focuses on the underlying memory of previous anxiety experiences.

Treatment via knowledge and information

Science has shown that anxiety can, for the most part, be treated with knowledge and information if it is done early in the process. That is, before the anxiety sets in as a false illness belief.

This book is an attempt to do just that. To stop the anxiety through information.

The book focuses on how you can break the cycle of anxiety by working on your memory and beliefs about anxiety, as they play a crucial role in maintaining anxiety.

It's not about avoiding anxiety or soothing the symptoms. It's about understanding and transforming the memory that creates the thoughts that keep you in the grip of anxiety.
--

Summary:

A major reason most people struggle with anxiety for long periods of time is the belief that the anxiety symptoms are due to an illness because those symptoms can feel uncomfortable to experience.

But in order to become anxiety-free, this particular perception of illness must be let go. Otherwise, it will not succeed.

If you believe that anxiety is caused by illness, it becomes difficult to help, as the belief that anxiety as a disease will stand in the way of receiving and accepting new information and knowledge.

We know this because if I say that anxiety is not a disease, you probably won't believe it, even though I can show 1000 proofs that it is not a disease. That is how strong the belief in illness of anxiety discomfort is.

There is no doubt that irrational anxiety is only categorized as a disease today, because since the beginning of time, we have sought medical attention when we have experienced the anxiety discomfort. Which is understandable based on the unpleasant emotional experience the anxiety creates. Where else would you go?

The challenge, however, is that anxiety is not a medical or scientific disease but is referred to and categorized as such because of the discomfort it triggers, as it challenges us when it is experienced as irrational because we do not act on the emotion that we are coded for. Anxiety is a natural internal chemically created body condition.

It is our interpretation of the irrational anxiety symptoms that are considered illness and suffering, precisely because they are seen as irrational.

Many seek help from doctors because they think that the anxiety is due to a physical illness when it felt that way. It's completely natural. However, because doctors work from a medical perspective, anxiety is categorized as a "disease." This perception makes it even harder to get rid of anxiety again because it prevents us from seeing anxiety for what it really is: a natural chemical, but yes, unpleasant reaction.

A doctor might think that our reactions, without a danger present, must be a psychological challenge rather than a natural reaction to the discomfort. But all anxiety, even the irrational one, can be explained rationally.

People can experience physical symptoms of anxiety, which are primarily associated with chemically created emotions in the body. These chemical reactions can give the impression of physical pain. This discomfort can give a feeling that something is wrong, but it is chemically based discomfort and not actual pain.

At the same time as the symptom discomfort is felt, the thoughts are set in motion in an attempt to decode what is happening to us, as we do not rationally understand why the discomfort occurs. That's why we panic. These thoughts in turn reinforce the anxiety because they lead to more release of chemistry.

Irrational anxiety happens and is almost always created in the mind, as the anxiety triggers the thoughts. So, from the first symptoms are felt, the thoughts are active. We don't feel it because it all happens in a split second.

Anxiety typically starts for unconscious reasons and thoughts. What we experience as without a cause is created by these unconscious causes and thoughts. Thus, anxiety always has a cause, even if it is not experienced as such.

It is only when the first symptoms are felt that the anxiety becomes conscious to us that we react to the symptoms. It is at this stage that we must learn that it is only chemistry that we feel and not signs of illness.

The truth is that irrational anxiety is a byproduct of our ability to think. As humans, we can imagine future scenarios, worry about what others think of us, fantasize, and calculate the consequences of our actions. It is, among other things, the consequence calculations that contribute to anxiety leading to avoidance behavior. We think if I go there, I'll get anxiety, so I'll stay at home. It is an impact calculation of what is likely to happen if you go out. You get anxiety. So, the consequence is that you stay at home. Sound familiar?

Consequence calculation is of course only one reason for avoidance behavior. There are many others.

A fact is that our modern society faces many challenges that can trigger irrational anxiety, but that doesn't necessarily mean it's a disease. Just challenges.

If we treated anxiety as a challenge instead of illness, most diagnoses could be avoided.

Anxiety: A Simple Answer to a Complicated Problem

In my 38 years of anxiety symptoms, I believed the narrative that anxiety is a complex and complicated mental disorder. I had received almost all anxiety diagnoses, and I lived in the conviction that I was sick. But today I know that it was not true.

That changed significantly when I became anxiety-free by following some simple, rational strategies. It happened when I stopped believing that anxiety is caused by an illness and instead began to see it for what it really is: A learned, irrational reaction to discomfort.

Not only have I gotten rid of anxiety, but 8 years of research have also taught me one important thing: It is not illness that causes us to experience anxiety. There are misunderstandings. And it is precisely these misunderstandings that keep many people stuck in an anxious life. With this knowledge, I can refute any claim that irrational anxiety is caused by a disease and that you therefore need to be diagnosed. In fact, it can all be explained quite simply.

If anxiety is really a simple reaction, why do we insist on making it into something complicated?

Why is it that anxiety is immediately considered something complicated simply because it feels difficult and uncomfortable? Why do we agree that anxiety is a disease just because the symptoms challenge us, and we go to the doctor? And why do we choose to focus on treating the symptoms, but overlook what actually creates the anxiety?

For me, it's clear: Anxiety is simple. It is not a disease. It is not the "cause" of the symptoms that we fear – it is the discomfort of the symptoms. The discomfort is the same regardless of which diagnosis you get whether it is called panic disorder, health anxiety or generalized anxiety disorder (GAD). The problem is not the discomfort itself – it is the way we misunderstand and misinterpret the discomfort.

But why do we misunderstand it? **Because no one has taught us to see anxiety for what it is. We haven't explored the connection between the discomfort, our memory, and our natural desire to avoid what feels uncomfortable.** This is where the problem arises. The misinterpretations are perpetuated because we teach ourselves to fear the symptoms, and because we believe that there is something wrong with us – that we are "sick."

What anxiety actually is

Anxiety is a learned, irrational reaction to discomfort. Nothing. In order for anxiety to become a problem at all, we must first misinterpret the symptoms as dangerous. Without this misinterpretation, anxiety would not exist as a disorder.

Statistics show that only 8-10% of all people who experience anxiety misinterpret their symptoms to a degree that leads to an anxiety diagnosis. This means that the majority of people deal with anxiety symptoms without having problems with them. If anxiety really were a disease, far more people would experience it as a persistent disorder. But this is not the case – and that is an important point.

I have experienced firsthand how the symptoms kept coming back because I focused on them as signs of illness. But it is not illness that makes us misunderstand the symptoms. It is the discomfort that the symptoms create.

Why We Make Anxiety Worse Than It Is

Anxiety becomes complicated because we constantly ignore the simple answer. We try to explain anxiety as something mysterious and difficult to understand, something that requires diagnoses and treatment. But the truth is that anxiety arises because we learn to fear it. We get caught up in a pattern of avoidance and misunderstanding – and this pattern perpetuates the anxiety.

Anxiety is also made more complex by the way we encounter it in the healthcare system. When we go to the doctor, we almost always focus on the symptoms and try to treat them, rather than understanding the reason why they keep appearing.

This is not a criticism of doctors or psychologists – there are many skilled therapists who do their best to help.

So, what can we do?

My message is simple: The understanding of anxiety must be simplified. Anxiety doesn't arise because there's something wrong with us. Anxiety arises because we teach ourselves to fear the

discomfort of the symptoms by repeatedly misinterpreting the symptoms. When we learn to interpret the symptoms correctly and see them as harmless, anxiety loses its power over us.

The strategies that helped me were neither complicated nor expensive. They were rational and simple without a disease picture. And they demanded, primarily, that I give up the belief that anxiety was a disease. That's when my life started to change. That's where my real life started in 2018, because I did my own research.

Time for you to challenge me?

I know that my position may provoke debate. I know that many people see anxiety as a disease – maybe even you. Therefore, I invite you to write to me with your reason for why anxiety should be due to illness and why you are sick when you experience repeated anxiety symptoms. I promise you that I will listen and answer you, and I will be happy to explain why I look at it differently.

For me, it's not about winning a debate. It's about opening a dialogue and sharing the knowledge that has changed my life and that of many others. And maybe it can change yours too.

Summary.

Anxiety doesn't have to be complicated. When we understand it for what it is, the solution becomes simple. We are not sick – we misinterpret. We misinterpret because symptoms are unpleasant when experienced without a real danger being present (irrationally). They are unpleasant because we do not respond to the one to whom we are coded. We would never be able to misinterpret real (rational) anxiety. When we let go of those misinterpretations, freedom begins. Everything will be explained throughout the book.

Before we continue, please remember what I have described: That anxiety is a discomfort, it is neither dangerous, an illness nor pain, but just unpleasant. It is our fear of feeling discomfort that is the problem with all anxiety. It is our fear of experiencing discomfort that makes us react to it and therefore feel the discomfort. All anxiety discomfort that we will do everything to avoid is created by our body chemistry, not disease.

If we didn't misinterpret anxiety symptoms, they would be just a temporary bodily reaction. But because we think they mean something dangerous, they become a problem. Anxiety is only anxiety – nothing else. It cannot harm us; it can only confuse us if we believe in its illusion.

Chapter 1: Intro

To get an idea of what this book is about, here is a brief introduction.

We will touch on the following topics, as they are all strongly contributing to maintaining anxiety.

- Anxiety about anxiety
- Avoidance behavior
- Retention in anxiety
- Our memory of anxiety
- Our Body Chemistry
- Our fear of discomfort.
- Our language about anxiety.
- Our anxiety beliefs.

It's all these challenges together that make it so hard to let go of anxiety again.

We need to go back to just after the first anxiety symptom(s) or attacks, as this is where all the problems begin.

The **first** anxiety was a problem because it was uncomfortable and completely surprised us.

The **subsequent** anxiety is a problem because it creates all of the above challenges.

When you experience irrational anxiety for the first time, memory associations are created with the anxiety experience because it was a negative and unpleasant experience. Therefore, it is important to remove these memory associations with the feeling of anxiety as early as possible after the first anxiety experiences. If this doesn't happen, these memory associations will create new anxiety symptoms over and over again.

It is difficult to become completely anxiety-free as long as these anxiety associations exist in memory. Medicine cannot eliminate these associations, and none of the recognized forms of therapy can eliminate them, as they primarily work with thought processes rather than memory directly. However, some therapies work with indirect memory associations, but not in a way that can change or eliminate them. Medication and therapy naturally help many people for a variety of reasons.

These memory associations are also what create our perception of illness. The perception of illness leads to negative self-talk, such as "I have anxiety" or "my anxiety", which will reinforce the perception of illness. Negative self-talk is a big obstacle to overcoming anxiety.

If you remove the memory of the discomfort of anxiety, the belief in the disease stops. This will significantly increase the likelihood of becoming anxiety-free.

The anxiety process is as follows:

Anxiety symptoms → Reaction → Behavior → Memory associations → Thoughts → Renewed anxiety symptoms → Identical reaction → Identical behavior → New memory associations – New thoughts etc.

Everything will be elaborated.

Experiment: An exercise for the reader

If you've been diagnosed with anxiety, here's an experiment you can take part in before you read on. The experiment may seem banal to some, but it does not intend to denigrate the anxiety, as there is a specific intention behind it.

Take a piece of paper and write: "I am not sick". Hold this paper in one hand while you continue reading. The exercise is designed to challenge the beliefs that support anxiety.

If you do not wish to participate, you can skip this step.

For those without an anxiety diagnosis, participation is voluntary, but it is possible to try the method to gain insight into it.

We continue.

In order to achieve anxiety freedom, it is necessary to understand the causes of symptoms and anxiety attacks and especially the factors that maintain anxiety after the first symptoms have been misinterpreted.

Without knowing the cause behind the anxiety and the mechanisms behind the discomfort, as well as the fear of further anxiety, it can be difficult to identify the changes needed to become anxiety-free.

Hypothetically, suppose there are at least two anxiety theories.

The traditional theory focuses on illness and suffering. This theory assumes that irrational anxiety is deeply rooted or linked to past trauma or other psychological factors, and that anxiety requires treatment because it can negatively affect a person's quality of life and ability to function. This view is supported by the fact that anxiety can be caused by genetics, social conditions or chemical imbalances in the brain.

All of the above may be relevant to the cause of the first experience of irrational anxiety, but not to the subsequent anxiety.

The diagnosis or cause of the first anxiety episode is irrelevant in this context. Subsequently, you will always fear more anxiety, which constitutes the primary problem with irrational anxiety: Fear of repeated anxiety.

Anxiety is equally unpleasant experienced by everyone, as it involves the same chemical process across individuals and diagnoses. Anxiety does not consider diagnoses, psychology or diseases, its only focus is to create discomfort so that the individual reacts.

The problem arises when the anxiety is not acted on as with rational anxiety and you are then overwhelmed by discomfort so that it results in panic. This reaction was then saved as a negative experience because it was reacted with panic rather than action.

After years of experience, we have identified several steps to follow to overcome anxiety:

- The first step is to accept that irrational anxiety does not necessarily mean that you are sick.
- The next step involves learning how to suppress anxiety attacks as they occur. This is necessary as anxious thoughts will continue to appear unless you actively do something to avoid them. It's about being physically active when the slightest symptom is felt instead of panicking about the symptoms.
- The third step consists of reducing the focus on the anxiety as much as possible. Therefore, immediately after the first anxiety attack, some strategies should be implemented to minimize or avoid anxious thoughts in the future. The most important thing is to shift the focus away from the anxious thoughts. These strategies are continuously explained in this book.
- The fourth step is: Never talk negatively about yourself. Never use phrases like *I have anxiety, I am anxiety or my anxiety*. In general, avoid the anxiety word altogether. Such phrases confirm your subconscious that you have anxiety and create even more thoughts about the anxiety. You feel, feel or experience the anxiety. You have or are not.

All anxiety has a common denominator: A chemically created discomfort.

Regardless of the cause of the discomfort, the underlying mechanisms are always the same, namely chemical processes.

Anxiety is the same for everyone. It's a misconception to think that one person's anxiety is unique or more severe than another's. Although the cause of the anxiety can vary, the feeling of anxiety itself is the same. The chemical processes behind anxiety, such as the release of adrenaline and cortisol, are universal for everyone. The symptoms may be different, but the very core of anxiety symptoms is always the same: unpleasant body chemicals. It is this discomfort that creates fear and our desire for treatment, not the anxiety cause itself.

Basically, the way to overcome anxiety is no more difficult for some than for others, because the nature of anxiety is the same for all people. However, it will take longer for some than for others. The time depends on how set the anxiety is. But it is not more difficult, just more time-consuming.

Irrational anxiety arises due to misinterpretation of the first symptoms. Since people biologically store unpleasant experiences, anxiety can become a permanent part of the consciousness and lead to a lot of thinking about it afterwards.

By focusing on the underlying mechanisms of anxiety, rather than the specific symptoms, more effective methods can be developed to manage and overcome the anxiety. It is recommended not only to treat symptoms to alleviate the anxiety symptoms, but also to work on processing the associated memory memories. A suitable time to start this memory work can be during the 6-8 weeks, when you still passively wait for a possible effect of prescribed medication. The book will show how this can be done.

If you see anxiety as something unpleasant that must be avoided, it can be difficult to deal with.

Let's be clear: We see the doctor because the anxiety is unpleasant and scary to experience. We seek help to avoid future anxiety and discomfort.

People can experience irrational anxiety in the face of life challenges and illness, as both challenge us mentally.

There is no scientific evidence to treat or categorize the experience of irrational bodily discomfort in challenging situations as an illness. The reaction to this discomfort is often considered abnormal, although it can be considered a normal rational reaction to an irrational feeling of discomfort.

Irrational anxiety therefore cannot be considered a disease but is often diagnosed and treated as such because professionals look for symptoms of illness in order to make a diagnosis. It is the reaction to the anxiety chemistry that can be misunderstood as symptoms of illness, as this reaction is assessed as irrational from a medical perspective, although it is not necessarily from a chemical perspective.

Irrational anxiety is perceived as a mental illness by doctors (psychiatrists) due to the irrational behavior of individuals in response to irrational anxiety symptoms. Since no physical symptoms are observed, it is often assumed to be psychological. However, all anxiety symptoms and the related thought processes and challenges can be explained using the body's internal chemistry.

There is nothing psychological about irrational anxiety, other than that it is experienced as unpleasant, which can lead to inappropriate reactions and thus be confused with mental illness.

Chapter 2: Understanding Irrational Anxiety

Irrational anxiety can hit us for a few minutes. Still, the experience afterwards can change our entire lives for many years or decades to come if we misinterpret it. Why is that?

The explanation is that anxiety is designed to be **uncomfortable**, so we react to it.

When there is no response, a conflict arises between what we feel (the symptoms that signal serious danger) and what we can observe (no threat). But how should we react when there is no threat?

When there is no response, we instead feel an intense discomfort throughout the body from, among other things, all the adrenaline-induced symptoms. That discomfort is what causes us to panic because we didn't react.

Anxiety is nothing without misinterpretations. The body reacts as it always has, but if we think that the symptoms are dangerous, then the problem arises. Once we've convinced ourselves that anxiety means something serious, we begin to avoid situations where we think it will recur. This creates a vicious circle where our own fear of anxiety keeps it alive.

Overall, you can say that a normal anxiety course goes like this. You experience irrational anxiety that challenged you. You therefore see the doctor and possibly get an anxiety diagnosis and prescribed associated medication. When we get home, the rest is up to us. We are left alone with the fear of more anxiety and the medication. So, what do we do? Enough like most, nothing. We hope and wait for the medicine to work. It is our hope for recovery that leads us to take medication, among other things. The challenge arises if you do not feel an effect of the medicine after a few months. Then we see the doctor again and are prescribed new medicine with another active ingredient that may or may not work, but we hope again. And it can go on like this for years. The SSRI active substances may be the following: Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine or Sertraline. They have small but important differences in the chemical structure, half-life, efficacy, and side effect profile, among other things.

So, what is missing in this anxiety course since (the anxiety) the fear of more anxiety continues for years for most people?

In our opinion: Correct information and knowledge about the irrational anxiety.

Most people would probably not experience irrational anxiety after the doctor's visit if it did not create our fear and thoughts of experiencing the anxiety discomfort again. It is the fear that is tried to be treated, because it is the fear that triggers new symptoms. The fear arises through the thoughts. Therefore, it is the thoughts that are tried to be dampened with the various treatment methods. However, it has limited effect, as the thoughts cannot be stopped or manipulated once

they have arisen, but yes, they can be dampened with medication. But only with psychotropic drugs such as benzos, not SSRI medications.

It is the thought creation that is the problem and must be stopped in order to become anxiety-free. Not the thoughts themselves.

And this thought creation takes place in the part of the memory that contains the unpleasant anxiety experiences of the past and is therefore also responsible for the creation of anxiety about the anxiety.

Irrational Anxiety is not like the other mental disorders, as it is about us wanting to avoid more anxiety, discomfort and fear of discomfort. In reality, it is probably not a mental disorder at all, but an irrational fear of more anxiety, discomfort. Anxiety is thus a fear of the discomfort of the anxiety. Anxiety does not change your perception of reality. You are aware that anxiety is illness. The two causes mean that irrational anxiety cannot be categorized as a mental illness. If we removed our fear of the discomfort or just the discomfort of the anxiety, it would probably not be a problem anymore. Why should it if we did not feel the discomfort and therefore did not fear any more of it? See if you can constructively disprove my claim.

For 8 years, I've been trying to figure out what makes irrational anxiety so scary. In addition to the discomfort of anxiety symptoms, which can lead to panic, people often feel like they can't live with it and need to see a doctor for treatment.

What is it specifically that we fear about anxiety, other than the discomfort?

Doesn't our fear just come from ignorance of what irrational anxiety is? Ignorance of what happens to us and in the body when we experience irrational anxiety symptoms. That is, the chemistry?

The question is, why do we fear experiencing more irrational anxiety once we have experienced it? What is it about the discomfort that we fear of experiencing again? And why do we remember the discomfort afterwards? Is that perhaps the problem? That we remember the discomfort because we have experienced and misinterpreted it?

Let's go back in time again and look at why we can experience irrational anxiety and why it can possibly be miscategorized and diagnosed as illness and disorder.

Irrational anxiety became a possibility with the development of our thoughts and abstract thinking.

Thus, it is only possible to experience irrational anxiety because we can think.

Without thinking, we cannot interpret the body's symptoms, but would simply react as if in rational anxiety, fight or flee, just like all other animals.

Irrational anxiety can thus be seen as an intentional or unintended consequence of developing thoughts, as thoughts can challenge us in completely new ways. We can suddenly make plans for the future, calculate the consequences of our actions, think creatively, make what if scenarios. It

is all these new thought possibilities that can trigger our new brake, irrational anxiety, to stop us from committing stupidity with our new super weapon, thoughts.

It was no longer the strongest who decided in the pack, but the wisest, most diplomatic or manipulative through the power of thought.

Since humans arose, it has been important to remain in communities, as exclusion from the group meant death, and irrational anxiety can suddenly help to avoid this, by triggering irrational anxiety symptoms of bad decisions for your life or health, as well as avoiding unnecessary conflicts with others as before. We also got a stop from acting on all our feelings. Rational thinking.

We could now think before we acted. It's very different from our instinctive behavior that we had before the thought came into being. Back in the Stone Age, life was simple in small groups or communities. But as time went on, humans experienced more challenges that could challenge us. Societies became more complex, with thousands of people huddled together in cities. Laws and regulations were introduced for everyone.

Among other things, it could lead to irrational anxiety about what others thought of us if we didn't follow the rules. We began to seek recognition from other people. When we didn't get it, it could also lead to irrational anxiety.

These are just a few examples, as irrational anxiety also had many triggers back then. However, what they have in common is that none of them are due to illness or suffering but are a protection mechanism against e.g., bad behavior in society or overthinking, just as rational anxiety protects us from physical danger. Both can have consequences that lead to death; therefore, we have the anxiety to protect ourselves physically and later mentally with the development of the thoughts.

That leads me to the present and our technological society.

Today we have so many things we have to deal with, good schooling, good education, good jobs, perfect family, online present, etc. Everything is competitive and it challenges us mentally when we don't always succeed. Everything has to be perfect. And it is not possible for everyone. Our thoughts about ourselves begin to suffer a blow, and we begin to feel small unpleasant symptoms of everything. Typically, it is stress hormones such as cortisol that we feel. It triggers the body to protect us. However, this help is often misunderstood because of the discomfort it causes. When these signals are misunderstood, we react by misinterpreting these symptoms as something that is wrong with us. This in turn leads to the release of even more stress hormones, which in turn are misinterpreted. If it continues, it ends in an anxiety attack. Not because we are sick, but because we continued our own misinterpretations of the symptoms.

It is crucial to understand that all irrational anxiety is a bodily chemical reaction, just as rational anxiety is.

Doctors look at symptoms rather than causes. And that's how diagnoses arose.

I assume that our evolution of the possibility of irrational anxiety was never intended to lead to all sorts of diagnoses, but unfortunately evolution did not consider how we humans would react to anxiety if there was no real danger. With panic.

The discomfort of anxiety

The discomfort of anxiety acts as an alarm mechanism to make you react. The discomfort is not a sign of an underlying disease.

Anxiety is a collective term for a series of contemporaneous, unpleasant reactions caused by the body's chemistry. It is never just a single symptom. That anxiety is unpleasant is not a mistake that needs to be treated – it is the point. When you panic about the symptoms, your body is working as it should. You can't act any other way. Just as we cannot ignore pain, we cannot ignore the anxiety discomfort either. Both are designed to protect us and would be dangerous to ignore.

When we learn to avoid the irrational discomfort of anxiety, for example through treatment, the belief that something is wrong with us is strengthened.

Anxiety must be met with questions and not pathologizing. Ask yourself: Why am I experiencing this? Instead: What's wrong with me?

It's the discomfort that causes us to react inappropriately because we want to avoid it. It is not a mental illness or disorder. Thus, we only "fail" something when we feel the discomfort via the thoughts and symptoms.

How do you become anxiety-free when you are constantly told that you are sick?

I have learned the following from living with anxiety symptoms for many years: If you can think it, the anxiety can create it. There are no symptoms that anxiety cannot create. Fortunately, symptoms are not reality, but just that, symptoms. You don't fail just because you experience all kinds of symptoms, as they are chemically created.

The irrational reaction to the chemically created irrational anxiety symptoms is completely normal.

Irrational anxiety is special. It is driven by fear of more anxiety once you have experienced it. Anxiety makes you afraid, as the only mental diagnosis, therefore it is special and cannot be compared to other mental diagnoses.

Irrational anxiety is only found within the individual. Anxiety is not found in the situation itself, the object, or the diagnoses, which only act as triggers. Therefore, no situation in itself is dangerous or threatening. It is only thoughts about a situation that trigger new symptoms due to memories of previous unpleasant experiences in similar situations or places.

Irrational anxiety is internal memory memories created by past experiences. It is these memories that create future anxious thoughts. The disorder arises because of our memories of past anxiety,

as they create the thought spiral that becomes the disorder. Therefore, these memories must be "erased" so that no more anxious thoughts arise.

Unfortunately, there is only one way to do it. By not thinking about the anxiety anymore. Of course, this is easier said than done. Therefore, I will go through how to do it.

Our experience shows that because we ourselves have created the anxiety through our initial and subsequent misinterpretations of the symptoms, we are also able to reinterpret these misinterpretations again. Since this process is cognitive (and thus conscious), the same mechanism can be used to break the anxiety by reinterpreting the misinterpretations. However, it takes time, attention, and training to implement this change systematically, as anxiety is very stubborn.

Let's test your anxiety knowledge.

Why didn't we have anxiety before we experienced it for the first time?

Before the first experience of anxiety, anxiety did not exist in our **consciousness** because there had not been a triggering event to activate the unpleasant chemical processes we associate with anxiety.

When the brain is first exposed to a particular threat, it stores this experience as a reference for the future. This allows anxiety to arise going forward as a mechanism to avoid danger, solely because of past experiences and not necessarily because of a current threat.

In principle, we cannot experience anxiety until we are faced or think about a situation that activates this mechanism.

The experience of anxiety is solely due to biological reactions and chemical processes, not illness.

Anxiety is a biochemical response that we become aware of because of its discomfort.

Irrational anxiety cannot be avoided as long as there is an active memory of previous unpleasant anxiety experiences present.

Here follows a text that encourages reflection on anxiety.

Anxiety is not linked to a specific situation or object. Anxiety does not exist in the supermarket, in the living room, in the car, on the bus, on the train, on the lectern or in class. Anxiety only exists inside the individual, where it is stored as unpleasant associations based on past experiences. It is not the situation itself that creates the anxiety – it is the memory that brings the anxiety into the situation. As long as the anxiety exists in the memory, it will be present everywhere you go. But it is only triggered when the brain associates' places, thoughts, or situations with it.

Note: The individual did not know anxiety until it became aware of its existence after the first anxiety experiences. Again. Irrational anxiety occurs when we become aware of its discomfort.

This text simplifies and does not intend to denigrate the complex biological reactions, thought patterns and external factors that create anxiety. It is designed to provoke reflection on the question: **Would we experience recurring irrational anxiety if we had no memory of it?**

We assume that anxiety memory exists because we consistently experience anxiety in the same situations repeatedly. We therefore assume that this can only happen if we possess memories of these situations.

It should be noted that these are assumptions, as I have not been able to find concrete evidence to support this view.

Why is anxiety diagnosed?

Anxiety diagnoses are primarily made on the basis of the individual's subjective experiences, i.e., what we report to the doctor, rather than on proven objective and physiological abnormalities, which professionals often assume.

Understanding Irrational Anxiety

Irrational anxiety is a problem, as it stems from our own fear of experiencing more anxiety.

Whatever symptoms you may experience, they are provoked by your conscious or unconscious thoughts about avoiding the unpleasant, irrational anxiety experiences of the past.

Every time we experience or misinterpret irrational anxiety; we strengthen the mental connections between anxiety and memory.

Irrational anxiety will, over time, always trigger the same symptoms for all people, due to the uniform chemical process behind it.

Who misinterprets?

Misinterpretation of anxiety symptoms is typically seen in people who are already in a challenging life situation. It's not about job, intelligence, or social status, but about the emotional state you're in at the time the symptoms are first experienced. An unemployed person with a positive mind is not likely to misinterpret the symptoms, while a wealthy person with major personal problems may be more likely to do so.

Can genetics play a role?

Although genetics can be a factor, it is not a guarantee of developing anxiety. Even with a genetic predisposition, it is one's life situation and management of the symptoms that determine whether the anxiety becomes a problem. That is, whether there is a misinterpretation or not. Anxiety can be avoided if you do not misinterpret the bodily reactions you experience. It is essential to understand that genetic predisposition does not mean that you automatically develop anxiety or other mental health problems.

Consciousness and heredity

Irrational anxiety is not hereditary, as it occurs as a result of individual patterns of consciousness and interpretations of symptoms. Consciousness is unique to each person and varies from individual to individual, which means that two people will never experience the same thing in exactly the same way. Anxiety experiences will therefore be different for each individual. But the feeling will always be the same. Unpleasant.

However, anxiety can be triggered by social heredity.

Anxiety consists of several elements that affect each other and contribute to anxiety, including the memory of anxiety, the fear of further anxiety and the unpleasantness of anxiety attacks.

As mentioned, I always distinguish between first-time anxiety and subsequent anxiety, as they are two quite different things. First-time anxiety always comes as a surprise. We are not in control of it. But we can eliminate the subsequent anxiety if we handle first-time anxiety correctly from the start.

What is anxiety and what is not anxiety?

There are different types of anxiety. Rational anxiety and irrational anxiety. They differ significantly from each other.

Therefore, you should say, "I experience irrational anxiety" or "I feel adrenaline in my body" or "I feel unpleasant body chemistry", so that you distinguish the irrational anxiety from the rational.

Rational anxiety has a visible cause. Irrational anxiety has no visible cause.

Rational anxiety is experienced by danger. Irrational anxiety is experienced by challenges in life.

Anxiety is a reaction to fear. Anxiety itself is not a symptom, a disorder, or a disease, but part of the body's chemical defense processes. **It is the anxious thoughts that can develop into a disorder, not the feeling of anxiety itself.**

It is the current experience of extreme discomfort that makes anxiety problematic for many individuals, rather than the reason behind the anxiety.

What is anxiety?

The definition of anxiety can vary depending on who you ask. Although worries are not necessarily the same as anxiety, they are often connected. A challenging life situation, event, change or way of life is seen as a frequent cause of first-time irrational anxiety occurring.

When people refer to anxiety with words like "my anxiety", "I am anxiety", "I have anxiety", "anxiety diagnoses" and "anxiety symptoms", they are always referring to irrational anxiety. Unlike rational

emotions, irrational anxiety has no known purpose. As mentioned, it is considered to be a by-product of man's ability to think.

Since humans can imagine different scenarios, irrational anxiety can arise in many different situations. These situations are often categorized into different diagnoses, but the essence of the anxiety does not change. Anxiety is experienced as unpleasant, regardless of the cause, and therefore the treatment should be uniform regardless of the specific trigger.

The body is so intelligent that it uses irrational anxiety as a warning in non-life-threatening situations such as stress, overthinking, speculation, worries, and other challenges in life. This happens when the body assesses that there is a need for a break from speculation.

When this happens, you experience symptoms of irrational anxiety, which makes you stop wondering. Unfortunately, irrational anxiety can subsequently create other problems for us. But the original purpose was to shift the focus away from the speculation to the symptoms.

In the future, if you experience anxiety, you should describe it as **irrational anxiety**, as it sounds less scary.

The same principle applies to diagnoses, all of which should be referred to as **irrational anxiety diagnoses**. For example: *I have irrational social anxiety. I have generalized irrational anxiety. I have irrational health anxiety.*

Irrational anxiety is defined as: Anxiety is a feeling of worry, nervousness, or uneasiness about something with an uncertain outcome. It is a natural response to stress and can be beneficial in some situations, but for some people, anxiety can become overwhelming and disruptive in their daily lives. It can be genetic, socially hereditary, imbalance in the brain, etc.

This was the normal anxiety version we always hear. Here follows a different and more rational version.

Anxiety a different version.

Anxiety is related to chemical processes in the body. Joy, anger, and other emotions are also the result of chemical reactions. While some chemical reactions, like the release of dopamine, may be pleasant, others, such as adrenaline, will be less pleasant.

It is relevant to investigate whether anxiety becomes a recurring problem because of its classification as a mental disorder or because previous unpleasant experiences with anxiety are stored in memory.
--

Let's investigate.

Anxiety, both rational and irrational, occurs due to the same chemical reactions in the body, including the release of adrenaline, norepinephrine, and cortisol. This release occurs when the

amygdala signals to the adrenal glands to produce these substances. These chemicals are then transported through the blood to various organs that are susceptible to them. Without the presence of these substances, anxiety and the associated symptoms would not occur. It is the chemical composition that forms the basis of the anxiety experience.

Adrenaline works like this:

Adrenaline, also known as epinephrine, affects several organs and systems in the body. Among other things:

- The heart: Increases heart rate and pumping power, resulting in an increase in blood pressure.
- Lungs: Dilates the airways (bronchi) to improve oxygen delivery.
- Liver: Stimulates the breakdown of glycogen into glucose, which increases blood sugar levels.
- Muscles: Improves blood flow to skeletal muscle, increasing muscle strength and performance.
- Eyes: Dilates the pupils to improve vision during stressful situations.
- Digestive system: Reduces blood flow to the gastrointestinal tract, which decreases digestive activity.

The function of adrenaline is to prepare the body for a "fight, flight, freeze or save" response, which helps to deal with sudden dangers. This happens automatically without the possibility of conscious management or control. When adrenaline is released into the body, it cannot be stopped, but fortunately it leaves the body quickly and everything returns to normal.

Irrational anxiety feels uncomfortable because so many organs are affected at the same time. It is experienced as a great discomfort due to the various physical sensations that occur palpitations, breathing problems, altered field of vision, etc. These symptoms occur quickly and are frightening, especially when there is no obvious cause for the adrenaline release.

In rational anxiety, these symptoms are rarely noticed, as there is an identifiable cause that the person must act on. There are many such body states, such as the "angry" or "angry" state, where the body can shake with resentment, and the "infatuation" state, where the body can quiver with joy. All of these states (emotions) are created by the body's chemistry. You can't feel anything without a chemical release first.

Anxiety is a particularly unpleasant emotion and the only emotion that can also arise irrationally, which is what makes it problematic.

Anxiety about anxiety: An explanation.

The current understanding of anxiety is based on professional definitions, but new knowledge can change this perception. A challenge arises when you treat the first and subsequent anxiety

equally. Treatments that focus on genetic, social, or biochemical causes of the initial anxiety are also applied to later anxiety experiences, even if the causes have changed. The mistake lies in treating subsequent anxiety as if it has the same cause as the first experience. Today's treatments focus on genetics, social conditions, brain imbalance, or trauma, even though continued anxiety is due to fear of more anxiety. Therefore, new therapies and treatments are required if the subsequent anxiety is to be stopped.

An important point.

We only fear anxiety symptoms because we know what it is through our memory.

Anxiety can be exhausting, as it involves a battle against the body's own chemical reactions. We are faced with two systems: the anxiety, which is designed to be uncomfortable, and the desire to avoid this discomfort.

A typical anxiety attack lasts between 2-5 minutes, which is the time it takes for adrenaline to be broken down in the body. However, the complete calm does not occur until after about half an hour due to other substances such as cortisol, which take longer to burn. Fortunately, the unpleasant feeling from the adrenaline is quickly over. It's important to remember that anxiety is a temporary condition that we only experience while the chemical substances are present in the body.

How anxiety arises

The first experience of anxiety is a natural reaction to an unfamiliar situation, bodily sensations or challenges in our life situation. If this first experience is misinterpreted as dangerous or uncontrollable, it will form a deep imprint in the memory. This imprint stores both the fear and the reaction, which is later activated repeatedly through the memories of the discomfort. Without these stored memories, there would be no subsequent anxiety.

If the first memory was stored or interpreted neutrally, it could reduce subsequent anxiety.

Counter-arguments and their explanation!

Professionals assume that anxiety is caused by biological factors such as genetics, brain chemistry, or life stress. But even these factors require an initial anxiety experience that is misinterpreted, which the brain then interprets and stores. Whether the cause is a physical reaction, an external stressor, or a concrete situation, the memory storage and interpretation of this first experience plays a central role. **It is the stored anxiety memories that are the source of the anxiety's persistence.**

A solution without pathologizing

Instead of diagnoses and medication, we should focus on understanding and processing the first anxiety experiences. By changing our understanding of irrational anxiety, we can break the cycle of "removing" the first anxiety memories.

Summary:

The first time we experience irrational anxiety; the brain misinterprets all the symptoms because it's not prepared. Anxiety only exists as a result of past memories. Subsequent anxiety is impossible without these memories.

If the first experience of irrational anxiety can be ignored, nothing dangerous is stored and you continue life without problems. If the first anxiety is misinterpreted, it is perceived as dangerous, and you are kept in an anxious state afterwards. By addressing the root of continued anxiety – the first memories and our interpretation of them – you can begin to break the cycle. **This requires a new understanding, courage and willingness to challenge assumptions about illness and disorders that have not solved the anxiety problem.**

Anxiety can be reduced by processing the memories, regardless of how long you have had them and what diagnosis you have or are getting. After the anxiety memories have been processed, you can of course experience anxiety again. In that case, it is experienced as the first anxiety again, as there are no stored anxiety memories.

To understand and deal with irrational anxiety, you need to start with the first anxiety experience that was misinterpreted. This is where the problem initially arises.

We will therefore focus on removing the stored anxiety memory.

Whatever your anxiety symptoms or diagnosis is, it is rooted in memory. This can be concluded because these challenges didn't exist before your first anxiety experience.

This is not just theory – experience from more than **20,000 downloads and 4,500 self-reported feedback** shows that the method works in practice. **The high success rate confirms that anxiety-free is a realistic option for most people who apply the method consistently.**

Chapter 3: Anxiety info and important knowledge about anxiety

Reflection questions:

- What has caused your irrational anxiety?
- Why do you constantly experience new symptoms?

We treat broken bones, toothache and cancer because they are life-threatening or painful.

So why treat irrational anxiety when it is "only" uncomfortable? What makes anxiety so severe that it requires treatment? Think about it.

Determining which topics should be included in a book about anxiety can be challenging, as anxiety is experienced individually. Therefore, this book has been prepared with a focus on the topics that, according to many years of experience, have had the greatest impact on the understanding and management of anxiety. All topics relate to why and how the anxiety is maintained after the first irrational anxiety experiences.

Have you thought about why we don't just experience Irrational Anxiety once and then it's over just like with Rational Anxiety? That is one of the answers you get in this book.

This book highlights the need for compulsory anxiety education in schools, as early and correct information will reduce young people's future anxiety.

The causes of continued Irrational Anxiety include:

- Our memory of the unpleasant anxiety of the past.
- Our reaction to anxiety feelings.
- Our thoughts on the unpleasant anxiety experiences of the past.
- and especially our conviction and "self-talk" about being sick when we experience anxiety.

Since anxiety theory can be complex, some chapters may seem "technical" and may need to be reread. You may not agree with everything that is described, as it may be new to you or goes against your own perception of anxiety. However, this does not mean that it is incorrect, just that you have a different opinion. All text is double-checked for correctness.

Generation-anxiety.com work to ensure that future generations are informed about anxiety so that they can avoid it through rational thinking if they experience it. The goal is to prepare everyone for how to deal with anxiety so that it does not become a problem in the future. By reducing the need

for treatment, resources could be redirected to prevention and education, which in turn would help prevent the development of anxiety disorders from the start.

Anxiety occurs when the brain assesses something or a situation as dangerous. Anxiety does not come unexpected, as some professionals claim in cases of e.g., panic disorder. Even panic disorder has a rational cause and trigger.

Anxiety with no obvious cause. Is it possible?

Anxiety symptoms cannot be triggered without a reason, even though it may feel like it. Nor do you get angry or happy without an underlying reason, even though it may also seem that way.

All of our emotions and symptoms are triggered by a reason. The cause may be unconscious and thus seem like it comes unexpected. These unconscious causes are individual and multifaceted, so they will not be addressed here.

Just be aware that anxiety symptoms are never felt without a cause.

This knowledge can be used in the future to analyze the symptoms. What did I do, what was I thinking, and what situation was I in when it happened? General: Under what circumstances do I experience symptoms?

The brain's assessment of danger can include what the brain has learned to consider dangerous based on previous reactions to specific situations or objects. What was misinterpreted in the past can cause problems in the present and future. Examples include misinterpreting driving, bus driving, social gatherings, giving lectures, standing in line, or shopping. The list is long.

We work with three types of anxiety at Generation-Anxiety:

- **Rational anxiety** occurs when you are in real danger of death, which typically triggers an instinctive fight-or-flight reaction.
- **Irrational anxiety** is experienced in challenging situations, without a direct, physical threat.
- **Anxiety-like anxiety** refers to symptoms that occur between episodes of irrational anxiety. This is the state where one "feels anxious" or says "I have anxiety," even though there isn't necessarily a true anxiety reaction going on. The difference here lies in the body's chemical composition: In rational and irrational anxiety, adrenaline is released, while it is primarily cortisol that dominates in anxiety-like anxiety.

How would anxiety be defined if it wasn't considered a disease?

However, this question has never been thoroughly studied, as current treatment methods are primarily based on the assumptions of disease professionals about anxiety.

What could anxiety be if we assumed that it is not due to genetic factors, imbalances in the brain, trauma, social conditions, psychological conditions or other recognized causes?

Let's examine this hypothesis.

Consider the following statements:

Anxiety is not a disease.

This is a provocative statement. Let's explore and test the hypothesis that irrational anxiety isn't necessarily a disease.

When I allow myself to make such a claim, it is because I have lived with anxiety for far too many years. I've tried everything in anxiety. I know what it is. I have lived with it, felt it, hated it and cursed it.

Today, I am aware that I have never been sick because of anxiety. We only perceive anxiety as illness because the chemical reactions in the body create disease-like unpleasant symptoms that we react irrationally to.

This may seem harsh to some, but irrational anxiety arises because we repeatedly recall the memories of the anxiety, including every time we think, speak, read, hear or write about it. This creates a self-reinforcing spiral, as the symptoms would be less prominent if we didn't focus so much on the anxiety. However, it's completely normal for us to think and talk about anxiety.

Just be aware that you can significantly reduce the symptoms if you don't think, talk, read, hear or write about the anxiety.

Let's assume, from a non-medical point of view, that irrational anxiety is not necessarily a disease or disorder, but rather a reaction to our life situation.

To understand why we experience repetitive anxiety, we need to divide the anxiety triggers into two categories. **The first-time anxiety trigger** and all the **subsequent anxiety triggers**.

The first anxiety experience often has an external trigger, such as a stressful or challenging life situation. Subsequent anxiety attacks are typically triggered by internal psychological factors, such as negative thoughts, memories of previous anxiety attacks, or fear of experiencing more anxiety. After the first anxiety experience, the focus shifts to the fear of repetition. The fear of more anxiety becomes the dominant problem.

We cannot prevent the first anxiety symptoms or anxiety attacks. The first anxiety comes unexpectedly, and we are not prepared for it. We don't see it coming. **It differs significantly from the subsequent anxiety that we expect all the time.**

It can be challenging to remain rational and ignore initial anxiety, especially if you're already facing other life challenges.

It is not a sign of weakness to be diagnosed with anxiety. Often it can be due to a minor misinterpretation, a moment of weakness, lack of concentration or life circumstances. There are many possible reasons why anxiety can be misinterpreted the first time. It's also possible for intelligent individuals to misunderstand anxiety at first encounter, showing that it's not related to IQ.

It is important to understand that it is completely normal to receive an anxiety diagnosis.

When looking at anxiety from a non-medical perspective, one can imagine a general treatment method by applying rational and logical thinking about the problem.

A doctor and a layperson have different approaches to anxiety. Doctors are trained to identify symptoms in accordance with established diagnoses.

A layperson may want to search for non-medical causes and reflect on questions such as: What did I experience? Where did it come from? Why did it occur? What could be the logical explanation? Why was it so uncomfortable? Why did I become afraid of my feelings? Why did I react the way I did? Why did my thoughts revolve around it afterwards? Why can't I think rationally about the anxiety symptoms? Why did I panic?

Our research and analysis of the anxiety process indicates that repeated anxiety is partly due to our natural reaction to an inherent fear of discomfort.

When medication and cognitive therapies were developed, it was not investigated whether there could be a natural, not medical, explanation for the repeated irrational anxiety. Which is natural if you are a doctor.

The doctors wondered about the reactions and behavior the patients showed when they experienced anxiety symptoms and especially their behavior afterwards. And it can easily be confused with real disease symptoms.

Discomfort.

Many people are not aware of it, but we have an encoded mechanism that helps us avoid discomfort. This applies to all discomfort, not just anxiety-related discomfort. It is this mechanism that is activated after a first anxiety appearance and causes you to seek medical attention, as the body wants to avoid further discomfort.

So really, it is signals from this function that make you see the doctor and not the discomfort itself, but the desire to avoid more discomfort.

It is unlikely that you will see a doctor if the anxiety was not unpleasant. If you didn't feel discomfort, why should you?

Anxiety is an emotion that is associated with chemical discomfort. This can be seen by the fact that if the chemical reaction is removed, there is no anxiety left.

In short, future anxiety arises because the first anxiety experience is misinterpreted, causing the brain to store the experience as negative and unpleasant, something that should be avoided in the future.

The original and now stored anxiety experience activates our thoughts in an attempt to find a solution to avoid further discomfort. These thoughts are what often create new symptoms.

Anxiety can create many symptoms that can be seen as side effects of living with anxiety. Persistent negative thoughts provoke symptoms of illness, as one constantly monitors oneself for signs of symptoms to avoid further discomfort.

Anxiety is poetry.

The stories that anxiety creates through your thoughts about the very same anxiety are significantly more frightening than reality. Anxiety tends to exaggerate the symptoms as a protective mechanism, causing you to notice them constantly. No matter what symptoms you experience, you immediately think: **Is it the anxiety?** This thought arises because you want to avoid the discomfort again. Your entire mindset is focused on how you can avoid further anxiety experiences.

Summary.

It all comes down to the following:

To overcome anxiety, it is necessary to change our fear of experiencing the anxiety again.
--

The fact is that you don't live with anxiety, but with the thoughts and fear of experiencing anxiety symptoms again. These are the thoughts you mean when you talk about suffering. All the experiences associated with anxiety are due to the emotions that our body chemistry creates.

Chapter 4: Subsequent Irrational Anxiety: The Five Causes

1. Our Beliefs

The perception of anxiety and illness plays a central role in the maintenance of irrational anxiety. When anxiety symptoms are interpreted as signs of illness, fear and worry can be amplified. This perception can create a cycle in which anxiety maintains itself. For example, heart palpitations, a

common anxiety symptom, can be interpreted as a possible heart attack, which can increase anxiety and confirm the fear that something is wrong.

2. Our memory of anxiety

Memory plays a significant role in repetitive experiences of anxiety and the way in which anxiety is experienced. After an anxiety experience, the experience itself, as well as the reaction and behavior to it, is stored in the memory. Future situations that are similar to the original anxiety trigger may trigger a corresponding anxiety response.

3. The discomfort of anxiety

Anxiety symptoms are often extremely unpleasant. This physical discomfort can be so intense that it causes a fear of the symptoms themselves. This fear increases our attention to the body's signals, resulting in a constant monitoring of signs of symptoms. This process creates a self-reinforcing cycle in which increased attention to the symptoms leads to further anxiety.

4. The fear of anxiety

IMPORTANT: The fear of anxiety, also known as fear of anxiety, arises when we start thinking about experiencing anxiety again.

This fear manifests itself immediately after the first anxiety attack. It can be so pervasive that it can provoke anxiety symptoms at the mere thought of anxiety, which confirms the fear and creates a self-reinforcing cycle. This often causes an automatic avoidance of situations, places, and activities that have previously triggered anxiety, ultimately limiting our daily lives. This behavior is referred to as avoidance behavior.

5. Our choice of words about anxiety

Words and language have a significant impact on our thoughts, feelings, and actions. Using negative terms to describe anxiety or one's own person can maintain and reinforce the anxiety. Statements such as "I have anxiety", "My anxiety" or "I am anxiety" will result in a worsening of the feeling of anxiety you experience. By adjusting our choice of words and using more positive or neutral formulations, we can change our thought patterns and thus significantly reduce irrational anxiety. Negative self-talk has a greater effect on us than you might think, and it contributes significantly to persistent anxiety. It is challenging to achieve freedom from anxiety if you constantly use statements such as "I have" or "am anxious".

Summary

To deal with irrational anxiety, we need to change our beliefs about anxiety. If we understand and adjust just one or two factors such as memory, discomfort, fear, or choice of words, we can break the vicious circle of anxiety.

Taking ownership of anxiety

Anxiety is not a fixed part of one's identity. Instead of seeing it as something you have or are, it should be seen as a scientifically temporary chemical reaction in the body. The presence of symptoms is often described as anxiety.

Many people refer to "their" anxiety with statements such as "I have anxiety" or "my anxiety." This attachment can make it difficult to separate from anxiety, as it is perceived as an integral part of one's self-image and creates a belief that the condition is permanent.

Waiting for an effect of medication

The time spent waiting for the effects of medications could be used more effectively. How can we optimize the waiting time for the effect of anti-anxiety medication? This can sometimes take several months. Spaces between therapy sessions could also be used more constructively.

The waiting time for the medication's effect should be used to inform the patient that anxiety symptoms or seizures do not necessarily indicate illness. The problem, however, is that a diagnosis is necessary for the doctor to prescribe medication, which by definition classifies the patient as sick. Here, a contradiction arises when using our method together with diagnoses: The patient receives the message 'I am not sick', while a diagnosis from the doctor suggests the opposite. Ideally, it would be appropriate to avoid making a diagnosis at the initial stage.

The truth about the feeling of anxiety

When it is said that each person's experience of anxiety is unique, it means that our reaction to the feeling of anxiety is unique. This does not necessarily imply that all individuals should be treated differently for anxiety, as some practitioners claim. Again. The feeling of anxiety is the same for all people, regardless of the cause or diagnosis.

It is because of the feeling of anxiety that we all experience fear of repetition, avoidance behavior and persistence in anxiety. **You cannot have irrational anxiety without also developing some kind of fear of the anxiety**, as anxiety is driven by the fear of further irrational anxiety.

Therefore, it does not make sense to divide anxiety into different diagnoses. It will always be the fear of more anxiety that needs to be treated, not the cause of the anxiety experience. Nor do you consult a doctor

because of the cause, but because of the discomfort that the anxiety has created.

Where does the fear of experiencing more anxiety come from?

Anxiety about anxiety can theoretically be stopped if we can identify its location. Anxiety about anxiety occurs in memory, where it is stored after the first anxiety attack as a reaction to the unpleasant feelings of anxiety. Now that it is clear that this fear is rooted in memory, we can explore how to eliminate it to avoid anxiety about the anxiety.

Anxiety affects memory as long as it is active. This can be observed by comparing with individuals who do not experience anxiety.

Anxiety about anxiety can be reduced by changing the memory to contain a more rational and positive perception of the situation. However, it can be challenging, as anxiety is a persistent emotion.

Memory stores many different beliefs and assumptions. "Belief" is used here because it describes what fear of anxiety entails. This type of anxiety makes us believe that something will happen, even if it never happens. It also creates the expectation that we will experience anxiety again in situations or places where we have previously had anxiety. Therefore, these places are avoided, not because they are dangerous, but because memory signals that they could be.

Now imagine that you didn't have experiences of anxiety from the past stored in your memory. Would it then be possible to move around there? Yes, it would. Without memories of a particular place, it would be possible to move there like all other people. This applies to all situations and places: supermarkets, buses, cars, open spaces, lectures, school, etc. Therefore, we can conclude that memories of past anxiety are the problem.

Anxiety lives in the memory, and you carry it with you all the time and everywhere.

It is not the situation itself that poses the problem. The problem arises because of the fear of experiencing the feeling of anxiety in the situation.

The function of anxiety is to protect us. For example, the anxiety can lead to staying at home, as it is considered safer. Fear of anxiety can bind you at home, as a protection mechanism. This behavior can be traced back to the reaction during the first anxiety attack: panic. Panic is a common reaction, but from a rational perspective it is less appropriate.

IMPORTANT: A thought cannot directly change a belief. If thoughts could, people would probably be anxiety-free by now. Once a thought has arisen, one cannot immediately think differently about it or change it. Thoughts are created unconsciously, so they cannot be reduced or restructured consciously. Since you only know your thoughts when they are already there, it is difficult to change them. It is also not possible to have two thoughts at the same time. Documenting thoughts or inner dialogues during the day also does not change the thoughts the next time they arise.

One belief can change another belief, as beliefs are fixed memories until they are changed. Whatever you are convinced of it is in your memory. Examples include belief in a god or political beliefs, which are typically difficult to change, as opposed to negative beliefs, which may be easier to change.

Changing beliefs.

Negative beliefs can be changed more easily to positive than vice versa because people often seek out information that confirms their existing beliefs and avoid or reject information that contradicts them. This phenomenon is called **confirmation bias** and makes it more difficult to change a positive belief that people have actively chosen and are seeking to affirm, for example through prayer or church attendance.

Anxiety is associated with discomfort and suffering, which motivates us to change or eliminate this perception, unlike positive beliefs that generate comfort, hope and meaning, and are therefore more difficult to change. Positive beliefs, such as the belief in a god, are deeply rooted in the individual's identity and life experiences. These beliefs are linked to positive emotions and experiences, making them difficult to change or abandon. In addition, there are external factors, such as fellow believers, which confirm and strengthen the faith.

Negative beliefs such as "I'm sick" or "I have anxiety" are irrational and can change over time. Still, the process can be challenging and requires persistence. Anxiety is triggered by the limbic brain, which cannot think, but only register and react. Thus, rational (real) anxiety is activated when a danger is detected by structures such as the amygdala. This explains why anxiety always has a trigger.

With irrational anxiety, it is your thoughts that trigger the anxiety. When the thoughts of anxiety are stopped, they disappear. Pain works in the same way – we forget about it when it's gone.

Whatever treatment you choose, it won't help unless you also change your beliefs about being sick and anxious.

Once we experience irrational anxiety, it affects our beliefs. **Although anxiety is not dangerous, the brain interprets it differently due to our reactions such as panic and fear.**

When anxiety recurs, memory will retain previous reactions as the correct way to deal with the situation.

Your first experience of anxiety becomes a template for your future reactions and actions in the event of similar anxiety cases or symptoms.

Thoughts about anxiety

A negative interpretation of anxiety causes the brain to automatically generate thoughts about the situation to protect against further anxiety. This results in the focus being directed towards ways to avoid more anxiety. Unfortunately, this causes the thoughts to create new symptoms by activating the previously stored anxiety interpretation. Every time thoughts of anxiety arise that lead to new symptoms, this interpretation is strengthened, which in turn confirms the conviction of suffering from anxiety.

This happens because the brain doesn't differentiate between rational and irrational anxiety. For the brain, anxiety is just anxiety, regardless of the cause. Therefore, when thinking about the anxiety, the brain thinks that there is a real danger and begins to produce symptoms so that action can be taken.

Example:

Imagine a person who experiences anxiety for the first time during an exam. The panic and fear associated with this experience is stored as a negative interpretation in the memory. At the next exam situation, memory will automatically evoke the previous reaction of panic and fear, the brain having learned that this is the appropriate response in the given situation. In fact, just the thought of an exam in the future can trigger similar symptoms.

Tips for handling

Visualization exercise: For the next exam, an A-4 sheet of paper with the text: "I am not sick" can help shift your focus and remind you that you are healthy when you go to the exam. It is recommended to have the A4 sheet near you, preferably together with the exam papers and preferably take it with you to the exam so that it remains visible to you. You may want to hold the A4 sheet in one hand while you present.

Preparation: Start using the sheet a few months before the exam, so that you gradually become aware that you are not doing anything wrong other than having a lot of thoughts about the anxiety at the last exam. Many will probably doubt this method. That is exactly why you should try it out, so that you can experience the effect for yourself.

Exposure: Always have a note with you when you are going to do something that may be anxiety-provoking. Use it as a background image on your tablet or mobile. Before you leave home, read the A-4 sheet aloud a few times: "I'm not sick." Keep the paper in your hand. On the street, it quickly reads again: "I'm not sick." When you arrive at the supermarket or another destination, read the sheet again a few times: "I'm not sick." Enter through the front door with the sheet in your hand and say, "I'm not sick." Now go for a walk in the supermarket while looking at the note in your hand. You can choose to continue or go home.

The Power of Conviction

The point is: How many times do you have to do this exercise before you even believe that you can act without anxiety symptoms? It can be helpful to have posters in the home that say, "I'm not sick."

The purpose is solely to shift your focus away from the anxiety in the places you normally experience it. The phrase is not so important here, but that you shift the focus is. The time spent on the sentence is not used to scan for symptoms as we usually do. And that was the purpose.

Note: This method doesn't work with your thoughts, but with your belief that you have anxiety. "I'm not sick" is meant to remind you that you're not sick and shift your focus from the normal anxiety thoughts to the note in your hand.

By telling yourself that you are not sick, you are indirectly signaling that you do not have anxiety, as anxiety is considered a disease. The most important thing is to take the focus away from the anxiety by saying *I'm not sick* to myself. Therefore, it is effective. What do you prefer to say to yourself, *I'm not sick* or *I have anxiety*?

Both statements may seem contradictory at first. But is it possible? Can you both experience irrational anxiety and at the same time not be sick? Yes, it is entirely possible. The difference lies in the fact that the anxiety will feel completely different without the accompanying feeling of illness and thus be much easier to handle.

The described method we will get to later also includes exposure, just like CAT and MCT, but differs in that you do not have to control all your anxiety thoughts and symptoms simultaneously. The method focuses on changing the perception of anxiety or illness. **The method emphasizes that thoughts do not matter.** When this attitude is accepted, the thoughts will often decrease, which will reduce the symptoms and thus also the anxiety of the anxiety. It's all connected. When the main problem is handled, the other problems will follow.

What distinguishes our method from other cognitive methods is that our method is also used outside the home and at all hours of the day. It's a whole new way of thinking about anxiety treatment.
--

We often learn theory at home, but forget about it outside, where anxiety can appear. This method helps to stay focused. Always carry a note that says "I'm not sick" with you when you leave your home. The note helps to shift focus if anxious thoughts arise. Having something in your hand increases awareness and makes it harder for anxiety to trigger. The mobile can also help if *I am not sick* is set as a background image. Try the next time you go out and take a note with you in one hand.

Part 2: Analysis of Treatment Methods

Chapter 5: Anxiety assessment

Anxiety can feel overwhelming in certain situations, especially when it occurs suddenly and for no apparent reason. To understand potential triggers of these feelings before contacting a doctor, the following questions may be useful to ask yourself:

- What recent events in my life could have contributed to the sudden anxiety symptoms?
- Which factors have been so stressful that they have triggered the anxiety symptoms?
- Have I experienced any sudden illness?
- Could this be a natural protection mechanism from the mind?
- Is it the result of long-term negative speculation?
- Why do I feel the need to consult a doctor afterwards?
- What are my own thoughts on the situation?

These reflections can help identify possible causes and thus facilitate communication with a health professional.

How thoughts create anxiety:

Negative thoughts tend to generate more negative thoughts. This is because the brain often seeks confirmation of the current emotional state. When a person feels anxiety or worry, the brain will typically find additional worries to confirm this feeling.

This explains why it can be difficult to think positively when experiencing anxiety. The brain is trapped in a vicious spiral of negative thoughts and physical reactions.

Anxiety thus becomes a self-fulfilling prophecy, as repeated anxious thoughts provoke the same unpleasant chemical reactions over and over again.

To create change in your life, you should be open to challenging your existing beliefs about anxiety as a disease. Just as negative thoughts can keep you in a state of anxiety, positive thoughts can help you create a more positive future. Our methodology is designed to support this process.

Anxiety has been considered by philosophers such as Kierkegaard and Freud as a natural part of life that can be experienced by all people. They didn't see it as a disease, but as an integral part of human existence. This perspective suggests that the anxiety we experience can sometimes be a reaction to internal or external conditions that require attention and understanding.

Should irrational anxiety always be treated, or can it sometimes simply be understood and accepted? This begs the question: Which perspective is more justified, philosophical or psychiatric? Or maybe a more modern and completely different one.

Could it be that anxiety represents something completely different that we fail to acknowledge or accept because of our professional disease-oriented approach?

Chapter 6: The Beliefs of Anxiety and Fear of More Anxiety

The belief that you have anxiety creates the symptoms.

There are both positive and negative beliefs. Anxiety is a negative belief, while politics and religion are often considered positive. Many people have an anxiety belief, which I also had for many years. However, this does not necessarily mean that this belief is correct.

Anxiety will often be linked to our own perception that we suffer from anxiety. And this perception can be difficult to change.

While recognized anxiety treatment methods focus on our thoughts and how to change and restructure them, I have learned that the solution lies in changing our anxiety beliefs.

They have a significant impact on our mental and physical state. They can induce feelings of illness, which complicates the process of achieving freedom from anxiety. How can you overcome anxiety when you feel anxious and uncomfortable almost constantly?

Even the firmest beliefs can be shaken by new information or knowledge that completely changes one's perspective. Many have experienced seeking medical help for symptoms that seemed to indicate serious conditions like strep throat, only to be told that wasn't the case. Often, the symptoms disappear shortly after confirmation from the doctor. This raises questions about the complexity of the human psyche and its impact on our state of health.

The longer you invest in creating a new positive belief, the less time is spent focusing on the anxiety. However, the brain is not easily convinced of the absence of anxiety. Therefore, it takes time to establish new, positive beliefs about one's state of health.

Regardless of what you believe in, it is possible to be convinced otherwise. This simply depends on the time invested and the effectiveness of the technique used. An essential characteristic of beliefs is that they do not have to be objectively true to influence our beliefs. Our own perception creates beliefs and determines their validity.

Anxiety beliefs.

I have defined two anxiety beliefs below.

Conviction of Anxiety No. 1

- Anxiety is considered a disease.
- You perceive yourself as sick and think that something is wrong.
- You mean to have or be anxious.
- The symptoms of anxiety are a result of an illness.
- Anxiety is considered a disorder.

Conviction of Anxiety No. 2

- Anxiety is an emotion and not a real disease.
- You don't consider yourself sick and don't find anything wrong.
- Anxiety is perceived as a feeling and state rather than something you have or are.
- The symptoms of anxiety are considered to be created by one's own irrational thoughts about the anxiety.
- Anxiety is seen as a temporary challenge with irrational thoughts.

Which beliefs you choose to believe in affects your perception of anxiety. None of them have been scientifically proven, although some believe one is. Anxiety treatments and diagnoses are based on assumptions, not science.

Now you have to choose: Do you want to believe that you have anxiety or not? Your own opinions about having anxiety or not are not relevant here. The election will affect our further work.

If you believe in belief No. 1, it can be difficult to become anxiety-free soon. But you can choose belief No. 2, even if you now believe in No. 1.

The beliefs of anxiety creep into our consciousness as a silent truth created over time. If you get a diagnosis, medication, go to a psychologist or experience anxiety symptoms, all this contributes to convincing you unconsciously that you are ill.

Many people wonder why they should receive treatment and why the doctor prescribes medication if there is no disease present. This can lead to the conclusion that you must be sick.

Anxiety is not considered a specific disease, although it is treated and referred to as such. There is no diagnosis with the name anxiety disorder or anxiety disorder. **The diagnosis is called anxiety disorder.** This is because anxiety is an emotion that creates a physiological state in the body.

Anxiety does not create illness or suffering; your thoughts and beliefs do.

The discomfort of anxiety combined with the symptoms often leads to my conviction that something must be wrong, that I am dying or going insane because everything feels so unreal.

But I didn't die, and I didn't go insane. I felt it in my body and head and was convinced that I was sick. After each anxiety attack, I had doubts: How can I not be sick with all the symptoms I feel all the time? I knew rationally that I was not doing anything wrong, so why did I still feel sick when I experienced symptoms?

I have had these experiences many times. It happened because I didn't act on the anxiety. I stood still or sat down and let it overwhelm me. If I had acted, the anxiety would quickly disappear.

Let's test it.

Anxiety should make you act here and now. Failure to act on irrational anxiety leads to discomfort and misunderstandings that lead to panic.

The next time you experience anxiety symptoms, act.

What is an action?

Anxiety leads to certain actions, such as flight or fighting. These reactions are well known. When I experienced symptoms at the end of my anxiety period, I often performed activities such as jumping on the spot, doing angel jumps, doing push-ups or sit-ups, or doing hard physical exercise both outside and at home.

These activities help to quickly burn the adrenaline in the body, as they are natural reactions.

The most important thing is to do something physical to prevent thoughts about the symptoms from developing and creating discomfort. The facts show that you do not die, become ill or insane from anxiety. The problem arises when we lack appropriate reactions and behavior to the symptoms and the feeling of anxiety.

Once you think you have anxiety, it feels like the truth.

Therefore, it can be challenging to change this perception, but it is not impossible.

Summary: What Creates a Belief? The first strong conviction comes from the discomfort of anxiety. Next, it comes from the doctor, who diagnoses and offers treatment that indicates that you have a disease.

Did you know that during an actual anxiety attack, it is difficult to read and write? For example, if you post online that you have anxiety, this will indicate that you are not experiencing an anxiety attack at the time. **During an anxiety attack, the amygdala is active and blocks our cortex's ability to think clearly. During an anxiety attack, you do not have to think, but act on nature's part.**

What you experience in these situations where you post online is probably cortisol stress hormone, not adrenaline, and thus not anxiety.

Fact: Exposure therapy is difficult because it goes against our natural desire to avoid discomfort.

Each positive experience creates a new neural connection in the brain. Applying distraction techniques, such as shifting the focus to "I'm not sick," can instantly reduce anxiety in a specific situation.

Chapter 7: Fear of anxiety (Agoraphobia)

Fear of anxiety, or fear of anxiety, refers to the worry that arises at the thought of experiencing anxiety again. Agoraphobia is defined as an extreme or irrational fear of open or public places. In reality, anxiety is a strong fear of experiencing anxiety symptoms or panic attacks outside the home.

Anxiety can be described as a present-day fear of experiencing future anxiety symptoms based on previous unpleasant experiences.

An accurate definition of anxiety is when the fear of facing the anxiety is more difficult to overcome than the anxiety experience itself.

This means that the primary problem is not in the anxiety itself, but rather in the thoughts of having to go through this anxiety again. These thoughts and the associated feelings inhibit the individual from confronting anxiety in situations where it has been experienced before.

This phenomenon makes it extremely challenging for many to expose themselves to anxiety-triggering situations as part of cognitive behavioral therapy. Only those with special strength manage to overcome exposure therapy.

Fear of anxiety thus represents a significant barrier. Agoraphobia involves specific anxiety about situations in which escape may be difficult or where help is not immediately available in case of panic symptoms, such as during public transport, in cars, shops or large open areas.

Anxiety about the anxiety occurs when individuals become worried and anxious about experiencing anxiety again in places where they have had such episodes in the past. This fear will lead to avoiding these places altogether. The mere thought of having to visit such places again can cause anxiety symptoms. To avoid anxiety reactions, you choose to avoid these places or use alternative options. This causes anxiety to develop into an avoidance behavior that will significantly limit the individual's life and freedom of movement. Over time, this can result in almost total social isolation.

Anxiety about anxiety occurs across all anxiety disorders. Anyone who has experienced an anxiety attack and has misinterpreted this experience will experience anxiety afterwards. When the amygdala is activated for no apparent reason, the experience is stored as a potential danger.

Anxiety is a significant factor that contributes to repeated anxiety symptoms.

Anxiety about anxiety thus keeps individuals in a vicious circle of anxiety-related thoughts, symptoms, reactions, and behaviors. Your whole life is affected and controlled by this persistent fear.

Imagine if anxiety symptoms weren't unpleasant. Would you then fear them? This is a hypothetical thought.

Summary: Anxiety is a belief that the anxiety will recur in places where you have previously had anxiety symptoms. These thoughts often start at home and lead to avoidance behavior. Since it is a belief, it can be changed.

Fear of anxiety creates anticipatory anxiety because we think it will happen again. By thinking about the anxiety, we hope it will go away, but we aggravate it by expecting it.

Testing Beliefs About Anxiety

Let's perform a test of your beliefs about anxiety. The purpose is to examine how strong these beliefs are. Read and repeat the following statements several times:

- I'm not sick.
- I am not wrong with anything.
- I don't have anxiety, but challenges.
- I feel healthy but challenged by irrational anxious thoughts.

If it's possible for you to say it and mean it completely, it will reduce anxiety over time. If it's not possible to say it out loud, it may indicate that strong beliefs about anxiety are present.

Experience shows that many symptoms can be reduced when you accept that you are not sick. If you are not ill, you can be considered healthy. By repeatedly signaling to the brain that you are healthy, the beliefs that create negative anxiety symptoms can become less prominent.

See the fear or fear of anxiety as the real problem – not the anxiety itself.

Chapter 8: Our Thoughts and Feelings

Definition of emotions: Emotions are complex psychophysiological experiences that arise through interactions with the environment. **There are four main feelings of survival:** nervousness, fear, anxiety, and fear. These emotions have different functions: nervousness and fear act as warnings, while anxiety and fearful feelings cause us to react. In addition, there are many other emotions, including joy, anger, hatred, and sadness. Emotions arise from the release of chemical substances in the body, such as dopamine, cortisol, and adrenaline. Without these chemical substances, we wouldn't be able to experience emotions, as they form the basis of emotional reactions.

Selective attention and anxiety: Humans are biologically predisposed to selective attention, which can intensify anxiety by focusing on anxiety symptoms while ignoring other stimuli. This gives rise to unbridled development of anxious thoughts.

Influence of thoughts: Thoughts evoke emotions. For example, thoughts of vomiting can cause nervousness, which can escalate into fear and then anxiety. Saying "I have **anxiety** about vomiting" reinforces the feeling that something is wrong. A more accurate description would be "I **m nervous** about throwing up." You only experience anxiety at the things that trigger the feeling of anxiety. See if you can list the causes.

Brain Emotion Types: The brain operates through three primary emotion types: **reason, emotion, and instinct emotions**. Emotions of reason help regulate emotions such as anger and sadness. Instinct feelings such as anxiety are automatic reactions and cannot be controlled by feelings of reason.

It has been observed that men generally show fewer emotions due to genetic predispositions, while women are more responsive to their emotions. This may partly explain the higher prevalence of irrational anxiety among women.

Summary: Whatever emotions you experience are due to the release of chemistry in the body. Both mild everyday feelings and intense anxiety symptoms. Emotions exist solely because of this body chemistry. Therefore, anxiety symptoms do not occur without first triggering chemistry in the body. Thus, symptoms do not occur without an underlying cause, as body chemistry is always released in response to a stimulus.

Our thoughts

Thoughts are abstract and complex chemical processes in the brain. They occur unconsciously and can disappear quickly, making them difficult to remember. Our thoughts are unique because of our different awareness of the world.

We have both conscious and unconscious thoughts. Conscious thoughts can help prevent anxious thoughts from appearing, but most of our thoughts remain unconscious.

Many of us experience periods when we don't have anxiety-related thoughts because we're deeply engaged in other activities. For example, you can try counting from one hundred to zero or moving both little toes simultaneously. This shows that it's difficult to have anxious thoughts at the same time as performing these actions. This proves that we only experience anxious thoughts when we give them space, which unfortunately happens all too often.

Thought patterns tend to build on top of each other. When you think of one thing, several thoughts on the same topic quickly follow. This is one of the challenges of anxiety. Once you start thinking about anxiety, the thoughts continue in this direction. This rumination accelerates, as negative thoughts that provoke fear have a faster cycle than normal thoughts.

The thoughts are abstract.

They do not exist in physical form, but we can still sense them. Even as you read this, thoughts are forming about the content. The brain is constantly evaluating what you read to see if it is in line with your beliefs.

This is why you either agree or disagree with what you read. If you strongly disagree with what I write, you may want to finish reading. This reaction is completely normal. The problem is that you miss the opportunity to learn something new. It can be challenging to read about something you don't agree with. This happens as a process in the brain that seeks to protect us from what it perceives as "fake news." For example, if you say: *I don't have anxiety*. The brain would rather not accept this statement, as it has a lot of evidence to the contrary. Therefore, *I don't have anxiety*, is perceived as "fake news" and tried to be blocked, because the brain is convinced otherwise.

We experience thoughts as real, and therefore we believe in them and react to them. The content of all thoughts depends on what we are already thinking about and our current emotional state. Are you happy, angry, in love, negative, etc. The thoughts are context dependent.

There are several types of thoughts. Thoughts that we consciously create (rational thoughts), and unconscious thoughts that make up about 90% of all our thoughts. We create about 60,000 thoughts daily, which corresponds to about one thought per second in our waking hours.

Thoughts are formed from memory, emotions, imagination, reactions and previous thoughts. The way we've thought in past situations affects how we think in the future until the problem is solved.

Thoughts can be divided into sensual, emotional, and instinctive thoughts.

When experiencing anxiety or fear, more anxiety-related thoughts arise, which in turn can cause more feelings of anxiety. This can create a spiral. Being able to stop negative anxiety thoughts will end the anxiety, reduce depression or ease stress. However, this takes practice.

Thoughts and Feelings

Your thoughts create your emotions, resulting in a state that triggers a reaction. When you think of your partner or your children, you experience joy. If you think about someone you've lost, you feel sadness. If you think of someone who has annoyed you, you feel angry. These feelings can be controlled.

When you think about anxiety, it creates fear that automatically triggers a reaction. The feeling of fear cannot be controlled once it is felt. You can't think your way out of anxiety or fear the feeling. If you're afraid, then you're afraid.

It is impossible to hold on to just one thought for a long time. Thoughts are also very situational. If you are going on holiday, you think about it a lot. If you have a new boyfriend, you think about it a lot. If you're angry with someone, you think about it a lot.

When you think of anxiety, more thoughts come to mind. Small short thoughts turn into a long-lasting stream of thoughts because of all the thoughts that suddenly appear.

Each new anxiety thought is thus a continuation of the previous one.

Thinking

When you experience anxiety symptoms, it's due to past experiences that manifest in the present. These memories have the potential to affect the future and can resurface repeatedly. For example, a negative experience at work can cause negative thoughts to arise every morning, which can negatively affect one's day. This can lead to stress and later anxiety about going to work. All situations have the potential to be affected by anxiety, as our emotions are controlled by a desire/dislike mechanism. Past experiences can thus create an unpleasant feeling at the thought of going to work in the present, which is felt physically in the body.

Thoughts start as unconscious and can subsequently become conscious. At first, you may not be aware that you are thinking about anxiety, but gradually the conscious thoughts take over and symptoms can begin to be felt.

Over time and with the use of different methods, you can experience fewer anxious thoughts because there are no longer as many unconscious thoughts about anxiety. **If you don't think about anxiety, you don't create unconscious thoughts about it either.**

What is a thought?

Notice how often your thoughts appear and disappear, especially before you fall asleep. At this point, the brain processes the day's experiences and decides which ones to store in memory. This process happens while you sleep.

When we reflect on the future, we use our memories of the past as a reference. Thoughts consist of mental images, smells and sounds of things that are not physically present, but can still be

visualized and felt. If the thoughts become too intense, the cerebrum helps to sort them out and assess their validity, which is a function of our rational brain. This ability enables us to control our actions and emotions.

If everyone acted impulsively on thoughts of revenge, it would have serious consequences, such as dangerous situations in traffic. Traffic poses a real danger that the brain does not fully understand, as it is not optimized to handle speed concepts.

In primeval times, high speed did not exist, which means that we do not have a coded fear of it and therefore do not instinctively understand the risk of death as a result of it. We only develop this understanding rationally when we are about 20-25 years old. This explains why so many young people are involved in car accidents. They lack an adequate assessment of the dangers of high speed.

The same applies to soldiers. It is far easier to recruit an 18-year-old to participate in war than a 35-year-old because of the inability to assess the consequences of danger.

Negative thoughts

Experiencing negative thoughts is a normal part of the human experience. As mentioned earlier, the brain thinks negatively as a protective mechanism. Imagine if the brain only registered positive thoughts, one would overlook many warning signs.

Take a crush as an example. In this situation, you are overly positive and only see the best sides, without noticing the mistakes. Often you only become aware of the negative aspects when it is too late because your vision was too positive. Therefore, negative memories are stored in memory, they serve as a mechanism to protect us from repeating the mistakes of the past.

Unconscious anxiety thoughts

The reason we experience anxious thoughts is that we have originally created unconscious thoughts about the anxiety. Had we been able to ignore the anxiety from the beginning, we would never have formed these unconscious thoughts. Therefore, we would not have had conscious thoughts about the anxiety.

Summary.

You can't stop thinking, as it happens unproven all the time. But we can guide our conscious thoughts in a certain direction and thus influence our unconscious thoughts. This is what we do with anxiety in an attempt to avoid more discomfort. We guide our thoughts when we talk, write, listen and read about anxiety.

Many of our thoughts are based on our memory of the things we have experienced. So, when we experience anxiety symptoms, they automatically think of because they were negative experiences.

By guiding our thoughts, you can choose or learn not to think about the anxiety anymore. Of course, it is not easy. Therefore, help is needed through verbal and visual beliefs. We can call it a cognitive belief technique.

Imagine that you never think about the anxiety again. Yes, it is possible with the right technique.

Chapter 9: Avoidance Behavior: The Way to Prison

When I say "prison," I mean isolation at home due to anxiety. Anxiety creates avoidance behavior. One of the worst things about Irrational Anxiety is the build-up of this behavior. I lived with it for many years without realizing it. Anxiety and avoidance behavior are connected - you can't have one without the other.

Why do we build avoidance behavior? The body will protect us. When we experience anxiety somewhere we go, the brain stores it as dangerous and warns us. It can happen anywhere. For example, if you've had symptoms in a gathering or a department store, you'll start avoiding those places because of the discomfort.

The problem is that when we start avoidance behavior, we confirm the brain that these places are dangerous. In the end, we avoid almost everything. I lived like that for almost 40 years, until I stayed at home all the time. Avoidance behavior is very problematic and difficult to avoid when living with Irrational Anxiety.

Holding on to the grip of anxiety

Persistence in anxiety is an overlooked consequence of our anxiety behavior.

The first attachment often occurs when the doctor prescribes medication instead of informing about the anxiety condition. This leads to the fear of forgetting the medication, which creates a medicine prison.

The retention is due to a lack of understanding of what is happening to us. Remember, it's a condition, not a disease. Only you can remove this hold. Psychological attachment can only be stopped with rational thoughts.

Attachment is rarely mentioned by professionals, but it is an important part of the anxiety problem.

Consider this: How often do you choose to stay at home to avoid triggering your symptoms? How quickly do you turn around if you discover that you have forgotten to take your medicine?

Chapter 10: Anxiety – the forbidden word

There is hardly a more negative word than anxiety. Therefore, it can be challenging to maintain a positive attitude when experiencing anxiety. The word anxiety itself evokes negative associations. This negativity is created by us by associating anxiety with various unrelated problems.

A significant mistake occurs when we refer to irrational anxiety as anxiety. Anxiety should signal that it is rational anxiety. Unfortunately, this is no longer the case. A major reason we experience anxiety repeatedly is the way we talk about anxiety and ourselves. It is therefore crucial that we always speak positively to ourselves and avoid using negative words and phrases, as this will unconsciously reinforce the anxiety.

It is unnecessary to plan for future anxiety by using the word anxiety. If it is necessary to use phrases with the word anxiety, it can be formulated as follows:

"The irrational anxiety I'm experiencing right now" (which only applies at this moment).

"The irrational anxiety I'm experiencing at the moment" (during this specific period).

Avoid using statements such as "I am anxious" or "I have anxiety" without a time stamp.

There is a significant difference between saying "I have anxiety" and "I am experiencing irrational anxiety right now" or "I am anxious" and "I am experiencing irrational anxiety at the moment".

By including terms like "right now" or "at the moment," you're limiting anxiety to a temporary experience, rather than a permanent state.

IMPORTANT: Anxiety is not an identity. You feel anxiety. You experience anxiety. You sense anxiety. You sense anxiety. You feel anxiety.

In general, you should avoid talking about the anxiety, except when it is strictly necessary, e.g., at the doctor's office, as talking and thinking about it brings the anxiety to life. Imagine that you never thought or talked about the anxiety.

I hope you can see the problem with the phrases "I have anxiety" and "I am anxiety" if you want to be anxiety-free. It would be best if you could avoid using the word anxiety altogether. Use the word **challenges** instead.

I don't have anxiety.

One might think that the phrase "I don't have anxiety" could be used for positive conviction. But at first, it's hard to believe the phrase "I don't have anxiety".

No matter how many times you say, "I don't have anxiety", it can be difficult to be convinced because the body and thoughts often tell you otherwise. The thoughts can indicate that one has anxiety, and repeating such phrases can reinforce this perception.

If you say, "I don't have anxiety", the subconscious will immediately doubt. The brain will try to disprove it. Doubt alone can convince you that it is not true and that you have anxiety. This happens because all previous experiences with anxiety quickly appear in the consciousness and disprove the statement. You now think more about anxiety because you thought or said the phrase "I don't have anxiety".

The brain responds better to questions than denials, so try instead: "What is anxiety?", "Why do I have anxiety?" or "When does the anxiety go away?" The brain responds better to questions as it makes it think and try to find a solution. However, the brain does not know the word anxiety because it is a concept. The brain doesn't know that we're calling one of our emotion's anxiety. Only our consciousness knows that.

The brain perceives anxiety as an emotion, even though it is an autonomous reaction of the reptile brain. The cerebrum and reptile brain do not communicate directly with each other. The cerebrum only becomes aware of the anxiety when it is reacted to. It wonders about the origin of this emotion, but gets no answer, as it is an instinctive reaction. Therefore, the brain is not able to define anxiety or provide a rational explanation for it. The brain can only answer questions based on learned information, such as "What time is it?", "What is 5 + 5?" and "Who is Thomas?".

If you want to talk about anxiety, the following phrases can be used:

"I am challenged by my thoughts."

"I have challenges with my thoughts as they create unpleasant feelings."

It may be helpful to consider how the word anxiety will be used in the future. Anxiety becomes easier to deal with when we see it as a temporary reaction that we can learn to control.

Conclusion

Avoid using the word anxiety. Instead, use words like 'discomfort' or 'reaction' – this makes the anxiety less frightening. How you talk about and describe anxiety can have a big impact on your mental state and experience of anxiety. By using more neutral language, you can reduce the negative effects on self-image. This change in perspective can be an important step towards managing anxiety better.

The role of the amygdala

The amygdala is a part of the brain that does not relate to psychology, psychiatry, medicine or therapy. It is found in the evolutionarily older part of the brain and is older than the rational cerebrum.

The amygdala responds only based on its own signals and has no understanding of thoughts. It detects danger through our actions, reactions and behavior in relation to the environment. The amygdala constantly monitors our surroundings for potential threats.

We can't change our immediate response to anxiety. Anxiety provokes an automatic fear response that is supposed to motivate us to act. When we experience anxiety, it triggers a uniform reaction: We experience fear and expect negative outcomes, which we are biologically programmed to do.

Anxiety is designed to promote survival. When you don't respond with a flight or fight response, the discomfort feels even worse. In irrational anxiety, this reaction does not occur because there is no real danger. This confuses the body, which then becomes even more anxious because it does not understand why we do not react to the anxiety as expected.

The feeling of anxiety is so unpleasant that you automatically want to avoid it.

You become more afraid of your own feeling of anxiety than of the danger itself that has triggered it.

Help yourself in the future. Avoid talking about "having or being anxious" – talk about experiencing a chemical emotion we call irrational anxiety. Use the phrase: *I experience a chemical feeling.*

Chapter 11: At the Doctor's

It is common for doctors to begin treatment for anxiety, even if the anxiety is a side effect of the underlying problem that triggered the anxiety. The underlying problem is mostly overlooked at first in favor of treating the discomfort of anxiety.

It is seen as insufficient to diagnose people with something for which we do not have an immediate solution.

Professionals will always look for signs of anxiety because that's what they're trained for.

Patients, on the other hand, are looking for an explanation and solution to avoid several symptoms.

"Why did I experience anxiety the first time, why do I have anxiety afterwards, why do I feel sick, why is it so uncomfortable, why am I afraid of experiencing it again." etc.

It is these patient questions that should form the basis of a treatment. Not what diagnosis or whether anxiety is genetic, a disorder, chemical imbalance, etc. It is of no importance, as it will always be the unpleasantness that is the problem and not the cause.

Does it change your situation, here and now, to be prescribed medication that might work in 8 weeks? Or will it change your situation here and now, to be reassured via concrete anxiety information.

It is not effective to prescribe medication that may work in 6-8 weeks when patients need immediate help at the first doctor's visit with anxiety symptoms.

A normal consultation with the doctor can typically take place like this.

You come to the doctor after experiencing anxiety symptoms or seizures.

After a thorough examination and talk about your symptoms as well as an anxiety test, you will be given an anxiety diagnosis and possibly prescribed medication or offered other treatment.

A hypothetical consultation could look like this.

Imagine that you go to the doctor. The doctor examines you thoroughly and you fill out an anxiety test. Afterwards, the doctor says, "Yes, there is no doubt, you have experienced irrational anxiety symptoms. However, it is nothing to be worried about. You are not sick. It was our own body's chemistry that you felt as uncomfortable. The unpleasant feeling is what we call anxiety. We can therefore rule out that you are sick, but simply felt natural, but yes, very unpleasant irrational anxiety chemistry. The anxiety chemistry is called adrenaline and is very unpleasant to experience when there is no reason for the release in the body. Which there wasn't in your case. You weren't really in danger.

The problem now is that the unpleasant anxiety experience is stored in your memory, precisely because it was unpleasant. It is this discomfort that makes you now sit here with me. But there is nothing to be nervous about. Whatever you felt, it wasn't dangerous at all, just uncomfortable. The hidden memory of the anxiety experience is what makes you, unconsciously, think so much about the discomfort of anxiety that you decided to seek me out because you want to avoid more of the discomfort. Now it is important that we get your anxiety thoughts stopped before they become a problem for you.

Let's see if we can do something about your anxiety memory so that it disappears again just as if it had worse rational anxiety. Remember it was only saved because you reacted inappropriately to the anxiety state created by the adrenaline and the other drugs. The brain perceived this as a negative reaction that it is coded to store in order to learn from.

I hope I have reassured you. Well.

First, you need to become aware that you are not sick or have something else wrong. You have my word on it. The fear memory must not be given space to take over your thoughts. Therefore, you must now focus on the positive, e.g., that you are not sick as you might have thought before you came here. That's why it's important to tell yourself that you're not sick. That it was just anxiety chemistry. Now try to say the following after me a few times, *I'm not sick, it was just anxiety*

chemistry that cheated me because of the discomfort. It's perfectly okay to say that, as you're not sick, but challenged by the discomfort of anxiety.

How does it feel to say that? Was it difficult? Yes, it can be difficult at first to believe that you are not sick. I know it all too well myself. But you have my word that you are not sick but challenged by the anxiety discomfort just like everyone else who experiences anxiety symptoms, also becomes sick. We all react the same to anxiety. With fear that it will repeat itself. It's completely normal.

If you first believe that you are sick from the anxiety, it will be difficult to convince yourself of the opposite later. Therefore, it is crucial that you become aware that you are not sick but were emotionally challenged by the chemical discomfort the anxiety created.

We are up against strong emotions, so it takes a little convincing before the anxious thoughts completely let go of you. But it will come if you follow what I tell you here.

When you get home, try making some posters with the text, *I'm not sick*, and hang them up visible places in your home. Then I will guarantee you that you will think much less about anxiety in the future. Do you know why? Because you push the anxious thoughts into the background every time you see the posters and tell yourself aloud that you are not sick. That way, you don't give them space when you're focusing on something else. And that's the most important thing. For the future, you only have to have one thought in your head when you leave here, *I'm not sick. It was just anxiety chemistry that cheated me because of the discomfort.* If you can say that you will find that the anxiety disappears over a short period of time, partly because you came here so early in the process.

The doctor continues: This is not a recognized method, as I have developed it myself, because I myself experienced a lack of effect from the recognized treatment methods, during my own period of irrational anxiety. Yes, even us doctors can experience the irrational anxiety.

If you are unsure if what I have told you will work, I will prescribe medication for a limited period of time, which you have probably heard, is normal and had hoped for, so you can feel more secure. Just be aware that the medication can take up to 2 months to show an effect. However, medication is never guaranteed to show an effect. At the same time, there is also the question of side effects and how many you are willing to accept. Therefore, I think you should use the 2 months to convince yourself that you are not sick, as I have explained to you here. Again. I would recommend that you make the posters in question, alongside the intake of medication, and hang them up at home, where you can see them all the time, as well as introduce verbal use of the phrase *I am not sick* in your everyday life. Over a short period of time, your anxious thoughts will disappear from your consciousness because you won't trigger them anymore if you follow these individual tips.

If the posters and the sentence have no effect after the 2 months, you simply continue with the medication until we get closer. I hope that the medicine has an effect on you after the 2 months at the latest.

If it later turns out that neither of the two methods mentioned here has the desired effect, you can consider one of the recognized cognitive methods. However, they are self-payment and there may be long waiting times, especially with psychologists and private psychiatrists, so you need to consider how bad you think your anxiety challenges are.

Call me once a week so I can keep up with how you're doing. If you need it, we can have a talk more about anxiety and its challenges. You can book a new appointment on your way out or we can take it Online.

Before you go, I have this new information anxiety brochure that contains all the knowledge you need that I have explained a little about here. It will help you a lot if you read it sometimes."

This text was of course meant hypothetically, as such a consultation will probably never take place. Unfortunately.

Fact: Irrational anxiety only becomes a problem because we don't act on the released chemistry as we naturally would with rational anxiety. If the feeling of anxiety is not addressed, the accumulated chemistry will be misinterpreted as symptoms of illness or errors in the body, which intensifies the discomfort. The truth is that the physical reaction of anxiety requires only one thing: action that can burn the chemistry. It is not necessary to understand complex theories about genetics, trauma or brain chemistry to break free from anxiety. All it takes is to understand that the discomfort is due to body chemistry instead of trying to analyze or interpret it.

Of course, it is best to avoid triggering the anxiety altogether.

Chapter 12: Medicine and Medical Treatment

Anxiety is considered a disease, but the feeling of illness arises due to a misinterpretation of the adrenaline feelings, i.e., the symptoms. Thus, it is the misinterpretation or reaction that develops into a disease. However, this reaction should be seen as a rational response to irrational symptoms, since the symptoms create a discomfort that we naturally seek to avoid.

The power of anxiety

The first step to overcoming anxiety is to have the will to do it. You shouldn't just accept anxiety as a permanent condition, as some professionals believe. Why should you? You had a life before the anxiety, so of course you can live that life again. However, it requires an effort on your part.

Just as we ourselves develop anxiety through our eternal misinterpretations of it, we must also reinterpret the misinterpretations ourselves in order to overcome it. This is an achievable task, although it takes time.

The solution lies within yourself, and it is crucial that you have the will to change the situation. I emphasize this because I often see people who think that they have to live with anxiety forever. But that's not the case. Anxiety is always a temporary condition driven by body chemistry, although the condition may appear repeatedly.

You live with the fear of anxiety attacks and symptoms, not the anxiety itself. The two things are different.

Alternative diagnoses

Diagnoses should be defined by the degree of discomfort, retention and avoidance rather than the number of symptoms. **That is, how much the anxiety affects the individual, rather than how many symptoms are experienced.** The approach to symptoms is a legacy from a time when anxiety was considered a condition that required medical treatment. Today we have a deeper understanding.

It is always the fear of more anxiety discomfort that is wanted to be treated, not the symptoms. Symptoms may disappear over time, but the fear of recurrent anxiety persists as long as there are memory memories of previous anxiety experiences.

The challenge was to develop a method to break this anxiety and discomfort cycle, which succeeded in 2018 with the method described in the last part of the book.

Cognitive behavioral therapy (CBT) was developed in the 1960s, when there were far fewer diagnoses. Therefore, this "one to one" form of therapy is less relevant to modern anxiety treatment. Online CAT and Metacognitive Therapy (MCT) could be alternatives, but the theory behind it seems outdated. New methods are needed to effectively address the approximately 350 million diagnoses worldwide.

Chapter 13: SSRI Medicine and Traditional Therapies

As we know, medication is symptom treatment.

When you take medication, the medication tries to reposition and prolong the effect of serotonin in the brain, so you should think more rationally. However, it does not succeed every time, as you

cannot be sure if the mentioned active substances "hit" in the right area of the brain, as it is a complex process.

It was the pharmaceutical industry and their psychiatrists who defined anxiety diagnoses as illnesses and disorders, which led to their inclusion in DSM III. This allowed psychiatrists and other doctors to prescribe psychotropic drugs to treat all anxiety diagnoses. Without diagnoses, this practice would not have been possible.

In 1988, the first SSRI drug, Prozac, was introduced and took over the market for anxiety diagnoses. Since then, hundreds of other preparations have been developed.

Patients are generally the most qualified to assess whether a medicine has the desired effect. The fact that the pharmaceutical industry claims that a drug works has limited value, as the test data is not publicly available. Doctors also do not have access to this data, and therefore they never know for sure whether a prescribed drug will be effective for the individual patient. Therefore, patients themselves should be critical and ask their doctor about how, when and why they can expect to feel an effect of the treatment. It is important to make sure that the doctor knows the answers to these three questions for the prescribed drug.

Three factors can make a patient feel better after treatment: the drug effect, the placebo effect, and the natural course of the disease. We call it spontaneous remission.

Patients who take anxiety medication do not learn to manage their anxiety alone. Medication can make us feel better, but we know that the problem is not solved.

The serotonin in the brain cannot remove the memory of past anxiety experiences, which is what creates the thoughts. SSRI medication just tries to get you in a better mood, so you don't think so much about the anxiety.

I used medication for 12 years, from SSRIs to Benzos, with no effect other than many side effects. The anxiety continued unchanged until I decided to take control and stop the medication. After 12 years of ineffective treatment, I realized that another 10 years would hardly make a difference.

SSRIs prolong the action of serotonin by inhibiting its reuptake in the synaptic cleft. This causes serotonin, which has already been released, to remain active longer and stimulates receptors more intensively.

To adapt to the prolonged stimulation of serotonin receptors, the brain adjusts the number of serotonin receptors or their sensitivity. This adjustment is called **downregulation**.

When treatment is completed, the brain returns to its natural processes. This transition can lead to temporary imbalances and symptoms, as the brain must restore receptor sensitivity and normalize serotonin production and activity after SSRI use.

The theory behind SSRIs is that they help reduce negative thought patterns, as serotonin has a mood-lifting effect. Online, you can find statements such as: If the root cause of a person's anxiety is not related to serotonin problems, these medications may not be effective.

Since most people's serotonin levels are not the primary cause of anxiety, a change in serotonin management will not improve their condition. The serotonin level can be tested at the doctor. This may explain why anxiety doesn't relate to serotonin. Serotonin simply tries to limit our thoughts about anxiety by lifting our mood, without addressing the anxiety problem itself. Medication does not change one's perception and beliefs about the anxiety, one will still fear experiencing it again.

Serotonin is a neurotransmitter, a chemical substance that, among other things, regulates mood. Serotonin is often associated with feelings of well-being and happiness. It is believed that serotonin helps to stabilize and reduce anxiety.

For some people, there are improvements, but these are often insufficient to completely eliminate the anxiety thoughts. This is because there are other factors at play than just the thoughts of anxiety – namely the discomfort that the anxiety causes. Therefore, the expression is often used that it works for some, but not for all.

If antidepressants worked uniformly, they would work for everyone, since our brain chemistry is similar. Just as painkillers and benzodiazepines work for everyone. This indicates that the active ingredients in antidepressants may not be effective enough. The focus may be on the wrong mechanism when addressing serotonin levels, which may explain the limited efficacy for many patients.

Perhaps the reality is that you cannot lift your mood out of anxiety, as the fear of discomfort is a much stronger "feeling" than anything a better mood can cancel.

The word evidence is used when you want to document the SSRI effect, instead of scientific documentation, as the scientific effect cannot be proven unambiguously. When searching for SSRI effect, there will be both evidence for and against the effectiveness of SSRIs. Placebo is often mentioned in connection with the cause of SSRI effect.

Placebo effect: Several studies show that the placebo effect is significant with antidepressants. Patients experience improvement based on the expectation of recovery.

In addition, online anxiety forums provide a good insight into the real impact of SSRI medications on anxiety, which is not positive reading.

There is no such thing as an imbalance in the brain, it is a myth created by the pharmaceutical industry to increase drug sales for depression.

SSRIs do not increase serotonin levels but simply prolong its activity by preventing its reuptake into the nerve cells.

Why don't we just add serotonin to the brain?

The blood-brain barrier (BBB) is a selective permeability barrier that protects the brain from potentially harmful substances in the bloodstream. Serotonin cannot cross BBB effectively, so oral or other intake of serotonin would not increase its levels in the brain.

Serotonin also plays a role in various bodily functions outside of the brain, including regulating the gastrointestinal system, blood clotting, and cardiovascular function. The addition of serotonin systemically (through the bloodstream) can therefore lead to unintended side effects in these systems.

The effect achieved by SSRI medications, if any, is often not proportional to the side effects experienced. The number of side effects is significant for a product that has such a limited effect.

Active placebo is no longer used as it shows the limitations of SSRI medications. SSRI medications primarily have side effects and limited efficacy for some users. If 1000 people take SSRIs, only about 200 will experience some effect ([see Appendix 2](#)), while a placebo could have similar results with fewer side effects.

What is the placebo effect of taking SSRI medications?

The overall effect of SSRIs shows: With and without inactive placebo effect:

Overall improvement (with placebo effect): 50-60%

Pharmacological improvement (without placebo effect): 20-30%

This indicates that pharmacological effects of SSRI medications affect 20-30% of users. Overall, 50-60% improvement is achieved when the placebo effect is included.

With the use of **active** placebo, the effect is reduced to only 5%. When **inactive** placebo is used, an efficacy of 20% appears, presenting the medication in a more favorable light. **Active** placebo is therefore no longer used.

It is well known that the pharmaceutical industry can tend to present tests in a way that highlights positive results, as they often perform these tests themselves. Public testing has become less frequent, which can be worrying.

In addition, three SSRIs (Fluoxetine, paroxetine, and sertraline) have been reported to be among the 30 most addictive drugs, according to existing data.

There are views that claim that SSRIs do not correct for a chemical imbalance, but rather can help to create one, which may be why it can be difficult to discontinue the medication without withdrawal symptoms.

Evidence for these views exists, although they are not widely accepted in the pharmaceutical industry.

In some patients, the effect of SSRI medication is seen to decrease over time. Within a year. It is also not widely recognized in the pharmaceutical industry. However, the effect is seen with a lot of medication.

Documentation.

Unlike medication, which only works for a small percentage of patients, **self-reported data from over 4,500 people show** that this method has a documented effect. **Up to 95% of users find that their anxiety disappears completely within 1 to 18 months.** This indicates that the method treats the cause of the anxiety itself – not just the symptoms.

Chapter 14: Cognitive Treatments

Intro to cognitive treatments.

Cognitive treatments and medications are used today primarily because there is a lack of better alternatives.

Unfortunately, the development of new and modern anxiety treatment seems to have stalled with the advent of medicine. Statistics show that today's recognized methods only have a documented effect for about 20% of those treated ([see Appendix 2](#)). It must then leave about 80% without the desired effect. If the evidence shows that the treatment works for 20%, we must also acknowledge that it does not work for the remaining 80%. I hope this book can help some of the 80%.

Perhaps we should focus more on this large group that is not experiencing an improvement. What happens to them? Many of them are left without solutions and often end up relying on various medications, which also only show an effect for between 12 and 20% of patients. ([see Annex 2](#)) This raises an important question: what can we do to better help the 80% who are currently not getting the help they need?

By also shifting our attention to this group, we can potentially develop new and more effective forms of treatment that can fill the gap that current methods do not cover. It is not enough to focus on those who benefit from the treatments – we must also take responsibility for those who do not, as they make up by far the largest group.

To do that, you also have to look at our assumptions about anxiety. Is it correct with such a low effect of the treatments? Is something misunderstood, misinterpreted or overlooked in the acknowledged understanding of anxiety?
--

The biggest problem is of course that too many patients self-pay for professional therapists and treatments that do not have the desired effect, which I, unfortunately, have experienced myself several times in my many years with anxiety symptoms.

This book is an attempt to uncover these challenges and show an alternative and not medical anxiety understanding.

Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) is described as one of the most widespread and well-researched methods for treating anxiety. The therapy focuses on the connection between thoughts, feelings, and behaviors and offers practical tools to change negative patterns.

Basic principles of CAT

CAT is based on the idea that our thoughts have a great influence on our emotions and behavior. When we experience anxiety, it is often due to negative or distorted thoughts about ourselves, the world, or the future. The therapy helps to identify and challenge these thoughts to create more constructive and realistic ways of thinking. The theory is probably good, but when it comes to practical application, it is far too difficult to understand that it has to be so elaborate. The thoughts between the anxiety symptoms that are tried to be challenged do not change the fact that it is not possible to change the thoughts once the symptoms are there. The anxious thoughts will always be stronger than the realistic thoughts you may have achieved by challenging the thoughts between the symptoms.

How does CAT work? This is what we typically hear.

CAT typically consists of the following steps:

Identification of thought patterns: The client learns to recognize the thoughts that trigger anxiety.

Challenging negative thoughts: Therapy works to question the validity of the thoughts and find alternative perspectives.

Behavioral changes: The client is introduced to new ways of acting and responding that reduce anxiety and avoidance.

Exposure: Through gradual exposure to anxiety-provoking situations, the client learns to break avoidance patterns and build confidence in their ability to manage the anxiety.

Benefits of CAT

CAT is evidence-based and has proven effective in treating a wide range of anxiety disorders. The therapy provides concrete tools that can be used in everyday life, and helps the client take control of their reactions to anxiety.

Limitations of CAT

While CAT is effective for many, it can be challenging for individuals who find it difficult to work with their thoughts or engage in exposure exercises. The therapy also does not address the deeper memory aspects of anxiety, which may require a more targeted approach.

Integration with other methods

CAT can be combined with our method, which works with the underlying memories and beliefs that maintain the anxiety. By combining the two approaches, a more holistic treatment plan can be created.

Practical applications

Many of the techniques used in CAT can be applied outside of the therapy room. For example, exercises in challenging negative thoughts and practicing gradual exposure can be helpful tools in your own process of overcoming anxiety.

Conclusion

Cognitive Behavioral Therapy is a well-proven method that helps break the cycle of anxiety by changing thought patterns and behavior. When combined with other methods, CAT can contribute to a more comprehensive and effective treatment of anxiety.

Chapter 15: Metacognitive Therapy (MCT)

Metacognitive therapy (MCT) is a so-called modern approach to anxiety treatment that focuses on how we think rather than what we think. But still about thoughts. The method helps reduce persistent worries and overthinking, which are often at the heart of the anxiety cycle.

(In reality, it is the fear of more discomfort that creates worries and overthinking about experiencing the anxiety again.)

What is metacognition?

Metacognition refers to our awareness of and control over our own thought processes. MCT is based on the idea that it is not the thoughts themselves that create anxiety, but rather the way we

react to them. For example, a random worry can escalate into persistent anxiety if we spend a lot of time analyzing and worrying about it.

(In reality, it is the stored past's anxious memory that creates the thoughts.)

How does MCT work?

MCT works to change our relationship with thoughts. Instead of trying to control or change the thoughts themselves, we learn to see them as temporary and harmless. The therapy helps to break the habit of overthinking by focusing on strategies such as:

Separation from thoughts: Understanding that thoughts are not necessarily true or relevant.

Reducing thought processes: Learning to interrupt unnecessary worries and ruminations.

Increased attention control: Shifting the focus from anxiety symptoms and worries to more constructive activities.

Benefits of MCTs

MCTs are an effective method for reducing excessive worry and rumination. It's especially helpful for individuals who feel trapped in a spiral of negative thoughts. The therapy is relatively short-term and focuses on concrete strategies that can be implemented quickly.

Limitations of MCT

While MCT is useful for many, it primarily works with thought processes and does not directly address the deeper memory aspects of anxiety that our method targets. For people with persistent anxiety, it may be necessary to combine MCT with other approaches.

Consistency with other methods

MCT can be used with advantage with our method, which works with the underlying memories and beliefs that drive the anxiety. While MCT focuses on reducing overthinking, our method can help break the link between memories and anxiety symptoms.

Conclusion

Metacognitive therapy is an approach to reducing overthinking and worrying, which often perpetuates anxiety. By combining MCT with other methods, you can get a more holistic solution that not only reduces symptoms but also addresses the deeper causes of the anxiety.

Chapter 16: Exposure Therapy

Exposure therapy is an evidence-based treatment method that focuses on gradually confronting the situations that trigger anxiety. The method helps to break avoidance patterns and build tolerance for anxiety by learning that it is not dangerous.

(However, it is difficult due to our encoded desire to avoid discomfort, which is precisely what exposure creates.)

What is exposure therapy?

Exposure therapy involves systematically exposing oneself to the situations, places, or thoughts that generate anxiety, without avoiding or fleeing from them. Through repeated exposure, the brain learns that anxiety subsides on its own and that the situations do not pose a real threat.

How does it work?

Exposure therapy works by altering the brain's response to anxiety-provoking stimuli. When we avoid a situation, we strengthen our conviction that it is dangerous. Exposure breaks this cycle by showing the brain that the anxiety response is unnecessary and temporary.

Types of exposure

Graduated exposure: Start with less anxiety-inducing situations and gradually work your way up to more challenging scenarios.

Flooding: Exposing yourself directly to an intense anxiety-inducing situation to quickly break down the fear. This often requires the support of a therapist.

Interoceptive exposure: Focus on the body's reactions to anxiety, such as heart palpitations or dizziness, to reduce the fear of these symptoms.

Benefits of Exposure Therapy

Exposure therapy is an effective method to reduce anxiety in the long term. It teaches you to deal with and tolerate the anxiety instead of avoiding it. Many people experience a significant reduction in their anxiety symptoms after repeated exposure.

Limitations and challenges

Exposure therapy can feel daunting, especially at first, as it requires confronting your feared situations. *That is, the discomfort an anxiety situation creates.* It's important to take the process at a pace that feels manageable and to have support if needed. The therapy works primarily with

behavior and does not always address the underlying memories and beliefs that maintain the anxiety.

Integration with other methods

Exposure therapy can be combined with other methods such as Cognitive Behavioral Therapy (CBT) or our method to create a more comprehensive treatment. While exposure focuses on the behavior, our method can help address the underlying memory patterns.

Practical advice for exposure

Make an anxiety hierarchy list: Identify situations that cause anxiety and rank them from least to most frightening.

Take small steps: Start with the least anxiety-provoking situation and work your way up gradually.

Repeat the exposure: The more often you confront the situations, the more the anxiety will subside.

Be patient: Exposure is a process that takes time, but the results are long-lasting.

Conclusion

Exposure therapy is an effective method to break avoidance patterns and reduce anxiety. By systematically confronting feared situations, you learn that anxiety doesn't have to control your life. When this method is combined with other approaches such as CBT, you can create a holistic approach to reducing anxiety.

In summary, while CAT and MCT primarily focus on cognitive and behavioral aspects of anxiety, they both recognize the influence of genetic, neuro-biological, and social factors. These factors can create a predisposition to anxiety, but the therapies focus on modifying the individual's thought processes and behaviors to manage and reduce anxiety symptoms.

However, neither Cognitive Behavioral Therapy (CBT) nor Metacognitive Therapy (MCT) are designed to handle the 350-400 million anxiety diagnoses worldwide. Therefore, the help they offer is unfortunately like a drop in the ocean. To be able to tackle anxiety globally, completely different methods are required.

CAT is complicated and was developed in a period when the understanding of irrational anxiety was relatively new and the number of diagnoses was far fewer, namely in the 1960s. That was before our modern and technological society really took off in the year 2000. At the same time, new knowledge about anxiety has led to even more diagnoses without corresponding development of new and better treatment methods. It is important to remember that medication only treats the symptoms when it works and that MCT builds on CAT.

In order for cognitive behavioral therapy (CBT) to make a significant difference, between 10-20 million therapists must be trained globally. In addition, the method must be made freely available. However, this scenario is unlikely. Therefore, other solutions should be considered that do not involve expensive individual treatments over long courses. Our method represents a proposal for such a solution, but there are probably others as well.

Please note that if CAT or metacognitive therapy (MCT) does not prove effective, it is not necessarily your fault. This may be because the methods were developed at a time when there was a different understanding of the causes of anxiety.

Anxiety and its consequences

Consider how anxiety would be experienced if it were not associated with discomfort. Would you see a doctor, take medication, or go to therapy if you didn't feel any discomfort with anxiety? Probably not. This hypothetical scenario illustrates that anxiety is only considered a problem because it causes discomfort which is what we react to and want to avoid. What can we do if we can't eliminate the discomfort of the anxiety itself?

Experience shows that the most effective approach is not about suppressing symptoms and thoughts, but rather about processing the unpleasant memories that anxiety has left in our memory.

Why do we remember **irrational** anxiety so clearly, while we forget **rational** anxiety?

The problem lies not in the anxiety itself, but in the memory of it. Therefore, if it is not possible to eliminate the discomfort of anxiety, the focus should be on erasing the memories of this discomfort.

It is irrelevant what diagnosis a person receives or what triggering factor started the anxiety. Regardless of whether you suffer from social anxiety, health anxiety, generalized anxiety or panic disorder, the fear of recurrent anxiety is associated with previously experienced discomfort and not the diagnosis or illness itself.

When patients with anxiety are told that they can only reduce their symptoms, it is implicitly implied that they can never be completely anxiety-free. This can further maintain them in their state. At the same time, it is not correct.

The day when we begin to address the discomfort that comes with anxiety after the first experiences of anxiety, instead of focusing only on symptoms and thoughts, we will see a significant change in the course of treatment for patients. This could potentially shorten the treatment period from years to months or even weeks for certain patients.

Part 3: Memory and the Cycle of Anxiety

Chapter 17: Memory. The road to freedom.

Normal function of memory

Memory is one of the brain's most important functions and plays a crucial role in our daily lives. It helps us to:

- **Learning new things:** Memory stores information we learn so that we can use it later.
- **Remembering experiences:** Memories of past events allow us to learn from our experiences.
- **Navigating the world:** Memory helps us recognize faces, places, and situations, so we feel safe and know how to respond.

Usually, memory acts as an auxiliary mechanism that allows us to draw on past experiences and adapt our behavior accordingly.

The Function of Memory in Anxiety

In anxiety, memory behaves differently. Instead of helping us adapt, it amplifies the anxiety through past hidden anxiety experiences that create the vicious spiral of negative thoughts and resulting reactions.

Storing Discomfort: When we experience anxiety for the first time, the experience is stored as a negative and unpleasant memory.

Automatic Activation: Whenever we are faced with a situation that reminds us of the first anxiety experience, the memory is automatically activated and reminds us of the previous discomfort.

Creating Negative Thoughts: The memories create thoughts that focus on avoiding the discomfort, which in turn creates fears and worries.

Maintenance of Anxiety: These thoughts amplify anxiety and activate the body's stress response, starting the cycle all over again.

To make this concept clearer, I have created a simple diagram model that shows the cycle:

Anxiety → memory → thoughts → more anxiety

When talking about erasing or removing memory, it is theoretically meant, since memory cannot be erased directly. **But you can forget.**

Forgetting is a natural process that helps prioritize and manage information by allowing less relevant memories to fade over time. Less relevant memories are those that are used less often.

By not focusing on memories related to anxiety, these memories will fade over time and thus become less prominent.

In order for memories to remain active, they need to be repeated or recalled frequently.

Therefore, it is important to minimize the focus on anxiety so that it is not recalled regularly.

Your first anxiety episode can trigger new episodes because the memories create negative thoughts, which in turn trigger the symptoms. This repeats the anxiety process. Your reaction and behavior remain the same because the same thoughts trigger the same chemistry that creates the same unpleasant symptoms. Therefore, you react again with panic.

It is necessary to work with the stored anxiety experiences in the memory. The longer you have had anxiety, the more ingrained the anxiety memory becomes. This means that memory becomes stronger, and it can be more challenging to change this memory.

Memory works like this: When you read an article, you have forgotten most of it after you have finished reading. However, if you read the article over and over again, more information is stored in the long-term memory, as repetition signals that the information is important. This process is called learning. All our knowledge is acquired through repetition: being able to walk, cycle, language, grammar, arithmetic, tie shoelaces, get dressed, special knowledge, etc.

Therefore, it would be a good idea to re-read this book a few times so that all the information is stored in the long-term memory and not just disappear or forgotten when you close the book.

In the same way, anxiety is learned through our repeated reactions and behaviors to symptoms. This also means that anxiety can be unlearned again through repetition.

We have a memory defense mechanism that protects us from altering our learned negative memory. For example, that snakes and lions are dangerous, that a certain path is dangerous to follow, or that it is dangerous to cross a red light. This defense mechanism makes it challenging to change learned negative memories, such as experiencing anxiety in a specific place.

After a long time of anxiety, it may seem difficult to imagine that you can ever become anxiety-free again because of the many memories of anxiety experiences.

The three types of memory

The sensory memory.

Sensory memory is where impressions from the outside world are first registered and stored via our senses. These impressions are only stored for a short time, about a second. Examples of sensory memory include visual memory, which stores visual impressions, and auditory memory, which stores sound impressions.

The seven senses are: hearing, feeling, sight, smell, taste, balance and movement. All these senses have a memory space. Only a small part of the sensory impressions are registered, depending on what the attention focuses on. The sensory impressions that are focused on are transferred from the sensory memory to the short-term memory.

Short-term memory.

Short-term memory acts as a temporary storage device for information. This information can quickly be lost or replaced if new information requires attention. Information that is repeated and given meaning will be transferred to long-term memory, as happens with learning.

Working memory is a part of short-term memory, where new information is processed with the help of long-term memory.

Long-term memory.

Long-term memory is the place where information can be stored for hours or for life. It contains knowledge, memories, skills, etc. Information in short-term memory typically activates knowledge in long-term memory if this knowledge is already known. Long-term memory has an unlimited capacity.

This was just a brief review of memory. In reality, it is complicated.

A review of memory at the onset of an anxiety episode.

The sensory memory registers the first feelings of anxiety and muscle movements, which are then stored in the short-term memory. Working memory examines whether there is a similar memory in long-term memory. Often it does because previous experiences of anxiety have been saved. This new experience of anxiety is therefore also stored in the long-term memory. Repeated experiences of anxiety lead to these memories being stored in long-term memory.

This process can be complex. Long-term memory contributes to the fear of repetition, which makes anxiety difficult to get rid of. Memory is reviewed to find out if a similar situation has been experienced in the past. When this is the case, this memory is retrieved and forms the basis for the current thoughts.

If anxiety were only stored in short-term memory, it might be less stressful. However, due to the body's reaction with panic, it is perceived as a danger and is therefore stored in long-term memory.

Again. Memory plays a crucial role in the experience of anxiety in different situations. Without the memory of past anxiety, we would not experience anxiety, as there would be no memory of the anxiety to trigger it.

Memory is unreliable.

The feeling of anxiety is activated by the amygdala when we are faced with a potential danger. In such situations, other parts of the brain are also activated to determine how to respond to this threat and what aspects of the experience to store. Elements of the anxiety experience are stored in both the amygdala and the hippocampus.

Our memory never records 100% of our experiences, as it is constantly changing. Memory consists of small networks of cells that are constantly changing. When new memories are formed, new neural pathways and connections are created in the brain. These nerve pathways and connections change continuously, causing our memory to change over time.

Therefore, the memory is not static like a photograph that always shows the same image. When we try to recall something, the information is retrieved from different areas of the brain. However, since the neural pathways and connections have changed over time, we do not have an accurate representation of events. The brain makes an educated guess based on available information by forming new nerve pathways and connections.

The structure of the brain is constantly changing due to the continuous formation of new nerve pathways and connections, making the brain plastic (changeable). Experiential and learning memory is located in different areas of the brain, ensuring that the learned material is preserved. When recalling an experience, memory is slightly modified as a result of the newly formed neural pathways and connections, which means that original experiences are gradually altered and may eventually be partially or completely forgotten. We reconstruct our memories of events, including anxiety experiences, with this constructed version replacing the original memory. This phenomenon applies to almost all experiences. Negative thoughts about the anxiety create persistent false memories that repress the actual experience. In addition, the brain stores more negative than positive experiences as a protective mechanism. By systematically changing the memory of anxious memories, we can reduce the level of anxiety experienced.

Anxiety and memory

The memory is stored as small electrical impulses in the brain. It is not something physical, but feels like an inner image created by electrical cell connections. When we think, these networks are activated and form our awareness of the thought or memory.

When the tank disappears, it is because the connections are turned off again. Therefore, thoughts and memory exist only briefly. We have room for many cellular networks, just like an electronic device with RAM, but humans have almost unlimited storage.

We can remember our whole life without having to upgrade our memory. However, if the memory area is damaged, the memory disappears completely. This is also true for other brain functions such as speech, sight, sense of smell, and movement.

Our life experiences are also influenced by the changeability of memory, which results in us being able to recall only fragments of our experiences throughout life. Thus, we "forget" many things over the years.

The ability to form new memory networks is the reason people often have many thoughts and memories of anxiety. Every time a new thought about anxiety arises, a new memory picture is formed, which can lead to several thoughts on the same topic. These thoughts are also stored in memory. Therefore, it is necessary to stop the formation of thoughts of anxiety altogether, instead of simply changing or restructuring them.

Chapter 18: The Modern Anxiety

Just by calling anxiety irrational anxiety, as it is actually called, the grip of anxiety loses some of its power.

Today, the majority of anxiety arises as a reaction to our life situation and the challenges that modern society presents us with. It is no longer primarily past trauma that triggers anxiety, but rather the stress that our technological and social society creates. Before the year 2000, most anxiety triggers were often related to trauma from childhood, which the author himself experienced back in 1979.

It seems unlikely that approximately 350 million people worldwide would suddenly be affected by anxiety within 25 years if anxiety is considered solely a disease. It is far more likely that societal changes, including the spread of technology, have created new challenges that our psyche was not prepared for.

Professional misunderstandings

One challenge with studying anxiety is that it is primarily conducted by professionals who base their research on beliefs and assumptions that anxiety is a disease. There are no studies where disease is not a basic premise. This results in a lack of progress in understanding anxiety. If we base anxiety treatment on a wrong understanding of anxiety, how can we expect the treatments to

work? The common understanding of anxiety has not yet solved the problem of anxiety, as it is still based on assumptions from the 1960s and thus maintains a complicated method that is not necessarily effective.

Chapter 19: Is Anxiety a Disease

Scientifically, anxiety is not classified as a disease, as the feeling is induced by the body's chemistry, and therefore not caused by an illness, no matter how unpleasant or intense the symptoms may be. What professionals refer to as illness is our irrational reaction to anxiety, which is not a disease either, but a normal and rational reaction to discomfort that is encoded as a defense mechanism against such feelings.

In our view, irrational anxiety probably should never have been categorized as a psychiatric or medical problem. In fact, it's rather a psychological phenomenon that challenges us mentally. These are feelings that frighten us and that we can't control with our thoughts in the way we want. This is why many people seek help.

Anxiety should not be treated as a disease because it does not arise from a physical or mental defect, but from our own misinterpretation of symptoms. Even if you think that anxiety is a disease, you still have to accept that it only becomes a problem because the symptoms are misinterpreted as dangerous. Regardless of what triggers the first symptoms, it is the misinterpretation that causes the anxiety to develop into a persistent state.

Historically, anxiety was considered a mental disorder because it is uncomfortable and because—just like today—people feel sick when they experience it and therefore seek medical attention.

Irrational anxiety is a relatively new phenomenon in human history, so new that we have not yet developed rational methods to deal with it. Therefore, it is not surprising that we still have challenges in dealing with the negative consequences of this condition.

Irrational anxiety doesn't necessarily indicate that there's something wrong with us. Rather, it signals that there are challenges or conflicts in our lives that require our attention. Ignoring these challenges can lead to the experience of irrational anxiety.

The paradox of irrational anxiety is that it both originates from our thoughts and at the same time is maintained by them.
--

The body creates the condition.

It's essential to understand that anxiety is a chemically created condition in which the body reacts with a protective mechanism against the discomfort. Anxiety diagnoses are therefore not classified as disease or disorder diagnoses, but as condition diagnoses. A condition is temporary and cannot be maintained constantly. You can't be anxious all the time, just as you can't constantly be angry or happy. Anxiety is just one of these physical conditions that will also disappear over time.

The role of memory

The inability to remember the first anxiety experience would likely mean the absence of anxiety today. The reason is that it is the memory of the discomfort of the original anxiety experience that creates the fear of its repetition. This memory forms an expectation of future anxiety, which becomes the very source of current anxiety.

Treatment myths

A major challenge in the modern understanding of anxiety is the assumption that medication and therapy are the only effective methods of treatment. However, it has not been scientifically proven that medication is effective against anxiety, there is only evidence that it helps certain individuals. The same applies to many forms of therapy. These methods are based on evidence rather than science. The difference lies in the fact that evidence simply indicates that something has been effective for some people in certain circumstances, without necessarily explaining why. Science explains why.

Anxiolytic strategies at the source

The most effective method to deal with anxiety is to interrupt the constant misinterpretations. It is essential to train the brain to understand that the symptoms you experience are not dangerous. This requires sustained effort and is not a quick fix, but it will result in a significant improvement in the quality of life. Instead of waiting for weeks or months for medication to work, we should immediately start reinterpreting the stored anxiety memory.

The role of the health service

Irrational anxiety should be stopped as soon as possible after the first experiences.

The best effort comes immediately after the first attack, as the anxiety is not so "set" yet by all one's beliefs about illness. Therefore, it is crucial that a common material is prepared with correct information regarding the first anxiety symptoms and attacks and how to avoid more anxiety afterwards as well as information about what is happening in their body, in order to avoid misinterpreting any new symptoms as illness. This common material must be available to the health service, especially to doctors, who are often the first to have contact with patients who experience irrational anxiety. The material can be requested from Generation-anxiety.com for review.

The truth about anxiety

The reality we have to recognize is that anxiety shouldn't be considered a disease if you want to overcome it. The solution cannot be left solely to doctors, therapists, or medication, as these methods often do not address the very core of the problem: one's own misunderstanding and perception of what anxiety is and how it works. It requires an active effort on the part of the individual to change this understanding. If the established treatment methods for anxiety had been fully effective, problems with irrational anxiety would have been far less common than they are today.

Reinterpret your symptoms.

To get rid of anxiety, you must learn to reinterpret the misinterpretations that keep anxiety alive.

It's important to understand that anxiety symptoms aren't dangerous. **Anxiety symptoms are just temporary chemical body reactions.** Not disease. With the right knowledge, you will rationally understand what is happening in the body and why you react to the anxiety the way you do. This understanding removes the fear of anxiety.

End

Anxiety is not a disease, but a condition created by body chemistry and irrational thoughts triggered by life challenges. By changing your perception of anxiety and its functioning, you can begin to overcome it. It requires faith in and acceptance of the above information.

Put another way. Anxiety is **not a mental illness**, as it does not meet the criteria, but a **chemical reaction** that is maintained by **memory, thoughts, and fear** due to the chemical discomfort of anxiety.

20: My first anxiety attack

This is an account of how bad it can go if you misinterpret anxiety symptoms the first time, they are experienced.

Suddenly I was lying on the floor shouting and screaming, while all my colleagues stood and looked at me. Two of them held me down, and 112 was called. That was in 1979, and I was 19 years old. This first experience is very connected to everything that I have experienced afterwards with anxiety in my life.

If you've experienced Irrational Anxiety, I'm pretty sure your first anxiety attack also made you scared. Maybe you also misinterpreted what you were feeling and panicked, just like I did. It happens when we can't see through what's happening to the body and our emotions. We get scared, fear the worst, and usually panic in the end.

My reaction to what I felt set off a chemical reaction that I felt throughout my body. Namely, the anxiety. It happened because my body interpreted my reaction as a great danger. The body would only help by sending me into a state of anxiety so that I could get away from the danger that surely must have been there.

But there was no danger in reality. So why did it happen anyway? I believed 100% that I was going to die, and it sat deep in me. From now on, my thoughts were: "Oh no, as long as it doesn't happen again." Now the fear of the anxiety was planted well and thoroughly in my memory. It was allowed to dominate and destroy my life for many years.

I was now afraid of being scared. So, I was scared. For everything. We think about anxiety to avoid it. But when we think of anxiety, we get it. If you say, "I don't want anxiety" or "I can't get anxiety," then you are highly likely to get it.

Today, I have waited about 15,000 days for something to happen that can never happen – namely to die during an anxiety attack. I was convinced that I would die today or tomorrow. I could feel it. It was like that for about 35 years. But as you can read with this text, I didn't die. And you won't get to that from Irrational Anxiety either.

I became a "victim" of random coincidences that my brain misunderstood as a causal relationship because of my reaction to what I felt. The first anxiety attack is usually a coincidence of different circumstances and coincidences. If the first anxiety symptoms are misinterpreted, the subsequent symptoms will be too. It is a psychological predestination.

If I could jump into a time machine today and travel back to 1979 with the knowledge I have today, I would probably never have had anxiety. But I can't (yet). Then I would have said to myself: "Hmm, well it stings a little? It's probably just the damn chest muscle or nerve that has bothered me

before. Never mind – it'll be gone in a minute." Because it always is. That's what I do today, because I know it's just feelings and not reality.

Today I know that the heart is well protected behind the ribs and not "just" just stops by itself. And certainly not when I was young. Now I'm over 60 years old with thousands of anxiety symptoms behind me and a heart that has beaten about 3 billion (3,000,000,000) times and will probably beat impeccably for the next 1 billion beats.

And that's why I know that it takes more than just a thought, symptom or feeling to stop the heart. The heart is pure engineering by nature, just like everything else in the body. Unstoppable.

So no, a heart does not stop during an anxiety attack. We have no control over that. What cheats us is, among other things, the adrenaline. Due to my lack of knowledge, I panicked about the nervous muscle or nerve. And it changed my whole life. My life was from now on lived in a "state of anxiety". I couldn't do anything. Whatever I did, it was in a state of anxiety. Meetings, to and from work, picking up/bringing children, driving, shopping, visits – all in a state of anxiety. It's a miracle I got my IT education. I had symptoms every single day during the training.

The worst was when I had to present. Most of the time I rushed out of the room. It was crazy. This is also where my self-medication with alcohol began, which lasted about 8 years. This anxiety condition continued until 2017. It would be too extensive to describe everything. The above was a brief summary.

Try to think back to your first attack or anxiety symptoms. Could you have acted differently too? I'm pretty sure of that. And if you then ask: "What would life have been like if I hadn't misinterpreted that day?" Then I'm sure that my life would have been very different than it was and is today.

Today, it's hard to imagine a life without limitations after so many years. I'm only going to experience it now. The scary thing is that all my choices in life after the first anxiety attack are based on how I felt, not what I wanted. Everything I wanted to do was slowed down by my emotions and fear of anxiety. That's why I've always "settled" and made the easy and straight choices. I couldn't do anything else. I had become afraid of everything.

This has had major consequences for many people. I came to live a limited life for many years, completely without free choices.

It all became a thousand times easier when I understood that I was not sick, what triggers an anxiety attack, and that it is not dangerous and that you cannot die from it.

In 1979, the public didn't know what anxiety was. Either you were paranoid, schizophrenic or manic-depressive. I lived in total ignorance for 16 years (1979-1995) about my symptoms. I had no idea what was happening to me. No doctor or the health system had an explanation for my condition for the many years. I was always told that I wasn't doing anything wrong. But I could feel that there was something. Back then in the 1980s and 90s, there was no internet, anxiety

associations, Facebook, etc. And that's why it wasn't talked about either. There was no one to talk to. No one knew anything about anxiety. So, I went alone with it, which probably hasn't been healthy. I just lived with all the seizures and symptoms as best I could, but with great inconvenience to my family and myself.

I first heard the word anxiety in 1995. It was in connection with a new test I took at my doctor. Diagnosis: panic disorder, and I was then prescribed some of the first "happiness" pills in Denmark, Seroxat. However, they did not help with the anxiety. I only got even more "issues" because of the side effects. From not failing anything physically, I now got physical limitations due to medication for something the doctor told me was mental.

After the first attack at my job in 1979, I was taken by ambulance to the hospital. After 1 hour of examination, I got the message that I was not doing anything wrong. I was on sick leave for 3 weeks afterwards. I couldn't do anything. I just sat in my room the whole time. During the same period, I was referred to a psychiatrist, where I was prescribed Stesolid because of bad nerves (which it wasn't). It was the first of many symptom treatments I have received in my life.

This is how I lived, until some unpleasant anxiety experiences in 2016 made me say stop and investigate the matter myself, and thereby finally got out of the anxiety.

I have included my story so that the younger part of the readers (maybe it's you?) can learn from it and not end up in a life like I did. In the retention and without taking responsibility yourself. Fortunately, you get all the knowledge you need with this book, which I myself lacked for so many years. I also included my story to tell you that it wasn't that long ago that we went alone with our anxiety without any help from anyone.

Chapter 21: Our Desire to Avoid Discomfort

Humans have a natural instinct to avoid discomfort that protects us from danger and helps us make decisions that promote our well-being. This desire to avoid discomfort is an internal process in the body that is activated over and over again as long as we have memories of past anxiety experiences, since these memories contain anxiety discomfort that the process wants us to avoid.

No thoughts, medications, or known therapies can change this process. Therefore, we continue to experience anxiety. The only solution is to "erase" the memory of the past anxiety experiences so that future anxiety discomfort can be avoided.

To understand why irrational anxiety repeatedly occurs, it can be simplified as follows:

Anxiety symptoms and seizures occur repeatedly because the memory activates thoughts about previous unpleasant anxiety experiences.

It's important to understand that our natural tendency to want to avoid discomfort responds to the stored memories of past experiences with anxiety. It is thus clear that the memory of the anxiety is the main problem, as this memory triggers further anxiety through the thoughts created by the memory.

Summary:

Anxiety typically occurs for the first time because of something in one's life situation and often comes unexpectedly. Subsequent anxiety reactions are triggered by the memory of the first experience and the desire to avoid the discomfort associated with it.

If the first experience of anxiety had not been associated with discomfort, the anxiety would probably not be triggered again without a clear cause.

The first experience of anxiety is an acute, isolated and often unclear event, just like rational anxiety is, but with a clear cause.

By considering all subsequent anxiety as a memory-based reaction, we can conclude that anxiety is not necessarily a mental disorder, but a natural response to, among other things, our fear of discomfort.

Examination of our desire to avoid discomfort.

It's possible to understand how strong this desire is by looking at the actions we take to avoid unpleasant feelings and experiences.

Many people choose to take different types of medication without a guarantee of efficacy and accept possible side effects. They change their daily routines and refrain from participating in usual activities. Some individuals also choose to stay at home for extended periods of time to avoid discomfort.

How do we know that it is our memory that triggers the subsequent anxiety?

If you imagine that all memories of the anxiety are gone, you can't remember ever having experienced irrational anxiety.

If you are asked what anxiety is, you do not know what to answer, as you can no longer remember the feeling of the discomfort. This is similar to being in that situation before experiencing anxiety for the first time. You therefore do not know what anxiety is, because you no longer have a memory of the discomfort.

Therefore, it can be concluded that subsequent anxiety only occurs because we have a memory of the first unpleasant anxiety experience.

There are often two statements when it comes to anxiety diagnoses.

It is important to note that there is no single cause of anxiety, which is why treatment should be individualized. It is also important to recognize that we are all different and that the treatment method that works for one person may not work for another.

Let us examine the accuracy of these statements. It is often claimed that anxiety is a complex disorder that requires individual treatment because "we are all different". Many argue that there is no one-size-fits-all solution to anxiety problems and that individual differences necessitate tailored treatment plans. But is this really, correct?

No, this perception is actually a big misunderstanding. By focusing solely on individual treatment of anxiety, many risk remaining trapped in their condition for years or, in the worst case, for the rest of their lives.

Let me explain the reason.

The traditional understanding of anxiety is that there are many different causes and that we react individually. The first encounter with irrational anxiety can be caused by a number of factors such as genetics, social background, trauma, or other circumstances. After this first experience, however, there is a common mechanism: the fear of reliving the unpleasant symptoms maintains the anxiety.

After the initial anxiety experience, you start to avoid situations that can trigger anxiety and invest a lot of time in thinking about how to avoid recurrence of the symptoms. **It is this shared desire to avoid discomfort that creates the continued anxiety, rather than individual differences.**

This traditional view is widespread because it is convenient and easy to understand. When therapists and therapists cannot explain the lack of effect of a treatment, it is easier to say: "It's because we are all different," rather than questioning the treatment method itself.

Individual treatment often focuses on tailoring treatment to the person's specific symptoms and personal history. However, this overlooks an important point: anxiety is not a condition with many different manifestations that requires varied treatment methods. Anxiety is a psychological condition caused by one factor: the fear of reliving the discomfort. This subsequent fear of more anxiety is universal and can therefore be treated the same for all patients.

When anxiety treatment is individualized, another common cause of anxiety is also overlooked: The erroneous belief that anxiety is dangerous and must be avoided. Regardless of the form of anxiety – generalized, social phobia or panic disorder – it is due to the fear of the anxiety itself. We must break with the idea that anxiety requires many different treatments and recognize that one method should be able to help most people.

Instead of looking for "the right" treatment, we should focus on developing an effective solution for all irrational anxiety.

All anxiety creates fear of more anxiety, otherwise it is not anxiety.

Several scientific studies have shown that the subsequent anxiety arises as a result of this encoded defense mechanism in the brain, which is activated to protect against discomfort.

It's almost impossible to avoid adrenaline-triggered discomfort in the same way that we can with physical causes of discomfort such as pain or temperature changes. It creates a confusion in the body's desire to avoid discomfort when it fails, leading to the irrational reactions to the anxiety symptoms.

These assumptions form the basis of our method of anxiety management.

Part 4: The Method

The solution: Stop the creation of anxious thoughts – not the thoughts themselves.

We can't control or stop anxious thoughts directly – **but we can stop the process that creates them.**

If we remove the fear of anxiety, we also remove the need to think about it.

Chapter 22: Why was the method developed?

Our method was developed in 2018 by Generation-Anxiety.com as a reaction to the missing and desired effects of existing anxiety treatment methods, which both I, the author, and many others have experienced over the years.

The method is not a treatment or scientific, but a lifestyle change that will help restore the mental state after the experience or a life of irrational anxiety. It aims to change the negative thinking about the anxiety and the feeling of illness to a more positive or neutral rational thinking about the experience.

The method requires neither evidence nor justification, as it is not considered a treatment, but rather as a technique to be learned.

The technique teaches you how to avoid anxiety thoughts altogether after a misinterpreted irrational anxiety experience. If the technique is learned, future anxiety will not be experienced as

a problem anymore, as you learn to ignore the thoughts that usually create the problems afterwards.

The method can be used by anyone without cost or the intake of medication.

The method addresses a common problem we all experience after the first experiences of irrational anxiety if it is misinterpreted. Namely, the created memory of the anxiety discomfort. Therefore, the method is effective for everyone.

The method aims to transition from negative to positive thinking. The goal was to develop a simple, practical and effective method for all anxiety sufferers, which could be used without the need for therapeutic or medical assistance. It was essential that the method could be implemented in the home, to make it available around the clock.

By making this method easily understandable and usable, it offers an alternative to those who have abandoned the more conventional forms of treatment.

We recognize that both Cognitive Behavioral Therapy (CBT) and medical treatment have made significant contributions to the reduction of symptoms and the improvement of quality of life for many people. However, medical treatment has the disadvantage that it can take many weeks before any effect is felt, which means that the patient is left alone with his anxiety during this period, which is inappropriate.

Our methodology offers an alternative approach to tackling this problem. Instead of focusing on the symptoms or trying to change thoughts directly, the method directs attention to the memory of past anxiety experiences and the beliefs that maintain the feeling of illness. The method assumes that it is our beliefs about anxiety and the memories we carry with us that keep us in a state of persistent anxiety.

With this approach, the method aims to reprogram the brain's response to the anxiety memories. In this way, the method offers a new way of dealing with anxiety, without replacing the existing methods, but as a supplement or alternative for those who have not found sufficient relief yet.

The method was designed with the aim of giving people a method they could use in their own homes and everyday life to change their beliefs that they are sick with anxiety. What you demonstrably are not out of irrational anxiety.

The method is a potential universal treatment method for anxiety, based on the scientific recognition that persistent anxiety is primarily caused by fear of further anxiety. This fear leads to increased anxiety through memories of past experiences, as well as our natural tendency to avoid discomfort. Therefore, we do not consider anxiety as a mental illness or illness in general, but as a psychological process triggered by the fear of repeated anxiety after the first anxiety experience(s).

We don't have to focus on the symptoms of the different anxiety diagnoses to understand that the fear of repetition plays a crucial role in all cases. The symptoms are thus of no importance, as it is always the fear of more anxiety that forms the core of all anxiety disorders. **It is this fear that we want to treat, not the symptoms. The symptoms are just a side effect of the fear of more anxiety.**

Thus, irrational anxiety is maintained by a combination of erroneous interpretations of symptoms, avoidance behaviors, and excessive attention to threats from symptoms that do not exist in reality.

Focusing on reducing anxiety for the anxiety itself is a highly effective method, as this "Meta-anxiety" is the primary reason anxiety states are maintained. By eliminating the fear of anxiety itself, the self-reinforcing cycle that maintains the anxiety across different diagnoses is broken.

It is important to recognize that the differences between the different anxiety diagnoses mainly consist of small variations in the symptoms and triggers. These variations do not change the core problem behind all anxiety, namely our misinterpretations of the symptoms, avoidance behavior, and fear of repetition.

The reason we misinterpret anxiety symptoms lies in the partial or complete shutdown of the neocortex, when chemistry related to anxiety is released into the body. This happens because we are coded to act instead of thinking about the anxiety. The misinterpretation therefore arises because we do not act in accordance with our encoded instincts on the releasing chemistry. Among other things, adrenaline.

Misinterpretations occur with all anxiety diagnoses.

Apart from minor differences in symptoms and causes, the process behind irrational anxiety is the same for all people. Anxiety is anxiety, regardless of the term used.

Anxiety diagnoses have more in common than differences. Regardless of which anxiety diagnosis you get, the fear will always be directed towards more anxiety and not the situation itself. The situation simply defines the trigger, e.g., social anxiety, generalized anxiety, health anxiety, etc.

Therefore, anxiety can be considered as a total diagnosis. The diagnosis could appropriately be called: **Fear of more anxiety**, as this fear is present in all diagnoses and what is desired to be treated across them.

All anxiety diagnoses manifest themselves physically with the same symptoms due to our similar body chemistry.

<p>Our method focuses on preventing the very creation process of the thoughts that lead to the symptoms, not treating them. If thought and the formation of symptoms are stopped, the anxiety also stops.</p>
--

Therefore, a One for All solution is possible.

Medication, cognitive behavioral therapy (CBT) and metacognitive therapy (MCT) can help with many challenges, but with anxiety diagnoses, it can be problematic. Cognitive treatments constantly remind us of anxiety, as the word "anxiety" is used frequently. This focus on anxiety perpetuates the problem, as does medication, which reminds us of anxiety every time we take it.

By consciously considering that you are not wrong with anything after an anxiety attack, even if it was uncomfortable, you can stop the negative thought spiral. If you manage to do this, you can prevent the anxiety from developing into a permanent problem.

When anxiety is said to develop into a disorder, it is primarily because we do not change our erroneous interpretations of the chemically conditioned symptoms. I emphasize "chemically conditioned symptoms" to clarify that anxiety symptoms are not created by illness, but by the body's own chemistry.

If these misinterpretations were reinterpreted after the first anxiety experiences, e.g., through information and information, many anxiety diagnoses could be avoided. It is essential to inform patients about what they have experienced and why, rather than just diagnosing and medicating.

Irrational anxiety always has a rational cause, which the doctor could easily explain in 5-10 minutes at the first consultation with a patient who has experienced anxiety symptoms.
--

The anxiety spiral only continues as long as it is fed with misinterpretations of the anxiety symptoms. It's important to understand that anxiety only lives because we feed it ourselves. Only you can stop feeding it. Medications or therapies can help in other ways.

Summary:

To become anxiety-free, we must avoid misinterpreting our symptoms and thus stop the formation of more unpleasant anxiety memories and thoughts. Without past memories of anxiety, subsequent anxiety cannot be triggered.

Notes. Anxious memories are only created after the first unpleasant anxiety experience.

Chapter 23: What does research say about the Method?

Although this method is a new approach, it is based on several well-established principles in psychology and neuroscience, which have been documented in various studies:

The Effect of Self-Belief:

Research in cognitive psychology indicates that self-belief can alter thought patterns and beliefs. Studies published in journals such as the Journal of Cognitive Therapy and Research show that repeated self-belief can reduce negative automatic thoughts, which are often associated with anxiety disorders.

The Role of Memory in Anxiety Reactions:

Neuroscientific studies have shown that memory plays a central role in persistent anxiety. Research from journals such as Nature Neuroscience has shown that memories of past anxiety experiences can trigger new anxiety responses, even in the absence of real danger. This supports the method's focus on changing these negative memories.

Avoiding Negative Labels:

Research on psychological framing and the labeling effect indicates that the use of negative labels such as "I have anxiety" reinforces feelings of helplessness and retention anxiety. Studies from the American Psychological Association show that adjusting our language use will have a positive impact on our self-image and mental health.

Exposure without Reaction:

Exposure is widely used in the treatment of anxiety disorders and involves repeated exposure to anxiety-triggering stimuli without engaging in avoidance behaviors. According to studies from the Journal of Anxiety Disorders, this method can reduce anxiety over time, as the brain learns that the situation does not pose a real threat.

These research-based principles illustrate that all aspects of our method are rooted in well-documented psychological mechanisms, which explains the method's effectiveness.

For these principles, we have, Generation-Anxiety.com, even added I am not sick, the poster method, the notes to take with you on the small exposure trips and background pictures on all devices, mobile, tablets etc., as the mentioned principles did not turn out to be strong enough in themselves to become anxiety-free.

The combination of visual and verbal self-belief, as well as the little notes for exposure, made all the difference and made the method the effective it is today.

The method has a wide range of applications, not only for anxiety.

Much of our language often describes our condition as negative. The method will change negative self-talk about one's condition into positive.

Chapter 24: Practical Methods for Overcoming Anxiety

Our method can be compared to cognitive restructuring-based therapy. Although our method is not completely identical to this form of therapy, it is the most scientific parallel.

Introduction

Our method is effective for all anxiety diagnoses, as all anxiety diagnoses have some common challenges. However, the method can be adjusted to the individual diagnosis. Cognitive therapies are not a solution for everyone, as they are costly, lengthy and require a therapist and are therefore reserved for the few. As mentioned, CAT and MCT are one-to-one solutions, which is not optimal with over 350 million anxiety diagnoses worldwide.

Our method of anxiety management has been developed to address this need. The method is based on simple but effective principles that have proven to be extremely useful in helping people deal with anxiety permanently.

The results behind the method's effectiveness.

Persistent anxiety-free:

Simple and cost-effective:

The method requires no medication, expensive sessions with therapists or complicated programs. The material can be downloaded free of charge by everyone. The method's simple principles make it easy to follow in everyday life. The method, as the only one we know of, supports the patient throughout the day, which is crucial for success.

Low relapse rate:

While other methods often lead to relapse for up to half of the patients, this method has been shown by a privately collected relapse rate of approximately 5% among those who maintain the techniques from the method.

The method uses visual and verbal repetitions of positive statements, transformative learning, and focus shifting exposure.

This means that the method is not just one among many other methods, but one that is highly effective if tested. For those who have tried traditional paths without success, this method will offer renewed hope and a new and overlooked opportunity for improvement.

Explanation of the method and its effectiveness

The method was developed in an unconventional way. Normally, a method is first described theoretically and then tested, but this method was first tested and then described. This happened because the method was tested as a spontaneous, what-if idea, without a prior detailed plan. We wanted to know: What happens if you hang posters all over your home.

The method assumes that the main problem with anxiety is not the anxiety itself, but the discomfort that the anxiety creates. We wanted to investigate what happens if you can avoid triggering the anxiety discomfort. The method is relatively simple in its concept and does not seek to analyze anxiety in detail or change one's thoughts. Instead, it focuses on helping people with anxiety eliminate the discomfort anxiety creates in their memory.

The method is so simple that it can be difficult to describe in detail. There is no scientific basis behind the method, as is the case with other methods. It is primarily a practical approach that needs to be tested, rather than a theoretical one. Instead of debating the method's potential impact, it was tested to observe its efficacy.

The method eliminates the anxiety memory, instead of understanding all the causes. The reason is rarely the problem, memory of the discomfort is. When we experience something unpleasant for the first time, the brain forms a strong memory trail. This track is associated with thoughts, feelings, and bodily reactions as part of the brain's survival mechanism. It is these anxiety memory traces that we want to address.

An anxiety experience is stored as a powerful emotional memory that is quickly activated. **It is the stored memory of the anxiety that repeatedly activates the thoughts.**

"Overwriting" anxiety-related memories brings the brain back to a neutral, non-anxious state. However, this requires sustained and repetitive efforts. Instead of treating the symptoms, we want to change the core of what triggers the anxiety.

IMPORTANT: Anxiety is problematic because of its discomfort. If it wasn't uncomfortable, we'd probably ignore it. By removing the discomfort, you will no longer fear the anxiety. It's hard to fear something you don't know the feeling of.

The goal, therefore, is to eliminate the discomfort associated with anxiety from your consciousness. After many years of research, this can only be achieved in one way: **By not triggering more anxious thoughts.**

The method of doing so includes the aforementioned things: Visual and verbal exposure, psychoeducation, transformation, posters, as well as positive affirmations.

Anxiety makes us feel sick because of the discomfort. **This belief about illness is also stored in memory.**

So, we have two things stored in our memory: 1. Previous anxiety experiences and 2. Your conviction that you are probably sick, which helps trigger future anxiety.

It is crucial for anxiety-free to convince yourself that you are not sick after the first anxiety experiences. If you do not manage this, the anxiety will continue, as the belief in illness will trigger new symptoms repeatedly.

If you often spend a lot of time, as I did for many years, telling yourself, with your thoughts and talk, that you have anxiety, it can be a life change to tell yourself that you don't have anxiety and are sick anyway. It is not a real illness that makes us think and talk negatively about ourselves, but our created conviction that the anxiety is illness and the fear of the discomfort.

The phrase **I am not sick** has one single purpose. To shift the focus away from arising anxiety thoughts and thus to become aware that you are not sick just because you experience anxiety thoughts and symptoms. The problem is that it is difficult to think about anything else once the anxiety thoughts or symptoms are there. Therefore, the sentence must be rehearsed between the anxiety thoughts and symptoms, so that it becomes an automatic reaction when anxiety thoughts and symptoms arise.

That's why it's so incredibly important to repeat the phrase all the time and to have the visual posters hanging as an eternal reminder, so that no more space is created for anxious thoughts in your consciousness. And it works really well.

The phrase "I'm not sick" as well as posters with the text "I'm not sick" will challenge your negative beliefs about illness and affect your memory of past anxiety experiences. Every time you say or see the poster with the text "I'm not sick", you inject a positive conviction into your brain.

It is not possible to think "I have anxiety" and "I am not sick" at the same time, as this creates a cognitive dissonance. Try saying, "I have anxiety, but I'm not sick." This formulation feels paradoxical because it combines a positive and negative statement. The brain can only accept one belief at a time and will typically choose the negative one. Therefore, the negative phrase "I have anxiety" should be avoided and replaced with the positive phrase "I am not sick."

When you hang up posters with the text "I am not sick", your focus changes, and your consciousness is challenged by the contradictory statements. Because "I'm not sick" is now visible throughout the home, it becomes the dominant belief. The phrase "I have anxiety" will then only be present in the memory and not trigger anxious thoughts, as long as the focus is on "I am not sick." It is in this way that the phrase "I have anxiety" is forgotten over time because it is not used anymore.

However, it is not enough to simply have posters hanging, as anxiety is persistent and cannot be easily convinced of its absence. This is due to the negative bias of the brain, which is designed to protect us. Therefore, verbal positive "self-talk" must also be introduced.

Every time you **don't** focus on the poster or the phrase "I'm not sick", the old beliefs reappear: "I have anxiety", "I'm sick", etc., as a result of this negative bias. A rule of thumb is that it takes many positive beliefs - we can say 10,000 here - to remove one negative belief. Therefore, it is a slow process.

By telling yourself that you are not sick, you are also telling yourself, indirectly, that you do not have anxiety, since anxiety is described as a disease. The previous anxiety memory is gradually "overwritten" thanks to the plasticity of the brain. The brain gradually forms new beliefs about not being sick, because this belief has been in focus for a long time and is therefore now perceived as the truth. Over time, anxiety memory becomes less prominent because it is no longer activated as often.

The main problem is addressed when we are convinced that we no longer have anxiety and therefore do not consider ourselves sick. In the future, of course, new challenges and situations may arise in life where irrational anxiety may occur again. At that point, you will have the tools to handle it.

We experience many people who doubt this approach, as they do not understand the effect of the combination of the verbal statement "I am not sick" and the visual posters with the text "I am not sick". It is misunderstood as just positive thinking or self-affirmation, which it is not.

It is a combined and effective persuasion technique that has proven to be highly effective against anxiety. Repetition is a key element of this method. When you hear something repeatedly, you start to believe it – this is a psychological fact. The method can be perceived as a form of self-influence.

Overview of the Method

Concept: The method employs transformative learning, which means changing a belief through new learning experiences. For example, from *I have anxiety* to *I don't have anxiety*. Unlike other methods that work to change **thought patterns**, our method takes a step back in the anxiety process to before the anxious thoughts arise. We want to treat the fear of the anxiety that causes the anxious thoughts.

Purpose

The goal is not necessarily to become anxiety-free, but to convince yourself that you are not sick just because you experience anxiety symptoms. It is about ceasing to misinterpret all symptoms as signs of illness, which over time reduces the symptoms, which is our desired result. It is essential to be aware that it is primarily the persistent misinterpretations of anxiety symptoms as illness that maintain the anxiety. Therefore, these misinterpretations must be stopped.

Disclaimer: The statement "I am not sick" should only be used for anxiety diagnoses and never for other diagnosed diseases.

Why does the method work?

The method changes the way people think and talk about anxiety, which affects the brain's beliefs about anxiety. When you stop focusing on the negative, the brain loses interest and assesses that maybe it wasn't so important after all. It is difficult to forget anxiety because we constantly remind ourselves of it through, among other things, our thoughts and behavior.

If you can avoid focusing on the negative episodes (anxiety), the brain will eventually make room for other things. The brain will think: *Why save an experience I don't actively use anymore?*

What happens if you only say: "I'm not sick" in the future, thereby reducing the anxious thoughts? Or start omitting phrases like *I have anxiety, I am anxiety* or *My anxiety*?

You also now know that you don't need to examine your symptoms anymore. You now know that all your symptoms are created by the chemistry of your own inner body. Therefore, you can now focus on not being sick after all.

At first, you probably can't completely avoid the anxious thoughts, but you can reduce them by saying: "I'm not sick." The longer and the more often you say it, the less you will experience anxious thoughts and symptoms. Avoiding the use of the word "anxiety" in the future will lead to a quick and positive change in your life situation.

How does the method work?

Changing beliefs: By repeating positive statements over a period of time, the brain begins to believe these statements. This helps to change negative beliefs about anxiety into more positive and realistic ones. Using positive statements also reduces the focus on the negative anxiety thoughts. Every time you use a positive statement; you haven't used a negative one like you might have used to. Which is good for your anxiety-free.

Transformative learning: The method uses long-term and repeated positive learning to reprogram the brain so that it no longer remembers previous anxiety experiences.

Reduction of self-scanning: Focusing on positive statements and posters reduces the tendency to self-scan for symptoms, reducing the influence of anxiety.

Removal of anxiety memories: Since the method aims to reduce the negative memories of previous anxiety experiences, it will become more difficult for the brain to recreate anxiety symptoms over time, as the triggering anxiety memories are reduced.

We know from research into advertising and propaganda that repetition is one of the most effective methods of creating a new belief. If we hear a claim enough times, we will unconsciously start believing it – regardless of whether it is true or not. Similarly, the phrase "I'm not sick" works. When repeated often enough, the brain will begin to accept it as truth – and the previous belief about having anxiety as a disease will begin to disappear.

Practical application of the method

Daily repetition: Repeat positive statements such as "I'm not sick" many times a day.

Visibility of positive thinking: Hang posters with the "I'm not sick" statement in the places where you spend most of your time in the home.

Conclusion:

Beliefs are formed by one's awareness of events. When anxiety is perceived as unpleasant, it can lead to a perception of illness. Consciousness interprets the symptoms as signs of illness, which creates a potential perception of danger. This is the beginning of the thought patterns that arise. It is therefore necessary to change the beliefs about illness rather than just focusing on the thoughts.

The method is effective because it systematically changes the negative beliefs and thought patterns that maintain anxiety. By replacing them with positive and realistic beliefs, anxiety symptoms are quickly reduced and completely eliminated over time.

When our beliefs change, our thoughts adjust accordingly. Therefore, anxiety thoughts can be eliminated by changing anxiety beliefs.

Understanding the patient's needs. Our experience shows that people with anxiety need simple and clear instructions. They do not need diagnoses, medications, or long-term treatment. They need reassurance, information, and awareness that their symptoms are due to misinterpretation of chemical reactions. With simple strategies, they can let go of their anxious thoughts.

The method is highly effective because from the moment it is applied, you are no longer alone with your negative thoughts, unless desired.

With other recognized methods, you can often feel alone with your negative thoughts, which we think is problematic.

It is our clear conviction, after 6 years of testing, that an anxiety treatment must be active and available at all hours of the day to be most effective. If this does not happen, we spend far too much time alone with our anxiety thoughts, e.g., between therapy sessions or medication taken, which in turn will create more anxiety speculation because space is given.

The only way to achieve this is by introducing an active method into the home and on one's devices. At the same time, it must be possible to "bring" your anxiety treatment when you leave home, especially to the places, objects or situations that challenge you. That's what our method offers. Anxiety treatment 24/7/365. This constant focus on anxiety-free cannot be underestimated.

Please note that this method does not contain an actual treatment plan because there is nothing to treat, but rather something that needs to be changed. **The method focuses on changing misconceptions about anxiety instead of curing an illness.**

Let's briefly explore why it's often difficult for many people to overcome anxiety.

The known treatment methods mention the following reasons if a treatment does not show an effect: **brain biology and chemistry, genetics and treatment resistance.** These factors are part of the individual's physiological makeup and can affect the response to treatments.

It is problematic to place the responsibility for the lack of effect of a treatment on the patient. It is crucial to understand that it is not necessarily the patient's fault if a treatment does not work. Anxiety treatments, like everything else, can be inadequate in design and development.

The method has helped thousands of people overcome their anxiety. **Over 95% of people who followed the method consistently report that they became anxiety-free within 1 to 18 months.** This is supported by more than **20,000 downloads from platforms such as Facebook, Instagram, LinkedIn, Reddit, YouTube and our own website since 2018.** The many positive feedback shows that the method is not just theory – but a documented approach to lasting anxiety-free. The challenge with a method that shows such a high recovery rate is that it meets resistance and skepticism no matter where you turn and how much data is presented.

Chapter 25: What is Transformative Learning?

The brain is designed to protect us from new information that we don't like or disagree with, so new information has to be repeated many times to change our perception. This phenomenon is called **transformative learning**, which means changing a belief through learning. The brain has a hard time accepting new information that goes against our existing beliefs. To change these beliefs, it is necessary to apply transformative learning, but this process can be challenging as it requires a change in our previously learned beliefs. For example, the conviction, *I have anxiety*.

Anxiety beliefs are particularly problematic, as they are strong beliefs.

Accepting that anxiety is not a disease therefore requires a comprehensive and persistent conviction to the contrary.

The acceptance that anxiety is not a disease will also affect your self-perception in relation to having anxiety. Questions such as "Who am I without anxiety?", "What person will I become?", and "What will my life be like without anxiety?" may arise.

To change an anxiety belief, you have to challenge all previous assumptions about the anxiety. Learning the factual process of anxiety can be challenging for many, as it changes previous perceptions such as that anxiety is a disease or a personal defect. While this process is not easy, persistence will lead to success over time.

No matter how much evidence can be presented that anxiety is not a disease, it can be difficult to convince someone who is firmly convinced that they have anxiety otherwise.

If you are one of them, it will be a significant challenge to help you, because your own beliefs about anxiety will then prevent you from accepting this help.

It's important to note that there are probably many methods to become anxiety-free. This method is just one among several.

I'm not sick.

It may be surprising why the statement "I am not sick" is relevant. Anxiety and the associated symptoms can cause a constant feeling of illness. When you feel sick, you tend to think about it continuously. This is completely normal; however, continuous thoughts of illness can amplify these feelings.

The statement "I'm not sick" is powerful as it contradicts the negative beliefs that often occur alongside statements like "I have anxiety," "My anxiety," or "I'm anxiety." Therefore, it can be difficult to say at first. Other positive statements such as "I'm strong," "I'm ok," or "I can handle it" are also encouraging, but they don't address the specific feeling of being sick or having anxiety like "I'm not sick" does.

I'm not sick tells you directly that you don't have anxiety, precisely because you're not sick. It doesn't get any stronger.

The purpose of the statement "I am not sick" is:

To help reduce the focus on anxiety.

Reducing the use of negative expressions such as "I have anxiety" or "I am anxiety," which becomes easier when you do not feel sick.

To remind people that anxiety does not necessarily mean that you are sick. Anxiety is a natural emotion and does not in itself constitute a disease. Therefore, it is appropriate to say, "I am not sick." in connection with anxiety.

Different thoughts arise depending on whether you say, "I have anxiety" or "I'm not sick." The former promotes negative, anxiety-enhancing thoughts, while the latter creates positive thoughts. By saying "I'm not sick," you will over time doubt the negative beliefs, thereby reducing their power.

Imagine what could happen if, over a long period of time, you focused on saying "I'm not sick" instead of "I have anxiety." Which phrase would be more appropriate to repeat: "I have anxiety" or "I'm not sick"? Which approach would most likely reduce anxiety?

Posters with the statement "I'm not sick" will serve as a constant reminder of this positive thought. Repeating such statements can support a more positive mindset in the same way that repeating negative statements will affect us negatively.

However, it's important to understand that positive thinking doesn't work in isolation. It needs to be supported by concrete actions and reminders, such as posters, in order to make a real difference. Surrounding yourself with positive statements will help to create a change in one's mindset.

The method is not intended as a simplification of anxiety disorders. It should be considered as a complement to the existing toolbox, especially if other methods have not yet proven effective.

Summary.

When we repeat the statement "**I'm not sick**," we create a conflict with our previous beliefs about having anxiety as a disease. This makes it progressively harder to say, "**I have anxiety**," "**My anxiety**," or "**I'm anxiety**" because the brain can't maintain conflicting beliefs at the same time. Over time, the repetition of "**I'm not sick**" will weaken the old belief, and you will begin to accept that anxiety is only an experience – not a disease. This practice is well documented.

Chapter 26: Who is the Method for?

The method is for anyone who experiences irrational anxiety symptoms or seizures regardless of diagnosis. Current anxiety treatment methods, such as medication, cognitive behavioral therapy (CBT), metacognitive therapy (MCT), and acceptance and commitment therapy (ACT), are geared toward individual needs. These approaches cannot therefore solve the global anxiety problem alone. Therefore, there is a need to develop new, comprehensive treatment methods that can address anxiety in a broader and more effective way for everyone.

The method is not necessarily a universal solution, but it has potential. An advantage is that the treatment takes place at home and can be integrated into everyday life, which, as mentioned, makes it available at all times. This could revolutionize anxiety treatment. Success depends on the user's willingness to use the method. We found no reasons not to try the method during our research period.

If you choose not to try the proposed method, it may indicate that the anxiety may not be experienced as being as serious.

Chapter 27: How to Test the Method?

Based on everything you have learned and read now, here is the solution to be anxiety-free, for over 95% of those who try the method. I present the tools; the rest is up to you.

Please note: The poster "I am not sick" is only designed for use in anxiety diagnoses that cause anxiety afterwards. Thus, not for PTSD, OCD or anxiety as part of other disorders.

With the theory in place, it's time to investigate and introduce some simple changes and measures into everyday life that can help manage anxiety.

The phrase, *I'm not sick*, does something special. When you say it, it takes away the focus and time you would otherwise spend thinking about the anxiety. Over time, it calls into question your belief that you are sick with anxiety.

When you say it aloud, it conflicts with your beliefs. Therefore, the phrase can be difficult to say for some people. Therefore, there must be posters to assist that indirectly help confirm the sentence. It will not be enough to simply say the sentence as a positive confirmation. You have to bombard yourself with the phrase, so to speak, it must be visible wherever you are in the home.

Introduction

As is well known, anxiety symptoms often occur when attention is paid to the anxiety. The phrase "*I'm not sick*" is designed to divert attention from the anxiety and strengthen the conviction that there is no illness.

The phrase has two important functions:

- It should remind you that anxiety is not a disease, which will calm the mind.
- It shifts the focus away from the anxiety. By repeating "*I'm not sick*", thoughts about the anxiety are avoided, as the brain can only focus on one thought at a time.

In the future, as mentioned, you should avoid using the word "anxiety", as its use only keeps you in an unnecessary and irrational anxiety spiral. It is therefore essential for your future well-being that you from now on shift your mental focus from "I have anxiety" to "I am not sick." even if you think right now that you have anxiety and are sick.

A step-by-step guide is not necessarily required. Just follow these three steps when you start the method: 1. Make posters, 2. Make small notes, with the text, *I'm not sick*, that you can wear, and 3. Repeat aloud to yourself many times a day "I'm not sick." Live as you normally do. The method works in the background and subconscious.

It is recommended to remove the word anxiety from one's vocabulary completely, as this will ease the process of reducing anxiety symptoms.

It is my hope, and it is of significant importance to yourself, that you consider trying the method if none of the recognized anxiety treatments have been effective for you. I hope that I have now made it clear that the experience of irrational anxiety does not necessarily mean that you suffer from an illness. If this is not the case, this chapter offers one last opportunity to get a first-hand experience of this.

Start your journey to freedom.

We recognize the common anxiety treatment methods and their advantages and disadvantages. Our method was developed because many people experience a lack of effect with the existing methods ([See Appendix 2](#)). Our method also has its strengths and weaknesses.

By focusing on the fear of anxiety, the treatment is simplified. The treatment targets the common underlying fear in all types of anxiety rather than specific types of anxiety.

If you are already in treatment, you should continue this, as our method can be used in parallel.

Saying to oneself *that I am not sick, or I am not failing* has a psychological effect. The word sick activates emotions and can make thinking more negative. Saying *I'm sick* or *I have anxiety* makes it harder to think positively.

The statement *"I'm not sick"* can provide a more pleasant feeling as it is a positive statement. This is due to psychological mechanisms, as certain words have a strong psychological impact. Both positive and negative words can have an impact.

By repeating to yourself that you are not sick, even if you experience anxiety symptoms, you can change your focus. There will probably be symptoms at first, but over time the focus on the anxious thoughts will decrease, which will lead to fewer symptoms.

Before you start using the method, it is important that you are clear about trying it out. If you have the slightest doubt, it is probably not the right solution for you here and now. It is important that you understand what the method does and why it works, otherwise it is of no use.

This is in contrast to medications that we consume without knowing its effect or content.

Let's start.

Use some paper, A4 or larger, preferably some canvases of 60 x 80 cm, as well as acrylic paint in a color of your choice and a brush. These materials can be purchased in DIY stores. Pencil, pen or markers can also be used. On the canvas or paper, write "I'm not sick" or "I'm not sick, but mind-challenged".

Say these phrases aloud as many times as possible every day. The more times a day, the better and the faster the result.

Hang the posters with the text: "I am not sick" in your home and continue your daily activities. The more posters, the better. Read this book a few times to understand the background of the method.

Stay at home for the first two weeks, if possible, to get used to the positive posters without distractions from anxiety-provoking activities. Before you go out, the phrase "I'm not sick" should be firmly embedded in your consciousness. It should be like a melody you can't get out of your head again.

After about two weeks, many will feel more comfortable going outside. It can be helpful to have a note with this phrase on hand when you go out so that you can focus on it rather than the anxiety. If this doesn't help, try again after a week or two. Continue this process until you feel more comfortable.

No matter what symptoms you are experiencing, the posters can help reduce them and the thoughts that come with them. These posters are useful for anyone facing anxiety challenges.

Take a good look at the pictures below and repeat the text a few times. Now imagine that you had these posters hanging in your home for a year. Will it decrease or increase your anxiety problems? Will it help at all? What do you think?



Living Room Poster



Bedroom poster



Bathroom poster.

My home has looked like this for several years, and it still does when I try new methods. It's no different than in the 1970s, when I was a kid and had posters of different rock bands in my room. I loved those posters a lot and focused on them as they made me happy – just as my new posters also make me happy.

The posters can help to create a positive atmosphere in your home. They help to promote a sense of well-being. The method can therefore be useful not only for anxiety, but also for other mild mental challenges such as depression and stress. In general, it can contribute to a more positive everyday life.

How long does it take?

The duration to achieve anxiety-free with this method varies from person to person. Some individuals can achieve results quickly, while others need extra support at the beginning or along the way. The most important thing is to start the method, as the beginning is often the most challenging part. This is because the method is new, and one's mindset needs to change. In addition, there may be skepticism about the degree of efficiency. However, it is important not to give up.

The method does not promise miracles or definitive solutions but offers an alternative approach that has proven to be highly effective in minimizing future anxiety symptoms. You can still experience previous anxiety triggers when you are outside the home, but these will not have the same lasting effect when you get home as they did before.

The difference now will be that after such an episode, outside the home, you will be able to acknowledge that you are not sick when you see the posters in your home, which stops further worries about the episode. By carrying an "I'm not sick" note with you, you can reduce acute anxiety symptoms by focusing on the content of the note.

The posters will help shift the focus from the negative to the positive, reduce the fear of anxiety symptoms as well as create a positive atmosphere in the home. It becomes challenging to say, "I have anxiety" when you constantly see posters with the text "I'm not sick."

It should be emphasized that this is not about whether you are sick or not, or whether you have anxiety or not. It's all about saying the phrase "I'm not sick," no matter how you feel.

To sum up: The method works because over time you "forget" to think about the anxiety, as the focus is now constantly on something else, namely that you *are not sick*. When the thoughts of anxiety are no longer present, it decreases. If the anxiety memory is not activated, it fades away.

Always remember that your memory contains your fear of experiencing more anxiety. It is therefore necessary to avoid triggering this memory by focusing on something other than its content. The phrase "I'm not sick" will help you with this. Now all that remains is to try out the method so that you can experience its effect for yourself.

Let's start by getting your inner turmoil down with this little experiment.

A voluntary experiment for those who are motivated.

I would ask you, as soon as possible, to start having a note in your hand with the text, **I am not sick**. Always keep the note in one hand, or as much as you can, whatever you do if possible.

It is completely irrelevant what you think about this idea right now.

As with many other challenges, you have to try out any methods to find out if they have an effect on the challenge.

If you can be persuaded to do what I ask of you, you will find that the anxiety quickly subsides for a simple reason. **That you shift the focus away from the anxiety to the note in your hand**. You simply can't help it. It can be hard to believe, so it needs to be tested.

I ask you to do so because I know it will help you, just as it has helped many others.

If you think it doesn't work, you should try it.

I write it a little insistently, because I find that far too many refuse to try it. And that's a mistake.

Summary.

The method can always be counter-argued by professionals because anxiety can easily be made unnecessarily complicated. But the best way to determine if something works is by testing it in practice.

It is effective because you are demonstrably not failing anything physically or mentally. Everything about anxiety is ultimately about us wanting to avoid unpleasantness.

Now take some paper, it can be any kind of paper to start with. Hang it up in many places in your home. If it is in Post-it format, they can be mounted on mirrors, kitchen doors, bedside tables, refrigerators, TV screens, computer screens, the back of your mobile and tablet. The more places, the better. Repeat "I'm not sick" to yourself as often as possible each day. This is the beginning.

When you have the surplus, find the nearest hardware store and buy some canvases, preferably 60 x 80 cm, some black acrylic paint and a brush. Paint "I'm not sick" on the canvases and hang them in strategic places in your home. Always have a note that says "I am not sick" when you leave your home. Hold the note in your hand at all times while you are out, even if it may be crumpled up in your hand. Don't let it go.

Now you are well on your way to helping yourself.

A final help.

One problem I often experienced was the feeling of not being able to act on my symptoms in public spaces, which resulted in persistent symptoms. It is necessary to take care of anxiety. When you fail to act on the symptoms, they intensify.

This often happened to me in various situations such as on the street, on the bus, on the train, the supermarket, and even at home.

It is therefore important to react when you feel the slightest signs of anxiety. Anxiety requires action, whether it arises rationally or irrationally, at home or abroad. Action significantly reduces the feeling in a natural way. Action can be jumping on the spot, angel jumping etc.

You no longer have to be alone with your anxiety.

One of the primary reasons we repeatedly experience anxiety symptoms is our constant focus on the anxiety itself, which is due to the fear of further anxiety. This often happens because we don't know how to deal with it, as we've never learned it. We have never been informed.

Therefore, from now on, it is recommended to always have a note with you that says: I am not sick.

- In case of driving anxiety: Always place a note in the windscreen of the car so that it is visible.
- For social anxiety: Always have a note in your hand when you are in social settings, whether you are giving a presentation or attending a party.
- In case of health anxiety: Always have a note in your hand whenever possible.
- For panic disorder: Always have a note in your hand whenever possible.

Do this with all your anxiety challenges.

The note can help distract you from incipient anxiety symptoms, regardless of the type of anxiety in question. Distraction is a universal technique that is effective for everyone.

It is not necessary to believe the content of the note, the key thing is that it helps to shift the focus away from the symptoms. Some may consider this an avoidance behavior, but on the contrary, the note contributes to you being able to carry out activities that you would otherwise avoid.

Possible challenges with the method

The method is designed to be simple and effective, but it is important to understand that changing deeply ingrained beliefs can take time and require persistence. Here are some potential challenges you may face when applying the method, as well as suggestions for dealing with them:

1. Relapse or unexpected reactions

It is not unusual to experience relapse even after making progress with the method. Sometimes old thought patterns can resurface, especially during stressful periods. Relapse is part of the process and does not mean that the method is ineffective.

Suggestion: Repeat the exercises, including self-belief, and remind yourself of the principles of the method. Reread the chapters on self-belief and exposure to strengthen your understanding of the method.

2. Slow progress through deeply ingrained beliefs

Changing deeply ingrained beliefs can take longer for some people, especially if anxiety has been a part of life for many years. This can be experienced as a slow process.

Suggestion: Be patient and recognize that even small progress is important.

3. Difficulty avoiding negative labels

An important part of the method is to avoid the use of the word "anxiety" and instead focus on changing the language surrounding the symptoms. Changing habitual expressions and thought patterns can be challenging, especially if they have been used for a long time.

Suggestion: Make gradual changes to your language use and be mindful of when you return to old habits. Use reminders like posters or notes to remember to say, "I'm not sick" and avoid the word "anxiety."

4. Lack of motivation or feeling discouraged

It can be challenging to maintain motivation, especially if the results are not immediately apparent.

Advice: On such days, it is useful to keep in mind the reason you started this method. Reread the chapters that inspired you and make a list of the small advances you've made. Any change, regardless of size, is a step forward.

Changing deeply ingrained beliefs takes time and patience, but it is possible. Although challenges may occur, they are part of the process of developing a new approach to life. By continuing to work with the method, you can gradually change your beliefs about illness and anxiety.

During my period of becoming anxiety-free, I stopped using the word anxiety completely and used the word challenge instead. *My anxiety* became *my challenge*. *I'm anxious*, stayed until *I'm challenged* etc.

If you can avoid writing and talking about anxiety, it will make a big positive difference to your life situation.

Another way to implement the method.

Driving anxiety

Introduction

Imagine the following scenario: You are a taxi or bus driver. Suddenly, while driving, you start experiencing severe anxiety symptoms and panic. Your heart is pounding. It feels like you're losing

control. Somehow, you drive to the side and survive the situation – but afterwards the fear remains. What would you do?

Would you:

- Continue driving because you rationally know that the symptoms are harmless and because they went away last time, even though they were uncomfortable?
- Or would you see your doctor or a psychologist who might give you an anxiety diagnosis and convince you that you are sick and need treatment?

Regardless of the choice you make, there is one thing that is common to both situations: the anxiety process is the same. It's not the symptoms themselves that determine what happens in the future – it's how you react afterwards. It is this reaction that determines whether driving anxiety becomes a persistent problem.

When you experience anxiety symptoms in a certain situation – such as when you are driving – a strong association is created in your memory. You may start to associate driving with anxiety and discomfort, and this association is reinforced every time you avoid getting behind the wheel. The more you avoid the situation, the stronger the association becomes – and the anxiety continues.

What would you do? Would you let anxiety control your actions and avoid driving – maybe even risk your livelihood? Or would you choose to act rationally and understand that the symptoms are created by your own body chemistry and harmless, even if they are unpleasant?

Driving anxiety has been chosen as an example because questions are often asked about it. This type of anxiety is similar to other types of anxiety and typically occurs due to previous unpleasant experiences with driving. The problem is not in the car itself, but in the thoughts, people associate with it.

The anxiety is uniform, but the object is different, here it is the car. The thought of driving can cause anxiety and avoidance. This can become a problem because there is no possibility of escaping if you experience symptoms while driving. Anxiety, as mentioned, requires action, either fight or flight, which is difficult to perform in an enclosed space such as inside a car. This can trigger fear and worsen symptoms.

Many people may ignore these symptoms, but those who react with panic often develop problems going forward as they begin to associate the car or driving with unpleasant symptoms. To deal with this, you have to learn to separate the anxiety from places or situations. These associations are found in memory.

It is important that you understand that you are not sick or have anxiety when you drive a car and may feel symptoms. You are just as normal as you were before you got in the car. What you may feel as symptoms is created by thoughts, associations with the discomfort of the past. Therefore,

these associations must be broken. This is done, among other things, by focusing on a sticky note in the windscreen.

In driving anxiety, the feeling is not linked to the car, but inside the person themselves. The anxiety follows the person and not the car or the situation. The inability to escape from the car can trigger the symptoms. The question is, what can you do if you experience symptoms while driving?

Here's what I did after 35 years of driving anxiety.

The text is based on what helped me. Therefore, it may not work for everyone. It took about 2 months to let go of the driving anxiety of almost daily driving.

At the slightest sign of symptoms, the car is stopped until the symptoms subside. This also applies on the motorway, where the emergency lane is wide enough for it. When driving over bridges, focus on the number plate of the car in front. On all other roads, you just pull over to the side, regardless of whether it is in urban areas. It is important to give yourself permission to stop regardless of location.

Get out of the car and hop on the spot to reduce the chemicals in the body that have triggered the symptoms. Stay in the emergency lane or the side of the road for a while, get back in the car and wait until you feel calm.

This is important to increase tolerance to the symptoms. Therefore, you should stay in the car to understand that the anxiety is not connected to the car but comes from within. The car is not dangerous, it is the thoughts that create the fear due to past experiences. The car itself is harmless.

It's important to understand that your symptoms are due to your body's chemistry and not disease. A simple reminder in the car can be helpful. Write a note with a reassuring text like: *"Keep to the side if you feel symptoms. Remember, it's just body chemistry, not disease."* Place the note in the windshield of the car or somewhere else in your field of vision so you don't forget it. Make sure the note is visible or hold it in your hand so you can see it while driving.

It is important to be aware that you can pull over to the side if you experience symptoms. A good exercise is to go for a short drive, stopping a few times and getting out of the car. Look around for a minute or two. Get back in the car and stay seated for a few minutes without doing anything. No music. Get your body used to nothing happening when you're sitting in the car. If it becomes uncomfortable, simply get out again and wait a bit.

If it seems overwhelming, you can start by getting in the car without driving. Stay in the car for a while, get out and get back in. Walk around the car and spend time with it. Touch the car and sense its presence to understand that it is not the car that is dangerous.

Once you feel comfortable with short drives, you can gradually widen the route and do the same again. Continue this process systematically.

Many people experience nervousness at the thought of driving, and it is therefore essential to become familiar with the car. It is unfortunate to start a drive with nervousness or tension, as the drive should be a pleasure. Therefore, it is important to remain calm before you start driving.

Slow start: Before you start your drive, it's recommended that you get comfortably in the car and give yourself time to relax, as a calm start reduces the risk of anxiety-related symptoms occurring. Wait 1-2 minutes before starting the drive.

I hope these tips will be useful to you. Driving anxiety is a challenge, but it can be overcome through exercise just like any other anxiety challenge. The key is to break the connection between the car and the discomfort of gradual exposure as described.

This strategy can be applied in many cases of anxiety. The strategy simply needs to be adapted to the specific situation. Feel free to contact me if you need guidance for a specific situation.

Another option that works really well is:

Tell yourself. Okay. *Let's get it over with.* It tells yourself that you are not afraid of the anxiety, but that you expect it. Therefore, you are much less likely to feel it. In this way, it is not a threat anymore when you expect it. A note with the text can also be placed in the windscreen. In your field of vision.

The next is personal experience.

To smile

One trick is to smile. In other words, smile artificially. Try to smile now. Can you feel the difference?

Yes, you can "smile" or laugh at this method, but it works.

While smiling, you may not also experience anxiety symptoms or seizures, physiologically this is not possible as the smile releases small amounts of dopamine. Yes, just test it. The same goes for when you laugh. That's why it's a good idea to watch a comedy that makes you laugh during the day.

Next time you get in the car, try to smile for as long as you can. You will experience a completely different driving experience.

Of course, a smile cannot stop an anxiety attack, as it would be life-threatening. Adrenaline will always "override" dopamine, etc. But it can stop anxiety symptoms from occurring. It is almost impossible to think negatively while smiling, as the smile signals joy.

If you can remind yourself to smile when you experience anxiety symptoms, it will significantly reduce the symptoms in a short time. However, it is difficult as the anxiety symptoms take up

everything. But you can prepare yourself by writing small notes to yourself, with the text, *remember to smile at the slightest anxiety symptoms* and always have the note near you.

If you are interested in exploring the smile more, you can contact me, as there is much more to the smile in anxiety treatment than described here. I have, in other resources that can be sent, described, among other things, how to smile for several hours and thus do many of the normal anxiety-provoking things, without symptoms, such as shopping or leaving your home for a long time. In my own process towards anxiety-free, I introduced the smile as part of my daily activity, along with the other described techniques, by doing things I normally "couldn't do". The smile is a strong but overlooked technique in anxiety treatment.

Final trick:

An incredibly effective method to stop anxiety symptoms here and now is:

Bite into something acidic (lemon, ginger).

It breaks the focus of the anxiety immediately.

If you feel symptoms and do nothing, they continue.

Imagine having a lemon on you all the time and at the **slightest** symptom, the lemon is bitten. Then you can be quite sure that you won't have symptoms for very long. Try it. You can also use a bottle of lemon concentrate or similar.

Of course, it is not a cure for anxiety, but a here and now solution that shows that symptoms can be stopped.

Try to take half a lemon with you the next time you need something anxiety-provoking. At the onset of symptoms, bite into the lemon. Do it several times if necessary.

Should we accept the anxiety?

We can read and hear countless places online that you have to accept the anxiety. But is it also a good idea if you want to become anxiety-free?

If it is accepted, it is realized and justified, which is a bad idea for your future, as you then believe that you are suffering from anxiety. Accepting the anxiety also means focusing on it. Something we should preferably avoid.

But the worst thing about accepting the anxiety is the continued memory association that happens by accepting it, which reinforces the anxiety and that is exactly what we try to avoid. We don't need more anxiety-related memory that can induce additional symptoms. I know I had enough already.

If you want to accept something, you can accept the science that tells us that anxiety is a physiological reaction in which the autonomic nervous system activates a stress response through the release of neurotransmitters and hormones (e.g., adrenaline and cortisol). This

reaction can occur as a result of both real threats (rational anxiety) and subjective interpretations of bodily signals (irrational anxiety). But very rarely from illness, which can be the first trigger for the physiological reaction. But never the subsequent anxiety.

Chapter 28: Ask for help. People want to.

Gaining useful information and knowledge from this book is one thing. It's another thing to put this knowledge into practice to deal with anxiety. To do this, you have to start thinking differently. It can be challenging because the anxiety is deeply ingrained. How do you avoid believing in anxiety when it is constantly present? The purpose of this book is to help apply information, knowledge, and methods to deal with anxiety. It is important to find the will, courage and belief that it is possible to become anxiety-free.

Many people may find that they do not have the same willpower as the author and may give up along the way. Information and knowledge may therefore prove insufficient if the will is lacking. A useful piece of advice is to involve a boyfriend, partner, friend or girlfriend in the process of implementing the techniques and methods described. Most are willing to help, even if they don't necessarily understand all the details. Empathy is a valuable quality that enables us to understand and feel the emotions of others. Humans have more facial muscles than any other animal, which makes it possible to express emotions with our facial expressions.

Consider helping others. Ask yourself: Would I ignore a friend who needed help? It's likely that your friend wouldn't ignore you either if you asked for help. It's important not to be afraid to ask for help, as people are willing to help.

Isolating yourself at home with anxiety without doing anything can be inappropriate. You may experience suffering from anxiety, being isolated with it, and find it challenging to go out. Therefore, it can be important to receive help.

Sometimes it is necessary to try new methods when the familiar ones do not work. Waiting passively can lead to stagnation. Experience shows that different strategies may be necessary.

It is not only the described methods that can help overcome anxiety, but also one's own motivation and willingness to work towards being free of the anxiety. This requires active effort.

The only thing left to do now is to try out our method if you haven't already started. Of course, I hope that you are, by continuing to have the note in your hand, as described at the beginning of the book. If this is not the case, please take out the note again now.

Many will probably want to discuss our method scientifically, including seeing evidence, numbers, etc. However, there is no scientific evidence to present, as the method is based on our rational thinking about an irrational challenge as well as our beliefs.

Part 5: Conclusion

Chapter 29: Conclusion

Now that we've gone through the book and I've demonstrated how to focus on not being sick even if you're feeling sick at the moment, you can consider which anxiety model you subscribe to.

You can either see anxiety as a mental disorder that must be treated with medication or extensive therapy, or you can believe in the descriptive theory that it is our misinterpretation of the first unpleasant symptoms that form memory traces and thereby create all the subsequent anxiety.

I have shown you here a different understanding of anxiety and that there can be another way out of the anxiety if you accept it.

The most important thing now is to focus on not being sick instead of being sick. You will feel much safer in everyday life if you can say *I am not sick* at the slightest symptom or thought.

In this book, we have examined the traditional perception of anxiety as a disease. We have found that:

Irrational anxiety can be seen as an unpleasant chemical reaction maintained by memory.

Irrational anxiety can occur when the body reacts to memories of past unpleasant experiences.

It is not necessarily the symptoms that constitute the problem, but rather the conviction that these symptoms mean that you are sick.

Instead of focusing on symptom treatment or complex therapies, the method shown works to change the basic beliefs about anxiety. By rewriting the negative beliefs and memory traces that maintain anxiety, you can learn to deal with it better.

Through simple self-beliefs, exposure without reaction, and avoiding negative labels, one can begin to change fixed beliefs about anxiety as a disease and thereby improve one's condition.

With the new knowledge and tools that have been presented, you can work on changing your perception of anxiety and reducing the limitations that irrational anxiety brings.

As a society, we shouldn't ignore the problem of the well-known assumptions about irrational anxiety, as it affects many people. It is nevertheless crucial that we open ourselves to other theories and possibilities, as the currently recognized methods demonstrably do not have the desired effect for approximately 80% of those who try these treatments ([see Appendix 2](#)). We should not be satisfied with treatments that only show efficacy for around 20-50%, as this leaves far too many in despair. The treatment of irrational anxiety should thus be rethought by a broad group of people, professional and non-professional, in order to create an open dialogue and test different options. Both scientific and more rational methods.

Many will argue that if it were so easy to become anxiety-free, with the method shown, by simply saying **I'm not sick and hanging up posters**, wouldn't everyone be anxiety-free? Statistics show that the majority of those who try the method will achieve lasting results. The problem, however, is trying out the method, because we are constantly told that anxiety is a condition that requires medical treatment, etc. People find it difficult to break out of the anxiety pattern because we have been taught over many years that anxiety is a disease. For many, it makes sense that anxiety can be described as a disease because it feels so uncomfortable. The problem with this is that this assumption of illness often keeps us in the anxiety instead of helping us let go of it.

We humans are better off getting a diagnosis of our challenges, as it is easier to accept than to explore the possibility that there might be another and more rational explanation for the anxiety.

I really hope that you can get yourself to try the method.

You are more than welcome to reject the method when you have tried it for just three months, which is the minimum to measure a real effect.

Feel free to write to me with your thoughts and suggestions.

I often hear that a weakness of my argument is that it overlooks the complex social, genetic, and psychological factors that the accepted theory tells us are associated with anxiety. What is apparently not understood is that, even taking these factors into account, the anxiety must first be misinterpreted to become problematic. Even childhood trauma that triggers the first symptoms must be misinterpreted to become a problem going forward.

We know this because if the anxiety is not misinterpreted, it will not subsequently pose a problem as it does not happen for about 90% who experience irrational anxiety the first time. Misinterpretation is what makes anxiety a problem afterwards. This is one of the reasons why I no longer experience anxiety symptoms. I no longer misinterpret them, and therefore they do not arise again. Maybe they can occur in the future with new challenges in my life, but then I know how to avoid misinterpreting them so that it does not develop into a problem again.

Diploma: I am anxiety-free

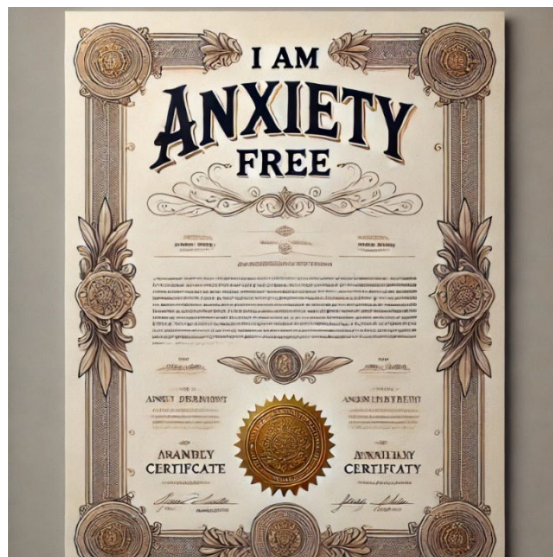
You can think what you want about the "I am anxiety-free" diploma, just don't underestimate the psychological effect. The poster is only designed for use in anxiety diagnoses that cause anxiety afterwards. Thus, **not** for PTSD, OCD or anxiety as part of other disorders.

Becoming anxiety-free strengthens one's self-esteem and self-confidence. It is impossible to be positive if you think you have anxiety. I wanted to make sure I stayed anxiety-free, so I hung up a diploma confirming that. Every time I saw the diploma; it reminded me of my victory. The diploma made me happy and proud.

The phrase I am anxiety-free is incredibly positive and contradicts everything I believed in, namely that I had anxiety. Its positive message is what makes it so impactful.

The day you can tell yourself that you don't fear any more anxiety and discomfort. That you are not afraid of new symptoms. That you don't think about the anxiety. Or say I'm anxiety-free and believe in it myself, that day you'll be anxiety-free.

Here's your diploma for the day you feel ready and consider yourself anxiety-free. Print it out, hang it up, and let it remind you of your freedom from anxiety. Take it seriously – it's a great support. Also, consider hanging it up alongside *the I'm Not Sick* posters for additional psychological support. Don't we all want to be able to say: I'm anxiety-free? To family, friends, but most importantly to ourselves.



Welcome to your new anxiety-free life.

The insights that this book offers are only valuable if they are translated into action. Understanding anxiety alone is not enough – it requires active work with the tools and techniques described.

This concludes the book.

If you experience specific challenges such as driving anxiety, shopping anxiety or anxiety when using public transport such as buses or trains, you are welcome to contact us. We can create a plan to help you overcome these challenges. This offer applies to all types of anxiety problems.

Visit or contact us at [Generation Angst](#) or contact me directly at account.dk@gmail.com if you have any questions about what has been read or other questions.

I hope you will participate in making this anxiety book even better.

Go to [Give feedback](#) and share your opinion. These are just a few questions. You do it completely anonymously.

In conclusion, I would like to address those who have an anxiety diagnosis and where no treatment has been effective. If this book does not motivate you to consider the method, I must admit that I have not conveyed the message well enough. I sincerely hope that the book still has and can be a useful tool for you.

Thank you for reading.

Thomas Fogh Winter

Annex

Appendix 1. On sick leave with anxiety. Why?

After I became anxiety-free in 2018, I began to look back on the many years and many times when I had been on sick leave. I felt a strong sense of guilt over the periods when I had been away from work and daily life because I thought that irrational anxiety was a disease. I had a bad conscience about all the opportunities I had said no to and all the things I let the anxiety limit me in, because I believed the professionals who told me I was sick. I accepted without hesitation the explanation that I was sick and that the only solution was medication and therapy.

The most frightening thing is that it could have been avoided. If I back then in 1979, had had the same knowledge and understanding of what irrational anxiety really is, as I have today, I could have avoided decades of unnecessary sick leave and the eternal burden on the health system with all my unnecessary doctor visits. Today I know that I have never been sick just because I have experienced irrational anxiety. There is something completely different at stake than illness, which we, as a society, completely overlook when we experience irrational anxiety.

If we look at the statistics, they show that more people are on sick leave with anxiety every year. This happens despite the fact that there are countless treatment options, medical solutions and therapeutic methods, all based on the same assumption that anxiety is a disease. It is this assumption that needs to be addressed, as it does not solve the anxiety problem. If we changed the current disease assumption, we would see far fewer sick leave, not more.

We do not call in sick because of the anxiety itself, but because we fear experiencing it again.
--

If anxiety medication that comes with the disease assumption really cured anxiety or simply alleviated it for most people, we wouldn't see an increase in the number of anxiety diagnoses – but we do.

As you've learned throughout the book, anxiety only gains the power we give it. Once we think that anxiety is a disease, it becomes an excuse to avoid discomfort. We do not fear an illness, but the discomfort of anxiety so much that we choose to withdraw from work, social situations and everyday life instead of confronting it rationally. So, the question is, what is it that we are really afraid of about anxiety since we let it ruin our lives?

Most people are on sick leave with anxiety because they do not understand what anxiety is. They believe that they are sick and that the symptoms are a sign that something is wrong. If we started teaching patients about the mechanisms of anxiety, most sick leave could be avoided.

For most people, it is not about a real disease. It is about the fact that we experience an indefinable fear of the anxiety itself. That is, the discomfort. If the discomfort wasn't there, there was no anxiety to fear. Therefore, we know that this is what we fear and not something disease related. Therefore, that discomfort must be addressed.

We do not call in sick because we have a physical injury, but because we fear an emotion – an anxiety emotion that we misinterpret as dangerous, because it is experienced as very unpleasant, as the anxiety chemistry affects many of our body's organs at the same time. These changes make everything feel abnormal and therefore we perceive it as illness.

Many people who have suffered from anxiety for years end up being awarded some form of pension. This is a tragic development because anxiety is not a disease that destroys the body. It does not cause any permanent damage either physically or psychologically. So why do some people get a pension because of anxiety?

The answer is simple:

Getting a pension is not easy. It takes years. Those who can be considered are people who have been convinced that they are sick. They have avoided anxiety for so long that it has taken full control of their lives. They have never been given the correct information about what anxiety really is and how they could let it go.

It is not the anxiety that creates the problem – it is the conviction that anxiety is a disease that makes people unable to function in everyday life.

The health care system is its own creator of the problem of sick leave that leads to retirement, as they introduced the disease model with all the diagnoses and medical treatment rather than a model that informs rational thinking about the irrational anxiety.

Even after we have well-documented the method to get rid of anxiety, I still experience resistance. No matter how much evidence we present, many still won't accept that anxiety isn't a disease. It almost seems like people would rather live a limited life than recognize that anxiety has a rational and logical body explanation, and that they themselves have the power to change it.

But why is this so?

Because beliefs are strong. We are bombarded with the same story over and over again: Anxiety is a disease. Anxiety requires medical treatment. Anxiety is chronic. When we hear it often enough, we begin to believe it. Anxiety is blamed for many things, but only because it creates a discomfort we want to avoid.

We recognize that anxiety is not the same for everyone. One person with social anxiety may experience symptoms in social contexts, while another fears giving presentations or going to work. But common to all anxiety conditions is that they are based on a misinterpretation of unpleasant symptoms such as palpitations that are caused by adrenaline and not illness.

Therefore, the solution is the same: Learn to understand what anxiety is – and most importantly, what it is not. Anxiety does not come from the cause, but your misinterpretation of the symptoms.

You do not need to take sick leave. You do not have to retire. You don't have to live with anxiety.

You just need to understand the anxiety to let it go.

Conclusion:

Psychiatry has classified irrational anxiety as a mental disorder, not because it necessarily is, but because they assume it. Is it rational to treat, and medicate, something as a disease, if it cannot be proven 100% that it is a disease? Would we be satisfied that other diseases were also just assumptions? Why is it okay when it comes to mental illness, which at the same time uses some of the strongest manipulative drugs available. Why should we be sedated and put in a zombie state where we can't function just because we fear experiencing irrational anxiety again?

What can justify the fact that we have created a system where millions of people are diagnosed with anxiety and put on medication that only alleviates the symptoms without solving the problem - solely on the assumption that irrational anxiety is a mental illness?

That anxiety should be a disease is based on an interpretive decision by a few people, not a scientific conclusion.

If anxiety really were a biological disease, therapy wouldn't be able to change it. However, we do know that thoughts and exposure therapy, in some cases, can reduce or eliminate anxiety. Thus, anxiety cannot be a fixed state, but a reaction to our perception of danger.

We know today that the brain's neuroplasticity means that we can change our reactions over time. If we learn to understand anxiety symptoms rationally, we can break the vicious circle of misinterpretations and avoidance behaviors.

We must recognize that psychiatry has treated anxiety as a disorder for decades, and that the results show that this approach does not work.

It is frustrating to know that there are solutions that work for so many people – and at the same time experience that professionals and the treatment system ignore or work against it because of their own interests.

If anxiety is a disease, why can rational methods remove the irrational anxiety fear from consciousness without much trouble?

If you are in a public position or similar and are interested in learning what you can do when you meet anxiety patients in the public sector who believe that they are so sick with anxiety that they feel they are entitled to a pension, you can contact us for guidance on how to avoid such situations and to sort out their anxiety once and for all. This will not only help the health system, but also the person suffering from anxiety. We can help to phase out all anxiety sufferers.

Appendix 2. The cure rates for the different anxiety treatments

This appendix contains a table showing the recovery rates for different anxiety treatments as well as the percentage of anxiety sufferers who receive these treatments. The table below shows data from the Anxiety and Depression Association of America (ADAA). It applies to the United States.

Type of treatment	Recovery rate	Percentage of anxiety sufferers who receive the treatment
Cognitive Behavioral Therapy (CBT)	50-75%	10-20%
Medication	40-60%	30-40%
Exposure therapy	60-90%	5-10%
Mindfulness and meditation	30-50%	10-15%
Physical activity and exercise	20-40%	20-30%
Group therapy	40-60%	5-10%

Source: [Anxiety and Depression Association of America \(ADAA\)](#):

Explanation and Context: The different treatments have varying degrees of effectiveness based on individual differences and preferences. Cognitive Behavioral Therapy (CBT) has a high success rate and is used by a large proportion of those seeking treatment. Medications, especially SSRIs and SNRIs, are also widely used and effective for some.

When assessing the effectiveness of treatments such as cognitive behavioral therapy (CBT), metacognitive therapy (MCT), and medical treatment (SSRI) for anxiety, **Number Needed to Treat (NNT)** is an important tool. This helps us understand how many people need to be treated for one to achieve a noticeable improvement.

What is NNT for anxiety treatments?

- **CBT:** NNT is about 5. This means that for every 5 people who receive CBT, one will achieve significant improvement compared to the control group.
- **MCT:** Like CBT, MCT has an NNT of approximately 5, making it just as "effective" as treatment.

- **SSRIs:** Medications like SSRIs have an NNT of approximately 7, which means that for every 7 people treated, one will experience a significant improvement.

What does this mean in practice?

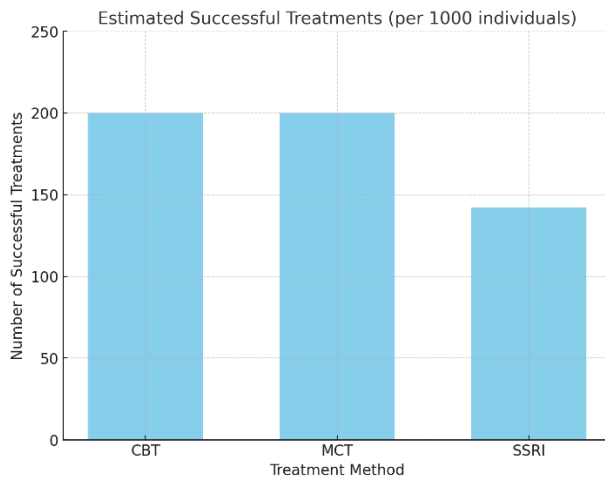
For every **1000** people treated:

- CBT and MCT will help approx. **200 people** for noticeable improvements.
- SSRIs will help approx. **142 people**.

While the therapies look slightly more effective than the medication, the choice may depend on individual needs, preferences, and side effects. For example, medication may be a quicker solution for some, while therapy offers long-term strategies.

Why is NNT important?

NNT provides a transparent and quantitative picture of how effective the treatment options are. It helps patients and practitioners make informed choices, assessing not only "what works," but also "how well it works."



As you can see, the numbers are not impressive. What do you think is the reason?

At Generation-Anxiety, we find it difficult to see how 20% or less effect can be an effective treatment. Where should the 80% who do not experience an effect go afterwards? What options do they have?

Here are some relevant sources for further reading about NNT and the effectiveness of anxiety treatments:

1. **National Institute for Health and Care Excellence (NICE)**

- Guidelines on the treatment of anxiety disorders, including NNT for various therapies and medications.

[Link to NICE guidelines](#)

2. Cochrane Reviews

- Meta-analyses and systematic reviews of treatments such as CBT, MCT and SSRIs.

[Link to Cochrane Library](#)

3. American Psychological Association (APA)

- Evidence-based guidelines for psychotherapy for anxiety disorders.

[Link to APA Guidelines](#)

4. National Board of Health (Denmark)

- National clinical guidelines for the treatment of anxiety disorders in adults.

[National clinical guidelines](#)

5. PubMed

- Search engine for scientific articles where you can find studies on NNT for specific treatments.

[Link to PubMed](#)

6. Baldwin DS et al. (2011)

- Study on the effectiveness of medical treatment for generalized anxiety disorder (NNT for SSRIs). Article: "Efficacy of drug treatments for generalized anxiety disorder: systematic review and meta-analysis."

[Link to article on PubMed](#)

7. Wells A et al. (2015)

- Study on the effectiveness of MCTs in anxiety disorders. Article: "Metacognitive Therapy for Anxiety and Depression: A Review of Current Empirical Findings."

[Link to article on ResearchGate](#)

These sources provide a solid starting point for further exploring the effectiveness of NNT and treatment methods.

As you can see, there is a lot left to be desired from the recognized treatments if they are to make a real difference. It may be surprising how one can call such high NNT numbers evidence. If the evidence shows an effect of 20%, the evidence must also show a lack of effect of 80%, which is the number we should focus on in order to bring it down.

We would like to see more focus and work on helping all those who **do not** achieve an effect from the recognized treatments as well as all those who are left behind for years of medical symptom treatment.

These NNT figures also show that the scientific validity bar is incredibly low for what can be termed evidence.

The most important thing is probably to think about why the evidence is so low in anxiety treatment.

Appendix 3. Method treatment plan

The method does not have an actual treatment plan, as there is nothing to treat, but something to change. It's about stopping the eternal misinterpretations of anxiety and not curing a disease. The method changes your life from negative to positive.

We have prepared a plan to help you:

The anxiety treatment course with our method works for those who are ready to challenge their beliefs about anxiety. The method is based on logic and rational thinking rather than science. Anxiety is seen as a problem that stems from fear of more anxiety after the first experiences that are stored in the memory.

The biggest obstacle is a lack of faith in the simplicity of the method. The method is about consistency and belief that you can change your perceptions of anxiety.

Why does the method work?

The method helps to take the focus away from anxiety-related thoughts and symptoms, reducing the appearance of anxiety symptoms. This approach is useful for all people with anxiety.

Goal: To live without irrational anxiety. The course is designed to be easy to understand for all age groups, including children and young people.

Introduction to the Method

This method focuses on changing negative beliefs created by stored anxiety experiences in memory. It involves the application of positive statements and visual reminders to shift the focus away from persistent negative thoughts that a person with anxiety is experiencing. The aim is to reduce and gradually eliminate these negative thoughts, since the memory of the anxiety decreases because it is no longer activated. As a result, there will be no anxiety-related memories to trigger new thoughts and symptoms.

Phase 1: Understanding Anxiety

Explanation of the first experience of anxiety: The first experience of anxiety can occur for numerous reasons such as stress, genetic factors, or specific events.

Subsequent anxiety: The anxiety that follows the first episode is caused by the fear of experiencing more anxiety. This persistent anxiety is the primary problem of all forms of anxiety. This type of anxiety can be reduced by changing our perception of what anxiety is, as well as by reshaping the memory that contains memories of the discomfort of anxiety.

Avoid the thought "I have anxiety": Saying "I have anxiety" or "my anxiety" will lead to an increased focus on the anxiety, which complicates the process of overcoming it.

Phase 2: Preparation

Create posters with positive statements:

Create posters with messages like "I'm not sick" and place them strategically in the home. These posters can be hung in frequently seen places, such as the fridge, kitchen doors, by mirrors, in the living room and above the bed. Where you spend most of your time.

In addition, write this sentence on small notes and place these in carefully selected places in the home, such as tables and cupboards, as well as near the areas where you spend the most time. Also, set wallpapers on your devices (mobile phones, tablets, etc.) with this text.

Repeat the statement aloud:

Recite the phrase "I'm not sick" aloud at least 20 times a day. The repeated pronunciation will help reinforce this belief in your consciousness.

Phase 3: Treatment

Establish a daily routine:

Repeat the "I'm not sick" affirmations every morning, every evening, and throughout the day when you see visual reminders. The purpose is for this confirmation to become automatic when you experience symptoms of anxiety.

Daily exposure:

After a few weeks, gradual exposure to minor situations that have previously triggered anxiety can begin. This can include activities such as a short walk or performing tasks that have been avoided due to anxiety. Every time the symptoms appear, the phrase "I'm not sick" should be repeated to yourself. It is also recommended to have a note with the text *I am not sick* with you when you are out.

Phase 4: Purposeful confrontation

Gradual exposure:

Once you feel ready, you can start gradually exposing yourself to the situations that provoke anxiety while reminding yourself that you're not sick. Start with smaller challenges and increase the difficulty progressively. Always bring your reminder slip with you when you are out.

Change the focus:

If anxiety-provoking thoughts arise, then deliberately focus on positive statements such as "I'm not sick, I'm just facing a challenge."

Phase 5: Maintenance and Completion**Maintain positive beliefs:**

When you experience progress, it is important to continue to apply positive statements daily, even in the absence of anxiety. It is still recommended not to mention the anxiety.

Evaluate your progress:

Observe the minor improvements, such as the ability to perform previous anxiety-provoking activities without feeling anxious. Acknowledge and reward yourself for the progress you achieve and remember that it takes time to change a firmly held belief about anxiety disorder.

Gradually remove the posters:

Once you have been anxiety-free for a long period of time, preferably over a year, you can start removing the posters gradually. However, many choose to keep them as a reminder of their development and progress achieved.

Rounding

The method focuses on changing beliefs, memory, and habits around anxiety, including negative self-talk. By applying this technique, anxiety can be reduced or eliminated by understanding it as something that stems from memory and learned reactions, rather than as a disease.

Appendix 4. Psychiatry: What and who is it?

Psychiatry is the medical specialty that deals with the diagnosis, treatment and prevention of what we call mental disorders.

But psychiatry's history and methods are **controversial** because they are based on theories, assumptions and models that often do not have a solid biological or scientific basis.

Who defines psychiatry?

Psychiatry is **not a pure science**, but a discipline that **is shaped by several powerful actors**:

Psychiatric organizations (APA, WHO) – establish official diagnostic manuals.

The pharmaceutical industry – funds research and pushes diagnoses towards medical treatment.

Society and politics – determine which patterns of behavior are considered pathological or normal.

The psychiatrists themselves do **not agree** on how mental disorders should be understood and treated.

Psychiatry, then, is not an objective biological science—it is a system created by social, economic, and ideological forces.

The truth about mental health problems is enough. Here we only talk about anxiety. They are often reactions to life situations, not brain diseases, but since life situations are seen to challenge us, they have been pathologized in our modern times because we have sought out professionals since the beginning of time.

Psychiatry differs from other medical disciplines in one crucial way: mental illnesses have no objective biomarkers. Unlike physical illnesses (such as cancer or diabetes), mental disorders cannot be measured via blood tests, scans or tissue samples. Diagnoses in psychiatry are subjective and are based on observations and interviews – not biological tests.

How are mental disorders diagnosed?

Psychiatry uses **the DSM-5** (Diagnostic and Statistical Manual of Mental Disorders) and **ICD-10/11** (International Classification of Diseases) to diagnose patients.

The DSM and ICD are not scientifically based classifications. Psychiatry's definitions are not determined by objective biological findings, but by a selection of psychiatrists who vote on diagnoses. See the proof. [YouTube Video](#)

Diagnoses are made solely on the basis of symptoms. Many psychiatric diagnoses overlap, making them subjective and flexible.

Example:

A person with sadness, sleep problems, and fatigue may be diagnosed with **depression**.

A person with anxiety and difficulty concentrating may be diagnosed with **generalized anxiety disorder (GAD)**

Treatment:

Psychotherapy, talk therapy and medicine.

Medicine is often based on untested hypotheses (such as the serotonin theory) that have later been shown to be wrong.

Therapy can help people understand their thoughts and behaviors, but many patients are only given medication without therapy. The effectiveness of psychotherapy varies, and it is far from an exact science.

Psychiatry's treatment options are often incomplete because they focus more on symptoms than causes.

Diagnoses can be harmful.

When a person is diagnosed with "depression" or "anxiety disorder," it can create a negative identity and make it harder to recover.

Diagnoses can lead to self-fulfilling prophecies where people think they can never get well.

Fake research and financial interests

Studies on antidepressants are often manipulated by pharmaceutical companies.

Irving Kirsch and Joanna Moncrieff have shown that antidepressants do not work better than placebos.

Pharmaceutical industry (Big Pharma)

Pharmaceutical companies fund the majority of psychiatric research. They influence how diseases are defined – often to expand the market for medicines. Psychiatrists with connections to the pharmaceutical industry often sit on the DSM committees that determine new diagnoses.

Example:

In the 1990s, "Social Anxiety Disorder" (SAD) was introduced into the DSM – right after Pfizer launched the antidepressant Zoloft for the treatment of social anxiety.

In the 2000s, ADHD diagnosis was expanded, leading to massive prescribing of medications like Ritalin and Adderall.

New diagnoses that have emerged:

ADHD in adults was first recognized in the 2000s, primarily after the launch of new drugs.

"Gaming Disorder" was added to ICD-11 in 2019 – but is computer game addiction really a disease? Yes, it really exists. So, what's next.

The most important lesson:

Psychiatry's fundamental mistake is to turn normal human reactions into diseases. Many mental health problems can be solved without medication if people get the right knowledge and understanding of their symptoms.

It is often seen that psychiatry treats people for something they never failed or worse that they do not treat due to waiting time. This can be seen in the lawsuits that have begun to appear.

You can google all the claims for accuracy.

Disclaimer: This review is very general and not comprehensive and only applies to anxiety-related diagnoses.

Glossary

- **Irrational anxiety:** Anxiety that is not linked to a real danger but arises due to previous unpleasant experiences and memory associations.
- **Rational anxiety:** Anxiety that occurs as an appropriate response to an identifiable danger.
- **Anxiety Avoidance:** The fear of experiencing anxiety symptoms again, which often leads to a vicious cycle of anxiety and avoidance behavior.
- **Memory associations:** Connections in the brain between past experiences of anxiety and current thoughts or situations that may trigger new anxiety symptoms.
- **Body chemistry:** The chemical processes in the body, such as the release of adrenaline and cortisol, which are associated with the feeling of anxiety.
- **Belief in anxiety:** The underlying belief that anxiety is a disease, which reinforces the experience of anxiety and keeps the individual in a negative spiral.
- **Feeling sick:** The experience of unpleasant symptoms that arise from anxiety, and which is often mistakenly interpreted as a sign of illness.
- **Thought Spira:** A continuous series of negative thoughts that reinforce the experience of anxiety and prevent the individual from letting go of the anxiety.
- **Cognitive dissonance:** The mental discomfort that occurs when a person's beliefs or actions are contradictory.
- **Attachment:** The state in which you get stuck in anxiety through your reactions, behavior or medication.

- **Condition diagnosis:** A diagnosis that is defined as a temporary emotional or physical condition and not as an illness.
- **Limbic brain:** The part of the brain responsible for emotional responses, including anxiety.
- **Amygdala:** A small almond-shaped nucleus in the brain that plays an important role in activating fear.

Source:

Relevant links to research in anxiety, memory and neuroscience:

1. [Joseph LeDoux's research on anxiety and the amygdala](#)
2. [The effect of stress on memory and behavior – Jelena Radulovic](#)
3. [Neuroscientific Psychology at Aarhus University](#)
4. [National Institute of Mental Health \(NIMH\) – Anxiety Research](#)
5. [The Brain and Behavior Research Foundation – Anxiety Research](#)
6. [Journal of Cognitive Neuroscience – Articles on memory and anxiety](#)